

Mental Health and Study Abroad: Responding to the Concern

International educators are gaining awareness and beginning to develop plans for assisting students with mental health issues so that they can fully and safely participate in education abroad programs.

IN RECENT DECADES, there has been a rise in the number and complexity of reported mental illnesses and crises in the general population. Fortunately, there has been a corresponding awareness of the importance and even necessity of good mental health. These two factors—the rise of and awareness of mental illness—have become increasingly relevant to those serving college students, and particularly those working with students engaged in international education experiences.

There have been a number of studies that indicate that college students are clearly at risk for mental health issues on their home campuses. As recently as August 2005, the American Psychiatric Association noted that “nearly half of all college students report feeling so depressed that they have trouble functioning, and 15 percent meet the criteria for depression” (*Medical News Today*). Additionally, as the *New York Times* reported on June 12, 2005, recent government data suggest that more than half of all Americans will develop a mental disorder at some point in their lives; this was the third study since the 1980s that implies a significant increase in mental health problems since the beginning of the twentieth century. According to another *New York Times* article (dated October 26, 2005), Dr. Robert Gallagher of the University of Pittsburgh claims that the number of college students taking psychiatric medications increased from 9 percent in 1994 to 17 percent in 2000, and then to 24.5 percent in 2003–04.

The research seems to indicate that there has been an increase in the number of mental illness cases among college-age students. Considering that many students are more likely to reveal mental health problems than they might have even just a few years

ago, and given the increased variety and availability of medications used to treat various disorders, more students with a history of mental health issues can attend college (and subsequently study abroad programs). Correspondingly, whether or not the actual incidence of mental health crises among students studying abroad has actually increased, or merely appears to have increased based on anecdotal evidence, is currently a growing topic of discussion for many education abroad professionals.

With more students than ever seeking and receiving psychological care, it appears that the taboo that has previously been associated with mental illness is no longer as potent as it may have been in the past. We, as a society, seem to have come a long way in accepting mental illness as a treatable disease or condition (not unlike more commonly accepted physical ailments).

Some analysts believe that the evidence in surveys might suggest that the incidence of mental illness is on the rise in college-age students. But others believe that the increase is simply a result of a greater degree of openness to disclosing the illness. However, in either case, the growing availability of drugs that can effectively treat many mental illnesses has allowed more



students the opportunity to consider a study abroad experience as part of their undergraduate education.

Is Mental Health Simply the Absence of Mental Illness?

As study abroad professionals begin to address their concerns about mental health and mental illness with regard to their students, it is important to understand what each concept means. Unfortunately, the term *mental health* has been frequently used as a generic catch-all phrase to describe a variety of moods, behaviors, and conditions ranging from how one is feeling, as described by popularized expressions (e.g., “I need a mental health day (off)!”), to more serious clinically diagnosed conditions (e.g., bi-polar disorder, schizophrenia, etc.). When the phrase mental health is so loosely used to describe mood, affect, and general well-being, it can be difficult to determine what it means to be *mentally healthy*. In some cases, good mental health has been perceived as the absence of *mental illness*. In fact, mental health, like physical health, takes on a continuum of forms, ranging from the fully functioning, emotionally developed, well-balanced individual at one end, to someone with a brief period of sadness or lack of joy in the middle, to someone with deep depression and the inability to function in society at the other extreme. Understanding the concept and range of what is good mental health is important for those who are attempting to address this problem with their student populations. One example of the importance of this concept can be seen in a situation where,

for example, some students might be considered mentally healthy, when in fact their mental fitness may be due to living in a relatively low-stress university campus environment. However, while mentally healthy at home, that same individual may not have developed the emotional, cross-cultural, and other coping skills necessary to handle high-stress situations like those found in study abroad experiences. The absence of such coping skills does not suggest mental illness but could be considered a measure of one’s *mental health* or *mental fitness*.

