

INTEGRATING ON AND OFF-CAMPUS MENTAL HEALTH SUPPORT FOR STUDENTS STUDYING ABROAD

Challenges and Lessons Learned

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GOALS FOR THIS SESSION

What is going on? An overview of the issue and the wider context

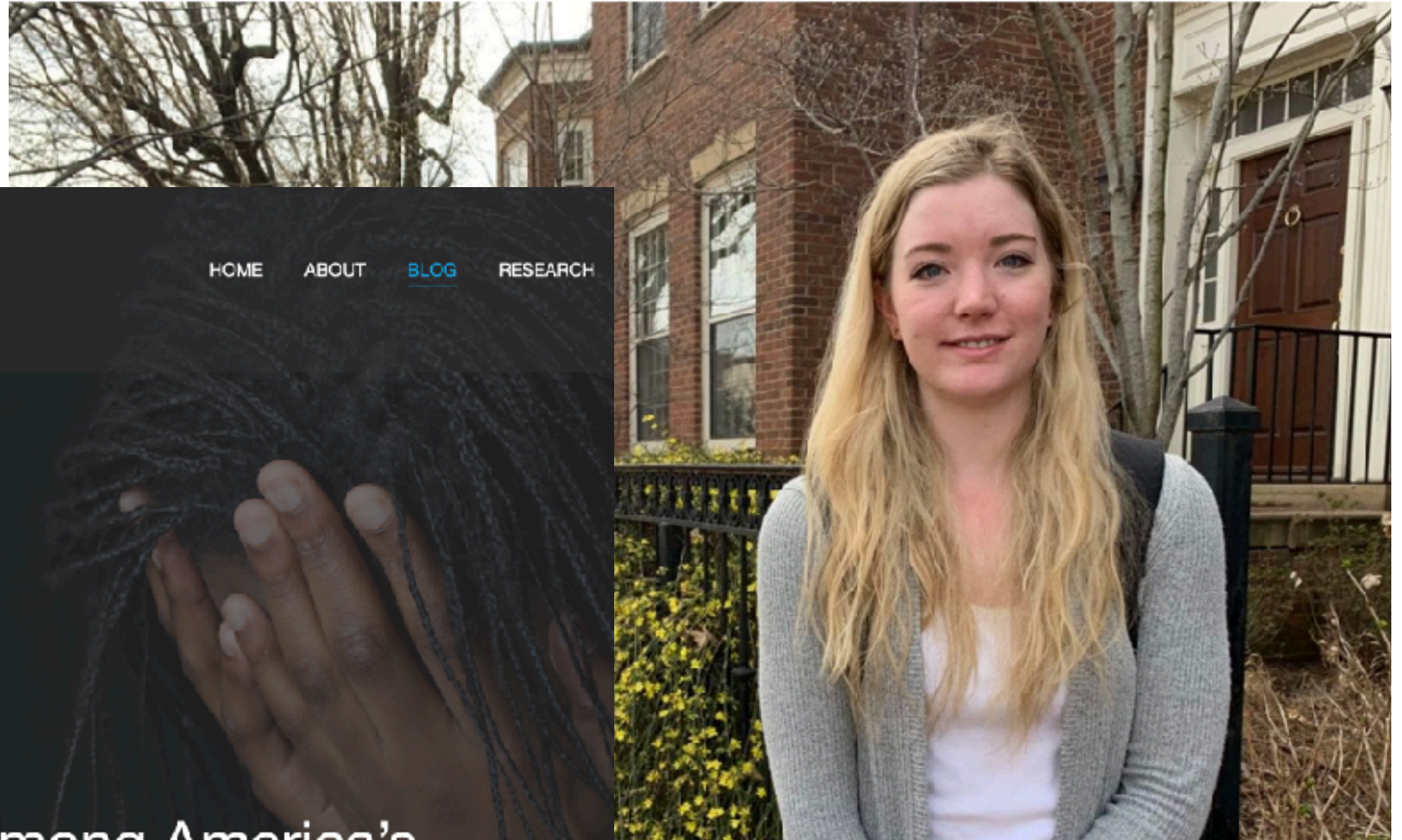
A model for thinking about mental health issues in study abroad and students in crisis

