Mental Health Challenges on Study Abroad: It takes a team and more!

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Moderator:
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Pre-Departure Preparation and Mental Health

A. Students

Preparation = critical for experience abroad

Partnership with UNO-Innsbruck
1. Advising - first contact
2. Disclosure - FERPA, doctor/patient
3. Services and medications abroad

Pre-Departure Orientation
1. Culture shock vs. a mental health concern
2. Support networks and services
Pre-Departure Preparation and Mental Health

B. Faculty/Staff

Health Form: Encouraging disclosure

Risk Management Training and manual

1. Support Networks and Services
   a. Home University Counseling Services (CAPS)
   b. In-country

2. Minor vs. major mental health concerns

3. Emergency protocols and online incident report
   https://fs2.formsite.com/GeneralFormsSite/form27/secure_index.html
Re-entry

A. Workshops for returned students
   1. Reminders of University services
   2. Unpacking the experience

B. Incident Report and Risk Management Training review
   1. Trends
   2. Follow-up
   3. Improvement of services
Access to Medical History Forms:

• Availability to on-site staff for emergency situations
• Must include Emergency Contact Information
• Should include Doctor’s Information
• Preview and note possible issues. If concerns, address them with student. (Dr.’s clearance?)
• Disclaimer: Make sure it allows you to contact parents in case of emergency.
Access to Medical Resources on-site:

- U.S. Embassy, U.S. Citizen Services
  OSAC, Foreign Service Institute
- Local University: Mental Health Resources
  Can Int’l students use it? Insurance?
- Local Therapists and Doctors:
  Must speak good English!
  Meet beforehand if possible
  Availability for prompt appointments?
  Good contact for all students if traumatic event
- Local hospitals and clinics:
  Where to go and how to reach the correct dept.
Perspective of the On-Site Program Director

To Do’s for On-site Program Director/Staff:

• Document!

• Communication with supervisor/home office:
  Regular updates
  Should provide support.

• Communication with other students (and parents)
  Decide with supervisor on what information to
  share with whom and how. Be proactive.

• Take care of yourself!

• Have Back-up for other tasks.

• Keep contact with insurance provider.
Crisis Communication:
• Admit/acknowledge that something has gone wrong
• Take Action: Seek help, promise communication AND deliver
• Don’t lie, deny, or cry
• Don’t overpromise (“It will be all right...”)

Mental Health Challenges on Study Abroad: Irene Ziegler
What is most helpful?

- Show concern
- You do not have to know everything; you just have to know resources to recommend

Resources:

Nafsa publication: “Best Practices in Addressing Mental Health Issues Affecting Education Abroad Participants”

Student participants on international study programs are presenting an increased prevalence of:

- Bi-Polar Disorders
- Anxiety Disorders
- Panic Attacks
- Use of Psychotropic Medicines
* Perspective of a Nurse

Health Questionnaire

• Validity of students’ responses to questionnaire

• Requirements for students to bring adequate doses of medications and get the proper vaccines prior to departure

• Letters from the program staff (nurse) to students and parents
Examples and “Real Life” Incidents:

- Average number of students in last four years of the UNO-Innsbruck International Summer School
- Types of medical problems, including psychotic incidents as mentioned above, encountered by the staff nurse.
- Types of medicines prescribed for students by their physicians - instructions to students and parents regarding interaction of drugs with alcohol and other prescribed medications.
- Local medical on-site support and the different venues of care that can be provided
Prevalence of Any Mental Illness among U.S. Adults (2012)

- Overall: 18.6%
- Female: 22.0%
- Male: 14.9%
- 18-25: 19.6%
- 26-49: 21.2%
- 50+: 15.8%
- Hispanic: 16.3%
- White: 19.3%
- Black: 18.6%
- Asian: 13.9%
- AI/AN*: 28.3%
- 2 or More: 20.7%

*AI/AN = American Indian/Alaska Native

Data courtesy of SAMHSA

Mental Health Challenges on Study Abroad: Tommy Lord
Prevalence of Serious Mental Illness among U.S. Adults (2012)

**Overall:** 4.1%
**Female:** 4.9%
**Male:** 3.2%
**18-25:** 4.1%
**26-49:** 5.2%
**50+:** 3.0%
**Hispanic:** 4.4%
**White:** 4.2%
**Black:** 3.4%
**Asian:** 2.0%
**NH/OP**
**AI/AN**
**2 or More:** 4.2%

*NH/OP = Native Hawaiian/Other Pacific Islander
**AI/AN = American Indian/Alaska Native

Data courtesy of SAMHSA

National Institute of Mental Health

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Perspective of the Insurance Provider

Agoraphobia

Prevalence
- 12-month Prevalence: 0.0% of U.S. adult population
- Severe: 40.6% of these cases (e.g., 0.3% of U.S. adult population) are classified as "severe"

Demographics
- for lifetime prevalence
- Sex: Not Reported
- Race: Not Reported
- Age:

Average Age-of-Onset: 20 years old

Treatment/Services Use
- 12-month Healthcare Use: 45.6% of those with disorder are receiving treatment
- Percent Received Minimally Adequate Treatment: 41.2% of those receiving treatment are receiving minimally adequate treatment (18.6% of those with disorder)

- 12-month Any Service Use (including Healthcare): 52.0% of those with disorder are receiving treatment
- Percent Received Minimally Adequate Treatment: 39.4% of those receiving treatment are receiving minimally adequate treatment (20.9% of those with disorder)

References:
2. Ibid
4. Ibid

Mental Health Challenges on Study Abroad: Tommy Lord
### 12-month Prevalence of Major Depressive Episode among U.S. Adults (2012)

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<th>Category</th>
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<th>Without Severe Impairment (%)</th>
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*AI/AN* = American Indian/Alaska Native

Data courtesy of SAMHSA

Mental Health Challenges on Study Abroad: Tommy Lord
Schizophrenia

Prevalence
- 12-month Prevalence: 1.1% of U.S. adult population
- Severe: Not Reported

Average Age-of-Onset: Not Reported

Demographics (for lifetime prevalence)
- Sex: Not Reported
- Race: Not Reported
- Age: Not Reported

Treatment/Services Use
- 12-month Healthcare Use: 60.0% of adults with schizophrenia
- Any Service Use (including Healthcare): 64.3% of adults with schizophrenia


Mental Health Challenges on Study Abroad: Tommy Lord
REQUIREMENTS FOR MEDICAL EVACUATION

• Must be recommended by the attending physician because the student is unable to continue the program or needs to return home for treatment or recuperation.

• The physician needs to certify that the patient is able to travel and recommend any medical assistance or special conditions needed for travel.
REQUIREMENTS FOR MEDICAL EVACUATION (cont’d)

• The patient must agree to be evacuated - (spouse, parent or guardian if the patient is incapacitated).

• There needs to be pre-arranged plans for care at the destination.
REASONS WHY STUDENTS/PARENTS DON’T DISCLOSE MENTAL HEALTH CONDITIONS

• Denial
• Thought they were “over it”
• Fear of social stigma (even if they trust the group leader, they fear that any extra attention may be noticed by other students and potentially cause social stigma)
• Study abroad as a cure - exploring boundaries in a relatively “safe” situation