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Released April 2006; quarterly update spring 2007

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Acknowledgments

NAFSA would like to give special thanks to the following individuals who contributed to this publication:

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Introduction

By Jeff Prince, PhD, Director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

The goal of this publication is to provide education abroad professionals (located both in and outside the United States) with a better understanding of how to identify and help education abroad participants facing 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 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 dealing with serious mental health concerns such as clinical depression, bipolar disorder, and anxiety disorders. Major depression and bipolar disorder, for example, now typically make their first appearance during the late adolescent years, severely impacting the development, school performance, and interpersonal relationships of large numbers of students. On a positive note, however, effective treatments are available. Early detection and intervention can reduce the seriousness of these conditions and their disruption to healthy development.

What the Data Show:

- Fifty years ago, the mean age of onset for most mood disorders was age 30; today, the mean age is closer to age 15 (Evans et al., 2005).
- A recent poll revealed that 85 percent of colleges and universities have seen an increase in mental health problems on their campuses (Gallagher, 2001).
- Disabled students who choose to study abroad disclose having a psychiatric disability twice as frequently (45 percent vs. 22 percent) as do disabled students generally (Institute of International Education/Mobility International USA, 2004; U.S. Department of Education, 2004).

- Approximately 35 percent of all students who seek counseling already have been prescribed psychotropic medications (Gallagher, 2003).
- 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, 2004).
- A recent study of campus counseling center clients (Benton et al., 2003) revealed that the 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 12 years.
- Eating disorders—*anorexia* and *bulimia*—are pervasive among college women. Surveys have indicated that up to 40 percent of female students and increasing numbers of male students at some time during their college years struggle with these concerns in some way (Grayson & Meilman, 1999).
- Self-mutilation—deliberate self-injury such as cutting one’s arm with a knife or burning cigarettes into the skin—used to be considered a rarity among college students. However, recent surveys of campus counseling center directors reveal that approximately 70 percent report increases in this behavior (Gallagher, 2004).
- Nationwide studies of college students reveal that approximately 45 percent of both undergraduate and graduate students reported an emotional problem that significantly interfered with their ability to function within the past 12 months. Ten percent had seriously considered suicide (American College Health Association, 2004).
- Suicide 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—10 times the rate of completed suicides (Marano, 2004)

Increasing levels of emotional distress among U.S. college students also have taken a toll on U.S. campus infrastructures. In the United States, faculty members, advisers, parents, 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.

Yet the data do not reflect the larger problem: many students dealing with psychological concerns do not seek out help from mental health professionals or from campus advisers. In a 1999 report, the U.S. Surgeon General estimated that 20 percent of college-age adults are depressed, yet far fewer seek help. 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.

For some students, the stigma associated with psychotherapy and mental health services continues to be strong. This is particularly true among students from particular 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 have been used historically to discriminate against individuals from particular groups.

It is critical that education abroad professionals both in the United States and abroad, faculty members, parents, and friends learn how to spot problems early on. The goal is to sensitively offer support that connects the student to professional help before a problem reaches a crisis state or seriously derails the student's academic and career plans.

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

By Jeff Prince, PhD, Director of Counseling and Psychological Services, University Health Services, University of California-Berkeley

As serious mental health challenges continue to grow on U.S. campuses, education abroad professionals can learn from strategies being developed to address these concerns and prevent them from escalating for students. Keep in mind that 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.

In this chapter, we review a range of psychological concerns that arise for U.S. college and university students, particularly those studying abroad. We also offer practical tips that education abroad professionals in the United States and abroad, counseling staff, parents, and friends might use to help students with each of these concerns.

Psychological Challenges to Students in New Cross-Cultural Settings

Culture Shock

Despite the fact that most, if not all, U.S. colleges and universities provide comprehensive predeparture orientations to prepare students for the process of cross-cultural adjustment, many students are unprepared for the intense feelings that accompany studying in a different culture. They may also be unprepared for 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 quickly adapt to the new culture—and they 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 quickly 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 typical ways of viewing the world 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 school and everyday life. However, any situation entailing a high level of stress 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 imply mental illness or an inability to cope. Nevertheless, there are occasions when the experience of culture shock can stir up deeper emotional issues such as suicidal thoughts. These reactions should not be ignored; if they persist, 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 study abroad and after they arrive at their study abroad destination. Invite peers who can validate the reality of culture shock. 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.

Address the topic of student expectations, which sometimes are unrealistic. Education abroad returnees often only talk about the positive aspects of their experiences abroad and do not mention the difficulties of adjusting to a new culture. Expectations can also be influenced by culture and family heritage. For example, an African American student planning to study in Africa may expect to be welcomed “home” by the people he or she meets and may not find this to be the case abroad.