Some **lessons learned**, emerging practices, and discussion

March 16, 2019
The Washington Post

Social Issues

Mental health problems rise significantly among young Americans



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MARCH 18, 2019

The Mental Health Crisis Among America's Youth is Real—and Staggering

by Jean Twenge, @JEAN_TWENGE

March 18, 2019
Institute for Family Studies

As Students Struggle With Stress and Depression, Colleges Act as Counselors



Backpacks representing students who have committed suicide are part of a traveling exhibition, seen here at Ithaca College. Kristin Butler

More than **60 percent** of college students said they had experienced “**overwhelming anxiety**” in the past year, according to a 2018 report from the American College Health Association. Over **40 percent** said they felt so depressed they had **difficulty functioning.**

Feb. 21, 2019

The New York Times

WHAT IS THE CONTEXT?

Jean M. Twenge, PhD

author of *Generation Me*

iGen



Why Today's
Super-Connected
Kids Are Growing Up
Less Rebellious, More
Tolerant, Less Happy—
and Completely
Unprepared for
Adulthood*

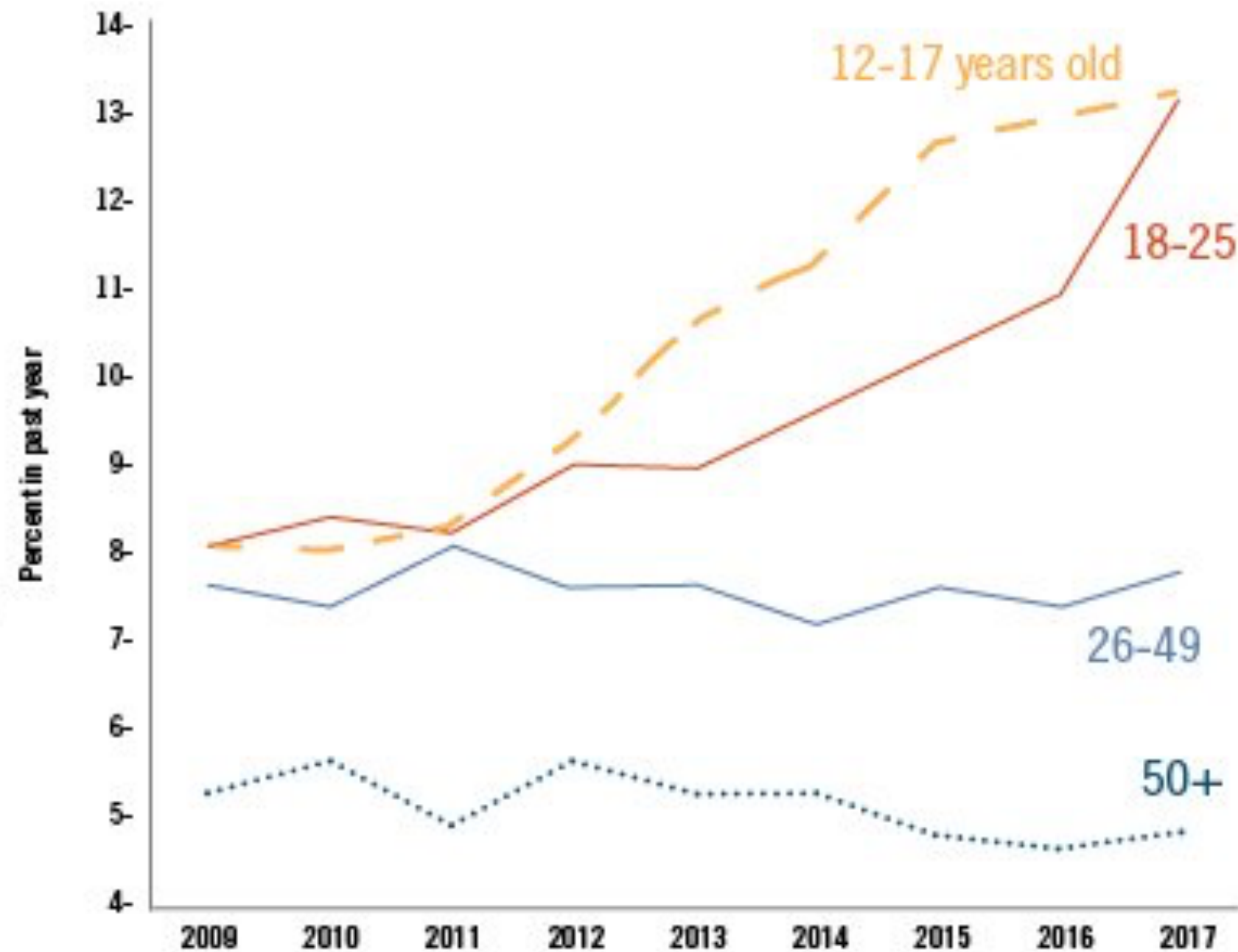
"Surprising."
—TIME

*and What That Means for the Rest of Us

