



OSAC

ACADEMIA SECTOR COMMITTEE (ASC)

Formerly known as the Academia Working Group (AWG)

Mental Health Toolkit

Developed by:

THE ASC STEERING COMMITTEE
MENTAL HEALTH SUBCOMMITTEE





Special thanks to Barbara Lindeman, University of Missouri and Landes Holbrook, Brigham Young University for serving as co-chairs of this project.



OSAC encourages Academia Sector Committee (ASC) members to review this toolkit, in addition to tapping into other resources provided. Members may also continue to broadly share strategies and health and safety information with other members on the Google Group.



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Introduction

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There has long been an effort to send more and more U.S. students on transformational education abroad experiences. One example is the Institute of International Education ([IIE](#))’s current goal to send 600,000 U.S. college and university students abroad before the end of this decade. This is an ambitious goal given that the [Open Doors Report](#) for 2016-17 reported that 332,727 students studied abroad for academic credit; 414 institutions also reported 36,975 students in non-credit experiential learning activities abroad. The numbers are unlikely to double in coming years to reach the IIE goal, even though growth in the number of students going on education abroad has continued to climb steadily.

As the number of students going abroad increased, the numbers of students entering colleges and universities with mental health issues have also steadily risen. A 2018 [report](#) by the American College Health Association, referenced in a New York Times article on mental health, stated that “more than 60 percent of students said they had experienced overwhelming anxiety in the past year. Over 40 percent said they felt so depressed they had difficulty functioning.” Experts predict that, in the coming years, more than 50% of students enrolled in secondary education will have experienced some form of a mental health episode that requires professional attention.

The traditional population of students that study abroad are young adults who face circumstances that may make them susceptible to anxiety and depression. When participating in an education abroad program, these students may be juggling rigorous academic demands and are potentially learning both an unfamiliar language and culture, all while being far from their familiar support systems. The extra stress that these conditions (and others) present may make students more vulnerable and susceptible to mental health issues or crises.

The OSAC Academia Sector Committee (ASC) recognizes that these troubling mental health trends in U.S. higher education and the challenges of going abroad are real concerns for the education abroad students and professionals. Therefore, OSAC ASC leaders formed an expert team to create this mental health toolkit to help all education abroad (EA) professionals identify student behaviors and better prepare and support students who have mental health concerns during pre-departure, while on-site, and upon return to their home campuses. In rare instances, students may also need emergency response during their study abroad experience. This toolkit also provides an array of government and non-government resources to better equip the education abroad (EA) professional should a crisis occur overseas.

This toolkit is designed to help all EA professionals and students going abroad regardless of international education contexts, settings, environments, and learning activities. The toolkit authors compiled the resources and guidance provided in this toolkit by tapping into their extensive experience working with primarily undergraduate students on education abroad. If the toolkit is applied to populations beyond the undergraduate student population, adjustments might need to be made. These resources may be helpful to anyone on your campus or within your organization who interacts with or has responsibility for students while they are off campus – namely resident directors, faculty leaders, local coordinators, and others.

Collaborating with Institutional Counseling Centers and other Student Affairs Offices that Support Students

Inés DeRomaña, Director International Health, Safety and Emergency Response, Title IX Liaison, University of California System, Education Abroad Program

Introduction

We have witnessed an upward trend in the number of college students who need support for serious mental health conditions since the mid-1990s, so it is not surprising that we see a similar trend abroad. Entry into college for most students comes at a [developmentally significant time](#) when many are first experiencing psychiatric disorders. Fifty percent of mental illness begins by age 14, and three-quarters begins by age 24. We need to remind ourselves that most students with mental health conditions manage and follow up with treatment and live productive lives on our campuses and abroad. For every student with a mental health-related disability who experiences a crisis abroad, many more will succeed. Even though the majority of students complete their studies abroad successfully, a few require substantial support and/or hospitalization, and others simply cannot cope and therefore withdraw from the program.

Often, professionals in international education refer to a student's stability in regard to chronic medical conditions as one consideration for participation. In reality, there is no universally accepted psychiatric definition of "being stable." The definition will depend on the condition and on the individual student. It will depend on the student's symptoms, side effects, and baseline/optimal levels of functioning, so this determination is more accurately made by a professional on a patient-by-patient basis.

Who are our students?

- Age range: under 18 through 35 and over.
- They come from diverse backgrounds and may be trying to manage complex transitions, such as: changes in family and peer relationships, leaving home for the first time, and negotiating a new social context.
- They are managing an increase in academic stress, financial concerns, including food insecurity, social experiences, and challenges.
- Some hold full-time jobs, balancing studies and college affordability with other responsibilities, such as parenting. Some are also first-generation students.
- [Recent national data suggests](#) that more than a quarter of all undergraduate students are raising children, and about 44 percent are doing so without the support of a partner.
- Many students with foster care experiences are struggling to manage challenges associated with their lived experiences (e.g., residential insecurity, social fragmentation) that can frame how they engage on campus and abroad.
- Many students experience stress levels that may contribute to reduced psychological functioning and precipitate psychopathological symptoms.
- Many students begin their education with severe and complex concerns, including concerns regarding prior health history, finances, family, and/or relationship difficulties.

Why should you be concerned about student wellness?

- Substance abuse, anxiety, disordered eating, impulsive behavior, depression, and suicide are conditions that affect many college students. Mental health issues can be debilitating, and they can affect anyone.
- Education abroad professionals cannot anticipate who will need support and who will not. A student may lack the emotional and cross-cultural coping skills to adapt or function in his or her chosen program. In some cases, the student could have a predisposition to mental illness and the stress of the “new” environment may trigger the problem.
- Students with disabilities have the right to apply to any programs in which they meet the standard qualifications, and to be accepted to any program for which they are qualified.
- A proactive, student-centered approach to student wellness can foster awareness and create a culture that promotes wellness. Staff must help us think creatively to foster and embrace a community of support that promotes student wellness from application to study abroad through end of study abroad and return to campus.
- Students’ backgrounds may affect the barriers they perceive to seeking help.
- Left untreated, mental health disorders can have a serious impact on a student’s development, motivation, and attainment.
- Struggling students may drop out of higher education and have to manage academic failure and the financial consequences.

How can you develop a new model for student wellness abroad?

- Be prepared for any situation. During pre-departure, on-site, and upon return.
- On many U.S. college campuses, there is a true continuum of care available for students at many points of distress or dysfunction. Access to this care is dependent on the identification of those needing support. This support network is based on an interlocking web through both student affairs and academic affairs. Consider ways that this support network can be emulated abroad.
- Sensitivity, openness and flexibility are critical to helping students.
- Be direct about the availability of mental health services and their quality in any given country and what support needs can reasonably be accommodated. Some student exchange programs at host institutions in other countries have strict rules about what they consider reasonable. Awareness of these restrictions and disclosure are crucial.
- Collaborate with your institution’s offices of counseling and psychological services, students with disabilities, residence life, student conduct, student health centers, and academic and student affairs. Work with the offices to think outside the box about how to collaboratively support students abroad.

Why is collaboration important?

- Ensure that over-burdened counseling center professionals are not the sole managers of the mental health needs of students.
- Collaborate with institutional experts to understand your students and their diverse backgrounds, and to facilitate staff cross-training opportunities.
- Clarify roles and functions in order to understand your limits and to assist counseling professionals in understanding the types of situations that can go (and have gone) wrong abroad.

- Promote training in cross-cultural competence and differences in counseling practices and licensing standards around the world. Learn the various ways distress is expressed, as this can vary among your students' cultures.
- Understand laws, ethics, and institutional licensing of health practitioners to consider whether teletherapy (remote counseling) is an option.
- Do you know how state laws and institutional policies that govern practice across jurisdictional and international borders might impact your institution's clinical psychologists ability to assist? Laws and regulations may differ between jurisdictions.
- Do you know if your campus counseling center has explored all of the risks and potential liability involved with teletherapy? For example, do they know what to do if someone is in crisis in another country and whether a U.S.-based clinician can arrange local emergency care?
- Do you know if your campus counseling center has the capacity to bill insurance companies for services rendered remotely? Does their license allow this practice?
- Understand that not all 24/7 online counseling services for students who study abroad are created equal. For instance, be sure to know how a service will notify the program that a student is at risk and in need of follow up.
- Brainstorm about possible support strategies for a student who may be in distress, understanding that many students are overconfident about their coping skills.
- Learn about specific issues of students who are veterans, LGBTQ+, suicide attempt survivors, first-generation, foster youth, to gain a better understanding of what students may face.
- Ensure that counseling center professionals are culturally competent. This is important due to the changing U.S. landscape. Culture shifts are reflected in the students who attend colleges and universities in the U.S., and your counseling center should be attuned to those changes.
- Understand how the counseling center is using online support tools to promote mental wellness among students. Many U.S., institutions are using web-based self-help programs, which can be accessed by students abroad.
- Learn about institutional counseling services' ongoing struggle with increased utilization of services, increased acuity of patients, funding, and clinician availability. Learn how offices are using creative methods for effective interventions and whether study abroad students can take advantage of campus counseling programs while abroad.
- Share incident trends abroad annually so the counseling center understands what is happening abroad with students.
- Share complexity of programming abroad and information about local resources.
- Address limitations that are present. These may include ratio of on-site staff vs. students, availability of local facilities, bilingual counseling, access to medications, support of underrepresented students, programming in remote locations without access to counseling support, etc.
- Understand how to support students before departure and how to design a treatment and wellness plan with reasonable details, if necessary.
- Identify key local resources in support of student wellness.
- Build confidence in your skills to assist students in getting the help they need.
- Obtain training from counseling professionals to understand how to identify and refer students in distress, experiencing stress, or in crisis.
- Assess travel insurance coverage and strategize how to identify gaps.