As defined by the Mental Health Foundations, individuals are deemed to be mentally healthy who:

Are developed emotionally, creatively, intellectually, and spiritually

Can initiate, develop, and sustain personally satisfying relationships

Can face problems, resolve them, and learn from them

Are confident and assertive

Are aware of others and empathize with them

Use and enjoy solitude

Play and have fun

Laugh at both themselves and the world

However, these characteristics do not address the clinical concern of *mental illness* that suggests a specific condition resulting in a degree of impairment that has been clinically diagnosed. On the other hand, *mental illness*, as a condition that may be treatable, has a potentially different impact on planning and strategies for managing students going abroad than the more general nomenclature associated with the phrase *mental health*. While the term mental health suggests a continuum of mental fitness and well-being, mental illness suggests a very specific and presumably treatable disease.

Why is it important to make a distinction between the concepts of mental health and mental illness? Simply put, it is because both terms and the conditions they describe cannot merely be approached from a one-size-fits-all standpoint in their application to students, or from the belief that either you are mentally *healthy* or *ill*. Through understanding the distinction between the two, study abroad professions are better able to consider programmatic changes that lead to and sustain good mental health. Simultaneously, they will be better prepared to respond to students who come to a program with a mental illness or develop one while abroad.

The Impact on Study Abroad

With the increasing number of diagnosed incidence of mental illness among college students, professionals will continue to be faced with an upward trend in the number of mental health and mental illness issues among the students who desire to participate in programs abroad. Few study abroad professionals, particularly those who work directly with students, have been faced with concerns generated by students dealing with problems such as depression, anxiety, addiction, eating disorders, obsessive compulsiveness, schizophrenia, post-traumatic stress disorder, agoraphobia, and others. In the environment of an overseas experience, student mental health and mental illness concerns have significant implications. We know that college in general can be a stressful environment for young people, particularly as they make the transition from home to independence. Moreover, our experience has shown us that the transition to studying abroad adds another layer of stress that can exacerbate and amplify mental problems if they already exist. In addition, the perception that the world in general has become less safe raises its own set of anxieties for anyone going abroad. These, coupled with the very complexity of the college life social system with advances in technology, social pressures, and preparation for a competitive labor market, seem to prime students to experience heightened degrees of mental stress. Adding to the problem is the belief of some students and their parents that going abroad offers an opportunity to escape or avoid difficult situations at a home or school, or that the “change of scenery will do some good.” In fact, as many of us in the field know, the opposite is true. The stress and intensity involved with study abroad can, and in fact often does, compound preexisting problems. Problems that might otherwise remain submerged while the student is in the relatively familiar setting of the home campus seem to erupt more quickly during an overseas experience. In the absence of extensive research data on the subject, anecdotal evidence indicates the following contributing mental and psychological factors:

LOSS AND SEPARATION: For many students going abroad represents the first real separation from family and friends. While college provides a geographic barrier from home of perhaps only miles, they are able to cope by knowing friends and family are still a relatively short distance away. But when students are continents and oceans away from friends and family, the separation becomes much more real and pronounced and may produce feelings of loss and separation anxiety.

TRAVEL STRESS: In today’s world, despite the availability of relatively rapid means of traveling to and from countries around the world, traveling can produce significant stress on the body and, subsequently, the mind. The challenge of navigating from place to place in unfamiliar territory is now compounded by a world that is increasingly sensitive to terrorism, which places restrictions on the

ease of travel. Security screenings, passport and visa controls, and lengthy delays can all add up to produce tremendous stress. In addition, significant time, climate, and daylight changes can dramatically interfere with sleep patterns that if not treated properly can strain even the most resilient person. The inexperienced student who may be traveling at this level for the first time is particularly vulnerable.

CULTURE SHOCK (AND MORE): Today U.S. college students are also increasingly facing uncertainty as to how they will be received by host nationals. In a world in which strong sentiments are often expressed about both U.S. foreign policy and the role of U.S. citizens in making and carrying out such policy, many students find themselves confronted with anti-Americanism. They must be prepared for mixed, even hostile, reactions to them as U.S. citizens. The desire to be “liked” and the pain of being “disliked” can weigh heavy on the minds of a young student trying to assimilate into a new culture, regardless if it is a brief sojourner experience or a lengthy immersion.

