

# Practical Risk Management

Dealing with Emotional and Mental Health Issues Abroad



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**Notes and resources online at: [www.isdsi.org/risk](http://www.isdsi.org/risk)**

# Goals for this session

Share general principles of risk management in study abroad.

Apply the principles of risk management to emotional and mental health.

Learn basic principles of emotional and mental health first aid.

Better equip you and your team to deal with emotional and mental health issues in students (and staff) while abroad.

# Assignment first!

Please write one strength of your program's current offerings in terms of mental health support for students.

Please also write down a possible area within your program needing improvement.

We'll be giving you an opportunity to share these strengths and weaknesses during the discussion section.

# Why this topic

Emotional and mental health issues are increasing as an issue for students on study abroad programs.

Managing the inherent risk of a program is important, especially in the context of changing student characteristics.

Study abroad professionals need an understanding of both practical risk management as well as emotional and mental health care to be able to adequately manage issues as they emerge with students abroad.

# Structure of this session

Discussion of general principles of practical risk management

Discussion of principles of emotional and mental health first aid

Group discussion and scenarios to help apply these principles

A photograph of a lush green rice field in the foreground, with a line of trees and a range of blue mountains in the background under a clear sky. The text is overlaid on the center of the image.

# Practical Risk Management

What you need to know to manage risk in the field...

# Main points

Risk cannot be completely eliminated, but it can be managed.

Understanding what risk and hazards are, and how incidents happen, is the first step towards managing them appropriately.

We are going to assume that you already have your legal risk management in place (waivers, etc.). Our focus is *practical* risk management — what to do in the field.

# What is risk?

Risk is the chance of losing something of value

Risk = Probability x Severity x Time

Probability — how likely? (common v. rare)

Severity — how bad? (discomfort v. disability)

Time — how long? (short term program v. semester)

To lower risk you reduce one or more of the variables — reduce likelihood, severity or make things shorter.

If you increase one of the factors, you increase risk of an event.

What programming options do you have (difficulty, length of time, etc.) to accommodate students with different mental and emotional health needs and challenges?



# Hazards

A “hazard” is a source of potential harm

Hazards can be categorized into two types

Objective — environment / external

Subjective — self / internal

Avoiding / managing hazards requires knowing which type you are dealing with

# Mental and Emotional Health Hazards

Primarily **SUBJECTIVE** (internal) due to history, genetics, etc.

Can be brought on or increased by **OBJECTIVE** (external) factors:

