

Their Baggage Goes, Too

Mental health issues don't stay behind when students go abroad. But good preparation can help lessen the potential for negative impacts.

BY KAREN LEGGETT

A college student being treated for obsessive-compulsive disorder and clinical anxiety was participating in an education abroad program in Kenya. In an essay that aired on NPR, the young woman spoke of visiting a Masai tribal village. “The Masai were warm and welcoming and wanted to give us something to remember them by, so they cut a strip of (goat) hide for everyone in my group to wear as a bracelet. They didn’t clean or dry the hide before tying it on my wrist...All I could do was look up at my friend and say, ‘Do you know how many medications I am on to be able to do this?’”

Not too many years ago this student might have never considered studying abroad at all. Yet even as the number of college students with mental health issues has risen—rates of depression among college students have doubled since 1998—more of these students are able to be successful on campuses at home while education abroad programs are increasingly finding ways to help them be successful overseas. “Many students are now able to study in higher education due to better therapy, better medication, better resources,” says Ines DeRomana, who works in safety/security and health affairs with the University of California Education Abroad Program. “It’s not surprising that the pattern of mental health issues is the same at home or abroad.” Those patterns include alcohol, depression, suicide, psychosis, or eating disorders. “Anything that manifests itself on campus will reproduce abroad,” continues DeRomana. “We need to plan and prepare for that.” That planning and preparation must include students from the moment they first begin contemplating an overseas adventure to faculty who will accompany them, to resident advisers, and even to host families.

Preparing Students

Preparation begins with encouraging students to disclose a preexisting mental health condition and be prepared to discuss concerns that arise overseas. “Students associate a stigma with a mental health condition, but if you were sick, I wouldn’t send you abroad without insulin,” says Arlene Snyder, director of health, safety, and security at Arcadia University’s College of Global Studies. “Students need to understand the decisionmaking tree. You are not using information to exclude.” The goal is to identify ways to include and support students, not screen them out. Early screening and disclosure should enable the best decisions to be made, beginning with when to go abroad, which program to choose, and what supports are needed for success. Would it be best for the student to be in one place or could he handle being on a ship at sea or moving to a different country every three or four weeks? Could the student be in a remote village or does she need to be able to meet with an English-speaking therapist once a week? Is the student’s condition stable or is he still working on adjusting medications? If the student is in a 12-step recovery program such as Alcoholics Anonymous, is there a chapter in the host country?

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“Our goal is to work closely with student counseling and the disability resource center to help students self-identify and work with us,” says Katherine Beaumont, director of the University of British Columbia Go Global program. If a student is experiencing a great deal of stress because of a mental health issue, suggests Beaumont, “We might encourage the student to consider a program that stays in one place. But it’s not about convincing the student. It’s about saying, ‘Here’s what this is going to be like on a day to day basis.’ Sometimes the student gets it right away. Sometimes the option is to wait a year if the student really wants a particular program.”

At Arcadia, Snyder works to create a climate that encourages disclosure. Students become more aware of the importance of disclosing a mental illness when they are asked to consider which overseas locations will offer the therapy or crisis intervention

services they need, whether their medication is legal in the country where they hope to study, and how much of it can they take into the country.

Wendy Settle, a psychologist at the University of Notre Dame, has used behavioral contracts as a tool to give certain students an overseas experience. She recommended one student as long as he was willing to sign a contract that he would not binge drink, would stay on his medication, and follow appropriate conduct guidelines. “As soon as the student drank to excess, did not take his medication, and displayed inappropriate behavior, he was sent home. End of story.”

Settle builds activities into education abroad preparation programs to help prevent future mental health problems and promote cultural adjustment, including conversations about dating and sexual communication. She will often invite former education abroad students to talk about “miscommunication, sexual harassment, and lessons learned regarding a tattoo that went awry.” Jeff Prince, director of counseling and psychological services at the University of California, Berkeley, also believes in training students to help each other. “We train peers to spot signs of distress. Usually kids seek out their friends.” Kathryn Hutchinson at St. John’s further reminds students that “getting the assistance you need shows you have developed a new level of maturity and independence.”

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Preparing Faculty

Settle has also traveled to several Notre Dame sites overseas to train administrators, resident directors, and host families. She helped establish policies for faculty on assisting students with mental health problems and dealing with emergencies. Katherine Beaumont emphasizes the value of working with mental health professionals in the university counseling office to be aware of how the home campus is addressing mental wellness. “We don’t look often enough to partner with colleagues on our own campuses. We are missing the boat there.”

Training for faculty may include mental health first aid, either by campus mental health professionals or certified trainers. Just as with first aid and CPR, there are now both online and in-person courses offering certification in helping an individual through a mental health crisis. The University of California hosts an annual training session for faculty who manage the university’s 100 overseas study centers; the training is also available online. The goal is not to turn faculty members into therapists, but to enable them

to spot the signs of distress, know the appropriate resources, and connect the person to help.

“No one is asking you to be an armchair psychologist,” adds Kathryn Hutchinson, vice president for student affairs at St John’s University in Queens, New York, telling faculty members about to head overseas that “your expertise is your subject matter, but you are also going to be seeing students every day and more intensely than you do here. You see things unfold. When there is an issue of concern, raise that concern and consult from the beginning. This is a shared responsibility.”

What are the signs of distress that should raise concern? Some of the signs would be: significant changes in academic performance, behavior, or physical appearance; intense emotional reactions; threatening or suicidal statements; a sense that “everything is a problem.” Don’t diagnose, don’t be sworn to secrecy, and don’t try to handle the crisis yourself, advises the online training at the University of California, Berkeley. Instead, “communicate your concerns, focus on observable behaviors, and consult, consult, consult.”