- Review your preparation and response plans with counseling professionals to identify possible gaps. Response to high risk situations involves a complex decision-making process with a continuum of possible responses. Be flexible moving up and down the continuum and keep a “wide angle lens” in thought process.
- Learn when and how to consult about complex situations, and how to assist with the student’s transition back to the home campus.
- Establish a format for sharing lessons learned at least once a year with colleagues on-campus and abroad who have responsibility for supporting student mental health and wellness.



Considering Student Mental Health in Program Design

Maureen Gordon, Director of Health, Safety, and Security and Deputy Title IX Coordinator, Arcadia University, the College of Global Studies

There are many factors to consider regarding student mental health when establishing a study abroad program. First and foremost, it is important to understand who our students are, what goals they have, and what challenges they might encounter. As you will read in other sections of this toolkit, the number of students entering colleges and universities with mental health issues has risen steadily, and many of these students are participating in education abroad experiences.

While most students successfully complete their term abroad, program sponsors—defined as any college, university, or program provider that offers study abroad programs—must be prepared to address myriad concerns and issues and be ready to respond to the mental health emergencies that arise. It is critical that program sponsors fully evaluate the program design, the support available to students on the program, and the accessibility of professional mental health resources at the program site, with the aim of maximizing student support for a successful experience.

Program Assessment

When designing the program, assess the factors inherent in the program type, structure, length, location, etc. that may affect students' mental health and well-being.

- What type of academic stress might students experience on this program?
- Are they taking classes at a large research university where personalized attention is unlikely?
- Are they working in a lab, field research, or internship placement that might present new challenges for them?
- Are students taking classes in a foreign language?
- What activities and excursions are offered on the program?
- What level of physical ability is required?
- Are there any events or visits that may be triggering—causing someone emotional distress—for some students?
- What environmental factors might impact students' health and wellness?
- How intense is the program calendar?
- How much free time will students have? Striking a balance of “adequate” free time can be difficult because what is too much for one student may not be enough for another.
- Is the program based in one location, or will there be travel to multiple cities? Travel stress and being frequently “on the go” can be a challenge.
- How will students' identity be impacted by the location and culture?
- Consider how race, ethnicity, gender identity, sexual orientation, and other factors might be impacted.
- How might microaggressions play a role in diverse students' mental health? What are the typical norms and diversity resources in program locations? Are there “affinity” groups that students can engage in, for example, that would be helpful?
- How will the program housing be different from what students are accustomed to at home?

- Are students living in a homestay? The deeper level of immersion into the host culture provided by living in a homestay may significantly increase some students' stress levels and this could potentially precipitate a flare up of a mental health condition.
- Is a single bedroom or living situation a viable option for students who need one to manage their mental health?
- Are there stigmas around mental health issues in the destination country, or are mental health conditions generally accepted there?
- What cultural differences might students encounter?
- Are there certain "triggers" they should be aware of?
 - For example, what is the culture around sexual harassment in the destination and how might it impact students? Students may have experienced sexual harassment in their home countries or universities, but their experiences of culturally typical harassment in the country abroad may feel scarier or may be more triggering than host communities understand.
- If you are partnering with a local organization/institution for the program, how prepared are any local staff or faculty to support mental health needs of students, and how does the local culture influence their ability to assist?

Application and Eligibility

All students who meet the published eligibility requirements for a program have the right to apply and to be accepted to any program for which they are qualified. This means that qualified students with disabilities (including mental health conditions) can participate with or without reasonable accommodations for their disability.

- Develop and publish essential eligibility criteria (EEC) with your institutional attorney and your disability services office.
- EEC helps students understand the skills necessary to successfully participate in an educational program upfront. This helps them to make an informed assessment of whether or not they are capable of participating, with or without reasonable accommodations. EEC also helps to establish objective criteria to evaluate whether or not a student has the ability to participate.
- Example: [Steps to Developing Nondiscriminatory Essential Eligibility Criteria](#) from the Forum on Education Abroad.
- Address mental health and wellness with prospective participants as early as possible during the advising or application process.
- Design a student communication and advising plan that ensures all of the information identified in the sections included herein (Program Assessment, On-site Support, Professional Resources) is shared with students at the first opportunity possible and is reiterated during pre-departure and on-site orientations and throughout the program as appropriate.
- Evaluate your advising processes, written materials, and staff preparedness so students understand that sharing concerns about their mental health takes place in a judgment-free zone and any issues shared are treated with care and sensitivity.
- It's equally important that students understand their responsibility to care for themselves and know how to seek help when they need it.
- Read the section on [Preparing Students: Orientation and Advising](#) for further suggestions.

- Evaluate how and when to collect student health information during the application or pre-departure process. It may be necessary to collect some information for health and safety purposes; however, it is best to ask for information after the student has been accepted in order to ensure that student acceptance is not (nor appears to be) affected.
- Review the toolkit sections on [health forms](#) and [federal laws](#) for additional considerations.
- Ensure you have informed consent from participants to share sensitive information with the appropriate stakeholders when necessary to support their successful participation.
- Most programs collect a signed agreement/waiver where students permit their personal information to be shared in the event of an emergency. These documents also generally outline what behavior constitutes a violation of the code of conduct and/or removal from the program.

Professional Resources

The primary factor that determines an appropriate crisis response abroad is the availability and accessibility of qualified assessment and support resources.. A mental health crisis in a location with minimal mental health assessment and support resources may necessitate repatriation. Behavior that might be manageable in locations with more robust mental health services may be unsupported in locations with limited or no such resources. Consider the type of program, its length, and its location, as those factors will inform the resources required for the program. For example, a semester-long program in Australia will likely require a different set of resources than a one-week faculty-led program in Morocco.

- What set of resources is needed as a baseline?
- What resources are available?
- What additional resources might be needed?

Assess the following:

- Are English-speaking mental health providers available in the program location, including counselors/psychologists as well as physicians (general practitioners and psychiatrists/specialists) who can prescribe medication if needed?
- What are the credentials of the providers? Do they speak English?
- How available are the identified providers? Will there be a wait time for appointments?
 - While university counseling offices are often available at on the campus of foreign partners, many institutions in the UK, Australia, Ireland, and others are experiencing the same high demand for counseling as U.S. institutions. This can result in long wait times to see a counselor. Sometimes institutions limit the number of sessions available to all students or international students specifically.
- Is it possible for the program to establish strategic partnerships with local mental health providers to facilitate student appointments and/or emergency assistance? For permanently based programs, consider contracting with on-site mental health professionals.
- Are arrangements in place for identified providers to work with the institution's insurance provider?
- Will the institution's insurance or assistance provider guarantee payment to the mental health provider, or will students be expected to pay out of pocket? If the latter, students

should be made aware of this during pre-departure briefings so that they can adequately plan for that contingency.

- If upfront payment is required, consider when and under what circumstances program leaders or staff will be expected to pay on behalf of students (e.g. student does not have the physical or financial means to pay). Communicate this expectation during program leader/staff trainings.
- If the program location has few or no English-speaking mental health providers, are remote counseling options available?
- Is reliable technology needed to access remote counseling available?
- What technology would the student use, and would there be cost implications for them?
- Are mental health medications commonly prescribed in the U.S. available in-country?
- Are medications typically prescribed in the U.S. for mental health conditions legal in the host country? Are there restrictions governing bringing these medications into the host country?
- Where would students obtain medication, how would they would pay for it, and what would the cost be?
 - Most assistance/insurance providers are not able to arrange payment in advance for medication, so students should be prepared to pay out of pocket.
- Emergency resources
- If there is a mental health emergency requiring professional intervention, where would a student receive treatment?
 - Can mental health emergencies be appropriately assessed at a local emergency room or “accident & emergency” (A&E) in the host country? Does the local hospital have psychiatric services? Are there private mental health facilities available?
- If a student requires hospitalization for mental health, what would that look like in this location? Are there local laws, such as those regarding [involuntary commitment](#), that the program should be aware of?
- Is there a local mobile crisis team available?
 - In the UK, for example, the National Health Service (NHS) offers a [crisis resolution and home treatment services \(CRHT\)](#).
- Are there 24/7 (English language) mental health helplines or suicide hotlines in the country that should be shared with students?
 - e.g., [Samaritans](#), [Lifeline](#), [TELL](#).
 - [International Suicide Hotlines list](#).