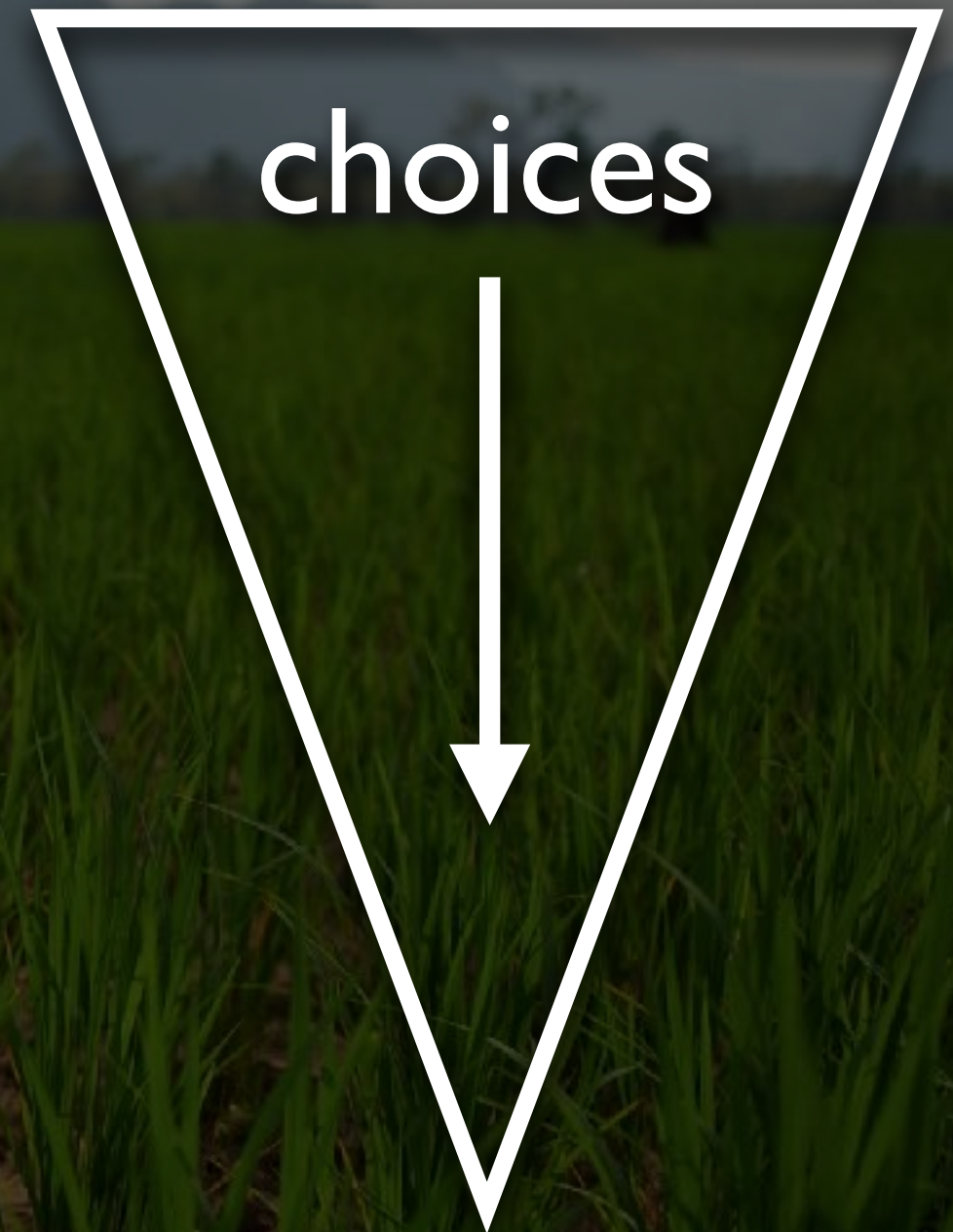
- Events
- Cues
- Triggers
- Context

# The Funnel

A sequence of events / choices

Going down the funnel limits  
your options

The chain of events can push you  
so far down the funnel that the  
outcome (incident) is inevitable



# The Context Matters for Risk Management!

Recognize and COMMUNICATE to both students and parents that **the study abroad context is not the same** as on their home campus.

While the program may be able to make accommodations, **the context itself cannot be changed** — be sure to help guide students!

Many study abroad locations will **lack access to on-going mental health care** support that students may assume are available.

The **cultural and legal context may be dramatically different**, especially with regards to medication and availability of care.

A photograph of a lush green rice field in the foreground, with a line of trees and a range of mountains in the background under a clear sky. The text is overlaid on the center of the image.

# Mental and Emotional Health

Principles, definitions, and applications

# Definition of “Mental Health”

The psychological state of someone who is functioning at a satisfactory level of adjustment

Mental Illness-----|---|---|---|---|---|---|---|---|---|---|---|---|-----Mental Health

(Symptoms/Red Flags/Warning Signs)

This generation is more willing to talk about mental health issues, but...

Still, only 40% of students with diagnosable symptoms seek help

Stigma is lower but we still have lots of work to do!

Seeking help is a sign of strength, not of weakness

Preventing and Managing Symptoms is the key!

# Scenario

Students on the program have come to you to tell you that there's a classmate who barely eats at meal times and never partakes of snacks, is quite thin but appears to have enough energy to participate in daily activities and also exercises every day on their own for at least two hours. The staff begins to pay close attention to this student and on several occasions they witness the student mostly pushing food around on their plate. They also confirm the excessive exercise.

What steps would you take to optimally support this student?