Consulting, of course, requires knowing who is available for consultations, both on site and on the home campus. That is high on Wendy Settle’s list of tips for creating policies and guidelines to address mental health problems for students overseas. “Establish a

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“How do I have the best mix of resources, staffing, and information so that if I’m presented with something, I am positioned to affect the outcome in a positive way?”

documented chain of command with contact information for handling emergencies; specify institutional guidelines on privacy and access to information; keep a current list of local psychologists, psychiatrists, and hospitals with emergency mental health emergency services.” Such lists may be obtained from the U.S. embassy in the host country or from the university’s health insurance provider. In fact, it is important not only that students have travel insurance but that the insurance include coverage of local assessment and treatment for mental health disorders.

It is not uncommon for mental health issues to surface for the first time during the college years, whether or not a student is studying abroad. Arlene Snyder remembers a student who went overseas with no mental health concerns and was diagnosed with schizo-

phrenia. The student was treated at a local hospital and ultimately chose to come home. “I’ve become comfortable with the idea that no matter what I prepare for, something will present itself that I have not dealt with before,” concludes Snyder, who regularly asks herself, “How do I have the best mix of resources, staffing, and information so that if I’m presented with something, I am positioned to affect the outcome in a positive way?”

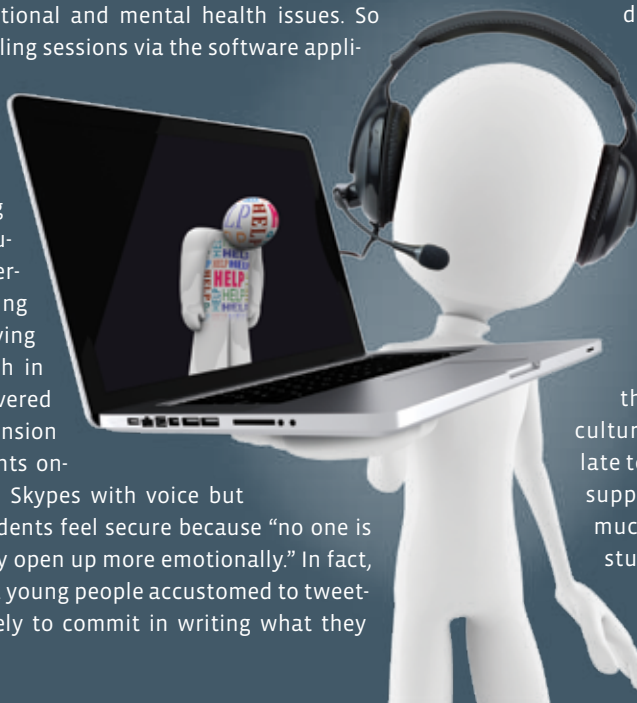
Settle recommends gathering a committee of experts including senior management, international education administrators, legal counsel, health services, student and judicial affairs, counseling, and support services to establish policies and guidelines addressing mental health issues. Other recommendations include learning the foreign vocabulary associated with a particular condition and

Partnering With Technology

Students studying in Paris may have a full course load plus a part-time job plus a desire to travel. “It’s a gift if they can have a therapy session without leaving their bed,” says Marjorie Oberman, an American-born psychotherapist who lives in Versailles and counsels U.S. students facing a range of emotional and mental health issues. So Oberman offers counseling sessions via the software application Skype. Initially unsure about counseling without her usual therapy equipment—role-playing chairs, punching bag, futon—Oberman was persuaded to try by a young client who was leaving France to teach English in Japan. She soon discovered an entirely new dimension to working with students online. Because Oberman Skypes with voice but not video, she says students feel secure because “no one is looking at them, so they open up more emotionally.” In fact, she has discovered that young people accustomed to tweeting are often more likely to commit in writing what they wouldn’t say out loud.

One student even acknowledged that “it is hard to free yourself to throw a tantrum in your therapist’s office, but it is easy to mute your computer and throw a tantrum in your room.” This same student also appreciated Oberman’s use of a chat box to take notes visible to both student and therapist—especially since the students could also write notes: “I have often felt uncomfortable by therapists taking notes in front of me . . . Marjorie eliminated that discomfort by letting (me) take part in the note-taking.” The chat box also enables students to have a written record of their session.

Oberman often leads group sessions at the beginning of the academic year to discuss the triggers that might lead students to therapy: culture shock, the different ways people relate to each other, and the lack of a familiar support system. Ultimately, Oberman says much of her counseling simply enables students to rely more on themselves and see their problems as an opportunity for growing rather than spoiling their time abroad.



bringing a translated copy of medical records and release forms.

International educators have a legal and ethical responsibility not to discriminate against otherwise qualified students with mental health issues. They have an opportunity to seek ways to support such students in both traditional and more adventurous overseas programs. UC's Ines DeRomana has seen great progress in collaborating, strategizing, and planning to help students. She is looking for more, perhaps a central database of information on what services and medications are legal and available in which countries. In the meantime, "if you've been knocking on wood hoping nothing happens, that's not good policy."

Her colleague, Jeff Prince adds, "Anticipate helping students. Approach rather than avoid."

KAREN LEGGETT is a freelance writer in Washington, D.C. Her last article for IE was "Encouraging STEM Students to Study Abroad" in the July/August 2011 issue.

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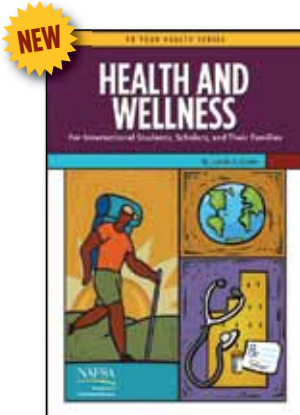


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