Overview

- Trends in Student Mental Health
- Supporting Students Studying Abroad
- Example Protocols
- Tips for Assessing and Intervening when Students Need Help
Trends in U.S. Campuses

- More students with psychiatric diagnoses in high school and college
- Increasing **degree of debilitation**
- More students using counseling services – on campus and in community

### Reality

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>Average Age of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manic Depression</td>
<td>18</td>
</tr>
<tr>
<td>Drugs &amp; Alcohol</td>
<td>21</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>21</td>
</tr>
<tr>
<td>Depression</td>
<td>20-26</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>18-25</td>
</tr>
<tr>
<td>Anti-social Personality Disorder</td>
<td>18-25</td>
</tr>
</tbody>
</table>

Source: Dr. Reina Juarez, University of California, San Diego, Director of Psychological Counseling
Americans with Disabilities Act (ADA)

- **Prohibits** discrimination against students whose mental health problems substantially limit a major life activity, including students regarded as disabled

Next Exit? Study Abroad

Supporting students
Common Issues Abroad

- Substance Abuse
- Anger Management
- Abruptly stopping medication, or medication not legal/locally available
- Study abroad, a “magic cure”
- Hx of eating disorders
- Hx of severe depression, anxiety, bipolar disorder
- Hx of suicide attempt/ideation
- Students without any psychological illness experiencing symptoms for the first time abroad
- Cutting
- Unable to manage health condition

2011-12 Individual Student Incidents

- Health: 58%
- Accident: 11%
- Conduct: 9%
- Mental Health: 12%
- Other: 1%

n=369
Adding Complexity

• Tops the list of substance abuse issues on college campuses*
  • Alcohol abuse; Binge drinking

• Lack of sleep/stress

*National Survey on Drug Use and Health, NSDUH, 2010

Adding Complexity

• Abuse/Misuse of prescription drugs highest among young adults - 18 to 25
  • Buying/selling medication; self-medicating
  • Stimulants (Ritalin, Adderall, Concerta)
  • Opioids (Vicodin, OxyContin, Tylenol #3)
  • Central nervous system depressants (Valium, Xanax, Halcion) — used to treat anxiety and sleep disorders

• Non-compliance with prescribed medications
**US vs Education Abroad**

<table>
<thead>
<tr>
<th>Known and easily accessible support systems</th>
<th>Unknown (not available or inadequate in many destinations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, friends, peers</td>
<td>Lack of familiar support</td>
</tr>
<tr>
<td>Commonly prescribed medications available</td>
<td>Legality/availability of US prescriptions</td>
</tr>
<tr>
<td>Managing condition in familiar setting</td>
<td>Managing condition in unfamiliar setting; different treatment</td>
</tr>
<tr>
<td>In California, California Welfare and Institutions Code, Section 5150 – involuntary commitment</td>
<td>Can be difficult to repatriate a psychotic person until symptoms are under control with medication; insurance coverage</td>
</tr>
</tbody>
</table>

**UCEAP Community Approach: Students in Distress Abroad**

- UCEAP Partner Institution
- UC Disability Services Office
- UCEAP Campus Office
- UC Counseling Center
- Local Country Resources
- Student Health Center
- Alcohol/Drug Program
- Mobility International
- Assistance Providers
# UCEAP Pre-Departure Health Process

## UCEAP Confidential Health History Form

The UCEAP health clearance must be completed 60 days before departure (except for Chilie). It is a non-negotiable requirement. If you are not in compliance, you may not be approved to participate in, or may be dismissed from UCEAP. Your answers below and a review of your medical records on file will be used during the health clearance process. Do not send this confidential form to UCEAP.

You must inform UCEAP of any recent medical or special needs or changes in health that occur before the start of the program.

Complete this form before your medical appointment. Failure to provide complete and accurate information may be grounds for non-participation in UCEAP. Failure to disclose health problems may also lead to serious medical consequences during an emergency.

