



### **About NAFSA**

NAFSA: Association of International Educators promotes the exchange of students and scholars to and from the United States. The association sets and upholds standards of good practice and provides professional education and training that strengthen institutional programs and services related to international educational exchange. NAFSA provides a forum for discussion of issues and a network for sharing information as it seeks to increase awareness of and support for international education in higher education, in government, and in the community.

In 1948, NAFSA pioneered the concept of providing professional services for post-secondary exchange students. Early efforts to enhance living and learning environments for exchange students have blossomed into today's active association of accomplished professionals whose numbers continue to grow worldwide.

### **Notice of Liability**

The information in this document is distributed on an "As is" basis, without warranty. While every precaution has been taken in the preparation of this book, neither the author(s) nor NAFSA shall have any liability to any persons nor entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by the instruction (s) contained in this document. Please note that while NAFSA periodically checks and updates the Web site links included in this e-Publication, NAFSA cannot guarantee that every link to another institution's Web site is current.

### **Acceptable Use Guidelines**

Electronic resources are provided for the benefit of the in

## **Acknowledgments**

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

### **Editor**

Barbara A. Lindeman, Director of Study Abroad – Assistant Director of the International Center, University of Missouri

## Table of Contents

Acknowledgments.....	ii
Table of Contents.....	iii
<b>Introduction .....</b>	<b>1</b>
What the Data Show: .....	1
<b>Mental Health Concerns: What Are They and How Can Professionals Help?... 4</b>	
Psychological Challenges to Students in New Cross Cultural Settings .....	4
Culture Shock.....	4
Checklist for Education Abroad Professionals: Culture Shock.....	5
Managing Healthy Transitions.....	6
Checklist for Education Abroad Professionals: Managing Healthy Transitions .....	7
Relationships.....	7
Checklist for Education Abroad Professionals: Long Distance Relationships .....	7
New Relationships .....	8
Making Friends.....	8
Checklist for Education Abroad Professionals: Making Friends .....	8
Dating and Sexual Norms .....	9
Checklist for Education Abroad Professionals: Dating and Sexual Norms .....	9
Abuse of Alcohol and Other Drugs .....	10
Checklist for Education Abroad Professionals: Abuse of Alcohol and Other Drugs.....	10
Depression.....	11
Checklist for Education Abroad Professionals: Depression.....	13
Suicide.....	14
Checklist for Education Abroad Professionals: Suicide.....	15
Common Misconceptions about Suicide.....	15
Grief and Coping with Loss .....	16
Checklist for Education Abroad Professionals: Grief and Coping with	

Chronic and Severe Disorders: Schizophrenia and Paranoia.....	24
Checklist for Education Abroad Professionals: Schizophrenia and Paranoia.....	25
Attention Deficit Hyperactivity Disorder (AD/HD).....	25
Checklist for Education Abroad Professionals: Attention Deficit Hyperactivity Disorder (AD/HD) .....	26
<b>When and How to Refer a Student to Counseling.....</b>	<b>27</b>
When to Refer to Counseling.....	27
How to	

U.S. Campus Resources .....	45
Student Program Contract.....	45
On site Orientation Programs.....	45
On site Staff Methods for Checking on Student Well Being.....	46
Peers .....	46
On Site Staff .....	46
Diagnosis .....	47
Cultural Differences with Mental Health Treatment .....	47
When Things Go Wrong.....	48
Self Disclosure .....	48
No Previous Diagnosis or Non-Self	



*Chapter*

**1**

## *Introduction*

*By Jeff Prince, PhD, Director of Couns*



Š Approximately 35

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.

*Chapter*

# 2

## *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

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

---

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

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

---

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

---

**Checklist for Education Abroad Professionals: Managing Healthy Transitions**

- £ **Encourage Students to Say “Goodbye”**  
Students usually find that by taking a more active role

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

## 2. MENTAL





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

---

drug abuse, it is important to address the issue of substance use disorder (SUD) <0231>Tjj1/74000207002508 Tcb(i).2

## 2. MENTAL HEALTH CONCERNS: WHAT ARE THEY AND HOW CAN

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

---

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).

Also known as

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

---

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

1801Tf0Tc5.1860Td02315Tj/TT01Tf0.0007Tc0.2520Td(stude(icide.

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

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

---

- 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.

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

---

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



£ **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

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

---

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



## 2. MENTAL HEALTH CONCERNS: WHAT ARE



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

---

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**



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

---

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**



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

---



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

---

- § 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, counselors, and other mental health professionals.

students, therapists

& E " g Ã C 5

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

---

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.

Š 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.

Š Tell the student what is known about the referral person or service that is being recommended, providing a brochure or Web site if possible.

Š 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**

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

---

If the student refuses a referral, unless it is a life or

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

---

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



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

---

## **Maintaining Good Mental Health—for Students, Yourself,**



## *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

### 3. BEFORE THEY GO I: COLLABORATING WITH COUNSELING OFFICES

---

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:

- Š Leadership to address mental health issues in education abroad settings and in all predeparture planning and documentation;
- Š Careful screening of students to identify those with special needs;
- Š Crisis management and mental health protocols for handling problems when they arise; and
- Š Education, orientation, and training programs for staff and students.

Counseling professionals cannot disclose which study abroad students1%0

- 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?

### **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 as



## *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 to ensure that all forms are completed accurately and in a timely manner.



## **When a Student Does Not Disclose**



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

alternatives that may be more readily available in the host

## *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



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.

Be on the lookout for the following symptoms of mental illness<sup>3</sup>:

- Š Depressed mood most of the day.
- Š Markedly diminished interest in almost all activities.
- Š Significant weight loss when not dieting, weight gain, or decrease or increase in appetite.
- Š Insomnia or increased sleeping.
- Š Restlessness or slowing down of body movements.
- Š Fatigue or loss of energy.
- Š Feelings of worthlessness or excessive or inappropriate guilt.
- Š Diminished ability to think or concentrate, or indecisiveness.
- Š 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.

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





More obvious signs that students need help

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.)



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 the need to the to the

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

Avoiding parents during a crisis does not

## 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



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:

- Š Who developed this site and what are their credentials?
- Š How recent is the information on the site and are the links active?
- Š Is the site designed for consumers or for health care professionals?
- Š Are there references or recommended readings?
- Š 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](http://www.ulifeline.com)

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

#### [Campusblues.com](http://www.campusblues.com)

Provides online resources for mental health matters.



## 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 European, 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](#)

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

### **World Network**

## *Appendix A: References*

American College Health Association. 2004. *National College Health Assessment*. Baltimore, MD: American College Health Association.

## *Appendix B: Links Cited by Chapter*

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

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

**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>

**Mental Disability Rights International**

<http://www.mdri.org>

**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/>

**Active Minds on Campus**

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

**Facts on Tap**

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

**Academy for EBTrmd.ℱ**



**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/>