Insurance and Evacuation Coverage

The program should provide adequate insurance for participants that covers mental health needs and ideally does not exclude pre-existing conditions. Participants should not be permitted to waive out of program insurance unless there is a process in place to ensure they have sufficient coverage that will apply outside the U.S. Consider and make sure students understand the following:

- What will (and will not) be covered by insurance?
- What is the maximum benefit for outpatient and inpatient mental health?
- What is the coverage for repatriation/evacuation and/or family unification?
- Are pre-existing conditions covered?
- Is remote counseling covered?
- Are there exclusions for suicide or self-inflicted injury?

On-site Support and Incident Response When students experience stress, are mentally unwell, or require additional support, who will they turn to for help? A few considerations for programs are included below; please also refer to the section on [Supporting Students While Abroad](#) for more information.

- Ensure that the ratio of program leaders or on-site staff to students is adequate and in-line with organizational standards.
- Provide sufficient [training to program leaders](#), faculty, and on-site support staff so they can recognize symptoms and signs of concern, know how to respond to students in a culturally sensitive way, understand what actions to take, and know who else to involve. Offer training and review aids to create a culture of inclusion and acceptance for all students.
- Create a check-in procedure with students that allows them to proactively share concerns with program leaders throughout their experience. This could aid in avoiding unforeseen crises.
- Designate a 24/7 program contact that students can call afterhours.
- Design a thorough and relevant on-site orientation that educates students on the resources available to them and focuses on building relationships between program leaders and students so they feel comfortable approaching program staff for help.
- Write a program [emergency response plan](#) that takes into account the local and program resources, and ensure the plan is practiced and updated regularly with on-site staff.
- Develop strong partnerships with all stakeholders—partners on the ground and at sending/ accepting institutions who might help in the event of an issue or emergency. Collaborate with these individuals when the need arises.

Continual Evaluation

Program sponsors should also track data about incidents that occur in their programs and analyze this data regularly to identify areas of concern and opportunities for improvement.

- Create clear guidelines that designate reportable incidents and processes for incident documentation to ensure that your institution/organization maintains effective records.
- Utilize surveys and other means of data collection to ensure students have the opportunity to share their program experiences as they relate to mental health and wellness.
- Review mental health data annually (or more frequently) to pinpoint trends or issues that may require change to student advising/communication, warrant different resources, or lead to other significant developments.

NAFSA (Association of International Educators): [Sample Crisis Response Plans](#)



Preparing Students: Orientation and Advising

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Throughout the U.S., colleges and universities have seen an increase in the number of students experiencing mental health issues. As student participation in education abroad and other international educational experiences has increased, there have been widespread implications. Research by [Amber Bathke and Ryoka Kim](#) concluded that having previously experienced a mental health condition was a very strong predictor of an issue occurring abroad, and that transitioning into a new cultural environment can lead to stress and homesickness, which in turn may “trigger anxiety, depression, or other mental health conditions, especially in students who have struggled previously with such concerns.” Given these factors, pre-departure advising and orientations should be adapted to address student mental health.

Considerations for Advising

Transitioning into a new cultural environment can be challenging for anyone, particularly if planning and preparation are insufficient prior to going abroad. This may be further exacerbated when experienced by a person with a mental illness. Advisors must help students understand the circumstances they may face abroad and identify the skills they may have acquired that will help them be successful.

Recommendations for advisors are included below.

- Focus on the students’ strengths and goal setting, rather than a deficit-model of advising.
- For example, consider a first-generation college student who has successfully navigated the college admissions process or a student from a rural community who has successfully adjusted to life on a large college campus, both have developed transferable skills that will help them be successful when studying abroad.
- Advise students on the various program types and the differing support systems typically associated with each. This will help students find a program that best aligns with their needs.
- Will a group program with an on-site faculty director and built-in peer group provide a greater sense of belonging and support that is helpful?
- Research from [Laura Thompson](#) suggests it may be advisable to encourage some students with anxiety to pursue a group program, rather than a more independent experience, such as a semester exchange program.
- In addition to preparing to assist students with anxiety and depression, consider potential environmental triggers, particularly auditory or visual, that are likely to occur that may impact students who have [Post Traumatic Stress Disorder \(PTSD\)](#). Consult appropriate campus experts for guidance in providing support to students with PTSD.
- Consider the concerns associated with serious mental health concerns including suicidality and eating disorders (Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder), as well as chronic and severe disorders including schizophrenia and paranoia. Work with mental health professionals to support students with these illnesses. (For additional information, see

the resources [Addressing Mental Health Issues Affecting Education Abroad Participants](#) and [Supporting Exchange Participants with Bulimia or Anorexia](#).

- Consider how mental health is perceived, diagnosed, and treated in various countries when selecting a program.
- Provide students with information on how to access mental health care and wellness services while abroad, as outlined in [The Forum on Education Abroad's Guidelines for Education Abroad Advising](#). For additional examples, please see the resources for this section.
- Help normalize the emotional responses many students experience when shifting cultures and avoid “catastrophic language” through reflection. See Paige Butler’s [2019 Cultural Transitions Model](#) and Janice Abarbanel’s [Emotional Passport](#) as resources to support normalizing cultural transitions.
- Incorporate mindfulness and self-care practices into pre-departure advising and materials to help students be well-prepared. Transitioning into a new cultural environment and discontinuing current care can be very difficult, so students should be encouraged to have a continuity of care plan early on in the preparation process. Students should understand their international health insurance coverage related to mental health abroad. They need to know if they will be able to continue care with their current provider and/or find counseling professionals abroad.
- Encourage students to create self-care plans prior to departure. For examples, please see the resources for this section.
- In partnership with campus counseling center professionals, develop and share resources for students, such as:
 - Goal setting worksheets.
 - Coping mechanisms that will help students be successful when abroad. For example, the University of Michigan’s [Resilient Traveling](#) resource is an online guide for managing stress.
 - Resources that encourage constructive thoughts and behaviors, such as developing a growth mindset where students perceive challenges as an opportunity to learn rather than obstacles to overcome.

Additional actions to be undertaken by advisors:

- Provide students with resources for assessing the availability of medications.
- Identify and publish the technical details for each program to ensure students are well-informed about program expectations to aid in selecting a program best-suited to their abilities.
- Partner with the disability/accessibility resources office, and encourage students to disclose disabilities early so that appropriate arrangements and reasonable accommodations can be made in advance.
 - Inquire with host university partners to determine if they have an accessibility/disability services office, or a point of contact designated to address mental-health related accommodations needs.

Considerations for Health Information Review

The health and safety of students when traveling abroad is the most important consideration. An illness, injury or mental health incident not only disrupts the individual traveler, but often impacts the entire group. Because systems and resources often vary greatly at different universities and colleges, it is important to develop a system and procedures that work for your institution.

- Does your institution require students to voluntarily disclose their health history? Who has access to this health information? For recommendations of best practices to increase student self-disclosure, see [Encouraging Students to Disclose Mental Health Issues](#).
- Does your institution require a health clearance signed by a medical practitioner?
- If your institution collects student health information, what procedures do you have in place to determine when to share this information and with whom?

Note: Acceptance decisions should never be based on a student's physical or mental health, as such decisions would be in violation of the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. (See the section in this toolkit [Considerations Regarding Federal Laws](#) for additional information).

- If your office collects and reviews student health information, this should only be done after acceptance, or procedures should be in place to keep any and all medical information and consultations separate from the acceptance process. For example:
- The University of Michigan and North Carolina State University collect general information from their students post-decision, and depending on the answers to questions, students are sent follow-up information on mental health, wellness, and developing self-care plans.
- At the University of South Florida, information is collected at the time of application and is held confidentially by Student Health Services (SHS). SHS reviews it and provides confidential education and support to the student traveler, when necessary.
- North Carolina State University also shares the names and ID numbers of all accepted students with their Student Health Services and Counseling Center so that the appropriate personnel can cross-check the list and follow up with students, as needed.

Mental health challenges are not confined to those who have been previously diagnosed. The rigors of international travel (such as jet lag), language barriers, dietary changes, new cultural norms, fatigue, and stress, among others, can all trigger a mental health issue in an individual who has not had one before. The best advice for all students is to be prepared.