# Emotional First Aid

## WHAT IT IS

- As important to learn as Physical First Aid
- Role modeling healthy behavior and good self-care
- Creating a safe, supportive environment
- Improving your skill at Active Listening
- Learning a 5-step helping model
- Carrying around a “Tool Kit” of coping skills that you can teach or recommend to students
- Observing, documenting and reporting red flag behaviors back to HQ

## WHAT IT ISN'T

- Therapy
- On-going counseling
- Diagnosing mental health disorders/illnesses
- Providing medical advice
- “Fixing” students’ issues for them

# Do's and Don'ts of Active Listening

- DO try to identify problems by asking questions and rephrasing what they have said
- DO express empathy, not sympathy
- DO listen to ideas and thoughts as well as the feelings behind these
- DO try to apply the “80-20” Rule: the student does 80% of the talking; you do 20% !
- DON'T make judgements or jump to conclusions
- DON'T ask the student to defend what they are feeling
- DON'T argue with the student
- DON'T lecture or give advice

# Five Important Steps in the Helping Process

## “ B-I-G C-A-T ”

1. **B**uild Rapport
2. **I**dentify Problem(s)
3. **G**enerate Alternatives
4. **C**reate an **A**ction Plan
5. **T**ransition and follow-up  
(May include a referral)



# What tools can we share with struggling students?

Deep breathing exercises

Talking out emotions—avoiding “bottling”

Exercise

Better sleep hygiene

“EMOTIONAL FIRST AID”

Journals

Family support

Peer support groups

Mindfulness & meditation apps

Regular one-on-one “check-ins”

Fresh air & natural light

# Practice

Please ask for two volunteers at your table: one who will play the role of a student struggling with a mental health issue and one who will play the role of an in-country staff person helping the student. Have the person playing the student raise their hand and we will hand them the scenario to play. The student is seeking help and coming to the staff member on their own accord to talk.

We'll give you about 2 minutes to do the role-play. The "observers" at each table should give feedback to the "staff member" at the end of the role-play regarding how you feel he/she demonstrated the "Big Cat" helping skills.

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# Emotional First Aid: Goals

## E

### **Equilibrium**

As a result of your work, the student begins to return to a more calm, relaxed state.

## F

### **Functioning**

The student's day-to-day behavior and habits begin to become more healthy (sleep, appetite, concentration, motivation, general demeanor, etc.)

## A

### **Action**

The student now has a “game plan” (i.e. behavior change) to continue their growth going forward (better self-care, exercise, journaling, peer support, deep breathing, more frequent check-ins with staff, etc.)

If day-to-day functioning is not improving  
but student does not present an imminent danger:

## NEXT STEPS

Written plans of action

Video conference with parents

Local counseling

Virtual sessions with a therapist

Early departure from the program

# Plans of Action

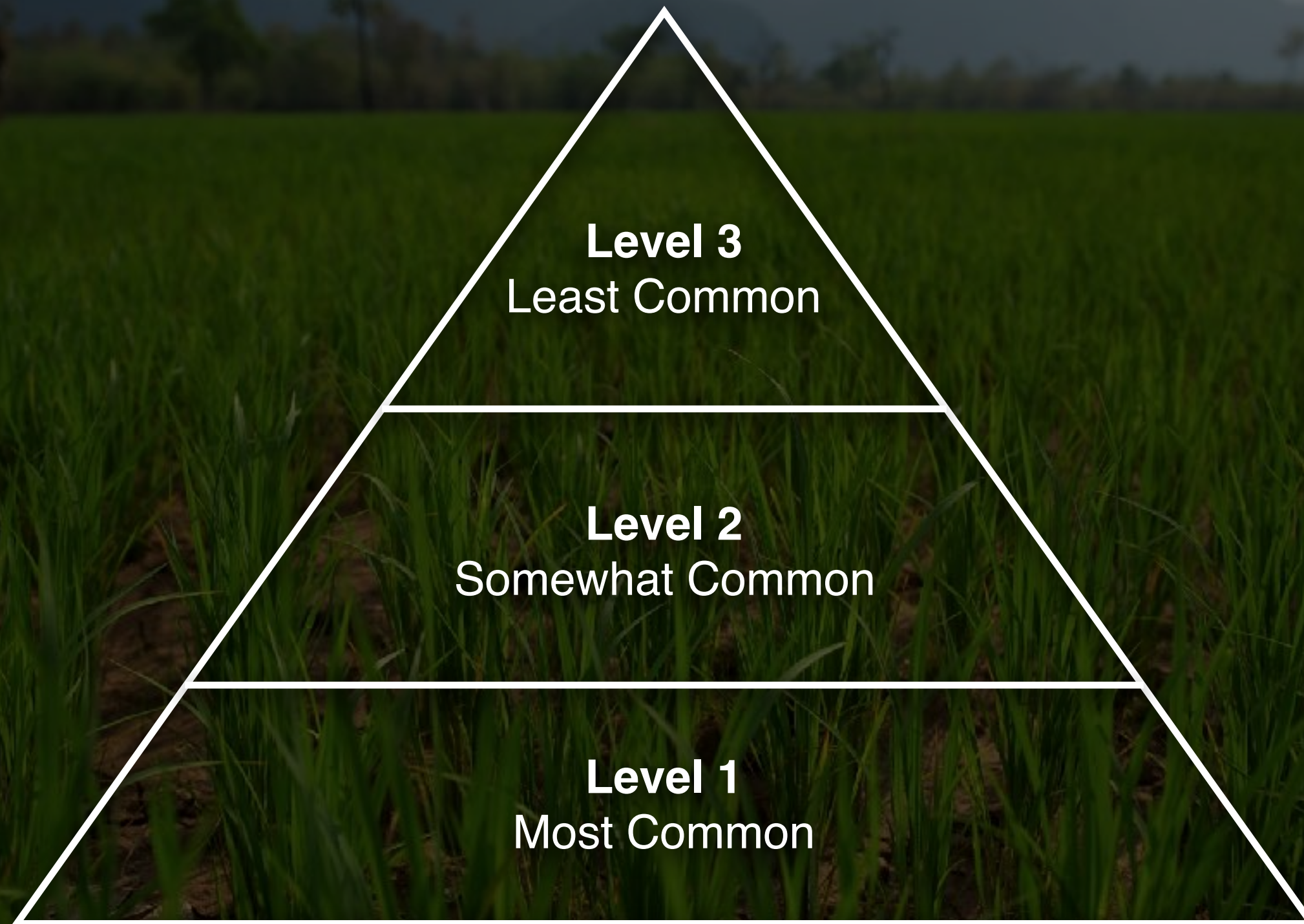
A Plan of Action is developed in a face-to-face meeting between the struggling student and field staff and can be critical to having the student directly confront their symptoms, practice previously learned coping strategies, learning new, healthier ways of dealing with their issues and formalizing a concrete plan should another crisis occur.