“...iGen is distinct from every previous generation in how its members spend their time, how they behave...socialize in completely new ways...**obsessed with safety** and fearful of their economic futures...They are at the forefront of the **worst mental health crisis in decades**, with rates of teen depression and suicide skyrocketing since 2011. ... [they] are **growing up more slowly: 18-year-olds now act like 15-year-olds** used to, and 13-year-olds like 10-year-olds. Teens are **physically safer than ever, yet they are more mentally vulnerable.**”

STUDENT DEPRESSION ON THE RISE

An analysis of a federal survey shows increasing rates of teen and young adult respondents reporting a major depressive episode in the last 12 months. Rates have stayed more consistent among older adults.



Education Week, March 14, 2019

Data From: "Age, Period, and Cohort Trends in Mood Disorder Indicators and Suicide-Related Outcomes in a Nationally Representative Dataset, 2005–2017", Jean M. Twenge, A. Bell Cooper, Thomas E. Joiner, Mary E. Duffy, and Sarah G. Binau, *Journal of Abnormal Psychology*, March 14, 2019



“Adolescence is a key time for developing social skills; as teens **spend less time with their friends face-to-face**, they have fewer opportunities to practice them. In the next decade, we may see more adults who **know just the right emoji for a situation, but not the right facial expression.**”

JEAN M. TWENGE, Ph.D.

“Have Smartphones Destroyed a Generation?”

