Integrating Mental Health Services Into Your Organization's Travel Risk Management Strategy

ON CALL INTERNATIONAL

YOUR PRESENTERS

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When traveling or living abroad, students, faculty, and staff can be exposed to a variety of unexpected and sometimes serious situations.

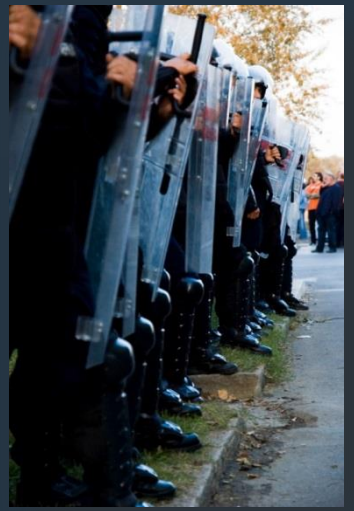
DUTY OF CARE & DUTY OF LOYALTY

Duty of Care refers to an organization's legal and moral obligation to mitigate risks for its traveling constituents. Organizations that fail to protect their people risk significant legal, financial and reputational damage.

Duty of Loyalty is a traveler's obligation to make reasonable effort to avoid unnecessary risks and follow the policies and procedures put in place to protect them.

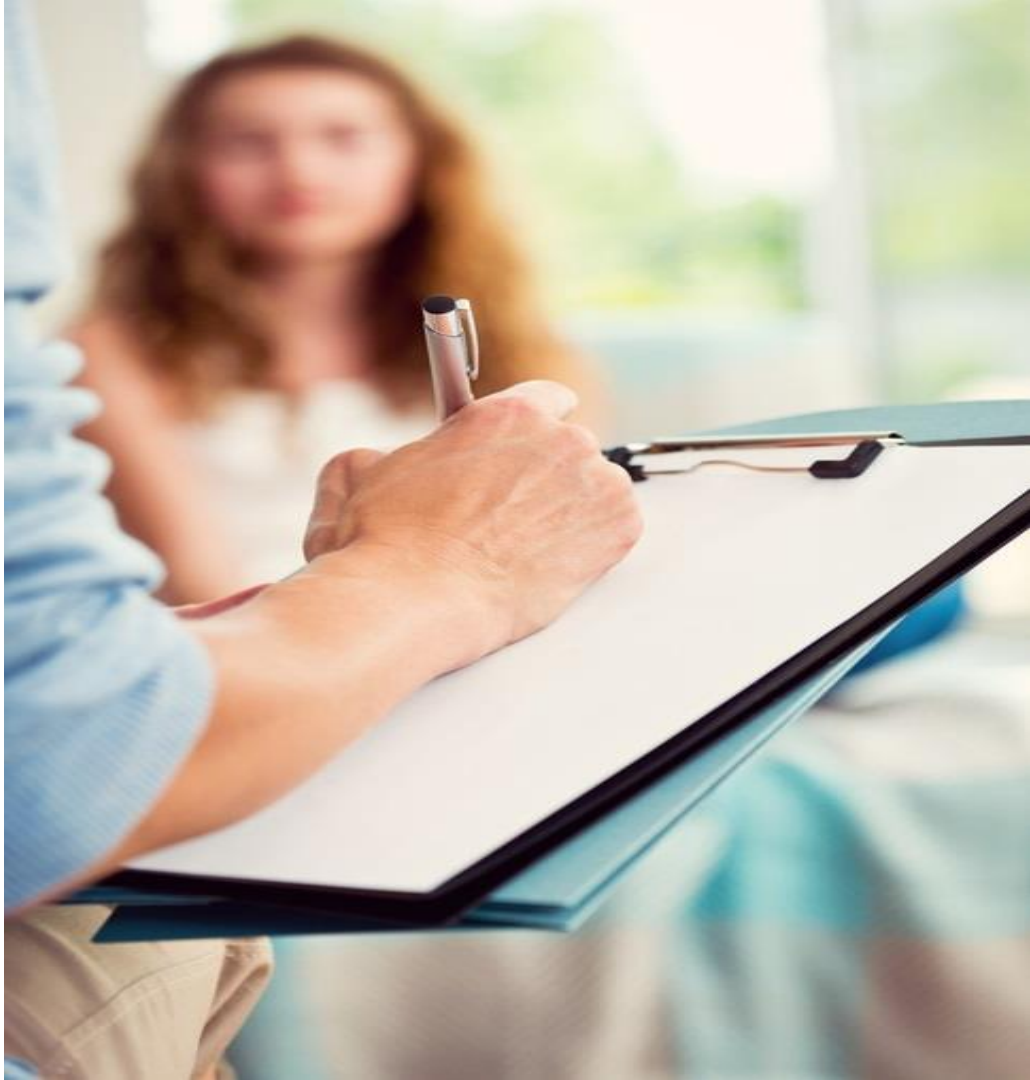
THE CHALLENGE:

