International Travel and Managing Student Mental Health

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Friends, family mourn Columbia student killed in bus crash while on Honduras medical relief trip

BY CHELSIA ROSE MARCIUS, GINGER ADAMS OTIS / NEW YORK DAILY NEWS / Friday, January 15, 2016, 1:53 PM
Today’s Anguished Students

58% of campuses have seen a rise in anxiety disorders
89% of campuses have seen a rise in clinical depression
33% of campuses have no psychiatrists available
31% of campus counseling centers have waiting lists
8% of students in the past 12 months have seriously considered suicide

- Overwhelmed by demand for mental-health care, colleges struggle to respond. A38
- Faculty members say they need more support to help students in crisis. A41
- Grad schools try to ease the isolation and anxiety that are part of the experience. A42
- With complex cases and few resources, community colleges seek low-cost solutions. A46
Mental Health and Psychological Well-Being: Healthy Minds Study (HMS)

Diagnosed with one or more mental health disorders by a health professional

33% National Undergrad Respondents

30% National Grad Respondents
Substance Abuse
Health Behaviors and Lifestyle

Binge Drinking in the Last Two Weeks

A “drink” means any of the following: A 12-ounce can or bottle of beer; a 4-ounce glass of wine; a shot of liquor straight or in a mixed drink. The definition for binge drinking was having 4 (female), 5 (male), 4 or 5 (other gender), or more drinks in a row.

http://chancellor.mit.edu/2015-healthy-minds-study-results
Health Behaviors and Lifestyle

**Used cigarettes in the last 30 days**

- 14% National Undergrad Respondents
- 11% National Grad Respondents

**Used Marijuana/cannabis (hashish, blunts) in the last 30 days**

- 19% National Undergrad Respondents
- 12% National Grad Respondents

http://chancellor.mit.edu/2015-healthy-minds-study-results
The year of the fentanyl crisis: How we got here 'Unprecedented' opioid crisis 'spreading like a cancer' across Canada
By Nicole Ireland, CBC News Posted: Dec 24, 2016 5:00 AM ET Last Updated: Dec 24, 2016 5:00 AM ET
# Domestic Mental Health Statistics

**Mental Health**

Students reported experiencing the following within the last 12 months:

<table>
<thead>
<tr>
<th>Felt things were hopeless</th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>No, never</td>
<td>30.2</td>
<td>19.5</td>
<td>22.5</td>
<td></td>
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<tr>
<td>No, not last 12 months</td>
<td>18.4</td>
<td>17.8</td>
<td>17.9</td>
<td></td>
</tr>
<tr>
<td>Yes, last 2 weeks</td>
<td>20.2</td>
<td>25.9</td>
<td>24.5</td>
<td></td>
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<td>Yes, last 30 days</td>
<td>9.6</td>
<td>12.6</td>
<td>11.7</td>
<td></td>
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<tr>
<td>Yes, in last 12 months</td>
<td>21.6</td>
<td>24.2</td>
<td>23.4</td>
<td></td>
</tr>
</tbody>
</table>

| Any time within the last 12 months | 51.3 | 62.7 | 59.6 |

<table>
<thead>
<tr>
<th>Felt overwhelmed by all you had to do</th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, never</td>
<td>12.2</td>
<td>3.8</td>
<td>6.3</td>
<td></td>
</tr>
<tr>
<td>No, not last 12 months</td>
<td>7.3</td>
<td>2.9</td>
<td>4.2</td>
<td></td>
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<tr>
<td>Yes, last 2 weeks</td>
<td>40.7</td>
<td>58.6</td>
<td>53.4</td>
<td></td>
</tr>
<tr>
<td>Yes, last 30 days</td>
<td>16.6</td>
<td>17.3</td>
<td>17.0</td>
<td></td>
</tr>
<tr>
<td>Yes, in last 12 months</td>
<td>23.3</td>
<td>17.5</td>
<td>19.1</td>
<td></td>
</tr>
</tbody>
</table>

| Any time within the last 12 months    | 80.5 | 93.3 | 89.5 |

Source: American College Health Association
Statistics similar in Canada (survey of Ontario Universities 2016)