The Atlantic, 2017

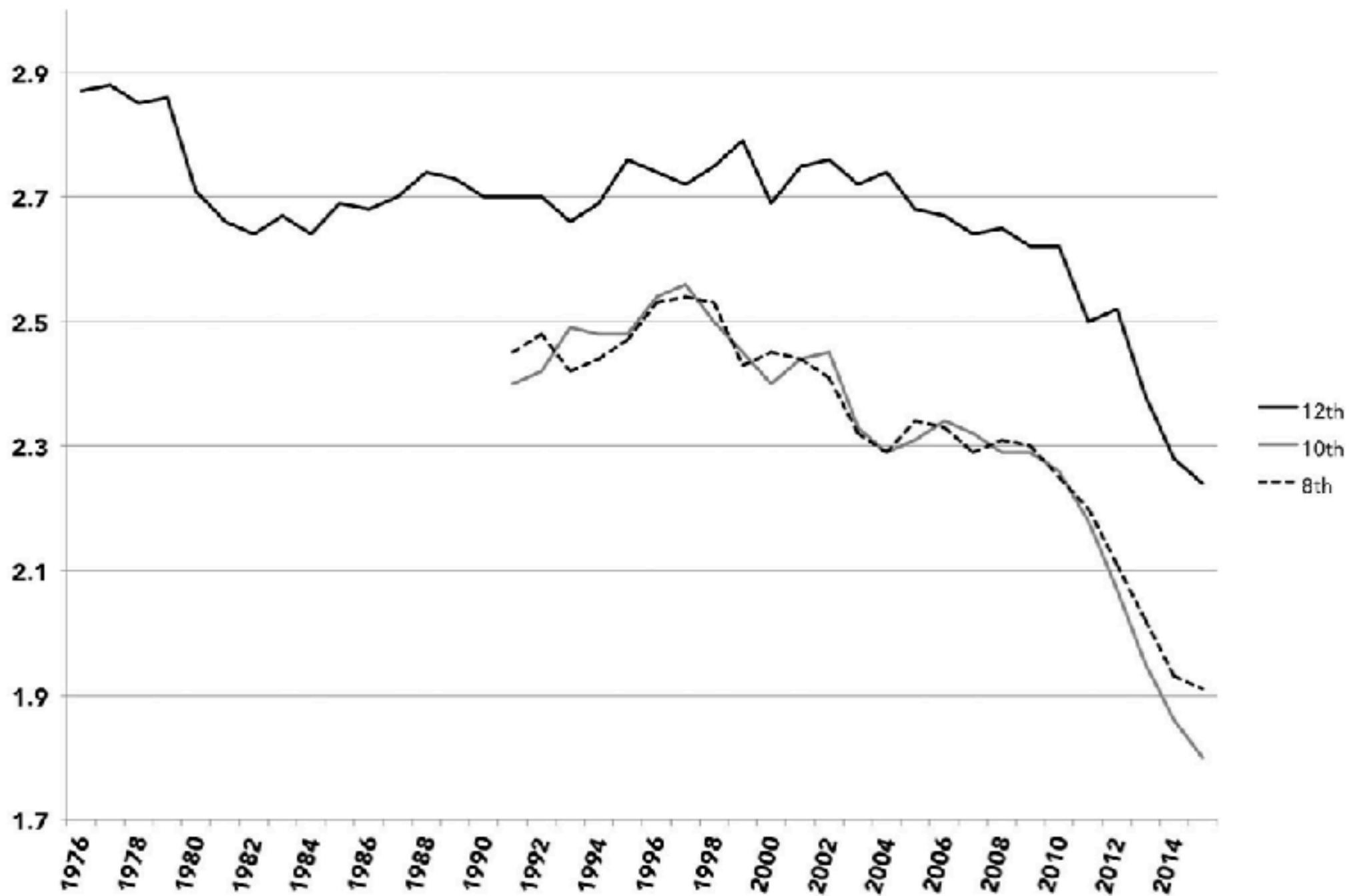


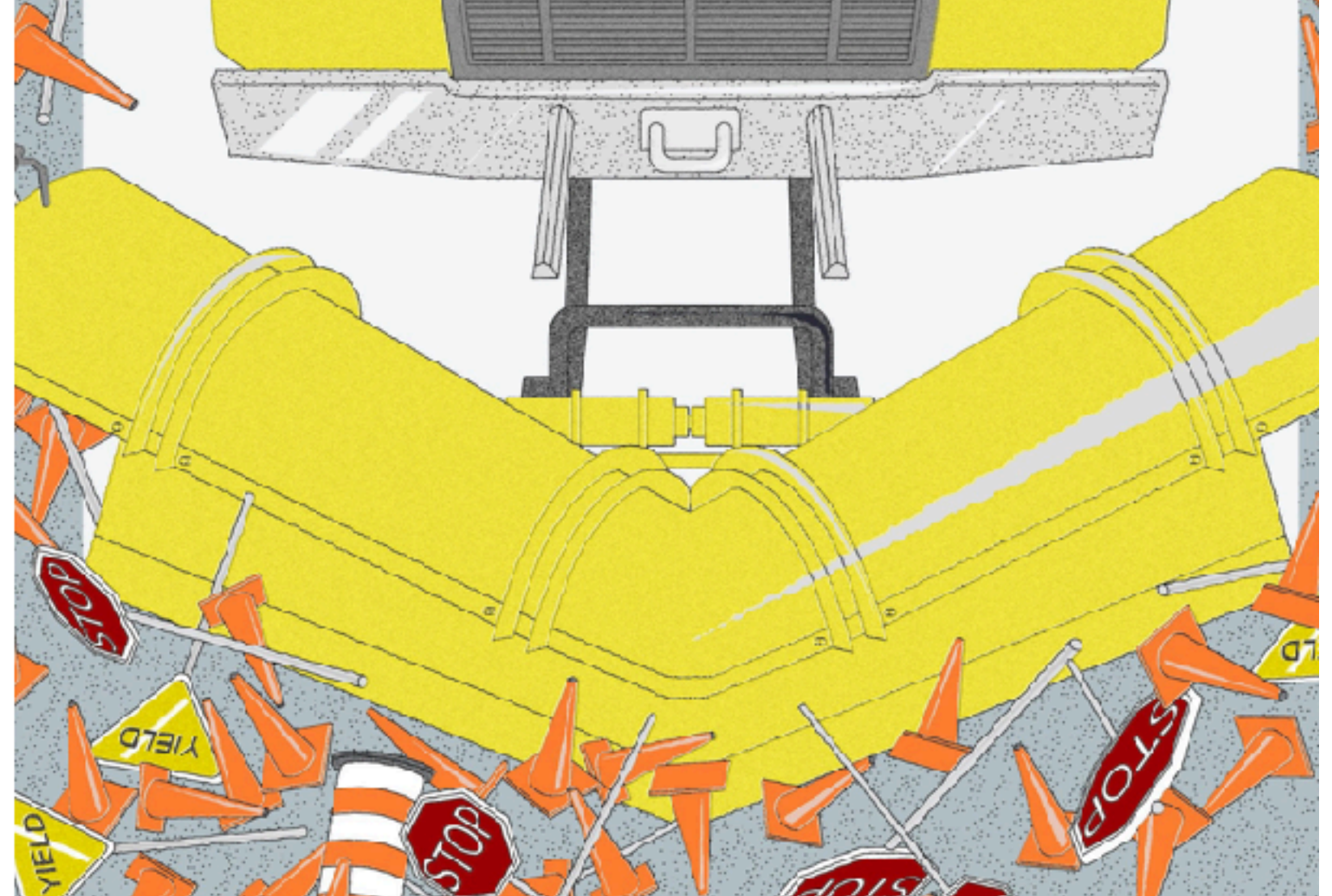
Figure 1.1. Times per week 8th, 10th, and 12th graders go out without their parents. Monitoring the Future, 1976–2015.

“18-year-olds are now **going out less often** than 14-year-olds did just six years prior... iGen teens are **less likely to experience the freedom of being out of the house without their parents** — those first tantalizing tastes of the independence of being an adult, those times when teens make their own decisions, good or bad.”

Twenge, *iGen*, 2019

How Parents Are Robbing Their Children of Adulthood

Today's "snowplow parents" keep their children's futures obstacle-free — even when it means crossing ethical and legal boundaries.