ADJUSTING TO LOCAL CONDITIONS: While culture shock comes in many forms and may be a major contributing factor to mental health issues, the actual living conditions can have a significant impact as well. In many of the countries our students travel to, conditions can vary tremendously from those in the United States. Adjusting to the differences in housing, food, and water, particularly in developing countries, can add significant adaptation strain, creating physical stress on the body that in turn can tax mental functioning (e.g., difficulty concentrating, remembering, etc.) In addition, a new setting may lack conveniences that a student is accustomed to on the home campus (e.g., air conditioning, high speed computer access, single room, college cafeteria, campus health club, 24/7 convenience stores, etc.) Finally, the challenges of adapting to the new environment while at the same time successfully responding to, what we hope will be, a rigorous academic program can combine to form a stress-producing situation that exacerbates mental health issues, including mental illness.

SOCIAL PRESSURE: The pressure students feel from their peers on their home campus is enormous. It is not hard to recall how many of us felt as first-year students entering the university. Determining where we fit in (and wanted to fit in) socially and, at the same time, trying to figure out what we wanted from our academic experience were all stressful elements of our adaptation to college life. Going abroad for the first time is generally analogous to the first-year experience. Many of the same feelings are generated, and all students feel pressure to quickly merge into a social system of their home country peers while at the same time they are encouraged to integrate themselves into the host national community. Also, study abroad experiences typically occur at pivotal times in a student’s socioemotional development when they are occupied with issues ranging from self-identity, pressure to succeed in the classroom, uncertainty about social and sexual relationships, cultural and

NEW FROM NAFSA

RECENTLY, NAFSA ASSEMBLED a task force of education abroad professionals to analyze how mental health issues impact education abroad and to produce an online publication that will serve as a resource for members who want/need more information about mental health issues and study abroad (see Web Extra below). In addition, a workshop on this topic, “Best Practices in Addressing Mental Health Issues,” has been added to the 2006 NAFSA conference, during which individuals will review case studies and develop strategies for responding to mental health concerns with their program participants.

COMING SOON!

**To Your Health:
Easy Planning Guide for Good Health Abroad**

By Joan Elias Gore

A new title in the To Your Health Series and designed for U.S. students going to study, work, or volunteer abroad. It's an easy, multi-step planning guide to help make sure that health issues don't get in the way of their learning while living and studying abroad. Look for it in the coming months; it will be available by the end of 2005.

NEW WEB EXTRA!

Plus, a new online product is coming soon that will focus on how to address mental health issues in the context of education abroad advising and program administration. This Web-based resource will be available in early 2006.

socioeconomic diversity, and a host of other pressures that come with emancipation from home.

PREEXISTING OR DORMANT CONDITIONS: In an article in the *Chronicle of Higher Education* (January 28, 2005), Stephen D. Blom and Stephen L. Beckley reported that due to the prevalence and availability of a new class of psychotropic medications, many more students with mental health issues are attending college who may not have been able to in the past. That means that a number of these same students will wish to participate in study abroad opportunities and that both the sending universities and the receiving programs overseas will, no doubt, see a corresponding increase in the number of participants with diagnosed preexisting mental health conditions. Unfortunately, in spite of the recent openness in our society to the needs of persons with mental illnesses, too often participants choose not to report their conditions on required medical history forms, leaving program managers unaware of potential crisis situ-

ations and depriving the students themselves of the opportunity to establish a “safety net” for the duration of the program. Although the Americans with Disabilities Act (ADA) was intended to protect such students, many of them and their parents remain reluctant to disclose mental illness for fear it will preclude their participation in a program. Providing a health history is typically a postadmission step in the enrollment process so noting a mental (or physical) condition that is under a physician's care would not jeopardize admission. Notation of it would, however, help the sponsoring program to at least provide a reasonable level of accommodation to the student. The concerns around acknowledgment of a mental health problem, along with an ongoing perception that mental illness is an admission of “weakness,” cause many students to not seek help for their problems. Our field is filled with stories of students who seemingly develop a significant mental health crisis overnight during their study abroad program, but when asked later, parents and students reluctantly acknowledge a preexisting condition that they thought was “under control” or “getting better.”