Considerations for Pre-Departure Orientation

According to experts, increasing awareness, countering the stigma of mental health, and promoting prevention and early intervention are essential to [creating a healthy campus environment](#). These actions are equally essential to ensuring a successful study abroad experience for all students.

- Normalize mental health issues by discussing them and creating a culture of self-disclosure. Consider sharing the referral rates or increasing numbers of appointments at the campus counseling center and the growing rates of students on university campuses diagnosed with mental health concerns.
- Discuss the importance of self-care. Work to create a culture of caring among program participants. Talk about the importance of everyone looking out for one another and the value of everyone taking time for self-care.
- Teach students how to develop self-care plans. Consider having students create a personal self-care plan during orientation.
- A self-care plan asks students to identify all of the possible challenges they may encounter while abroad (anxiety, emotional distress, depression, sadness, exhaustion, feeling excluded/social isolation, food allergies/sensitivities, group dynamics, etc.).

- Students list their ideas about how to mitigate these challenges (eat well, get sufficient sleep, reduce caffeine consumption, reduce/eliminate alcohol consumption, get enough sunlight and fresh air, connect with people, continue with medications as prescribed, take time to relax and reflect, etc.).
- Students list the skills they already have in their personal toolbox, as well as activities they should pursue to feel better (practice deep breathing, reach out to a friend and talk, engage in group activities, be active, spend time outside, use an app like [Headspace](#) or [Smiling Mind](#), journal or draw, etc.).
- Highlight the importance of being familiar with common signals of cultural stress as well as concerns and signs of depression and anxiety, and teach students what those signs are.
- Provide students with a mental health wellness checklist to help students better prepare for the stressors of being abroad.
- Examples for incorporating mental health into pre-departure orientation:
- Consider offering a “Fit to Fly” session. Drexel University’s Office of Global Engagement and Education Abroad and the Counseling Center offers a workshop for students to help “train their brain” to be more flexible as part of study abroad preparations. The session acknowledges some of the mental health challenges that students will face and helps students identify strategies to increase their capacity to manage these challenges in a foreign environment.
- North Carolina State University’s Study Abroad Office and Counseling Center collaborate on a pre-departure conference session on culture shock and self-care to help students understand when a concern has gone beyond typical cultural adjustment. The session also teaches strategies for resilience and self-care.
- Pomona College runs a pre-departure workshop on mental health with a student panel who share their experiences and advice, as well as a presentation by a mental health counselor or dean.
- The North Carolina State University Counseling Center offers a three-part workshop series on anxiety, depression, and mindfulness (“Getting Unstuck”), as well as a [Therapy Assisted Online \(TAO\) program](#). The University of South Florida Counseling Center also offers the TAO program. TAO has been validated in over 100 studies in 20 countries and shown to be highly effective.
- Equip faculty and staff with information, tools, and resources for supporting students abroad with mental health issues. The University of South Florida includes a university psychologist in their orientation for faculty and staff to address this issue. (See [Preparing Faculty and Staff to Assist Students with Mental Health Concerns](#) for more information).

HEALTH INFORMATION

Considerations for Medicine and Prescriptions Abroad

Students can encounter challenges abroad if their medications run out, are lost or are stolen, or if they fail to bring their medications for any reason. Some real-world examples include:

- A student on Xanax had their backpack stolen. They needed to replace the Xanax immediately.
- A student on insulin runs out of her supply, but instead of organic insulin, Germany only allows synthetic insulin. The student had to come home early.

- A student is prescribed Adderall and is going to Japan. The medication is a controlled substance in Japan, and the student needs to complete a form ([Yakkan Shoumei](#)) to be able to import it.

Medications for the treatment of mental health issues tend to be the most problematic, since they are often considered controlled substances, illegal, or are hard to replace abroad. When these situations arise, programs need to have systems in place to support the student.

- Some medications are illegal outside the U.S., so students should check with the embassy of the country(ies) they will be living in or traveling through to ensure the medications are permitted in that country. In addition, consult the US. Department of State's [Country Information pages](#) for this information,
- Students who regularly take any prescription medication should consult with their health care provider and insurance provider about bringing their medication(s) with them abroad.
- Have a procedure in place that ensures that students list medications and have them reviewed by a professional in travel medicine before departure.
- Many international health insurance and service providers have access to information regarding the legality, availability, and common names for medications abroad. Check with your provider.
- It is important for students traveling abroad to bring an adequate supply of medicine.
- Keep medications in their original, labeled containers with the student's name on them.
- Carry a letter from a physician that includes the physician's explanation of the condition, generic and brand names of the medication, and dosage information.
- Always carry the original written prescription with you.
- Pack a sufficient supply of medication to cover the duration of travel, plus extra to account for possible delays.
- Pack medication and related documents in carry-on bags to avoid missing doses if luggage is lost or items are stolen.
- In most cases it is not legal to mail medications from the United States to locations abroad. If legal, it will still require customs paperwork and may significantly delay delivery.
- Many international health insurance and service providers have access to a worldwide pharmacy network that can often refill prescriptions, as long as they are legal and available in that country. Check with your provider(s) to see if this service is available.

International Health and Evacuation Coverage

Nearly every institution requires comprehensive international health and evacuation coverage for their international travelers. In general, the traveler pays the premium. However, an increasing number of institutions are purchasing blanket policies and taking on the premium to support their travelers.

Insurance benefits typically cover 100% of medically necessary expenses if the traveler becomes ill or injured, including medical evacuation, repatriation, and family reunion/bedside visits if the traveler will be hospitalized for an extended period of time. In addition, evacuation for non-medical reasons, such as civil unrest or natural disasters, is generally covered by insurance. Sometimes the emergency evacuation coverage is separate from the sickness and accident coverage.

In regard to mental health services, colleges and universities must review their policy carefully to ensure it provides adequate coverage for mental health. While a policy may cover up to \$250,000, some insurers do not cover mental health services to the same degree as other medical services. For instance, some insurance providers may only cover up to \$10,000 for mental health-related treatment, even though other medical services can be covered up to \$250,000. Additionally, ensure that the policy provides coverage for pre-existing conditions, since mental health issues usually qualify as such. Many insurers cover pre-existing conditions, but some do not.

It is important that policy coverage also includes 24/7 call center support services and that program personnel have access to a student's health history. The latter should be in place to ensure that designated staff are able to share valuable medical information when calling the 24/7 emergency call center to open a case regarding a student who is experiencing symptoms related to a condition noted in their health history.

Finally, institutions should consider the referral services and pre-payment services their insurance provider offers. Services should include: access to finding mental health providers abroad, the ability to arrange appointments, access to a network of pharmacies that can refill medications prescribed by healthcare providers abroad, and the ability to pre-pay or accept direct billing for services if the student does not have money to pay on hand.

Questions to Consider Regarding International Health and Evacuation Coverage

- Do you require comprehensive international health and evacuation coverage?
- Does your institution pay for it or does the traveler pay for it?
- Is it also available to faculty and staff traveling with students, and, if so, who pays for it?
- Is it available for dependents traveling on the same trip and, if so, who pays for it?
- Is your evacuation coverage part of the same health insurance policy, or do you have to have a separate policy with another evacuation provider?
- Are mental health services covered at the same level as physical health services?
- Will your medical evacuation coverage apply to a mental health emergency?
- Does your policy cover pre-existing conditions, including pre-existing mental health conditions?
- Does your policy include emergency call center services?
- Does the call center service have access to a medical team to support your travelers abroad?
- Do you have access to student health histories that will help you inform the call center when you open a case?
- Will the service be able to find mental health providers abroad and make appointments on behalf of your students?
- Is the service part of an international pharmacy network?
- Can the service pre-pay or be direct billed for services if the student does not have access to funds?
- Are there documentation requirements to evacuate for a mental health emergency approved by the insurance policy?

Utilization of Student Health Services Resources

Organizations with a campus-based health center should build a relationship with their health center, particularly if they want to establish a process that involves confidential review of student health histories. If there is not a campus-based health center, education abroad offices must consider if they

have available resources that can provide sufficient advising and counseling without the need to gather students' protected health information. Education abroad professionals often do not have the required training and licensing to review and comment on a student's health history. Furthermore, it is outside of the scope of their roles; therefore, a student's health history should only be collected and reviewed by medically trained personnel in a confidential manner. (See Considerations for Health Information Review above as well as the section [Considerations Regarding Federal Laws](#) for more information).

If your institution has on-campus healthcare resources, meet with the director of student health services to determine if they would be interested in and have the capacity to review your students' health information. The questions below should also be considered.