Connect Students to Others

Encourage the student to talk about feelings with others, keep a journal, and

connect to others who have experienced culture shock. Roommates, friends, faculty members, staff, family, and religious/spiritual advisers all can be sources of support. It is important for the student to find 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, and thereby prolong a particular stage of culture shock if they are not provided with additional information about the host culture and/or positive viewpoints. It is important to help U.S. 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 “reentry culture shock”—is a common occurrence. Students can plan for this before departing for study abroad by gaining awareness of this normal part of cultural adjustment and learning strategies to help 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

All change comes both with loss and opportunity. Typically, students focus on the opportunities instead of acknowledging the losses associated with studying abroad. 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. It is important during such transition times for students to acknowledge to themselves and to others the impact of these many losses. Similar transitional challenges 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 study 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 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 study abroad. Time apart can allow both partners to focus on their studies and academics in a creative and positive way.

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 through e-mail or other modes of communication. 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 another culture. Reinforcing efforts to make new friends will help students avoid becoming isolated.

Link Students to New 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, particularly for students who have not spent much time away from home. 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. Failure to make friends in the host country can lead to feelings of isolation and anger, serve to intensify culture shock, and impede 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 host country language. 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 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”).

Dating and Sexual Norms

One of the confusing experiences of living in a different culture is learning the different rules, norms, and laws; dating and sexual norms 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, or even safety. Some students may not be fully prepared for the experiences they encounter in their host country. They may even find that they are naïve 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 the overseas 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 to 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 or study center abroad for dealing with crises such as sexual

assault, sexual harassment, and unplanned pregnancy. Knowledge of available resources can reduce the stigma that sometimes prevents students from seeking professional help in a timely manner.

Abuse of Alcohol and Other Drugs

Many students are drawn to experimentation with alcohol and other drugs when they are away from home, particularly when they are in a foreign country where they are of legal drinking age. For most students, use of alcohol and other drugs is minimal or moderate, and does not cause them or others significant concern. For other students who encounter problems in this area, typically it is not their frequency of use that is the problem, but rather the physical and legal risks that result as a consequence of their behavior when drinking or using substances (e.g., risk of arrest, driving while intoxicated). A certain percentage of students begin an education abroad program with an existing alcohol or drug abuse problem.

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. Assistance may involve providing education or it may entail connecting students with emergency medical care or sexual assault counseling.

Typical signs indicating that a student might have a problem include the following:

- They drink or use another drug to relieve stress or other problems;
- They drink or use drugs in the morning or at a regular time every day;
- Alcohol or another drug seems to be the center of all their activities;
- They drink or use another drug at times when it is important to stay sober (e.g., during classes);
- They have missed classes or meals because of drinking or using drugs;
- They have had to leave somewhere because of excessive drinking or being obviously high;
- They often have black-outs and cannot remember the night before;
- They buy drinks or drugs with money needed for other things; and
- They have had 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 abuse of alcohol or another drug, 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 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 a 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.

❑ Point Out 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 not. 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 a study abroad location. If a student shows signs of trouble, provide him or her with their names and contact information. Students in early stages of abuse are especially likely to benefit from work with a counselor who is knowledgeable in this domain.

Depression

As stated previously, the new challenges and experiences that accompany study 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);
- Thoughts of suicide;
- Difficulty concentrating;
- Irritability; anxious feelings and
- Excessive crying.

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. Recent studies suggest that chronic depression might best be treated with a combination of medication and psychotherapy (Evans, Foa, Gur, Hendin, O'Brien, Seligman & Walsh, 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 also is 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 below.) 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

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.

Suicide

Suicide is the second-leading cause of death among college-age students (accidents is 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

Question directly 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 most likely will 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:

- 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.
- 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.
- 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.
- 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 within six months before their deaths.
- 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.
- 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.

Grief and Coping with Loss

Many students first encounter the death of a loved one—a parent, family member, or friend—during their college years. Students 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 studying abroad. Some students who lose a loved one while abroad will choose to return

home and not complete their education abroad program. Education abroad professionals can facilitate this process in practical ways, from helping students ship their belongings home to helping the student obtain academic credit from studies they have already completed. Other students who experience the loss of a loved one will decide to finish their study abroad program. These students are the focus of this section.

Although coping with loss 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, 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, we almost always return to our 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 listed in the above section on suicide.

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, journal writings, art work, music, or through work 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 work, 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. Some students need reassurance that getting extensions is not using death as "an excuse."

Discourage Isolation

Encourage the student to connect with friends and to remember to take 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 say or do the “right thing.” You cannot eliminate the student’s distress, nor should you. Your presence and caring alone will be helpful.

Managing Anxiety

Anxiety is a normal part of 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 feel better 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 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 reexperiences 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. Ordinary 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 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 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.

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 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. 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 study abroad 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.

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

Help to educate all students and those working with students about the seriousness of these disorders. Roommates and friends are often in the best position to notice the signs early and to help arrange an effective referral.