A Plan of Action serves as an excellent gauge as to the student's motivation for improvement and makes decision-making about other options, if necessary, much clearer and more objective.

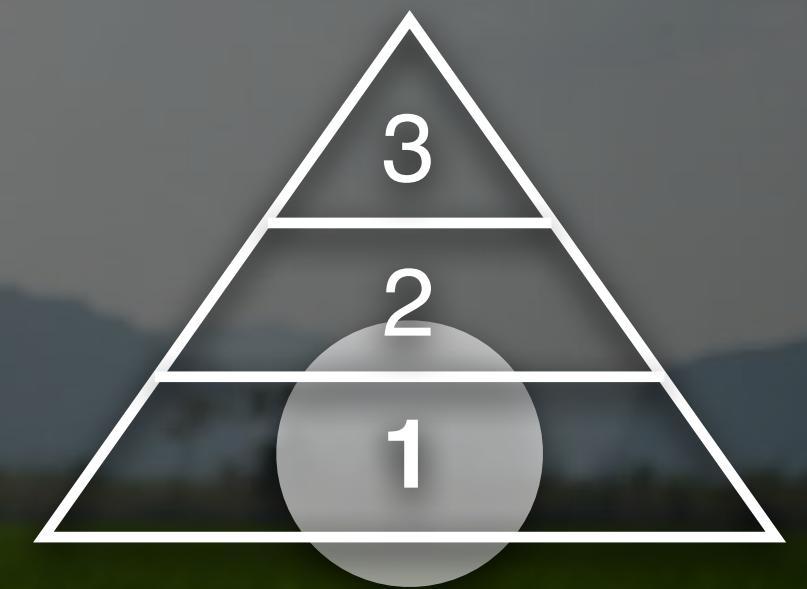
A Plan of Action can become a requirement of your program if a student's mental health issues are persistent and pervasive or disruptive to others.