- Do you have forms and methods to collect student health information confidentially? (For examples, please see the Resources for this section.)
- Do you have a system that can share a student's health information while protecting their privacy?
- Does student health services have staff trained in travel medicine?
- Will the staff be able to refer students to the counseling center or disability services office for specific support?
- Do you have a process that can refer students to student health services for consultation and planning when a student discloses an issue?
- If it is determined that a student has a condition that would prevent them from traveling, who has the authority to make the decision for them not to go?
- Have your systems, plans, terms and conditions, and forms been reviewed and approved by your General Counsel? (For examples, please see the Resources for this section.)

Utilization of Counseling Center Resources

If you have on-campus resources, meet with the director of the counseling center to determine if they would be interested in and have the capacity to support students traveling internationally. If so, determine to what extent they would be willing/able to provide support.

- Do you have a system in place that can share a list of students who are traveling internationally with the counseling center?
- Does the counseling center have staff with international travel experience?
- Does your counseling center's professional staff provide orientations to your faculty and staff traveling with students?
- Can the counseling center provide a training module to help faculty and staff identify and respond safely to mental health issues abroad?
- Does your counseling center recommend apps and online services that students can use to support self-care?
- Does your university provide Mental Health First Aid Counseling or QPR (Question, Persuade, Refer) Training to faculty and staff?
- Have you reviewed the Centers for Disease Control and Prevention (CDC) recommendations for [traveling with mental health issues](#)?
- Have your systems, plans, terms and conditions, and forms been reviewed and approved by your General Counsel? (For examples, please see the Resources for this section.)

Utilization of Students with Accessibility/Disability Office Resources

If you have an on-campus accessibility or disability resources office, meet with the director to determine if they would be interested in supporting students with international travel plans. If so, determine to what extent they would be willing/able to provide support.

- Do you have a system that can share student information between offices regarding students who are traveling internationally?
- Does the office have staff with international travel experience?
- Have your systems, plans, terms and conditions, and forms been reviewed and approved by your General Counsel? (For examples, please see the Resources for this section.)

Considerations for General Health Issues Abroad

Encourage students to research worldwide health information and country-specific health requirements for all countries to which they plan to travel. This method inspires students to be prepared, and possibly to self-disclose. Creating a culture of self-disclosure is a method to inform the faculty, staff and students without violating confidentiality. There is a “Medical Checklist” in the resources for this section that was developed by Michigan State University and adopted by the University of South Florida. It guides students, faculty, and staff on how to approach these issues and create a culture of self-disclosure.

Resources include:

- [Centers for Disease Control and Prevention](#)
 - [Immunization Recommendations](#)
 - [Safe and Healthy Travel Best Practices](#)
 - [Mental Health Abroad](#)
 - [Mosquito Bite Prevention](#)
- [U.S. Department of State](#)

Considerations for Personal Health Issues

As students explore general health issues abroad, they should be instructed to look into how these issues may impact their overall well-being. Consider the following:

- Are they up to date on their immunizations?
- Do they have a pre-existing condition or chronic disease that requires special consideration, such as a mental health issue?
- Are they taking prescription or over-the-counter medications for any physical or mental health related issue? Some medicines are unavailable, illegal, or named differently abroad.
- Is there a resource, such as an insurance provider, who has information about the legality, availability, and suitable replacement medicines abroad?
- Are they traveling to areas that have higher risk of infectious diseases or other health risks that they would be particularly susceptible to, or would exposure to these potential health risks complicate a pre-existing condition?
- Rabies is often not as well controlled in some locations abroad as it is in the U.S., so avoiding contact with animals is crucial.
- Animals at farms or sanctuaries often carry zoonotic diseases that may affect humans.
- Bodies of water, such as lakes or rivers, may also contain disease carrying organisms.

- As evidenced by the COVID-19 global pandemic, travelers should avoid “wet markets” or other areas where wild animal products are sold.

Resources:

- Drexel University: [Fit to Fly](#)
- Forum on Education Abroad: [Guidelines for Education Abroad Advising](#)
- Go Abroad’s [Meaningful Travel Tips and Tales: Mental Health & Self-Care](#)
- International Association for Medical Assistance to Travelers (IAMAT): [E-Library](#) that provides free whitepapers, guides, and tip sheets
- North Carolina State University: [Mental Health Wellness Abroad Checklist](#)
- North Carolina State University: [Culture Shock & Self-Care pre-departure workshop slides](#)
- Pomona College/The Claremont College Services: [Pre-departure workshop slides](#)
- [Developing Your Self-Care Plan by Dr. Lisa D. Butler \(University of Buffalo’s School of Social Work\)](#)
- [Encouraging Student to Self-Disclose Mental Health Needs](#)
- Mobility International USA (MIUSA): [Supporting Exchange Participants with Bulimia or Anorexia](#)
- Additional mental health-focused resources regarding [orientation and advising](#) and [health information](#).

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Preparing Faculty and Staff to Assist Students with Mental Health Concerns

Barbara Lindeman, Director of International Health, Safety and Security, University of Missouri

Preparation for program leaders, education abroad professionals, and on-site staff:

Data regarding study abroad participation (published in the Institute of International Education's [Open Doors Report](#)), indicates that 65% of U.S. students who studied abroad participated in short-term programs, which are defined as programs with a duration of 8-weeks or less. Many of these short-term programs are led by U.S. faculty and staff members who have varying levels of experience supporting students who are managing mental health concerns. Generally, faculty and staff have been hired by their home institutions to lead an education abroad program, not to serve as mental health professionals.

Given the prevalence of mental health issues among U.S. college and university students, it is vital that faculty/staff leading education abroad programs (program leaders), as well as U.S. based education abroad specialists and on-site staff abroad, all receive baseline training that provides them with information about how to recognize a student in distress, how to respond with empathy, and how to connect students with mental health professionals and resources.

Training for program leaders

Partner with mental health professionals to develop and present program leader training that includes:

- **Overview of student demographics and mental health needs:**
 - Develop training based on an encompassing paradigm that provides an understanding of the intersectionality between nature (the person) and nurture (the environment).
 - Ensure that program leaders are familiar with demographics of the student population on their campuses and highlight any changes to those demographics. Consult colleagues in the Counseling Center and in Student Affairs to develop materials regarding student demographics, including any shifts.
 - Provide an overview of the most common mental health issues on your campus.
 - Discuss how a student's existing mental health diagnosis can be exacerbated by participating in an education abroad program (e.g., why it may be more difficult to manage anxiety or an eating disorder abroad).
 - Address the fact that a student's mental health symptoms may appear for the first time when abroad.
 - Discuss that students without a prior mental health diagnosis may experience mental health distress abroad due to the challenges inherent to participating in an education abroad program. These challenges can include the stress of travel, adjusting to new culture, homesickness, and/or rigorous coursework demands.
- **Training to recognize and assist a student in distress:**
 - Provide examples of the range of behaviors exhibited by students in distress and responses for each, including changes in behavior with and without obvious suicidal

- ideation (e.g., a student who seems suddenly more withdrawn or more aggressive vs. a student who is talking about or has made an attempt to end their life).
- Discuss suicide prevention. Include specific training about how to intervene with a student who is potentially suicidal.
 - Provide program leaders with the knowledge and confidence to proactively intervene as soon as they notice concerning behavior—long before a mild mental health concern turns into a crisis.
 - Encourage program leaders to consider how to promote student mental health and wellness throughout the program.
 - **Training regarding how to start an empathic conversation with a student in distress:**
 - Provide program leaders with guidelines for starting a conversation with a student exhibiting signs of distress.
 - Discuss basic precautions so program leaders can determine if they will be safe when approaching the student.
 - If the program leader does not feel safe approaching a student, discuss how to immediately reach someone who can advise them about appropriate next steps based on the concerning behaviors the student is exhibiting.
 - If the program leader determines it is safe to approach a student, provide guidance about how to do this including:
 - Appropriate settings for the conversation (e.g. a place with some level of privacy that is not isolated and that has limited distractions).
 - Provide examples of how to start the conversation including examples of:
 - Phrases that demonstrate empathy.
 - How to phrase observations about concerning behaviors in a way that is less likely to cause a student to become defensive or deny the behavior.
 - **Practice using scenarios/case studies:**
 - Starting a conversation with a student in distress.
 - Normalizing the process of seeking counseling for the student to help students understand that many of their peers consult mental health professionals
 - Referring a student to counseling.
 - Practice implementing emergency procedures.

Note: While education abroad specialists can facilitate useful discussions using case studies, ideally a mental health professional would lead the processing, including debriefing the scenarios.