Identify Local Resources

Eating disorders can be treated, but individuals need appropriately qualified health care professionals. Treatment usually involves a team approach and includes physicians, psychologists, nurses, and nutritionists.

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 studying abroad. 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 some students may experience their first serious symptoms while studying abroad while others may begin their program with a diagnosis or treatment plan 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 often is 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 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.

Attention Deficit Hyperactivity Disorder (AD/HD)

In recent years, attention deficit hyperactivity disorder (AD/HD) has been a subject of great 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. It 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 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.

When and How to Refer a Student to Counseling¹

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 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.
- 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 heard 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 undergraduate/graduate school, and that counseling is a safe place where they can talk openly about their concerns with a professional counselor.
- Avoid power struggles/battles of the wills. If the student is resistant about obtaining counseling, restate your feelings and concerns.

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

- Avoid being judgmental and/or analyzing a student's problems. State your concern in a nonjudgmental 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?"

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) or fellow students who may have peer-counseling training. Make sure to address Web sites that can provide psycho-educational materials (including self-screening tools that students can access directly) in predeparture information and abroad. Include these links on the education abroad office's Web site.
- 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 students needs within the constraints of the students' insurance coverage. Some education abroad programs require that students purchase insurance for study abroad 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 parents, 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 Web site if possible.
- **Look for leverage.** Students at times will not seek counseling for personal issues but will consider making an appointment for career, academic, or health-related issues.

Student Multicultural Considerations 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 native 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, it always should 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. If practicable, U.S. and overseas education abroad professionals should confer and develop a course of action that is in line with student's home campus policies. However, 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 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.

Handling Students' Mental Health Issues

Below are two scenarios based on actual events that reflect the range of challenges faced by education abroad professionals. Use them to generate discussion of what to do in these types of situations.

Scenario 1

Richard is a 22-year-old male senior who is participating in an exchange program. He has come to see an education abroad professional at his host institution abroad for administrative help. He claims that suspicious people are following him and that they are videotaping him through hidden cameras in the walls of his bedroom and through the light fixtures in the classrooms. He appears to have delusions that the government is watching him and can read his mind. When the education abroad professional suggests speaking with a psychologist, he gets angry and tells the education abroad professional that if he or she tells anyone else this information, "There will be consequences!"

Although this student experienced mental health problems in the past, this was unknown to the U.S. and overseas education abroad staff. Further, the student had signed a health statement to the effect that he was in good health and had no existing medical conditions.

Scenario 2

The Resident Director (RD) of an education abroad program is preparing for a field trip. Shortly before the trip, a student tells the RD that she has a diagnosed mental illness, is on medication, and is seeing a psychiatrist once a week. The student is keen to take part in the field trip; however, at the same time, she is anxious that she may not be able to cope in the unfamiliar situation. The student had disclosed that she had a diagnosed mental illness. The doctor who performed the medical evaluation prior to her departure from the United States indicated that the student was stable with her medication.

Dealing with a Student Who Seems Dangerous²

Increasingly, staff and faculty on college campuses are confronted with students who are verbally aggressive, threatening, and potentially violent. 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 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.
- 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.

² Adapted from *Toolbox for Advisors*, University of California-Berkeley.

2. MENTAL HEALTH CONCERNS: WHAT ARE THEY AND HOW CAN PROFESSIONALS HELP?

- If someone is 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 verbally attacking the staff. Set limits and do not tolerate abuse.
- Call appropriate campus staff to inform them about the situation (e.g., alert others in the office or in other offices likely to encounter the student).
- 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 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."
- Consider installing panic buttons in your office.
- 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 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.

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 studying abroad. 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 activity.
- Pay attention to good nutrition, especially during times of high stress.
- Be sure to allow enough time for adequate sleep each night.
- Balance time spent working with time playing: 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.
- Stay connected with friends, family, and 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.

Before They Go I: Collaborating with Counseling Offices

By Inés DeRomaña, Senior Policy Coordinator, University of California Education Abroad Program

Serious and common crises overseas have involved students whose preexisting psychological illnesses are exacerbated by living and studying abroad. This is especially true for those students who choose to go abroad hoping it will be a magic cure for serious problems at home. When a student's mental condition worsens or manifests itself for the first time abroad—where there are varying degrees of infrastructures—the resulting crisis can blindside and overwhelm the host institution and U.S. staffs. How can education abroad professionals work with U.S. campus experts to prevent and/or prepare for situations before the students are on site?

Partnership with U.S. Campus Mental Health Experts

Campus counseling services offices in the United States may not be able to provide direct assessment and counseling services to students who are abroad or who go off their medication while abroad. Long-distance contact, via e-mail or telephone, typically does not provide adequate information for professional evaluation. Furthermore, licensing laws and liability insurance in the United States may not cover psychotherapy practiced across state and international lines. Most colleges and universities, therefore, restrict their individual counseling services to currently enrolled students on their home campuses. Due to these limitations, U.S. education abroad professionals generally work in collaboration with U.S. campus mental health professionals to determine what mental health resources a particular U.S. student will need abroad. They then work with overseas colleagues to identify those resources in the host country.