From individual crises such as **culture shock** or **sexual assault**, to large-scale incidents like a **terrorist attack** or **natural disaster**, a variety of circumstances can have a significant impact on one’s emotional well-being.



NOT TO MENTION…

Depending on a traveler’s location, access to behavioral health professionals may be limited, if available at all—and even when services *are* available, language and cultural differences can cause barriers to receiving, and continuing with, care.



THE BIG PICTURE

Institutions also have a responsibility to ensure the health, safety and well-being of their travelers, and following through with these responsibilities is a key factor in building trust, ensuring program continuity, and protecting your institution's reputation.

Providing travelers with access to behavioral health support and resources is not only the *right* thing to do for constituents – but can also make the difference between cancelling or continuing a program.

WHICH BEGS THE QUESTIONS:

- **How can institutions of higher learning establish the right resources and support to proactively mitigate and respond to mental health concerns for students, faculty and staff abroad?**

- **How can your institution effectively bridge the gap between constituents' behavioral health challenges and your institution's duty of care?**

QUESTION 1:

What are some specific challenges educators face in supporting study abroad students' mental wellbeing, from day-to-day personal issues to higher profile, sudden crises?

KEY TAKEAWAYS:

- The primary challenge educational programs face is the reliance on personal reporting of any mental or emotional condition by the student and the reluctance for them to do it because of fear of exclusion and/or stigma.

- Education abroad programs inherently add stress to the students, so the baseline is already elevated.

- Mental and emotional issues can be exacerbated by a variety of triggers that can be very unpredictable; a condition may be triggered by something completely external to the program such as family, relationship, financial issues, etc.

- Many sufferers of mental and emotional conditions are very good at hiding symptoms until the condition has become acute and care and treatment are beyond the scope of faculty.

QUESTION 2:

What are the psychosocial factors among individual students that increase the risk of mental health issues and disorders known to undermine successful placement abroad?

KEY TAKEAWAYS:

- History of persistent anxiety, depression or other emotional issues.
- Unresolved emotional trauma (e.g., bullying, abuse, neglect, etc.).
- Prior suicidal ideation or attempts.
- History of alcohol or other drug abuse or dependency.
- Social isolation or withdrawal.
- Significant and persistent familial dysfunction.
- Poor coping and resiliency skills.
- Low emotional intelligence (EI).
- Poorly developed sense of self (personality disorder).

MOST PREVALENT MENTAL HEALTH ISSUES ABROAD:

- Sufferers of anxiety, bipolar disorder, depression, and ADHD are commonly seen – much more than from physical ailments or external emergencies.

- Fatigue, stress from a different environment, change in structure, lack of communication skills, substance abuse (self-medicating) and homesickness can trigger episodes. Symptoms are often not recognized until the condition becomes severe.

- Many conditions of a medical, toxic-metabolic, traumatic nature, infectious, or substance ingestion/withdrawal can present with psychiatric manifestations. Do not assume that all mental status and behavior changes are solely psychiatric.

QUESTION 3:

What are the key stressors associated with acclimating to new environments, particularly in a foreign country?