CHANGE IN MEDICATION: Similar to the instances of students not disclosing preexisting mental health conditions are those who either decide independently to stop taking their medications or whose physicians have changed their medications just prior to their study abroad experience. The initial excitement and euphoria that are part of the “honeymoon” phase of traveling abroad mistakenly persuades some students to feel that they are “cured” and thus can discontinue their medications. The effects become apparent fairly quickly and often result in a crisis that can require both hospitalization and repatriation.

UNFORESEEN EVENTS: All students on study abroad are susceptible to bad news, either from events that happen back home (e.g., a death or serious illness in the family, a divorce or a “Dear John/Dear Jane letter” announcing a change in relationships, etc.), or those events that happen in or around the program location (e.g., acts of terrorism, political violence, health scares, etc.). Certainly since September 11, 2001, and more recent high profile terrorist acts in several popular study abroad destinations (e.g., bombings in Spain and Britain), students and their parents are approaching studying abroad with more trepidation than they might have in the past. While they can rationalize these events as likely one-time occurrences, they plant a seed of anxiety in even the most well-traveled student. Such a seed can grow quickly into full-blown anxiety and panic attacks if additional events occur (no matter their location) with the attendant increased media attention.

Bad news from home can be devastating to students who may not have the support system available to them that they need to cope with such news. A sense of helplessness occurs and students very quickly feel isolated, alone, and frustrated with their inability to help “solve the problem” back home. This can produce depression, anxiety, and other mental health issues quickly, as well as compound

Coping with bad news, whether personal or from a larger scope, is challenging for any student. And, while this may lead to a temporary bout of anxiety and/or depression in an otherwise healthy student, it could trigger a crisis for a student with an ongoing mental health condition.

existing conditions. When the bad news stems from local or global situations like terrorist attacks, health crisis (e.g., SARS), political violence, etc., students (as well as staff) can be overwhelmed by the situation. The loss of control they feel toward the situation can express itself in an inability to make decisions related to their study abroad experience (e.g., should they go home, stay, wait, etc.). Coping with bad news, whether personal or from a larger scope, is challenging for any student. And, while this may lead to a temporary bout of anxiety and/or depression in an otherwise healthy student, it could trigger a crisis for a student with an ongoing mental health condition. Moreover, the anxiety that national and international incidents can cause in a group can call for an immediate response by program managers that impacts student participants.

Issues with Identifying the Problem

Beyond the previously identified stigma of disclosing a mental health condition, which appears to be changing, a number of other factors can make identifying mental health issues challenging. Several of those challenges include the following:

ADA COMPLIANCE: While much is understood about the application of the ADA to U.S.-based campuses, the level to which it applies to some study abroad programs can be confusing since it is a U.S. law regarding, among other things, standards of accessibility. While the program provider is based in the United States, the fact that the site is overseas can complicate the process of making a decision regarding accommodation to a person with a mental health issue.

LIMITED PRESCREENING: The vast majority of students going abroad receive some level of predeparture medical screening. However, depending on the location and type of such screening, mental health can often be overlooked. Colleges and universities can vary greatly in both the medical and psychological screening services they are capable of providing to students. Often, this is determined by the size (and subsequently budget) of the school. Students will typically seek out medical centers for information about required inoculations and overseas medical concerns, but unless those centers have established screening mechanisms for mental health, it is unlikely the average student will have such a screening. On the other hand, while these same colleges and universities have counseling centers, they presumably exist as a resource for a crisis or mental health issues that occur on campus and not necessarily as a screening or preventative source for students leaving the campus. The absence of a cohesive medical and mental health screening process of students becomes another factor that limits the professional's ability

to identify and respond to a student's mental health needs before she/he goes abroad. In such a case, using *travel clinics* (with expertise in country-specific conditions) can aid substantially in insuring that students are screened properly prior to study abroad.