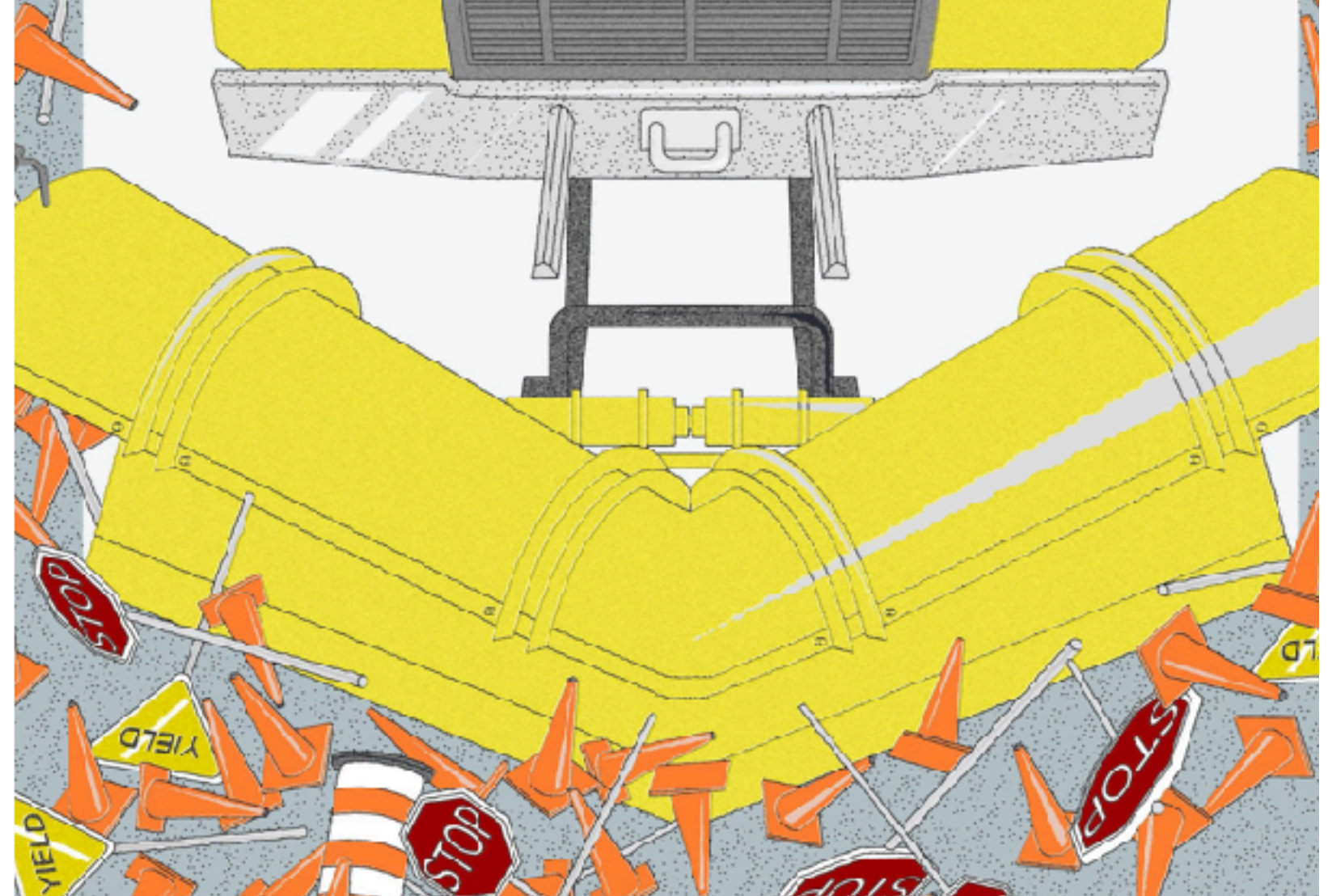


Learning to solve problems, take risks and overcome frustration are crucial life skills, many child development experts say, and if **parents don't let their children encounter failure**, the children don't acquire them...many young people are in crisis, **lacking these problem-solving skills** and experiencing **record rates of anxiety**.

March 16, 2019, *The New York Times*

How Parents Are Robbing Their Children of Adulthood

Today's "snowplow parents" keep their children's futures obstacle-free — even when it means crossing ethical and legal boundaries.



Are you seeing the lack of life skills and/or increasing anxiety?

If you are, how is this impacting your study abroad programs?

SO WHAT DOES THIS MEAN FOR STUDY ABROAD?

Students are arriving **less able to cope with face to face interaction** than before. This presents new barriers to them adapting to a different culture that requires direct interaction.

Students generally have **poorer real-world social skills**, independent living skills, and ability to independently problem solve.

Students are going abroad with **more mental health issues** than previous cohorts/generations, are used to more support on campus, and expect it abroad.

“Delayed adulthood” and **decline in normal functioning** means our expectations about student adaptability and capacity needs to be recalibrated.

“Snowplow” parenting means students are often **not prepared for**, or underestimate, **the challenges** inherent in study abroad.