- **Clarify program leader roles and responsibilities for managing a student mental health issue abroad:**
 - Ensure that program leaders understand the following:
 - They are not expected to resolve a student’s mental health concern. In addition, even if they are qualified mental health professionals, they should not attempt to diagnose students outside of the scope of their current roles.
 - Their role is to form a connection with the student and direct the student to resources.
 - How to contact designated first responders from the home institution 24/7.
 - The distinct roles and responsibilities of education abroad specialists and mental health professionals on the home campus and how they will work with them.
 - If applicable, how program leaders will work with on-site program contacts.
 - Review legal issues that will guide their response and that of their home institution (See the section [Considerations Regarding Federal Laws](#) for additional information regarding

how the Americans with Disabilities Act (ADA), Section 504, the Family Educational Rights and Privacy Act (FERPA), Title IX and other U.S. federal statutes may apply to education abroad participants).

- **Discuss support and assessment resources available to assist students in distress.**

- Home campus resources—when and how to contact them 24/7.
- Health insurance/assistance provider resources (if applicable).
- Process for contacting the insurance/assistance provider.
- Process for accessing information about mental health professionals (through insurance/assistance provider):
 - Mental health professionals on-site in insurance network (if applicable).
 - Availability of phone, chat, or video counseling—especially important in remote locations or locations where access to English-speaking mental health professionals is limited (if applicable).
- Process for accessing mental health professionals identified by the home college/university and their contact information (if applicable).
- Process for accessing mental health professionals identified by the college or university abroad and/or education abroad program provider (if applicable).
- Process of accessing mental health professionals through the U.S. Department of State at the nearest embassy/consulate. They often are able to provide a list of English-speaking mental health professionals. For additional information see [U.S. Embassies Providing Mental Health Resources](#) in this toolkit.
- Virtual mental health resources (e.g., [7 Cups](#), [Sanvello](#), and other Virtual Mental Health Resources, including U.S. based hotlines)
- National and local resources in the host country, including local hotlines (if applicable).

Resources:

Power Point Presentation:

- [North Carolina State University: Counseling Assistance on Study Abroad—Workshop for Program Directors](#) (Beth Glueck, Ph.D.)

Handouts:

- [Active Listening Skills](#) (Scott Sokoloski, Ph.D)
- [Virtual Mental Health Resources](#) (Scott Sokoloski, Ph.D.)
- [Mental Health Pyramid](#) (Gary Robinson, Ph.D. and Prepare. Prevent. Protect.)
- [BIG CAT concept](#) (Gary Robinson, Ph.D. and Prepare. Prevent. Protect.)
- [Mental Health First Aid](#)

Case Studies:

- [Take Action for Mental Health for International Educators](#) (University of Missouri Program Counseling Center)
- [Case Study Workshop: Mental Health Scenario](#) (University of Missouri)

Program Leader Handbooks:

- [University of Missouri Field Guide for Program Directors](#)
- [Drexel University Guide for Faculty and Staff Leaders of International Programs](#)

Recognizing and Assisting Students in Distress:

- [Assisting a Student in Distress: See Something, Say Something, Do Something](#)
- (UCEAP)
- [What to Do When](#) (Drexel University)

Suicide Prevention Training:

- [Question, Persuade, and Refer \(QPR\) Training](#)
- University of Missouri: [Ask, Listen, Refer](#)
- North Carolina State University: [Suicide Prevention and Question, Persuade, and Refer \(QPR\) trainings](#)

Training for education abroad specialists

Partner with mental health professionals to develop and present training with the same elements as program leader training.

- Overview of student demographics and mental health needs.
- Training how to recognize and assist a student in distress.
- Training how to start an empathetic conversation with a student in distress.
- Practice using scenarios/case studies to hone skills.
- Clarify roles and responsibilities for managing a student mental health concern abroad.
- Discuss support and assessment resources available to assist students in distress.

In addition, structure this training to provide opportunities to build partnerships between education abroad specialists and campus mental health professionals to improve future collaboration when assisting a student in distress.

- **Train education abroad specialists to support students and program leaders in all phases of the education abroad process (prior to departure, on-site and upon return):**
 - Prior to departure for education abroad program:
 - Policies and procedures for working with counseling center colleagues to assist students who have continuing mental health issues.
 - Policies and procedures for pre-travel health preparation with university-contracted health insurance/assistance provider (if applicable).
 - Policies and procedures for providing program leaders with confidential student health information.
 - While abroad—support for students and program leaders:
 - Review emergency response procedures and protocols.
 - Review template emails for ongoing communication with students and/or mental health professionals on-site.
 - Use case studies/scenarios to practice assisting program leaders who are helping students in distress.
 - Discuss recommendations for managing the other students in the group and encouraging confidentiality.
 - Practice talking directly with students to refer them to counseling and other mental health resources .
 - Practice communicating with mental health professionals on-site.
 - Upon return to campus—support for students and program leaders:

- Discuss how to connect/ reconnect students with campus mental health professionals.
- Discuss debriefing serious mental health incidents with program leaders to determine:
 - What went well.
 - Lessons learned.
 - Are additional resources needed?

Relevant Resources:

- [Drexel Global Leader Certificate Program](#)

Training on-site faculty/staff

As seen in other sections of this toolkit, colleges and universities use several types of organizations to provide support for their education abroad programs. Determine how your team will work with each group to respond to student mental health concerns:

- On-site staff employed by your institution
- Mandate and provide training in accordance with your institution’s policies and emergency response plans/protocols.
- Instruct your program leaders about roles and responsibilities.
- Provider operated programs
- Clarify how their policies and emergency response plans and protocols compliment those of your institution.
- Instruct your program leaders about roles and responsibilities.
- International partner university (exchange and direct enrollment)
- Clarify how your institution’s policies and procedures will interface with those of the partner university.
- Instruct program leaders about roles and responsibilities.

Relevant Resources:

- [Supporting the Emotional Health of All Students Abroad](#) (Inés DeRomaña, UCEAP)
- [Clinical Identification and Crisis Support](#) (Wendy B. Berger, Ph.D and Scott Sokoloski, Ph.D.)

Click here for more [online resources](#).

Supporting Students While Abroad

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Marcia Henisz, Senior Director of International Health, Safety & Security, Drexel University

This section focuses on proactive measures to support students' mental health and recommends actions to take to prepare for a mental health incident abroad. Reasonable expectations and levels of support provided can vary greatly according to the type of program. Therefore, recommendations in most of this section are intended for these three categories of programs (unless otherwise indicated):

- a) university-operated program**
- b) provider-operated program**
- c) university exchange partner program**

Assumptions pertaining to each category of program:

1. **For university-operated programs:** there is a high level of collaboration and involvement in planning between the student's home institution and on-site personnel abroad.
2. **For provider-operated program:** there is some collaboration and involvement in planning but reduced control over on-site personnel's communication, access, and implementation of services and programming related to mental health issues.
3. **For university exchange partner program:** there is limited collaboration and/or control of on-site personnel's selection, communication, and implementation of services and resources related to mental health issues.

On-site orientation - Ensure students know when to seek help, and normalize seeking help .

1. For a **university-operated program**, offer an on-site orientation that includes a session dedicated to health and well-being. The agenda could be compiled via a collaborative effort between the on-site staff members and the home campus staff members and could include:
 - a. Meeting(s) between the students and the on-site staff member(s) who would assist them during the semester with mental health or medical health issues. This provides an opportunity to establish rapport (even the most minimal) between a student and the staff member(s) that they may need to turn to later. The first time a student meets the staff member(s) should not be on the way to a hospital or in a crisis situation.
 - b. Information about local mental health resources and contact information for professionals and for local institutions that provide mental health services, as well as information about payment for services.
 - c. Information about online mental health resources, available in English 24/7, and the institution's protocols for helping students.
2. For a **provider-operated program**, it is unlikely that your organization can dictate content and approach, but it is appropriate to inquire about how mental health support is addressed in the on-site orientation. The following are questions to ask your provider:

- a. Can you tell me about what is covered in the on-site orientation regarding mental health support for students?
 - b. In the orientation, do you give specific examples of the kinds of mental health challenges students may face abroad?
 - c. Do you discuss local norms related to mental health and care for mental health conditions?
 - d. Do you provide contact information and/or instructions to help students connect with local mental health professionals?
 - e. During orientation, do you introduce students to the person who is likely to be their first point of contact in the event of a mental health issue?
3. For a **university exchange partner**, inquire about if/how the topic of mental health is covered in the orientation program. However, understand that the inclusion or exclusion of this topic in the orientation may largely be dictated by local norms and the level of independence expected of students by the university. Be sensitive about inquiring about mental health services and understand that you may need to address this more thoroughly in your pre-departure or through a welcome email early in the term if the local approach does not fit your expectations. Here are a few questions to ask an exchange partner:
- a. What are the local and university norms regarding mental health of students?
 - b. Is mental health support a topic that is covered in orientation?
 - c. Can you tell me about local resources that are available to students in need of mental health support?

Communication with students on-site: The email check-ins described below could be used by the home institution advisor or education abroad team for **all types of programs**. However, they should be coordinated with communications students are receiving from on-site staff.