• 65 per cent of students reported experiencing overwhelming anxiety in the previous year (up from 57 per cent in 2013).
• 46 per cent reported feeling so depressed in the previous year it was difficult to function (up from 40 per cent in 2013).
• 13 per cent had seriously considered suicide in the previous year (up from 10 per cent in 2013).
• 2.2 per cent reported attempting suicide in the last year (up from 1.5 per cent in 2013).
• Nine per cent reported attempting suicide sometime in the past (not restricted to last year).
Good Mental Health Away From Home Starts Before College
Now is the time for teens and parents to think about how to handle disorders without the family nearby

April 13, 2015 1:01 p.m. ET
By: Andrea Petersen

Brown University junior Eliza Lanzillo had a relapse of anorexia and anxiety during her freshman year. She advises arriving students with mental health issues to find a therapist near campus even if they think they won’t need one.

PHOTO: BRITTANY COMUNALE
GLOBAL INTERNATIONAL EDUCATION BALANCE BY REGION

- NORTH AMERICA
- LATIN AMERICA & CARIBBEAN
- WESTERN EUROPE
- CENTRAL & EASTERN EUROPE
- ARAB STATES
- SUB-SAHARAN AFRICA
- SOUTH & WEST ASIA
- CENTRAL ASIA
- EAST ASIA & PACIFIC


Legend:
- Red: in-bound students
- Blue: out-bound students
The Forum on Education Abroad
Study Abroad Student Repatriation*
For Mental Health Issues = 23 X Higher Than All Other Corporate Clients Combined

Commercial Escort

Air Ambulance
Why?????

Baseline Stability

Support

HOME (functional)

Baseline Instability

No Support

ABROAD (dysfunctional)

Language

Medicines

Structure Routine

Diet

No Medicines

No Friends Family

Foreign Language

Diet

No Structure Routine
“Universities to meet their Duty of Care Obligations need to do much more than simply provide insurance programs for those stakeholders who elect to travel abroad.”
University
Duty of Care
Challenges
Is a crisis required to focus attention on Your Duty of Care obligations?
“Most travel insurance policies exclude treatment and repatriation costs incurred due to mental illness.”
PERSPECTIVE FROM AN INSTITUTION
Case Study……

• 19 year old undergrad calls the college mental health service Thursday afternoon to report that a friend of hers just called to let her know that he is planning on committing suicide. She speaks to the on-call mental health provider.

• They are both participating in a university sponsored work study program in a large city in South America. They live separately with local families.

• She made plans for him to meet her at a café she is at. He will be there in 30 minutes.

• The friend was hospitalized 6 weeks prior at a psychiatric hospital after a suicide attempt. He sees a psychiatrist at the university health service and a psychologist outside the university. Medications for bipolar disorder have been prescribed for him.
Case Study continued

• What do you say to the student who is in a café in a foreign country sitting alone waiting for her suicidal friend?

• Who gets notified?

• How to you get help for the student in need? Who speaks to him?

• Should he have gone on that trip??
Travel Advice and Preparation

• Immunizations, malaria, traveler’s diarrhea, altitude sickness…
• Chronic medical condition preparedness: Asthma, colitis, etc.
• Mental health/illness preparedness:
  – Medications
  – Ongoing therapy while away?
  – Crisis planning
  – Awareness of stress issues that can arise during travel
Delineation Of Responsibilities For Mental Health Issues

• Program directors

• Deans

• Mental Health providers

• Primary care providers

• Emergency assistance provider
“Clearance” For Students Traveling Abroad

• Intent should not be to prevent students with mental or medical health problems or disabilities from participating but rather to case manage and plan ahead in order to increase the likelihood of success.