DEFINITION OF “MENTAL HEALTH”

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

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

Functioning: the ability and willingness to manage in a reasonably healthy way your day-to-day thinking, moods and actions.

Satisfactory: since no one is perfect, we are seeking “progress, not perfection”.

Adjustment: the ability and willingness to change aspects of yourself to meet the demands of a given situation.

MENTAL HEALTH PYRAMID

Level 3:
High risk,
rapid onset,
debilitating

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

- Don't leave student alone unless you are sure it is safe
- Report to supervisory staff immediately
- Immediate need for professional help

Level 2: Moderate risk,
chronic, negatively affect daily
functioning

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

- Report to supervisory staff ASAP

Level 1: Low risk, rapid onset

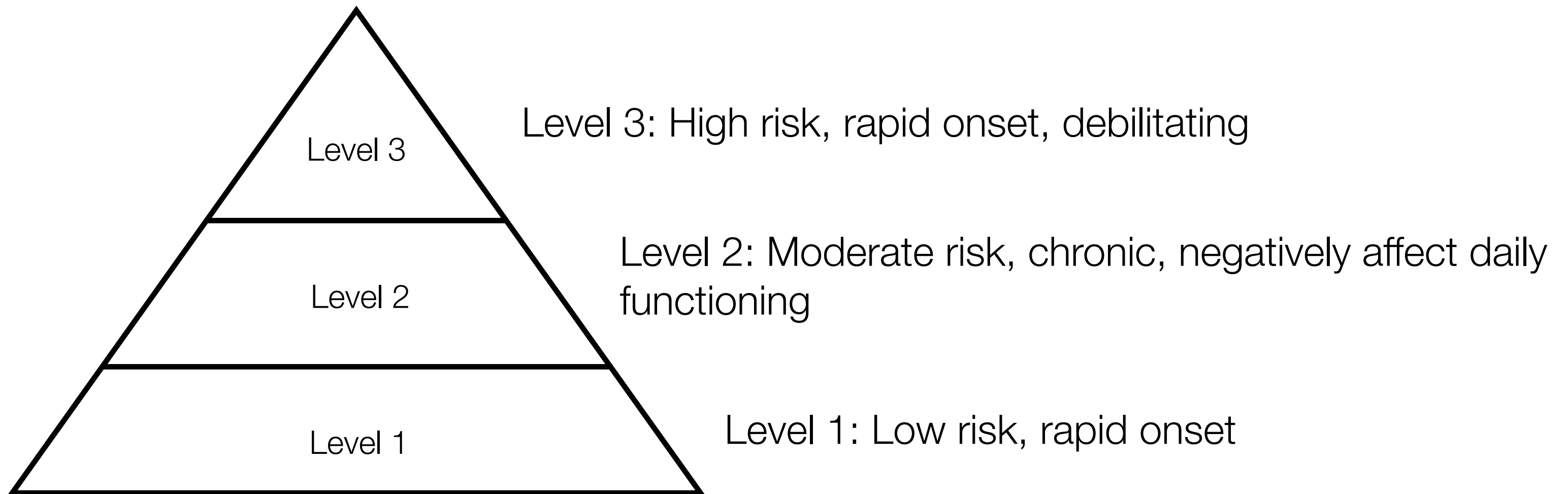
Panic attacks, relationship issues, grief reactions, family issues, homesickness, bullying, mood issues

- Report to supervisory staff
- If unaddressed, these can escalate to Level 2

USING THE 3 LEVELS:

What are you seeing the most on your programs?

What are you the most worried about?



GET TRAINING IN DEALING WITH MENTAL HEALTH ISSUES (EMOTIONAL FIRST AID, ETC.)

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

WHAT IT ISN'T

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

WHAT CAN WE REALISTICALLY DO ON STUDY ABROAD PROGRAMS?

Study abroad programs are (generally) **not therapeutic programs** — staff shouldn't diagnose or treat mental/emotional health disorders.

Study abroad field staff on-site should **report any red flags** back to the home campus, and use Emotional First Aid or other appropriate engagement.