U.S. campus mental health professionals play multiple roles: consultant, adviser, and trainer to the campus education abroad office. Early intervention is always preferable to crisis intervention. The education abroad office therefore needs an operating structure and a defined partnership with campus mental health experts, education abroad program providers, and partner institutions abroad to address the needs of students with psychological disorders. Good practices result from shared responsibilities. Consequently, a

central focus of the education abroad office should be to proactively work with experts on campus to review programming 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 address mental health issues in education abroad settings and in all predeparture planning and documentation;
- Careful screening of students to identify those with special needs;
- Crisis management and mental health protocols for handling problems when they arise; and
- Education, orientation, and training programs for staff and students.

Counseling professionals cannot disclose which study abroad students are using their services. Still, the more they learn about the education abroad programs, the better equipped they will be to help students develop appropriate treatment plans when abroad. When education abroad professionals establish a relationship with their campus counseling services offices, they should not expect any information from counseling services about their patients unless this disclosure is initiated by the student (or in the case of life-threatening situations).

A number of regulations, including FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act), influence the management of communication between the education abroad office and campus counseling services offices. Since confidentiality laws can vary from state to state, the advice of a campus attorney may be needed to advise on 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 when it is needed to protect the welfare of the student in situations of imminent danger to him- or herself or others. Education abroad professionals can and should consult campus mental health professionals about a worrisome student.

Tips for a Successful Collaboration with U.S. Campus Psychological and Counseling Services Offices

The following tips address establishing a successful collaboration between the education abroad office and counseling services office:

1. Cross-train staff. Campus mental health professionals can train the education abroad staff about culture shock, health problems in the campus population, how to recognize distressed students, and how to refer students. Education abroad staff can train counseling services staff about the idiosyncrasies of education abroad programs, customs

regulations about importation of medication or mailing medication abroad, and the availability of medications and local infrastructure abroad. Cross-training is an effective way to build stronger relationships between the offices.

2. Review program policies that are focused on students with psychiatric 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 that the documentation clearly supports the individual's request for accommodations?
3. Define the areas of responsibility for the education abroad office, the counseling services office, the disability services office, and the student. For example, is the student responsible for researching whether his or her medication is available abroad? Does the education abroad staff follow up with a student who has disclosed a psychological condition once abroad?
4. Agree to outline and coordinate an appropriate strategy to address intervention with students who manifest psychological health issues before departure and while abroad. For example, a student may have a history of panic attacks in new social situations. In this case, it would be important to identify—in advance—a counselor who has expertise with panic disorder in an office near the host country university.
5. Agree how best to respond to the emotional and mental adjustment problems that students might present abroad. For example, anticipate that some students will have a difficult time with depression soon after arrival. Discuss in detail what specific steps to take should this occur.
6. Create an advisory group (or assign a liaison to each) with the student health services office, the counseling services office, the disabilities services office, and the education abroad office.
7. Agree to have open and clear communication within the limits of confidentiality.
8. Establish procedures for reviewing cases and for responding to crises abroad.
9. Coauthor psycho-educational and prevention materials for distribution to students and include psychological health information in predeparture materials and all orientations.
10. Collaborate to conduct interviews or focus groups with students when they return from study abroad to become better informed about the issues that arose and what worked well for the students. These lessons learned can then be shared generally when developing plans for future collaboration.
11. Work together on research projects that contribute to knowledge about the impact of mental health issues within the context of education abroad programs.

Goal of Collaboration during Predeparture Orientation Sessions

Invite counseling services staff to predeparture and on-site orientations to speak with students about adjustments that they will face as well as general mental health issues that arise in an education abroad setting.

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

1. 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.
2. 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 most likely first to turn to each other rather than to staff, faculty, or mental health professionals when they are in need. Educating students about how to help each other is critical to early intervention.
3. Tips that 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.
4. Information on recognizing stress and managing it before it gets out of control. 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.
5. 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, and/or not attending classes or marked decrease in academic performance.)
6. Train staff and students to identify and understand the risk factors that lead to suicide. Suicide is a leading cause of death for students; everyone needs to know the common warning signs and some effective ways to intervene.
7. Address policies surrounding issues such as alcohol and other drug use, sexual misconduct, and how such behavior affects student health, safety, and academic progress while abroad.

8. Whether or not students have used mental health services in the past, provide information about the mental health services available in their host country. If students are required to purchase a specific health insurance policy, discuss whether and to what extent that policy covers these services.
9. Suggest that students connect with others who have traveled to the host country so they may gain insight into what the culture is like. Mention that it is often possible to find a study abroad alumni with a disclosed mental health disorder who might be able to address questions from students with preexisting psychiatric conditions (Mobility International USA/National Clearinghouse on Disability and Exchange has a peer-to-peer network—visit <http://www.miusa.org/ncde/stories/peernetwork> on the Web.)