1. Initial check-in emails to students from the home institution with reminders about mental health resources 2-3 weeks after the start of the program as appropriate for the length and type of the program.
2. Mid-term or end-of-term emails from your home institution or on-site personnel sent during potentially stressful academic periods.
3. Should a mental health incident occur during the program, an incident support email is helpful. When checking in with students about the incident, remind them that it can be challenging to process unexpected situations when they are far from home and it is normal to sometimes feel unsettled. Remind students of mental health resources on-site (or through other local means). Sample emails are included in the resources for this section.

For **university-operated programs** or **provider-operated programs**, in-person touch points are important, and, while perhaps intuitive to many, these should be consciously included as part of the support systems and explicitly asked of staff or faculty. It is recommended that about 1/3 of the way through the program, resident staff or the faculty member should have an in-person check in with the students. This could be a one-on-one check-in or a required cultural activity that will bring the whole group together. On-site faculty and staff should also be mindful of a student's presence in classes and program activities. Frequent absences or lack of engagement in activities should signal that it is time to check in with a student.

On-site mental health resources for students: In advance, identify the available mental health resources on location and share that information with participants and faculty/staff program leaders if there is not a local contact who assists in these situations. In some locations, this will be fairly easy,

but in others it could be more challenging . An alternative option, such as remote counseling, may be needed. It is helpful to approach this non-judgmentally with some understanding of the local acceptance or prevalence of this type of care. Be mindful not to export American expectations about the availability of services. The primary goal should be to determine what is available and then determine alternatives if the local support does not meet with the institution’s expectations of need.

Research to identify local mental health professionals:

- a. U.S. Embassy websites frequently provide a list of English-speaking medical professionals including psychiatrists, psychologists and psychotherapist under the American Citizen Services section of the website. An example is included in the resources component of this section, and a full listing of current resources is included in the [U.S. Embassies Providing Mental Health Resources](#) section of this toolkit.
- b. If working with a local provider or university, inquire about the availability of mental health professionals. An example of a “Partner Survey” to gather information from exchange partners is included in the resources section.
- c. Explore national/government resources that may be available, although these tend to be more for crisis intervention (e.g. suicide lines). A sample list of national resources is provided in the resources section.
- d. Work with your emergency assistance provider to identify a local mental health professional. Typically, this specialty is included in their network of medical professionals.
- e. Consider options for remote phone counseling or teletherapy that may be available on a short-term basis to stabilize an urgent issue. Some insurance companies offer these types of services or in-person support as an add-on. Examples are included in the resources section.
- f. Identify online, on-demand emotional health support tools that can be accessed 24/7 via smartphones or computers. As noted in a previous section, one example is called [7 Cups of Tea](#). Through 7 Cups, one can participate in individual or group chats and access a variety of helpful tools including games, mindfulness and meditation exercises, and self-help guides on topics ranging from relationship issues to obsessive compulsive disorder.

Protocols and procedures for mental health issues with students:

These protocols and procedures are intended for **university-operated and provider-operated programs** because they deal with oversight of the program. While still relevant for programming with university exchange partners, protocols and procedures will likely require more discussion and coordination with the exchange partner, preferably in advance of an incident. Discussion and coordination with providers is also strongly encouraged. Questions for discussion with providers and exchange partners are included at the end of this section.

For university-operated programs and provider-operated programs:

1. Program establishes and reviews protocols periodically with on-site personnel.
 - a. Establish the program’s preferred protocols for managing mental health issues with students on-site, based on the following potential mental health issues:
 - i. Protocol for a minor issue
 - ii. Protocol for a developing issue that needs to be addressed
 - iii. Protocol for an urgent issue that has developed
 - iv. Protocol for an emergency mental health crisis (one-time issue or one that has reached a critical level)

An example Template for mental health protocols is included in the resources for this section.

2. Program conducts training of on-site personnel who may handle or assist with mental health concerns.
 - a. Communication plans for mental health concerns.
 - i. Develop an organizational chart of who will deal with particular situations and at what point other colleagues or professionals need to get involved. An example flowchart of study abroad emergency procedures is included in the resources for this section.
 - ii. Establish, explain, and illustrate the communication plan to students on-site. Also, make it accessible in a visual format.
 - iii. Create template(s) to be used by on-site staff members to communicate with a student dealing with mental health issues that are clear, concise and have been vetted by home campus colleagues.
 - iv. Create templates for on-going communication with students and/or with mental health professionals on-site.
3. Program explains communication plans for distributing information about protocols.
 - a. Establish and enact communication plans for dispersing the information to students, incoming faculty/staff members, and on-site mental health and medical professionals.
 - b. Ensure that methods of dispersing protocols allow for easy access and reference for students:
 - i. During on-site orientation
 - ii. In follow-up electronic communications
 - iii. In posters or leaflets available in academic facilities, student lounges, and housing facilities
4. Program and on-site personnel communicate with students about next steps for managing mental health concerns.
 - a. Explain courses of action available for the growing resilience and/or addressing more complex mental health issues.
 - b. Supply students with lists of on-site professionals and detailed information on each professional's experience with students, level of English spoken, location, availability, and contact information.
 - c. Supply students with contact information for on-site institution's personnel who can help contact local professionals, including on-duty phone numbers.
5. Program explains financial information and insurance coverage.
 - a. Create a document outlining the institution's insurance coverage, including what may or may not be provided for addressing the mental health of students.
 - b. Outline the process for communicating with the institution's insurance provider. This will streamline the process for students who may need to make a claim or contact the insurance company on their own.
6. Program creates evaluation of on-site assistance for mental health concerns. The information collected is reviewed and used to assess whether current mental health support services meet students' needs and/or if changes need to be made for future programming.
 - a. Provide students with optional, online, anonymous evaluations of the on-site mental health counselors or other professional that students can access to provide feedback.
 - b. Provide students optional, online, anonymous evaluations of the on-site staff assigned to support the student over the course of addressing the mental health issue.
7. Assess the relationship with the on-site mental health professional
 - a. Meet with and vet on-site mental health professionals to determine:

- i. Level of spoken English
- ii. Professional qualifications
- iii. Experience working with American students and familiarity with the “culture” of American universities
- iv. Ability and willingness to engage with students who have mental health issues while abroad

Discussion questions for providers or exchange partners regarding protocols and procedures:

1. Do you have protocols for handling a variety of potential mental health issues ranging from a minor concern, such as lack of engagement in class, to a more serious one, such as attempted harm to self or others?
2. If a student from our institution is experiencing challenges, at what point do you typically inform the home institution?
3. If we hear something concerning from a student, how should we best communicate that to you?
4. What kinds of information about students are most useful to you? Is there a reliable point of contact on-site that is available 24/7 to address student mental health concerns?
5. What mental health resources are available to the students on-site? Are there virtual options?
6. What are the procedures if a student needs to see a mental health professional? Is this covered by the program insurance, or are students responsible for paying incurred costs?
7. How can we best partner with you in the case of a mental health incident?

Click for [online resources](#).



Developing A Mental Health Emergency Response Process

Seth A. Tucker, Director of Global Safety and Support Services, Syracuse University

Cory Wallack, Interim Executive Director, Health and Wellness, Syracuse University

A successful response to a mental health crisis depends on preparation and an established protocol that is routinely practiced with personnel. Addressed primarily in the program development section above, a detailed knowledge of available resources, both local and institutional, is essential. The guidance provided here assumes that the user has prepared diligently and addressed the necessary resource and preparation questions.

Process Summary:

- Prepare! Know the resources available and understand your crisis response process.
- Act immediately to support the physical safety of the affected student, the responder(s), and any bystanders.
- Collect all available information on the observed behavior of the affected individual.
- Consult with a qualified mental health professional and provide details of the observed behavior.
- Based on this the professional consultation, take action that might include seeking outpatient mental health support for the affected individual, hospitalization, and/or repatriation.
- Provide support to those affected by the observed behavior and response to the crisis.

Local Resources and Institutional Support:

Options to support a response to a mental health crisis depend heavily on available resources including, most importantly, access to a qualified mental health professional who can consult with the responder on a course of action. Mental health concerns that might be manageable in locations with robust mental health resources may be unsupportable in locations with limited or non-existent resources. If basic process—assessment, outpatient treatment, and/or hospitalization—are unavailable or inadequate, then quickly stabilizing the situation and arranging repatriation to a location with the necessary support resources is advisable. Without question, access to an emergency assistance provider (e.g. iSOS, GeoBlue, UHCGlobal, On Call, CISI, WorldAware, etc.) is an important resource for repatriation of affected individuals. It is recommended that you secure such services for your organization, or work with a provider that contracts for this service.