LACK OF AVAILABLE MENTAL HEALTH SERVICES OVERSEAS: Because a student's mental health problems may be either nonexistent or dormant until a crisis develops during the course of the study abroad program, the only way to proactively prevent such a crisis is to identify the problem through resources on site. Depending on the location of the program, resources in the form of mental health professionals, counseling, and other therapeutic services may be limited, if available at all. Even when such services may be available, language and cultural differences can make diagnosis and recommendations difficult at best. While it is not practical for most study abroad programs to employ a full-time mental health professional for their overseas programs, reliance on local services can be difficult and often result in the students requiring repatriation and follow-up at home. Access to care overseas is likely to be an issue in all but a very few study abroad sites and, even in those cases where services are available, the delivery of such services can be significantly more challenging than if the student were in the United States.

LACK OF CONTINUITY OF CARE: Similar to the lack of availability of mental health services overseas is the problem of providing continuing care for students who may have started some form of treatment before they left home, but are unable to continue in a therapeutic relationship because of lack of available resources in the host country. Altering the care pattern, change in therapist, and similar changes can create situations that compound mental health problems with students abroad.

Responding to the Problem

With the knowledge that mental health concerns of students are becoming an increasing problem in the field of study abroad, professionals in the field have started taking steps to address such problems. There are several specific steps that professionals may want to consider as they determine the best possible methods for responding to mental health concerns in this population.

INSURANCE: While more and more study abroad programs are either providing, or requiring, that their participants carry some form of emergency travel/accident insurance, what many of them do not know is that mental illness is often listed as specific exclusions in the policy. When a crisis occurs in such cases, the services needed (including hospitalization, repatriation, etc.) are not covered by insur-

ance. Professionals are encouraged to carefully review their policies and determine if mental illness coverage is excluded, and whether it is something they want to ask their insurer to add to the policy.

PRESCREENING: Although many study abroad programs ask for medical information from students prior to their participation in a program, often questions about mental health and well-being are not included on such forms. Students and their health care providers should be encouraged to provide as much information about both their physical and mental health, including prescription medications, so that in the event of a problem the treating professionals can be aware of the history of the individual and respond accordingly. After students are accepted to a study abroad program, a mini-mental health checklist may be able to help them assess their general status of mental health and if the nature of the program is a good fit and whether or not reasonable accommodations may be beneficial to maximize their positive experiences while studying abroad.

Finally, students should understand that if they are currently in a therapeutic relationship with a mental health professional in the United States, such a relationship may not be available overseas, and the discontinuance of therapy, particularly for an extended period of time, should be discussed with the therapist prior to participation in any study abroad program.

MENTAL HEALTH PROFESSIONALS: Ideally, having a mental health professional on site can significantly help in the evaluation and assessment of the student participant. Given the complex nature of a variety of mental health diagnoses and subsequent implications, having such an individual on staff can prove to make a difference in decisionmaking regarding a student's well-being, program termination, and/or treatment. However, in the majority of programs it may not be feasible to provide such services, in which case it may prove useful to set up a working relationship with mental health providers on your home campus or in the community who can be called for consultation on situations as they arise.

PREVENTION: Oftentimes a student's mental health is not thought of until a problem or crisis arises. However, as is the case on many campuses in the United States, study abroad programs should think about preventative measures in the form of mental wellness programs. This may be as simple as establishing regular mental health check-ins with a resident director, or involve a more comprehensively designed program for participants that can take place at various times throughout the study abroad experience. Training of resident and other program staff on some of the same warning signs of mental distress can help provide a basic awareness that aids in the prevention of more serious problems.

Where Do We Go from Here?

Despite increasing reports of mental health-related incidents occurring during participation in study abroad programs, it should

be kept in mind that the majority of students with mental health issues can participate in programs successfully with proper planning, including self-awareness of the potential stressors associated with study abroad. Unfortunately, however, there have been a number of tragic reports that include major depression, suicide, panic/anxiety crisis, eating disorders, substance abuse, and more. Now, as with all matters related to health and safety abroad, programs must begin to consider proactive steps they can take to prevent these types of problems from occurring, while at the same time establishing procedures for responding to them if/when they do arise.

Through collaboration with colleagues in the field of student life, counseling centers, and the medical profession, study abroad will need to be able to respond effectively to the mental health needs of students, thereby insuring that all students, including those with mental health conditions, are able to successfully engage in appropriate study abroad experiences.

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