Before They Go II: Preparing Staff and Advising Students

By Joanna Holvey-Bowles, Vice President for Student Affairs, Institute for Study Abroad, Butler University; Barbara A. Lindeman, Director of Study Abroad – Assistant Director of the International Center, University of Missouri-Columbia; and Michele Scheib, Project Specialist, National Clearinghouse on Disability and Exchange Mobility International

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.

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 Chapter 6).

Encouraging Disclosure

Given that mental health problems are still stigmatized in U.S. culture, it can be challenging to encourage students to disclose mental health concerns. Some students will participate in education abroad without self-disclosing a diagnosis or the fact 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. They may also view handling their mental health concern as their own responsibility and not see a need to involve the education abroad staff.

One way to encourage disclosure is to make clear in written predeparture materials and verbally during advising and orientation that existence of a mental health issue will not jeopardize a student's acceptance to study abroad. Note that information will also be kept confidential unless disclosure is necessary for safety reasons—and then the information will be disclosed only as necessary to ensure safety. Approach mental health issues with a sense of normality given that it is becoming more common for students to have mental health concerns.

For example, you might mention that many students who successfully study abroad need to make arrangements for taking medication and/or continuing treatment abroad. This will build trust that education abroad professionals can offer some tangible assistance and knowledge 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/ncde>) provides useful tip sheets for advisers and students on considerations for managing psychiatric conditions and daily medications while abroad.

When a Student Discloses

If there is a mechanism for documenting students' preexisting mental health conditions, help the student 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, anxiety, or bipolar disorder, be proactive and help the student arrange on-site treatment before the student departs. This avoids any interruption in treatment and helps ensure that medication management continues without change. Students are more likely to do well when they successfully transfer their treatment to providers abroad. And when program staff have documentation of students' specific mental health concerns, they will be able to more effectively manage any related crises that may surface later. This information may be essential in quickly mobilizing appropriate resources and interventions when a student's safety is at risk.

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" below). 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. In these cases, send a list of students accepted to study abroad to the campus counseling services office with a request that staff discuss any special challenges study abroad 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 to the fact that their student will be studying abroad and you will have opened a dialogue between them and the student. Since counseling services colleagues may not have had overseas experience, it may also be important for the education abroad office to conduct cross-cultural training or discuss hypothetical situations to draw out some of the cultural unknowns (see Chapter 3).

Medications and Insurance

Advising about transporting prescription medication abroad can be complicated. In many cases, regulations governing transportation of prescription medication abroad can be found on the host country's government Web site. Students should obtain a note from their doctor with the generic (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, according to the U.S. Embassy in Japan, it is illegal to bring into Japan some 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 are prohibited. Up to a two-month supply of allowable over-the-counter medication and up to a four-month supply of allowable vitamins can be brought into Japan duty-free. Some U.S. prescription medications cannot be imported into Japan, 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 provider or psychiatrist before departure and to have a plan for obtaining adequate quantities of medication. It is also important to advise students about mailing medications abroad. For example, due to strict and varying regulations regarding pharmaceuticals, the German Consulate General in the United States advises against mailing medications into Germany.

Ensure that students taking medication have enough of it to last throughout the length of the program. Medication prescribed for students in the United States may not be available or

may be prohibited in some countries. The dosages may also be different. Make a contingency plan in case the medication is lost or stolen, and verify whether the country will accept a prescription written in the United States.

Advise students about medication during the predeparture phase. They will have to work with their insurance company and prescribing doctor 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 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 overseas staff 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)?

Know the policy exclusions in any insurance policy that your institution provides or endorses. If a serious crisis 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.

Accommodating Students' Mental Health Needs

Many students with serious mental health concerns will consider, apply, 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 feared or coddled. Talk with the students about what they typically need. With the exception of students whose condition is new, they 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 (see Chapter 6). It is important that U.S. education abroad professionals discuss with 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 on the U.S. campus to determine if what is requested for accommodations is appropriate. Discuss

alternatives that may be more readily available in the host culture and can provide similar access. 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 study 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. and overseas colleagues when it is clear 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 condition (such as local support groups) or research ways to arrange remote counseling via telephone.