**PRINT:**
- Last name:
- First:
- Middle
- Sex: M F
- Program/Country:
- Student ID:
- Person to notify in case of emergency:
- Telephone:
- Address:
- City:
- State:
- Zip Code:
- Phone include area code:

**GENERAL HEALTH:**
- List any recent or continuing health problems:
- List any physical or learning disabilities:
- Are you currently under the care of a doctor or other health professional, including mental health treatment? Yes No
- Doctor’s name:
- Phone:
- Address:
- For what condition(s):

**SURGERIES:** List type and year:

## UCEAP Pre-Departure Health Process

**DRUG/FOOD ALLERGIES:** List any drug or food allergies and briefly describe reaction.

**MEDICAL HISTORY:** Students with known and ongoing medical conditions must prepare for and manage their condition overseas. Complete below:

<table>
<thead>
<tr>
<th>Chronic or recurrent illness</th>
<th>Ulcers/peptic ulcers</th>
<th>Back sprain or strain</th>
<th>Date</th>
<th>Y N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache or migraines</td>
<td>Heart disease</td>
<td>Diabetes</td>
<td>Y N</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Recurrent or chronic infectious diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MENTAL HEALTH HISTORY:** Have you ever suffered from, been treated for, or hospitalized for the following?

<table>
<thead>
<tr>
<th>Mental health condition</th>
<th>Y N</th>
<th>Please provide an explanation below for any box you have checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse (alcohol or drugs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder (anorexia, bulimia)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATION RECORD:** Indicate most recent date.

<table>
<thead>
<tr>
<th>Vaccine or Treatment</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salmonella typhimurium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus booster or Tetanus/tetapnus booster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICATIONS:** Student is responsible for ensuring that all medications are legally permissible abroad.

Are you currently taking any medications? Y N. Please specify below, include any medication you carry for use, e.g. inhaler, bee sting kit.
UCEAP Health Clearance Process

**STUDENT:** Print clearly with a ball point pen before appointment.

<table>
<thead>
<tr>
<th>First and Last Name of Student</th>
<th>UC Campus</th>
<th>UCEAP Program Name</th>
<th>Country</th>
<th>Host University</th>
<th>Term</th>
</tr>
</thead>
</table>

**HEALTH PROVIDER:** Health provider must be licensed to practice and cannot be an immediate family member (AMA Code of Ethics E 5.11). Only disclose information that is necessary and relevant to UCEAP's needs.

I have reviewed the student’s Confidential Health History form, and medical records on file, with the student. Based on the information provided to me by the student on the Confidential Health History form, and following a review of the student’s personal health history, to the best of my knowledge, the student is:

- [ ] CLEARED (Check all that apply below)
  - [ ] 1. a. No medical or psychiatric contraindications to UCEAP participation.
  - [ ] 1. b. Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC Disability Services Office documenting disability and indicating who will pay for services is required.
  - [ ] 1. c. Student advised to arrange services to facilitate a healthy and safe stay abroad (e.g., regularly available psychiatric therapy, etc.). Indicate that student has treatment plan in place and is stable.
  - [ ] 1. d. Student advised to find out if medication (or appropriate substitute) is locally available. If not locally available, student advised to carry a sufficient supply to last throughout the program. If on medication, please list. Indicate if significant allergy to any medication.

- [ ] Student is NOT CLEARED: There are medical or psychiatric contraindications to UCEAP participation.

Licensed Psychologist or Licensed Specialist (Signature & Date required if student is being treated for chronic health conditions)

**UCEAP Pre-Departure Health Process**

**STUDENT:** Print clearly with a ball point pen before appointment.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Licensed Physician/Health Practitioner**

1. [ ] CLEARED (Check all that apply below)
   - [ ] 1. a. No medical or psychiatric contraindications to UCEAP participation.
   - [ ] 1. b. Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC Disability Services Office documenting disability and indicating who will pay for services is required.
   - [ ] 1. c. Student advised to arrange services to facilitate a healthy and safe stay abroad (e.g., regularly available psychiatric therapy, etc.). Indicate that student has treatment plan in place and is stable.
   - [ ] 1. d. Student advised to find out if medication (or appropriate substitute) is locally available. If not locally available, student advised to carry a sufficient supply to last throughout the program. If on medication, please list. Indicate if significant allergy to any medication.

2. [ ] Student is NOT CLEARED: There are medical or psychiatric contraindications to UCEAP participation.

Licensed Physician/Health Practitioner, MD, NP, DO, PA, or RN: (PRINT LEGIBLY name and title)

<table>
<thead>
<tr>
<th>Phone number (include area code)</th>
</tr>
</thead>
</table>

Upon completion, the student must send copies of this form to UCEAP by the deadline. UCEAP will retain one copy to the UCEAP Study Center.