# Mental Health Pyramid



# Mental Health Pyramid



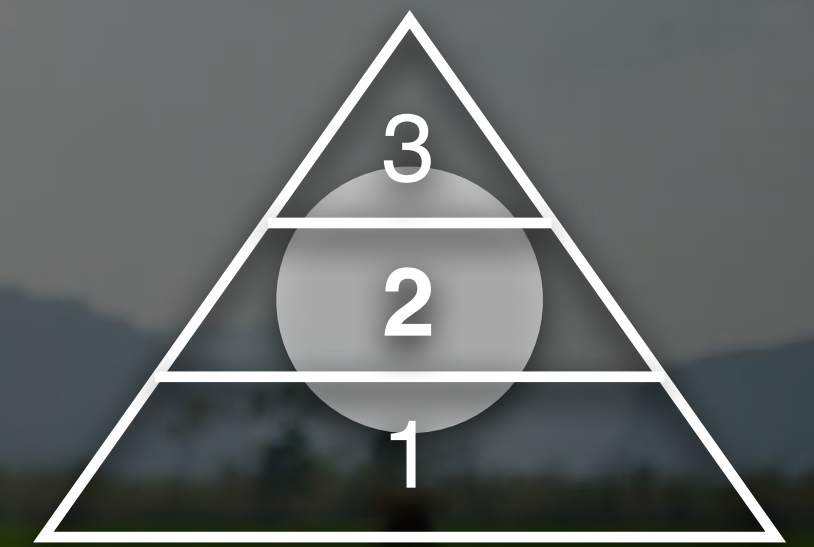
**LEVEL ONE:** Low risk / Rapid onset

**EXAMPLES:** Panic attacks, relationship issues, grief reactions, family issues, homesickness, bullying, mood issues

**ACTIONS:**

- Use EFA (BIGCAT, the 80/20 rule, plans of action)
- Report to supervisory staff
- If unaddressed, these can escalate to Level 2

# Mental Health Pyramid



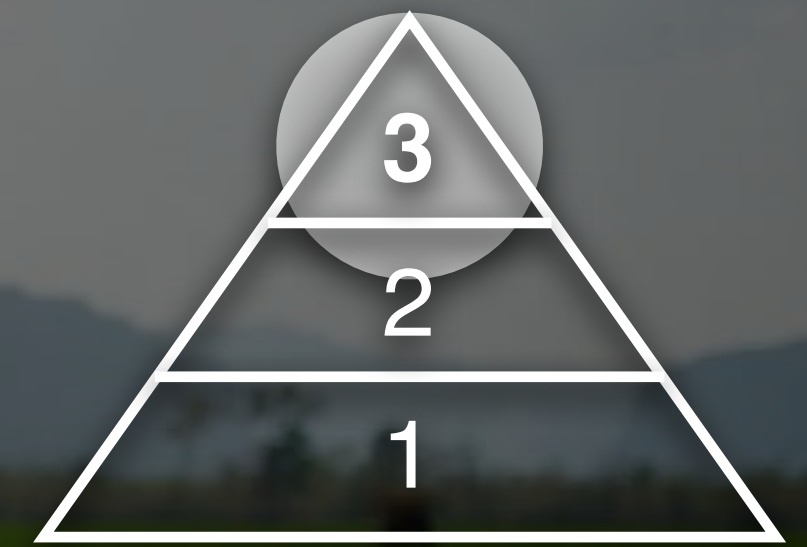
**LEVEL TWO:** Moderate risk / Chronic / Negatively affects daily functioning

**EXAMPLES:** Disordered eating, abuse or trauma history, substance abuse history, self-injury, chronic depression/anxiety

**ACTIONS:**

- Use EFA (BIGCAT, the 80/20 rule, plans of action)
- Report to supervisory staff ASAP

# Mental Health Pyramid



**LEVEL THREE:** High risk / rapid onset / seek professional help

**EXAMPLES:** Recent sexual assault, suicidal attempts or thinking, consistently irrational behavior, eating disorders (anorexia, bulimia), physical violence

**ACTIONS:**

- Use EFA (BIGCAT, the 80/20 rule, plans of action)
- Don't leave student alone unless you are sure it is safe
- Report to supervisory staff immediately

A wide-angle photograph of a lush green rice field. The rice plants are in the foreground, growing in neat rows. In the background, there is a line of trees and a range of blue mountains under a clear sky. The overall scene is peaceful and rural.

# Discussion

# Next steps

Partner with your own campus resources or third party consultants to review, improve or develop orientation materials and staff training

Review existing protocols for mental health

Establish new protocols as needed

# Staff training

How to recognize red flags of mental health issues

Scope of practice issues

Emotional First Aid

How to connect students with appropriate offices and services

Resources available (on and off campus)



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