If these alternatives are not workable, education abroad staff can then recommend that students select a different program that meets 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 professional should consult with campus legal counsel. Counsel may suggest that the student requests in writing to participate in a specific program and signs a statement attesting to the fact that he or she understands what specifically is not available at the study abroad 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 Disabilities

Cultural and attitudinal barriers may arise when working with overseas 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 disorders. Mobility International USA/National Clearinghouse on Disability and Exchange provides a useful resource to guide education abroad professionals in working with overseas faculty and staff. The guide, *A Practice of Yes! Working with Overseas Partners to Include Students with Disabilities*, is available on the Web at <http://www.miusa.org/publications>

Handling Emergencies Abroad

By Joanna Holvey-Bowles, Vice President for Student Affairs, Institute for Study Abroad, Butler University

Mental health concerns create some of the greatest challenges and frustrations for on-site staff who are responsible for study abroad students. You will face these challenges whether you are a faculty or staff member of a university outside the United States, a faculty member leading U.S. students in education abroad programs, a resident director, or an on-site staff member of a U.S.-based provider of study abroad programs.

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 interests. While you must develop policies to address these issues, keep in mind that each case must be assessed and treated individually. Your readiness to manage on-site mental health crises depends on the thoroughness with which you have planned your program— regardless of the length of your program. Students with mental health issues can and do select programs of varying durations: semester-long, year-long, or short-term. 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 a wide range of concerns at your institution.

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

- Identify the local resources for handling mental health crises.
- Analyze whether Western treatment practices exist locally.
- Obtain the cost and availability of existing psychological treatment.
- In a foreign language setting, does the U.S. consulate or embassy have a list of English-speaking specialists to recommend? If so, visit a few and speak with them about the needs of your U.S. student population.
- If no psychological counseling is available, you must provide this information to students up front. In some cases, students may need to select another program.

- In predeparture settings, ensure that students will be advised about counseling options and availability of psychotropic medications abroad.
- Create budget allocations for handling potential mental health crises.
- Make sure you have emergency contact information for every student and the student's written permission to use it in case of a crisis. Obtaining student permission is particularly important if the student is an independent adult.

U.S. Campus Resources

Assistance is readily available for crisis planning on U.S. campuses. Get to know on-campus colleagues with expertise in crisis management, including risk managers, counseling center staff, the student affairs staff, legal counsel, residential life, and campus police—the list is virtually endless. These professionals can help you identify resources on your campus that can be helpful if a mental health crisis occurs abroad. If applicable, plan ahead so that the student who is abroad can consult with a campus-based counselor if resources are not available at the study abroad location.

Invite your counseling and health center colleagues to speak to students at predeparture orientations (see Chapter 3). The more they learn about your study abroad programs, the more they can help students develop appropriate treatment plans when abroad. Identify individual on-campus professionals who can assist you with making difficult decisions about an individual student.

Student Program Contract

In setting up the program, ensure that you have rules of participation indicating what happens 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 acknowledges the advice provided about using resources on site (see Chapter 2). Under a behavioral contract, you can insist that the student continue with treatment while abroad as a condition of remaining in the program. Specific language in the contract will help when making difficult decisions. 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 foremost.

On-site 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. Advise students always to seek a medical opinion before changing the dosage of their

medication or discontinuing it. Some people suffer relapses when they go off their medications.

Provide all students with specific physical and psychological resource information during orientation presentations. 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 document, 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 have their radar up and 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 to his or her own work and enjoyment.

On-Site Staff

All on-site staff should have a mechanism for 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—in broad terms—are 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.

Be on the lookout for the following symptoms of mental illness³:

- 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.
- 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 are 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 of us in the field of education abroad 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

You may find yourself in a culture that does not accept the existence of a psychological basis for illness. Similarly, a student with a mental health condition may not be open to treatment

³ Adapted from *College of the Overwhelmed*, Richard Kadison, M.D. and Theresa Foy Digeronimo.

due to cultural or religious values. If this is the case, you will not have traditional Western treatment resources available to assist the student. If the symptoms are severe, you may be faced with the difficult decision of whether to end the student's program. If the symptoms are not life-threatening but he or she needs counseling, there are options.

Review the online resources listed at the end of this document. Gather feedback from mental health professionals at a campus-counseling center to see which online resources, if any, they would recommend for a particular type of scenario.

When online resources are inadequate, telephone the student's program 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. Ask the student to sign an authorization for the release of medical information so you can talk with the mental health practitioner and ask for an evaluation and suggestions for how you can best help the student. Ask whether the student can reasonably remain in the program—with or without support from the United States. If telephone counseling is advised, you will have to 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 4.) You should have a confidentiality policy and an established record of keeping issues in confidence.

If you have a mechanism for documenting students' preexisting mental health conditions, you can help the student put in place an appropriate treatment plan while abroad. For example, when a student has disclosed a history of depression, anxiety, or bipolar disorder, you can be proactive and help the student arrange on-site treatment before the student departs on the program. This avoids any interruption in treatment and allows medication management to continue without change. Students who have successfully transferred their treatment to providers abroad are more likely to succeed. What's more, when your program has documentation of students' specific mental health concerns, you can more effectively manage any related crises that may surface later on. Such information might be critical to quickly mobilizing appropriate resources and interventions when a student's safety is at risk.