PHYSICIAN RUBBER STAMP OR BUSINESS CARD HERE

One copy: Health care provider – Original & 1 copy: UCEAP Systemwide Office, 6660 Holister Avenue, Suite 200, Irvine, CA 92617-4229
UCEAP Case Study

UNIVERSITY OF CALIFORNIA, EDUCATION ABROAD PROGRAM:
Health Clearance Form for Students Planning to Study Abroad

UC Campus: [Redacted]
EAP Program Name: [Redacted]
Country: [Redacted]
Host University: [Redacted]
Term: Fall 2012

HEALTH PROVIDER: Health provider must be licensed to practice and cannot be an immediate family member (AMA Code of Ethics E-8.19). Only disclose the information that is necessary and relevant to UCEAP's duties.

I have reviewed the student's Confidential Health History form, and medical records on file, with the student. Based on the information provided to me by the student on the Confidential Health History form, and following a review of the student's personal health history, to the best of my knowledge, the student is:

1. CLEARED (Check all that apply below)

1a. Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC Disability Services Office documenting disability and indicating who will pay for services is required.

1b. See letter from Dr. Rives

1c. Student advised to find out if medication (or appropriate substitute) is locally available. If not locally available, student advised to carry a sufficient supply to last through EAP. If on medication, please list. Indicate if significant allergy to any medication.

Adderal, Provigil, Vicodin, Sonata

ALLERGIC TO:

Visit Summary
Professional: [Redacted]
DIAGNOSIS
- Statement of Health Clearance (V88.09)

COUNSELING SERVICES

April 11, 2012
TO: EAP
FROM: Jeffrey Prince, PhD
RE:

The purpose of this memo is to support [Redacted] in his desire to go abroad. He apparently has a support system in both London and Berlin. He has arranged SKYPE to have contact with family here. He has appropriate goals for his experience. I think he has prepared for this experience.
On Mon, Jul 2, 2012 at 7:55 PM, Jill Harrison <JHarrison@eap.ucop.edu> wrote:

Dear xxxxxxxxxx,

Thank you for submitting your UCEAP health clearance. Please read the following carefully.

Adderall is NOT legal in Germany, so you will need to discuss alternative treatments with your physician for your time abroad. I have, however, confirmed that Ritalin is available and legal in Germany with a prescription from a doctor, in case your physician is considering prescribing it as an alternative.

Please meet with your doctor again so she can prescribe a new medication for your time abroad. Hopefully, you can have time to transition to the new medication before you leave.

I am also checking on your other medications to find out whether they are legal/available in Germany, and will let you know what I learn.

While traveling with medication, you must carry a letter from the attending physician, describing the medical condition and the prescribed medications, including generic names and specific dosage amounts. The medical note also needs to mention the exact quantity of drugs you are taking with you. In addition, bring a copy of your prescriptions.

Keep medications in their original containers, clearly labeled. Pack all medications in your carry-on luggage. If possible, take enough of your medication to last for the duration of your program.

If you need to refill your prescriptions while in Germany, make an appointment with a local doctor and take the letter from your doctor with you so the local doctor can consider prescribing the same medication.

If you need to make an appointment for a doctor, therapist, or other specialist abroad, contact the Berlin Study Center staff for a referral or contact the UC Travel Assistance carrier, Europ Assistance, at (866) 451-7506 (inside the U.S.) or call collect (202) 828-5866 (from outside the U.S.) or e-mail OPS@europassistance-usa.com.

Review the health section of the UCEAP Guide to Study Abroad for details to help prepare for your trip.

For UCEAP Insurance information, go to the Participants portal on the UCEAP website, select your country, year, and program, and click on the ‘Insurance Information’ tab: http://www.eap.ucop.edu/participants/.

You can always speak with the Study Center Director and staff if you need information on doctors or therapists, or if you just need support and/or advice.

Please let me know if you have any questions.

Please respond to me once you have read this email to let me know you will meet with your doctor to discuss alternative treatment plans.

Best regards,

Jill
Needs ADHD & Narcolepsy medications

Specific Information:

Greetings from Europ Assistance USA,

Please be informed that we are assisting the above member with prescription refill. The member contacted our office today to inform that he left the US 07/25/12 for his program in the UK. He is currently in Berlin, Germany for another program that started 08/21/12 and will end 12/7/12. He is running out of medications (ADDERALL & PROVIGIL) and needs to see a doctor for refills.

Additional Comments / Proposed Counselling Plan:
Provider has met regularly with this student since January, 2012. This student continues to experience emotional and mental health concerns that would likely be difficult to manage while abroad.