The focus should be on **helping students to improve their day-to-day functioning** and on finishing the program successfully, if at all possible.

The best way to **help students build resilience** is to encourage them and hold them accountable to practicing good “self-care” and to build and use their “toolbox” of coping skills.

EXAMPLES OF POSITIVE COPING SKILLS FOR STRUGGLING STUDENTS

- Exercise
- Journaling
- Peer support groups
- Fresh air & natural light
- Regular one-on-one check-ins
- Deep breathing/meditation
- Mindfulness practice
- Family support
- Better sleep hygiene
- Limiting “screen time” and social media exposure
- Harm reduction strategies
- Meaningful work / purpose
- Intentional community

PROGRAM INTEGRATION

On campus

- Appropriate staffing
- Application
- Screening
- Orientation
- On-going communication with program
- Evaluation of student capacity
- Evaluation of program resources

Clear communication and matching language and protocols regarding mental health issues



Program

- Appropriate staffing
- Review of applications
- Orientation
- Student monitoring and support
- On-going communication with program
- Evaluation of available resources

INTEGRATION : HOME CAMPUS

Work with your on campus student support to develop **appropriate screening and guidance** for students with mental/emotional health issues.

Be sure your **essential eligibility criteria** include mental health and self care.

Help your on-campus mental health professionals **understand your programs** and what they are really like.

Have a **range of programs** available to students — not everyone can go everywhere and be successful — so students can be guided to appropriately challenging programs, **both in location and length of time.**

Be realistic in informing students of what help and support is (and is not) available on a study abroad program.

Encourage disclosure, but recognize it probably isn't going to happen.

Identify people who can respond / support students abroad.

Provide resources to your programs for training and support of students.

How well do you feel your on-campus mental health support team (counseling office, etc.) understand the challenges and resources of your programs?

What can you do to help them understand it better, so that they can better help with appropriate guidance and screening?

INTEGRATION : IN-COUNTRY (ON SITE)

Work with your programs to **identify professional support** that is (and is not) available in your location.

Review reporting processes / incident reports so you know what is happening.

Learn about the **cultural differences** and beliefs around mental and emotional health.

Seek training for your in-country programs in EFA, etc. and **develop your capacity** to deal with and support students.

If available, **establish partnerships** with local mental health professionals in advance.

How do the resources vary by location in your study abroad sites?

What resources do you feel you are missing on-site?

SOME OPTIONS IF LOCAL SUPPORT IS LIMITED OR NON-EXISTENT

Be **extra careful** with guidance and screening for your students who may be going to a location with limited or non-existent support.

Make sure your students at risk have a **plan of action**.

Consider **remote consultations** (video, phone calls, etc.) from on-campus support services.

Prioritize training of local in-country staff if possible.

Be more conservative/proactive in your decisions and more willing to have someone return early if a crisis develops.

TRAINING ON AND OFF CAMPUS

Train on and off campus staff on **confidentiality versus privacy** and related issues.

Learn how to **recognize red flags** of mental health issues, use the language of Level 1, Level 2, Level 3 (or similar) so you can be better at communicating what is going on.

Learn and **clarify scope of practice** issues — who can do what?

Get training in Emotional First Aid or similar training.

Learn how to **connect students** with appropriate offices and services both on-campus and off-campus.

Be sure that your orientation programs **include mental health skills** for students.

What sort of training do feel you need?

How are you going to get it?

INTEGRATION : PRACTICAL ISSUES BOTH ON CAMPUS AND OFF CAMPUS (ON SITE)

Identify at least **one person** at each site students can go to for help.

Normalize talking about mental / emotional health issues — both on-campus orientation and in-country orientation, as well as on-going during the program.

Regularly **review student behavior** and progress to catch issues early (Level 1's before they become a Level 2).

Be realistic in what you can do — you are (probably) not running a therapy program. Sometimes it may be better for the student to withdraw from the program.

What are missing pieces of the puzzle for your programs?

Other questions or issues?

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Notes and resources online at: www.isdsi.org/risk