No Previous Diagnosis or Non-Self Disclosure

The greatest difficulties arise with students who have no previous history of mental illness or treatment. Some of the most significant psychological disorders, such as schizophrenia or bipolar disorder, present in late adolescence or the early 20s. Additionally, students who have a prior diagnosis but fail to disclose may experience a serious relapse. These students may attempt to cope in their own way with psychological changes that are frightening and make them feel out of control. In these cases, as an education abroad professional, you may have to deal with the student's resistance to any treatment. This can delay critical care for common but sometimes serious mental health conditions.

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 unacceptable side effects. 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 his or her education abroad adviser to make sure that the medication is available abroad and determine a course of action if it is not. 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 and that certain FDA-approved medications—including commonly prescribed medications for depression and Attention Deficient Disorder (ADD)—are not widely available or even legal abroad.

Determining that 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 function well coping 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 as much support, events that may not have bothered students at home may be 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.

More obvious signs that students need help include engaging in risky behavior, becoming delusional, or attempting suicide.

Psychological Evaluation

When you determine that a student needs psychological treatment, work with the student's U.S. program and insist that, as a condition of remaining in the program (see program contract above), 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 never be taken lightly and must be considered a little differently than 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. It is usually best for the student and the program to send the student home.

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.

Example: A female student in Costa Rica begins to faint on a regular basis. Her U.S.-based education abroad program provider arranges for its overseas staff to take her to see a physician, where she is diagnosed with bulimia and anorexia. The student has severe electrolyte imbalances that result in her fainting. Her host family volunteers the information that she is vomiting after meals.

She is taken to a psychiatrist, who recommends that she may stay in the program as long as she is able to follow a closely monitored medically devised plan.

Her education abroad program provider creates a behavior plan so the student can remain on the program and put it in writing to her, citing the "danger to self" clause in her originally signed contract agreement. She 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 the contract or return home.

The student agrees to the conditions of remaining on the program and the psychiatrist provides updates every few weeks. The student returns home having successfully completed her coursework and adhering to the program requirements.

This arrangement was not stress-free. The student was not cured overnight, suffered two setbacks in treatment, and was not particularly happy with the arrangement. (Note that if the student in this example had not been participating in an education abroad program organized by a program provider, the consultation would have taken place between the student's U.S. university and colleagues at the host university abroad.)

Determining Whether or Not a Student Should Return Home

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

- Level of disruption of behavior to the program (e.g., peers, classroom structure, and host family, if applicable).
- Danger to self or others.
- Length of return flight; number of airport transfers to get home.
- Timing: crises often do not occur during business hours. Make sure that U.S. and overseas education abroad professionals know how to contact each other and additional colleagues upon whom they rely for advice, 24 hours a day, seven days a week.
- Overseas-based education abroad professionals need to be aware that the brunt of the burden of dealing with a student in crisis may fall on them after business hours or on the weekend.
- Some of the most serious psychological illnesses present in late adolescence or the early 20s. These illnesses include schizophrenia and bipolar disorder.

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 to have to make. 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 make this decision 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 get the student home.

- 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?
- 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?
- How long is the international flight?
- How many airport transfers will there be?
- 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 on the Web at <http://www.mdri.org> for additional information.

What to Do When a Suicide Occurs Abroad

Suicide is the most tragic result of a mental health crisis in study abroad. (For a more detailed discussion, see "Suicide" in Chapter 2.) 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. It 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, check with a representative from the country of origin as well as the family.

In partnership with the student's U.S. university, 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, the parents, or the 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 will need to arrange for trauma counseling for other students in 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 if 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 person who died in order to avoid copycat behavior.

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 himself/herself 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 U.S. university. 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 deceased family's wishes.

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 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. U.S. faculty or staff members leading a group should have a list of U.S. campus officials sponsoring the program to contact in the event of an emergency. 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 study abroad providers also write to parents as part of their communication system. Parents see themselves as customers and they 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. university when in doubt.

Avoiding parents during a crisis does not make sense. If the student has already self-disclosed, it is likely you have already 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 their 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 credit 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 on those left behind. One group session can be an enormous help to the program.

Legal Concerns

By Steve Hopkins, Esq., Cultural Insurance Services International

The following is not meant as legal advice—education abroad professionals should always work with their institutions’ legal counsels to develop policies. This section provides an overview for education abroad professionals, some of whom may be reluctant to address students’ mental health concerns due to worries about violating students’ legal rights.

There are no definitive right and wrong answers regarding how best to handle the legal issues associated with mental health in education abroad. Legal cases seem to offer conflicting decisions, 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 more new questions than answers.