CLIENT HAS SIGNED A CAPS RELEASE OF INFORMATION FORM TO ABOVE-NAMED RECIPIENT.

Signed by [signature] 7/29/2012 8:51 AM
CO-SIGNATURE: [signature] 7/29/2012
Protocols: Pre-departure

- Collaborate with institutional experts (Counseling, Disability, Health Services, Legal)
- Legal restrictions on medications
  - Some Department of State Country Specific Information
  - Assistance/insurance provider
- Prepare students
  - Encourage disclosure, pre-departure and onsite orientations, information about insurance/meds

Japan: Country Specific Information

U.S.-style and standard psychiatric care can be difficult to locate in major urban centers in Japan and generally is not available outside of Japan’s major cities. Extended psychiatric care for foreigners in Japan is difficult to obtain at any price.

U.S. prescriptions are not honored in Japan, so if you need ongoing prescription medicine you should arrive with a sufficient supply for your stay in Japan or enough until you are able to see a local care provider. Certain medications, including some commonly prescribed for depression and Attention Deficient Hyperactivity Disorder (ADHD), are not widely available. Please see the section above entitled, “Confiscation of Prescription Drugs and Other Medication,” regarding the importation of medicine into Japan. Also see information on importing medicines into Japan and a list of medical facilities in Japan with English-speaking staff.

You can find detailed information on vaccinations and other health precautions, on the Centers for Disease Control (CDC) website. For information about outbreaks of
Protocols: Pre-departure

- Obtain health forms
- Treatment plans
- Identify mental health providers, agencies
  - Campus counseling professionals
  - Assistance/insurance provider
  - US Missions abroad
- Train relevant staff and faculty in the U.S. and abroad
  - Consider MHFA for faculty-led programs/staff abroad

**U.S. Citizen Services**

Consulting with an Attorney in Mexico

The Embassy cannot represent U.S. citizens in court nor provide legal counsel. Instead, you may wish to consult with an attorney in Mexico, who can provide advice on your options and remedies within the Mexican legal system. The Embassy in Mexico maintains a list of local attorneys who speak English. However, the Embassy cannot recommend a particular attorney and assumes no responsibility for the quality of service provided.

Click on the following for current lists for

a) attorneys in Mexico City, and for

b) attorneys in the states that comprise the consular district of the Embassy in Mexico City.

Medical Assistance

If you are injured or seriously ill:

The Embassy can help you find medical assistance and, at your request, notify your family or friends.

Click on the following if you'd like a list of doctors or hospitals in Mexico You
Protocols: Pre- Post-departure

- Assemble phone numbers, websites and email addresses for emergency consultations
- Work with local institutional partners/your local faculty/staff
- Know your program’s emergency protocols
  - What If Checklists

Jeff Prince, Director
Counseling and Psychological Services
University of California
Berkeley
3 Simple Interventions

- Learn to spot signs early
- Know how to offer support
- Connect student to help

See Something - Say Something
Do Something

Culture Shock

- Normal developmental phase of adjustment
- Mimics more severe psychological problems such as clinical depression and anxiety
  - feeling helpless, out of control, vulnerable, fearful, anxious, confused, crying or sleeplessness
- Usually time limited (e.g. 2-weeks)
Depression = #1 Student Concern

**Multiple symptoms lasting over a period of several weeks**

- Feeling irritable or crying for no reason
- Sadness or low mood
- Loss of interest in activities that used to be enjoyable
- Feeling tired and having little energy
- Trouble concentrating or making decisions
- Feeling worthless or unnecessarily guilty
- Restless or slowed movements and speech
- Thoughts of death or suicide

Some Specific Facts about Suicide

- You will not make someone suicidal by asking whether they have considered suicide (be straightforward and caring)
- Take any mention of death or suicide seriously
- Suicidal people do not want to end their life; they just want to end their suffering (see death as the only option)
- Most students who are suicidal seriously contemplate suicide for **one day or less**
- Many students who attempt suicide are under the influence of alcohol or drugs
- Early recognition and treatment of depression and other mental illnesses is the best way to prevent suicide

Source: SPAN USA and DBSA, AFSP
### Suicide Risk Factors

- Hopelessness
- Easy access to lethal means (e.g., a gun)
- History (previous attempt, past trauma or abuse, family suicide)
- Recent major loss (social, academic, etc.)
- Impulsive or aggressive tendencies
- Alcohol and other substance abuse
- Untreated mental illness, especially depression
- Lack of social support
- Resistance to seeking help