KEY TAKEAWAYS:

- Culture shock (unfamiliar customs, mores, languages, etc.).
- Decreased access to family/friends on a “primary experience” basis.
- Fear of the unknown (loss of predictability).
- Changes in habitual behaviors designed to relax/comfort.
- Perceived risks to personal wellbeing and safety.
- Loss of familiar contexts (locations, relationships, habits, etc.).
- Being perceived as “other.”
- Isolation (in the absence of meaningful social connections).

QUESTION 4:

Should there be specific pre-travel screening for those embarking on study abroad programs (acute, chronic illness, etc.)? What should this entail? Should medical history be taken into account?

KEY TAKEAWAYS:

- An inquiry into past psychiatric history and treatment should be a part of pre-travel consultation, in addition to any other past medical condition or difficulty.
- Pre-existing conditions must be stable and appropriately treated.
- Provisions for continuity of treatment must be made, and there should be an assessment of potential challenges when traveling internationally.
- Challenges include cultural compatibility, medication availability, and medical access.
- Pre-travel prep is key: provide a primer for travelers to review with their physicians in the context of their own health status.

KEY TAKEAWAYS:

- Certain conditions are much more risky. Any history of psychosis, psychiatric hospitalization, manic state, major depression, suicide attempt, substance abuse, and/or substance withdrawal has significant concern.

- The educator would not necessarily know of another individual's difficulty, but can speak/educate to the stressors of international travel.

- International travel poses unique stress; mental health is highly variable, and the lack of psychiatric services overseas can be consequential.

- The stress of international travel may exacerbate pre-existing medical or psychiatric conditions, or induce a predisposition to illness to manifest for the first time.

QUESTION 5:

With services limited or nonexistent depending on the location, how can educators notice warning signs and provide comprehensive mental health support and resources necessary for a successful study abroad experience?

KEY TAKEAWAYS:

- Depending on where the student is traveling, medical and/or psychiatric services may not be available, and it's an institution's duty of care to help make provisions, regardless of circumstance. Of the two, the psychiatric care is more likely to be unsatisfactory and the most unpredictable. As such, institutions need to do their due diligence and understand the resources available.

- In the case of psychiatric illness, if someone is intent on traveling abroad and has identified potential for decompensation, a care plan must be drafted in advance. This would be no different than someone with a severe food allergy or medical condition. The solution may include a medical resource (i.e. RN) traveling with the student group, or identifying a resource in advance of travel.

- Some common warnings signs include uncharacteristic changes in behavior or mood, social withdrawal or isolation, disordered thinking and communication, impulsive behavior, emotional acting out, expressions of hopelessness or despair, self-medication (alcohol and drugs).

QUESTION 6:

How can faculty and staff recognize and address students' emerging mental health challenges?

KEY TAKEAWAYS:

- Introduce faculty/staff to techniques for communicating with students in the midst of a crisis.
- Stress that faculty are not being trained as counselors or therapists.
- One of the most-appreciated messages is that they will not be able to “cure” the affected individual(s).

QUESTION 7:

How can institutions integrate and align their current or evolving risk management strategies with mental health services to help protect the interests of both travelers and the institution?

KEY TAKEAWAYS:

- Continue to attempt to foster an environment where students are willing to self-report medical and mental conditions they have.
- Offer alternative programs that might have fewer stressors.
- Ensure training and support to faculty before and during the program.

FINAL TAKEAWAYS:

- The degree of risk depends upon the diagnosis, stability, adequacy of treatment, compliance with treatment, likelihood of recurrence/exacerbation, duration of travel, and potential cultural incompatibilities.

- Higher risk individuals should have consultation with their psychiatrist prior to travel whereby there is a full assessment, including the availability of resources at the proposed destination.

- Regardless of the degree of risk, providing travelers with access to behavioral health support and resources is not only the right thing to do and protects the sustainability of your programs, but is also a critical component of fulfilling your institution’s duty of care.

QUESTIONS?

THANK YOU!

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