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.” This often revolves around research and disclosure of known risks. The same principles apply to mental health issues. For example, laws regarding the transport, possession, and availability of prescription drugs can be researched and disseminated to students. General warnings based upon your own expertise or collected statistics can be relayed to students. Lists of local health professionals and counselors can be provided to students. Contact information for counseling resources from the home campus can be provided. 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 you are able to plan ahead is to encourage disclosure of conditions. As stated earlier in this chapter, the easiest way to achieve this goal is to include a process for disclosure in your materials. This process should be separate from the admission/acceptance process to avoid the appearance of discriminatory practices. However, once one becomes aware of a condition, counseling and additional disclosures (possibly following additional research) can be shared with the student (see “When a Student Discloses” in Chapter 4).

The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 are federal laws that ensure equality of access for students with disabilities. In some cases, reasonable accommodations are provided, including auxiliary aids and modifications to programs. For a mental 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.

Legal decisions differ as to whether the ADA applies to programs abroad. The ADA could apply to any portion of the program and process 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 the accommodation will place on the institution. The fact that legal opinions differ as to whether the act applies is not necessarily a deterrent to litigation or to the cost of defending litigation.

Family Educational Rights and Privacy Act of 1974 (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)

FERPA protects the rights of students by controlling 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. HIPAA also protects medical records.

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 this information will be handled. Always consult with your institution's legal counsel.

While there is a tendency to focus solely upon legal requirements, 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.

When in doubt, do your best to collect as much information as possible, relay that information, 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 on campus (from counseling centers to medical and legal experts). Include records regarding consultation with counseling services offices, legal counsel, supervisors, etc. Above all, allow your common sense to guide you.

Web-based Mental Health Resources for Students and Staff

By Inés DeRomaña, Senior Policy Coordinator, University of California Education Abroad Program and Joanna Holvey-Bowles, Vice President for Student Affairs, Institute for Study Abroad, Butler University

Evaluating Internet Resources

As you explore health-related Web sites, ask yourself the following questions:

- 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 consumers or for health care professionals?
- Are there references or recommended readings?
- Does the site collect information and what disclaimers and privacy statements are included?

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

[Ulifeline.com](#)

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

[Campusblues.com](#)

Provides online resources for mental health matters.

[Outsidetheclassroom.com](#)

Offers prevention-based health education and focuses on high-risk drinking on college campuses.

7. WEB-BASED MENTAL HEALTH RESOURCES FOR STUDENTS AND STAFF

[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.

[Facts on Tap](#)

Provides information on topics such as drugs, alcohol, sex, and dealing with friends and family members who have a drinking problem.

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.

7. WEB-BASED MENTAL HEALTH RESOURCES FOR STUDENTS AND STAFF

[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 nation'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.

7. WEB-BASED MENTAL HEALTH RESOURCES FOR STUDENTS AND STAFF

[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.

Appendix A: References

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Appendix B: Links Cited by Chapter

Chapter 3

**Mobility International USA/National Clearinghouse on Disability and Exchange
Peer-to-Peer Network**

<http://www.miusa.org/ncde/stories/peernetwork>

Chapter 4

**Mobility International USA/National Clearinghouse on Disability and Exchange
Resources**

<http://www.miusa.org/ncde>

**Mobility International USA/National Clearinghouse on Disability and Exchange
*A Practice of Yes! Working with Overseas Partners to Include Students with Disabilities***

<http://www.miusa.org/publications>

Chapter 5

Mental Disability Rights International

<http://www.mdri.org>

Chapter 7

Ulifeline.com

<http://www.ulifeline.com/>

Campusblues.com

<http://www.campusblues.com>

Outsidetheclassroom.com

<http://www.outsidetheclassroom.com/>

National Mental Health Association

<http://www.nmha.org/>

MyStudentBody

<https://www.mystudentbody.com/>

Active Minds on Campus

<http://www.activemindsoncampus.org/>

Facts on Tap

<http://www.factson tap.org/>

Academy for Eating Disorders

<http://www.aedweb.org/>

American Psychological Association

<http://www.apa.org/>

Anxiety Disorders Association of America

<http://www.adaa.org/>

CLIC on Health

<http://www.cliconhealth.org/>

Depression and Bipolar Support Alliance

<http://www.dbsalliance.org/>

HealthyMinds.org

<http://www.healthyminds.org/>

Internet Mental Health

<http://www.mentalhealth.com/>

Medline Plus®

<http://www.medlineplus.gov/>

Mental Disability Rights International

<http://www.mdri.org/>

Mobility International USA/National Clearinghouse on Disability and Exchange

<http://www.miusa.org/ncde>

National Alliance on Mental Illness

<http://www.nami.org/>

The National Empowerment Center

<http://www.power2u.org/>

National Institute on Alcohol Abuse and Alcoholism

<http://www.niaaa.nih.gov/>

National Mental Health Information Center

<http://www.mentalhealth.samhsa.gov/>

Support Coalition International

<http://www.mindfreedom.org/>

World Federation for Mental Health

<http://www.wfmh.com/>

World Network of Users and Survivors of Psychiatry

<http://www.wnusp.net/>