### Asking about Suicide

- Suicide is a socially tabooed subject
- Practice talking about suicide to raise your comfort level
- Asking the question, permits student to reveal this information. Most people who aren’t suicidal will tell you so
- If the student denies suicidality, your gut says differently, consult immediately
Tips for Dealing with a Suicidal Student

- Take the student seriously
- Ask directly if student has been thinking about suicide; if so, how detailed?
- Show interest, support, availability
- Provide 24-hour crisis line information
- Don’t be sworn to secrecy
- Seek support and consultation for yourself

When to Refer to Counseling

- **Know your limits. REFER when...**
  - Signs of distress are disrupting student’s progress
  - Problem is more serious than you are comfortable handling
  - Worried about student’s safety
Suggesting Counseling: Calm, Caring Approach

- Set a time to talk privately
- Communicate your concern
- Bring up idea of counseling as resource
- Avoid power struggle
- Avoid analyzing or being judgmental

How to Make a Referral

- Learn about campus and local resources
- Share psycho-educational web sites
- Describe how confidentiality works
- Reiterate the value that can be gained
- Know student’s insurance coverage
How to Make a Referral

- Multicultural issues: Acknowledge family or cultural norms that make it difficult to share personal information
- Discuss what counseling involves and how it operates in the host country
- Assure student you will help find a counselor who speaks their native language

Barriers to Seeking Counseling/Staying in Treatment

- Language and communication styles (e.g., lack of vocabulary to describe specific feelings)
- Cultural factors (student’s family in the U.S. and/or local Influences on diagnosis, treatments)
  - Male-female roles vary dramatically among different cultures*
- Stigmatizing attitudes; discrimination
- Mistrust of mainstream service providers

*APA, DSM IV 1994, p XXIV
### Barriers to Seeking Counseling /Staying in Treatment

- Don’t want record to stay in student’s university file
- Time commitment for the student
- Peer ridicule; peer advise
- Cost (review insurance coverage with student)

### If Student is Reluctant...

- Normalize counseling
- Review costs, if barrier (explain insurance coverage)
- Stress confidentiality
- Describe counseling service and how to access, in detail
- Recommend a specific counselor
- Look for leverage: e.g. career or health focus
- Check back with student; allow some time
Summary

- See Something, Say Something, Do Something
- Consult, Consult, Consult
- Develop a Community of Caring: Train Students to Help Each Other

On-line training (13 minutes)
http://uhs.berkeley.edu/depressiontraining/index.htm

Scenario – José

José began his education abroad program as an extraverted, optimistic and gregarious individual. Tree weeks into the program, he appears withdrawn and quite on several occasions. He 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 states that he has difficulty sleeping because of the roommate’s snoring and him having his girlfriend visit frequently late into the night. In addition, he 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 where he can be alone. While he 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?
Thank You!

- Inés DeRomaña, Principal Analyst
  Health, Safety and Emergency Response
  University of California System
  Education Abroad Program
 ideromana@eap.ucop.edu

- Jeffrey Prince, Ph. D., Director
  Counseling and Psychological Services
  University of California, Berkeley
  jprince@uhs.berkeley.edu

Resources

- Nonmedical Prescription Stimulant Use among College Students: Why We Need To Do Something and What We Need To Do, Amelia M. Arria, Ph.D. and Robert L. DuPont, M.D. - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951617/

- American College Health Association, National College Health Assessment, Fall 2011, http://www.acha-ncha.org/reports_ACHA-NCHAII.html

- SAMHSA – Substance Abuse and Mental Health Services Administration, www.samhsa.gov Press Release • June 06, 2005

- Mental Illness Exacts Heavy Toll, Beginning in Youth, National Institute of Mental Health (NIMH), www.nimh.nih.gov/
## Resources

- **Best Practices in Addressing Mental Health Issues Affecting Education Abroad Participants**, NAFSA, [www.nafsa.org/mentalhealth](http://www.nafsa.org/mentalhealth)
- **UC Berkeley, Counseling and Psychological Health Services**, [http://uhs.berkeley.edu/students/counseling/cps.shtml](http://uhs.berkeley.edu/students/counseling/cps.shtml)
- **UC Berkeley Depression Awareness and Suicide Training**, [http://uhs.berkeley.edu/depressiontraining/index.htm](http://uhs.berkeley.edu/depressiontraining/index.htm)
- **UCLA Counseling and Psychological Health Services**, [http://www.counseling.ucla.edu/distress.html](http://www.counseling.ucla.edu/distress.html)
- **UCSD Counseling and Psychological Health Services**, [http://psychservices.ucsd.edu/#students](http://psychservices.ucsd.edu/#students)

