

THE CHRONICLE

of Higher Education

International

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June 2, 2010

Study-Abroad Programs Should Be Prepared for Mental-Health Crises, Speakers Advise

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Kansas City, Mo.

Speakers at an international-education conference here urged colleges and study-abroad providers to adopt clear policies and procedures to deal with students' mental-health issues, so they are not caught flat-footed when such crises arise overseas.

For presenters and attendees at the annual meeting of Nafsa: Association of International Educators, there is a recent cautionary tale: A Wyoming community-college [landed in the headlines](#) last week for its mishandling of a possibly suicidal student on a short-term study-abroad trip to Costa Rica.

The challenge of screening and supervising such students will only grow, speakers on a panel said, as more students grapple with depression and other mental illnesses. Close to 30 percent of college students surveyed as part of a national study reported being very depressed at some point in the past year, triple the number just 15 years ago. Some 6 percent of students reported seriously considering suicide in the past year, according to the [National College Health Assessment](#).

Underlying mental-health problems can be exacerbated by the stress of studying overseas, as students adjust to being alone in a foreign country, far from friends and family.

Yet study-abroad offices have one hand tied behind their backs when it comes to mental-health concerns, because they do not have access to students' medical records.

Still, speakers offered a number of strategies for study-abroad planners.

Coping With Privacy Issues

For one, they can encourage students to voluntarily disclose any mental-health concerns. Arlene Snyder, director of health, safety, and security at Arcadia University's College of Global Studies, likened the situation to a diabetic going overseas. "If you had a

diabetic in need of insulin, you wouldn't just put them on a plane," she said. "We also need to think about mental-health issues in a medical way."

Ms. Snyder recommended sharing a list of students preparing to study in a foreign country with staff members in counseling and student-life offices. While those staffers cannot give out information about students' medical status because of federal-privacy regulations, they can reach out directly to the students to talk to them about whether to go abroad and what precautions to take.

If study-abroad officials know about a student's mental-health issues, they can work together to craft an individual plan to deal with both continuing care and potential problems, in conjunction with the student's therapist or physician, said Kathryn Hutchinson, executive director of student wellness at St. John's University, in New York. Some colleges ask at-risk students to sign behavioral contracts, detailing their treatment and agreeing to certain conduct, like continuing to take prescription medications.

Figuring out matters related to medication is key, Ms. Hutchinson said. Some common psychiatric drugs like Adderall are unavailable or even illegal in some countries. If a student must swap out medications, it's better to do that in advance, rather than find out that a replacement drug is ineffective or causes unintended side effects.

To avoid gaps in treatment, a temporary mental-health provider, who can see a student while overseas, should be identified ahead of time. Doing so can also head off any problems with insurance coverage, Ms. Hutchinson said.

And a local provider can help evaluate a student if a mental-health problem does arise. For instance, the family of a student in crisis may want to get that student on the next plane home. But an on-the-ground therapist or physician could determine whether international travel could place additional and unmanageable stress on a student, Ms. Hutchinson said.

Talking through worst-case scenarios ahead of time can be important for both students and study-abroad leaders. "To have a contingency plan, to just know that there's a number to call, can be calming" for students, Ms. Hutchinson said.

Encouraging Consultations

Faculty members are leading short-term programs abroad, like the one arranged by the community college in Wyoming, in larger and

larger numbers. Typically, such program leaders have minimal background in health and safety issues. Study-abroad offices can prepare faculty leaders to spot common signs of mental-health problems and train them about appropriate questions to answer in cases of concern.

It is also important to make sure that program leaders overseas know how to tap the right resources back on their campuses. "Know your limits," Ms. Hutchinson said she advises leaders. "Consultation is a sign of strength, not a sign of weakness."

While a growing number of colleges are instituting such training programs for study-abroad leaders, St. John's has begun instructing all faculty and staff members on mental-health issues, not just those taking students overseas.

The bottom line, said Frank Gillingham, medical director of HTH Worldwide, an insurance company that provides health-and-safety services overseas for colleges, is that it's almost always better to prepare for possible mental-health issues ahead of time. Evacuating students in the midst of a mental-health crisis is some of the most difficult work the firm does, he said, noting that such students might have to be accompanied by multiple chaperones on a lengthy flight to ensure that they don't harm themselves or others.

It is better to fashion a plan to try to head off risks, Dr. Gillingham said. "An ounce of prevention is worth a pound of cure."

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The Chronicle of Higher Education 1255 Twenty-Third St, N.W. Washington, D.C. 20037