• Establish parameters for “clearance”
  – All students? High risk students?
  – All destinations? Higher risk destinations?
  – All durations? Only long programs?
  – Combine process for medical and mental health clearance in order to destigmatize. (Asthma=bipolar=Crohn’s=anxiety)
“Clearance” For Students Traveling Abroad

• Establish HIPAA compliant clearance process
  – Sharing of details of conditions with the program should not be required.
  – Acknowledgement that
    • medical/mental issues have been reviewed by a health care provider (PCP, student health clinician),
    • the student is fit to participate in the program
    • a plan has been established for managing chronic medical/mental conditions.
Tabletop (Mock) drills

• Create case scenarios that incorporate all stakeholders
  – Dean’s office
  – Legal counsel
  – Police / security
  – Insurance
  – Communications
  – Medical
  – Mental Health
  – Emergency operations
  – Title IX/Human Rights
  – Sexual assault response
PERSPECTIVE FROM INTERNATIONAL RISK OFFICER
Perspectives on Inclusion

- AODA (Ontario), ADA – Title II & III (US) - May not refuse to allow a person with a disability to participate in a service, program, or activity simply because the person has a disability.

- Human Rights Act (Canada), Section 504 – Rehabilitation Act (US) - no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives Federal financial assistance.

- Extra-territoriality vs. a U.S. study abroad program
  - Program is readily accessible to the student
  - Make choices for accessibility when possible
  - Onus and reasonable to engage

- Under non-discrimination law, programs cannot ask about nor consider disability status during the application process.
Perspectives on Inclusion

- 16.8% of U.S. college students with mental health disabilities have studied abroad by their senior year – close to the same percentage (17.1%) as non-disabled students.*

- UMN study – 27.7% indicated mental health issue prior to going abroad, only 8.3% reported a mental health issue while abroad.**

- Some data indicates that students who study abroad report decreased levels of stress and anxiety during and after their study abroad experience.**

- The majority of students managing mental health conditions successfully study abroad without incident

*MIUSA statistics from 2014 NSSE National Survey of Student Engagement  
**Bathke A, Kim R. (2016) Keep Calm and Go Abroad: The Effect of Learning Abroad on Student Mental Health Frontiers
Preparation for Inclusion

• Proactive Posture
  – Empower students - have resources available pre-program selection.
  – Create self-assessment
  – Provide prompts and illustrative cues for considerations
  – Use facilitating language – support, strategies, resources – to encourage disclosure
  – Cross-list your resources
  – Direct students to trained professionals (treating provider, campus medical, insurance)
Insurance as a Proactive Posture

• Do you require students to be on a comprehensive policy or policies that meet specific coverage standards?

• Does the insurance cover:
  – Preexisting conditions
  – Mental Health at parity with coverage for physical conditions
  – Inpatient treatment of mental and nervous disorders including drug or alcohol abuse
  – Outpatient treatment of mental and nervous disorders including drug or alcohol abuse
  – Medical evacuation for mental health
  – Coverage if on a placement in students country of birth
Insurance as a Proactive Posture

• Watch for limitations and exclusions including:
  – Outright exclusions of Mental Health
  – Monetary limitations on the amount of coverage for Mental Health treatment
  – Expenses incurred for injury resulting from the covered individual’s being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the accident occurs.
  – Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a physician.
  – Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane.

• Coverage expectations should be in your RFP and exclusions are negotiable
Insurance as Proactive Posture

• Identifying resources in the planning stage
  – Do program proposals include access to medical care including mental health in consultation with your coverage?
  – Do partnership or exchange agreements address mental health resources and access in the location?
  – Do agreements with partner education abroad organizations (aka TPP) discuss mental health resources and protocol?

• Do the resources align with your coverage or additional coverage available?
Lessons learned - Things to think about

• Does your institution have a travel risk officer
• Do you track the location and status of your students
• Do you have adequate insurance
• Do you conduct emergency response exercises for your international travel program
Questions
UNIVERSITY RISK MANAGEMENT & INSURANCE ASSOCIATION
Advancing the Discipline of Higher Education Risk Management

www.urmia.org | urmia@urmia.org