## Resources

- **Bazelon Center for Mental Health Law** [http://www.bazelon.org/](http://www.bazelon.org/)
- **Mobility International/National Clearing House on Disability and Exchange**, [http://www.miusa.org/ncde](http://www.miusa.org/ncde)
- **Jed Foundation, A Guide for Faculty and Staff: Depression and Suicidal Behaviors in Students Studying Abroad Identifying Students at Risk**, [http://www.jedfoundation.org/assets/Programs/Program_downloads/StudyAbroad_document.pdf](http://www.jedfoundation.org/assets/Programs/Program_downloads/StudyAbroad_document.pdf)
A GUIDE FOR FACULTY AND STAFF

DEPRESSION AND SUICIDAL BEHAVIORS IN STUDENTS STUDYING ABROAD
IDENTIFYING STUDENTS AT RISK

TABLE OF CONTENTS

2 PREPARATION AND CHECKLIST
3 SCENARIO
3 SYMPTOMS OF CLINICAL DEPRESSION
3 SIGNS OF MANIA
4 QUESTIONS
4 WARNING SIGNS OF SUICIDE
5 IF A STUDENT IS A SUICIDE RISK...
5 HELPING A STUDENT SEEK MEDICAL ATTENTION
7 FURTHER RESOURCES
BE PREPARED

BEFORE ACCOMPANYING STUDENTS ABROAD
Learn this about your college or university’s policy on students exhibiting suicidal behaviors:

Whom to contact at the “home school” for help during a crisis

Who contacts the student’s parents

Whether the “home school” has a 24-hour emergency number for crisis counseling or referrals

How the decision is made to send a student back to the United States

AFTER ARRIVING ABROAD
Prepare a list of the following resources for an emergency situation:

Counseling and crisis services offered by the “host school”

Names, phone numbers, and locations of hospitals and mental health services

Local equivalent to “911”

Whom to contact about the need for involuntary hospitalization
IMAGINE THIS SCENARIO

For the past few weeks, you’ve noticed that one of the students in your study abroad program is exhibiting noticeable changes in her behavior. She is not spending as much time with her friends, preferring to stay in her room instead. She appears sad or irritable; she picks at her food or complains that she isn’t sleeping well. She used to be enthusiastic about her classes and the new culture but now seems to have lost interest. She is having difficulty concentrating and stays in bed instead of attending class.

Are these symptoms a continuation of the normal process of cultural adjustment, or do they indicate clinical depression?

CULTURE SHOCK

In a new cultural environment, students often go through a period of adjustment which can include symptoms, such as anxiety, sadness, lack of energy, headaches, anger, despair, changes in eating and sleeping habits, loss of interest in activities, frustration, and loneliness. This adjustment phase is normal and usually occurs for only a few weeks, although it can last longer depending on the student.

DEPRESSION

You may suspect that a student is clinically depressed and needs to be assessed by a mental health professional if the student has had symptoms for a prolonged period of time (several weeks or more) AND is unable to function (e.g., not going to class or becoming isolated). Immediate intervention is warranted if the student shows self-destructive or violent behaviors or is also abusing alcohol or other substances.

<table>
<thead>
<tr>
<th>SYMPTOMS OF CLINICAL DEPRESSION</th>
<th>SYMPTOMS OF MANIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depressed mood (or irritable mood in late adolescence)</td>
<td>• Excessively “high,” overly good mood</td>
</tr>
<tr>
<td>• Markedly diminished interest or pleasure in all, or almost all, activities</td>
<td>• Increased energy, activity, or restlessness</td>
</tr>
<tr>
<td>• Fatigue or loss of energy</td>
<td>• Extreme optimism and self-confidence</td>
</tr>
<tr>
<td>• Significant increase or decrease in appetite or weight</td>
<td>• Extreme irritability</td>
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<tr>
<td>• Inability to sleep or sleeping all the time</td>
<td>• Racing thoughts and fast speech, jumping from one idea to another</td>
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<tr>
<td>• Feelings of worthlessness or hopelessness</td>
<td>• Distractibility, difficulty concentrating</td>
</tr>
<tr>
<td>• Feelings of excessive or inappropriate guilt</td>
<td>• Decreased need for sleep without feeling tired</td>
</tr>
<tr>
<td>• Agitation or lethargy</td>
<td>• Increased sexual drive</td>
</tr>
<tr>
<td>• Diminished ability to concentrate and/or indecisiveness</td>
<td>• An unrealistic belief in one’s abilities and powers</td>
</tr>
<tr>
<td>• Recurring thoughts of death, recurrent suicidal ideation without a specific plan, a specific plan for dying by suicide, or a suicide attempt</td>
<td>• Poor judgment or impulsivity</td>
</tr>
<tr>
<td>Depression as an element of other disorders. Symptoms of depression can also be part of other illnesses, such as bipolar (or manic-depressive) disorder, which is characterized by episodes of depression alternating with episodes of mania.</td>
<td>• A lasting period of behavior different than usual</td>
</tr>
<tr>
<td></td>
<td>• Spending sprees</td>
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<td></td>
<td>• Abuse of drugs, including alcohol</td>
</tr>
<tr>
<td></td>
<td>• Provocative, intrusive, or aggressive behavior</td>
</tr>
<tr>
<td></td>
<td>• Denial that anything is wrong</td>
</tr>
</tbody>
</table>

Usually the student having a manic episode doesn’t realize that anything is wrong, but you will hear from other students in your program that the student is “acting strangely.” Without treatment, individuals with bipolar illness are at an increased risk for suicide.
QUESTIONS

FOR THE FOLLOWING SECTIONS, PLEASE ALSO REFER TO THE SPECIFIC RULES OF YOUR HOME INSTITUTION.

How do I know if a student is at risk for suicide?

Studies show that depression underlies the majority of suicides. Suicide is the third leading cause of death amongst 18-22 year-olds but may well be the second leading cause of death among college students. One of the best strategies for preventing suicide is early recognition and treatment of depression or other underlying mental illness.

Many if not most people who end their lives by suicide give overt or covert warnings that they are considering suicide. The student may make verbal hints or jokes, such as “You won’t have to worry about me anymore” or “I want to go to sleep and never wake up.” Or, s/he may give away possessions or call people to “say good-bye.” A sudden and inexplicable lift of the student’s depression can be another warning sign; s/he may have decided to end his/her life and found relief in having made the decision.

How do I make a recommendation for a professional mental health evaluation?

You will not be able to identify every student in distress nor will every student in distress be receptive to your assistance. However, taking the time to directly share your concerns with and listen to a distressed student may be one of the most significant and powerful contributions that you can make. If the student decides not to seek assistance right away and you do not believe that the situation is urgent, arrange a time to follow up with the student.

HELPING A STUDENT TO SEEK MEDICAL ATTENTION

- State clearly why you believe a referral would be helpful using specific examples of behaviors observed or reported
- Listen openly to any concerns or fears that the student might have about seeking help
- Normalize seeking help by conveying that everyone has problems at times that require assistance
- Communicate that you view seeking help as a sign of strength instead of a sign of weakness
- Demonstrate that you are hopeful that change is possible
- Inquire about the student’s current and past support networks
- Have a list of referral sources readily available that includes names, phone numbers, and locations
- Encourage the student to take responsibility for whether s/he will seek assistance

WARNING SIGNS FOR SUICIDE

Bolded signs require immediate intervention

- Threatening to hurt or kill him/herself, or talking about wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means (e.g., high places)
- Talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person
- Rage, uncontrolled anger, revenge-seeking
- Hopelessness
- Acting reckless or engaging in risky activities, seemingly without thinking
- Withdrawing from friends, family, and society
- Feeling trapped, like there’s no way out
- Increased alcohol or drug use
- Anxiety or agitation
- Inability to sleep or sleeping all the time
- Dramatic mood changes
- Having no reason for living or no sense of purpose in life
What should I do if I suspect that a student is at risk for suicide?

Although you may be hesitant, it is strongly suggested that you privately talk to the student about his/her depression or other unusual behaviors and then directly ask the student if s/he is suicidal (e.g., “Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?”). Asking about and exploring the subject of suicide will not put the idea in the student’s head. If necessary, you can consult with a mental health professional about how to talk to the student. If you then suspect that the student is at risk for suicide, it is highly recommended that you take immediate action to keep him/her safe.

Avoid leaving the student alone if you feel that s/he may be at risk for attempting suicide.

**SOME SUGGESTED ACTIONS TO TAKE IF A STUDENT IS AT RISK FOR SUICIDE**

- Arrange for close continuous supervision of the student
- Remove any lethal means of self-harm
- Consult with the student’s existing mental health practitioner (if any) about the next appropriate steps to take
- Accompany the student to the emergency room if the student either does not have a mental health practitioner or you are unable to speak to him/her
- Consult with legal authorities to determine how to require an involuntary hospitalization if the student refuses to accept professional help
- Talk with hospital personnel to make sure that a release form is signed by the student so that you may consult with the treating practitioner
- Consult with the student’s existing mental health practitioner (if any) and/or the treating practitioner to develop a plan for the student’s care
- Consult with officials from your college or university to create a plan of action for the student’s care and potential return to the U.S., including whether to contact the student’s parents or people listed on his/her emergency list

What should I do if a student has tried to end his/her life by suicide?

- **Always handle a suicide attempt as a medical emergency.** Arrange for the student to receive treatment from medical authorities immediately, even if the student reports that the self-harm was minor. For example, students may minimize the number of pills ingested or whether other medications were involved.
- Accompany the student to the emergency room.
- Consult with legal authorities to determine how to initiate an involuntary hospitalization if the student refuses to accept professional help.
Once medical attention has been provided, the hospital is likely to refer the student for a psychiatric evaluation. Additionally, once the student is deemed not to be in immediate danger of self-harm, s/he may be released from the hospital. Therefore, it is suggested that you contact your “home school” administration about:

- Your responsibility for the student’s health and welfare
- The decision to call the student’s parents or people listed on his/her emergency list
- The need for the student to sign a release form so that you may consult with the treating physician and/or mental health practitioner
- The need to create a plan of action for the student’s imminent care and potential return to the U.S.
- The high risk for suicidal behavior immediately after release from the hospital
- Arrangements for close, continuous supervision of the student
- Removing any lethal means of self-harm

What is the impact of a student exhibiting suicidal behavior or ending his/her life by suicide on other students in the program?

You will probably learn that a student in your program is at risk for suicide because other students come to you out of concern. **Reassure them that it was right for them to come to you with this information, even if the at-risk student tries to make them “promise to keep it a secret.”** Where a life is concerned, they do not need to make or keep promises. However, it is important that you encourage students to respect the privacy of the student in question and not discuss the situation with others in the program. Help them to deal with and normalize the inevitable guilt that occurs when they start to second-guess themselves with statements, such as “I should have known...,” or “I should have helped more,” or “I feel bad that I’m burnt out from helping and I don’t want to help more.” Offer information on how to help a friend who is depressed or suicidal (refer to Web sites listed on the following page).

Be aware that when a student exhibits suicidal behaviors or ends his/her life by suicide, it can severely affect other students. **It is recommended that you watch and listen for signs that other students in the program may be depressed or at risk for suicide and intervene accordingly.** Provide or seek support for the students who were involved in helping the student in crisis. And remember, helping a student in crisis affects you emotionally as well. Seek consultation and support for yourself.

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3 Based on a list compiled by the American Association of Suicidology [cited 2005 July 15]. Available from: www.suicidology.org/displaycommon.cfm?an=2
FURTHER RESOURCES

INTERNATIONAL CRISIS HOTLINES AND COUNSELING SERVICES

Befrienders Worldwide
http://www.befrienders.org/support/helpline.php
Some helplines available in English

Samaritans
http://www.samaritans.org
Crisis hotlines for the U.K. and Republic of Ireland

Lifeline International
http://www.lifeline.web.za/
Some helplines available in English

National Suicide Prevention Hotline
(800) 273-TALK
Crisis counseling for all students and referrals for students in the United States

U.S. embassies and consulates worldwide
http://www.embassyworld.com/
The embassy can provide referrals to English-speaking physicians and mental health professionals

International Federation of Telephone Emergency Services
http://www.ifotes.org
Crisis services in the local language

MENTAL HEALTH AND SUICIDE PREVENTION RESOURCES

The Jed Foundation
http://www.jedfoundation.org

ULifeline
http://www.ulifeline.org
Check to see that your university is registered

American Association of Suicidology
http://www.suicidology.org

American Foundation for Suicide Prevention
http://www.afsp.org

Suicide Prevention Resource Center
http://www.sprc.org

National Mental Health Association
http://www.nmha.org

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