Additionally, every program should have a written response protocol with clearly defined decision-making authority assigned, and trip leaders and any other relevant personnel should be trained in its application. A core element of this protocol should be defining what constitutes a mental health crisis. Unlike responses on home campuses, the variability of resources will affect a program's understanding of what constitutes a crisis. Typical behaviors that may constitute a crisis include:

- Suicidal ideation or threat
- Suicide attempt
- Homicidal ideation

- Psychosis
- Deliberate self-harm
- Debilitating illness that appears to have a basis in student's mental health (e.g. erratic consumption of food/purging, persistent melancholy, and/or isolation that appears to affect major life functions including, but not limited to, program success).
- Persistent erratic behavior that is disruptive to the community and/or threatens major life functions (e.g. anxiety/panic attacks that dramatically inhibit academic success and/or disrupt the community).

A note of caution: Understanding what constitutes a mental health crisis is important for minimizing the chance that the program responds inappropriately to behaviors that may appear odd or out of the mainstream, but do not constitute a crisis. Most responders have experienced difficult conversations with trip leaders or other program staff who are distressed by behavior they describe as “odd,” but does not constitute an emergency. Forcing assessment, hospitalization, or repatriation based on “odd” but not potentially harmful behavior is inappropriate and may constitute discrimination.

Crisis Response Guidelines:

First, and foremost, act as necessary to support the safety of the affected individual and anyone else who may be impacted by the observed behavior, including anyone providing support. No one should be expected to risk harm if the observed behavior poses a threat. Calling for medical support, law enforcement, or retreating, if no other option is available, is preferable to compounding a bad situation by placing others at risk. All other phases of a response to a mental health crisis are secondary to taking immediate action to stabilize a situation in which the affected individual is reasonably believed to pose a threat to the physical safety of others or themselves. Knowledge of emergency response systems in each location on an itinerary should be a routine part of any planning for overseas travel.

Further, physical health is also a priority. If facts suggest the possibility of an immediate threat to the physical health of the student—which might include evidence of an overdose or a wound—then the treatment of such is the priority, with the mental health concerns becoming secondary.

Once the immediate situation is stabilized, the responder should collect detailed information on observed behavior. To the extent practical, corroborate reports with multiple witnesses. Often responders will try to cognitively simplify the understanding of an event by trying to overlay a perception of a clinical diagnosis. This should be avoided in favor of describing the observed behavior as accurately as possible without drawing any conclusions as to the manner and type of mental illness that may be leading to the behavior. In other words, do not describe behavior as “psychotic.” Rather, describe in as much detail as possible the exact behavior of the student. Be mindful that those who may have been witness to a student's concerning behavior may also need support, and arrangements should be considered to provide them with assistance.

Once you have as complete an understanding of events as possible, then you will want to notify local and home campus administrative contacts per your pre-determined emergency notification process. Contact the student's designated emergency contact as directed by your pre-determined emergency notification process. This notification generally triggers additional support resources and alerts the affected individual's emergency contact. Additionally, such notifications may also lead to additional background information on the affected student from the home campus or the emergency contact. Any available background should be documented along with accounts of the affected students observed behavior. Note that responders should be aware of any evidence that suggests a student's

emergency contact may contribute to their immediate agitation. If evidence exists that notification to a particular emergency contact may exacerbate the student's behavior and risk, then the supervising administrator should consult with a relevant senior authority about alternatives, including delaying notification until the affected student is secure.

Once you have collected all the available information and made notifications, then the responder should consult with a qualified mental health professional to the extent that one is available. Program administrators are strongly encouraged to consult with the mental health team(s) on their campus in advance to determine recommended qualifications for a professional to provide clinical advice. Based on this advice, the program is advised to arrange readily accessible clinical guidance, whether local or remote, for the program. The goal is to review the detailed account of observed behavior with the mental health provider and to seek their clinical opinion as to the level of care required based on that behavior. Note that the clinician is intended to provide advice as to the student's emotional state and the care required to support the student. Responders should NOT expect the clinician to tell the administrator what action to take. The clinician provides advice that informs an administrative decision. In order to avoid even the appearance of discrimination based on diagnosis, it is crucial that the planned response and all communication associated with its execution be focused on responding to the documented behavior.

With the advice of the clinician, the administrator authorized to make decisions will decide on the best approach for supporting the student. These options include:

1. The student continues without immediate intervention.
2. The student continues, but the administrator arranges near-term therapeutic support.
3. The administrator seeks emergency hospitalization and intensive mental health support. This level of intervention will likely require the program to consider repatriating the student unless the location of the incident(s) has robust mental health resources. If these resources are available, then a decision on repatriation can be placed on hold pending additional advice from a qualified mental health professional.

Option one is chosen if the observed behavior demonstrates minimal to no distress or disturbance. Generally, this occurs in situations in which the initial reporting of facts proves to be erroneous or the clinical assessment reveals that the observed behavior is not the result of a mental health related concern (e.g. caused by alcohol or other drugs).

Option two connects the student with a mental health support and fosters a supportive connection. Administrative action should be limited to insisting upon the connection of the student with a qualified mental health provider and documenting that the student has attended the session. Behavior that may be amenable to this approach includes evidence of eating disorders, debilitating depression or anxiety, or reported suicidal ideation. A student who refuses to comply with an administrative mandate to see a qualified mental health professional in these circumstances should lead the program to strongly consider repatriation. Similarly, if there is no accessible and qualified mental health professional available, then repatriation should be considered.

Option three is applied in situations of severe impairment or threat to the safety of the affected student or others. Evidence of psychosis, suicide attempt(s), homicidal thoughts, or a persistent pattern of concerning behavior should trigger option three. A student exhibiting this behavior will likely be unable to continue in the program and need substantial treatment to return to normal functioning.

Serious consideration should be given to repatriation as soon as it is judged appropriate by a clinician.

Under no circumstances should a program consider the return to regular activity for any student exhibiting these behaviors without a clearly documented recommendation from a qualified mental health professional. Consultation with and assessment by a qualified mental health professional (or repatriation through a qualified vendor with appropriate medical support) is essential. Moreover, institutions should have clearly identified an administrative officer with the authority to receive the recommendations from a mental health professional and to determine the next appropriate steps.

Consideration should be given to any language or cultural barriers that might present challenges or result in an ineffective mental health assessment. Program administrators should be aware that, if translation is required or the assessing professional has limited shared cultural context with the affected student, then the quality of the assessment may be affected. This may also suggest that repatriation is a more suitable response depending on the severity of the observed behavior.

Behaviors that occurred and administrative actions should be documented in a letter to the student and, when advised by legal counsel, to the designated emergency contact. The letter should identify the observed behavior that led to administrative action and note that the documented action(s) were warranted by a clinical review or that repatriation was required because resources were not available to conduct an appropriate clinical review on-site. The letter should be clear to note any process rights afforded the student if there is disagreement as to the findings and, importantly, details regarding the ongoing point of contact with the institution should be clearly identified. Students experiencing a mental health episode frequently are invested in returning to the college or university when well. Providing a source for information and ongoing support is an important contribution to their recovery.

Care for the Affected Community:

Consideration must be given to the care of other students present or otherwise impacted during a severe mental health episode. Program administrators should be prepared to provide alternative accommodations if the behavior was highly disruptive to the community or suggests a threat to others' safety. In most cases, therapeutic support should be offered more than once to all participants should circumstances warrant. People experience trauma in different ways and often at differing times. Further, for short-term programs, consideration should be given to abandoning the itinerary and returning home if the observed behavior proves to be so traumatic that the intended educational objectives of the short-term program are unlikely to be met.

Resources:

Models for Emergency Response Plans:

NAFSA (Association of International Educators)

- a. [Sample Crisis Response Plans](#)
- b. [Responding to a Student Mental Health Crisis](#)
- c. [Questions for Responding to Emergencies](#)

Legal Considerations

Ben Chamberlain, MSW, International Risk and Security Officer & Title IX Coordinator, University of South Florida

There are several laws that you and your office should know and understand when supporting students with mental health issues abroad. At many academic institutions, these laws are supported by accompanying institutional policy and mandated trainings. However, there is often a difference in how organizations comply with the law depending upon whether the institution is public or private. Understanding how these laws work and how they can be used to an advantage is important. Identify the campus office or department that executes these laws/regulations, and meet with the appropriate personnel to ensure your office is in compliance when supporting students traveling abroad.

Additionally, pay attention to state laws and regulations that may affect responses to mental health situations abroad. Some states have adopted legislation that mandates reporting requirements or specific services that impact students with mental health concerns.

- Do you have state laws that regulate how the university services, supports, or reports incidents regarding mental health?
- How should these state laws be applied, if at all, abroad?



FERPA and HIPAA

FERPA is a commonly used acronym in higher education to refer to the [Family Educational Rights and Privacy Act](#). HIPAA, refers to the [Health Insurance Portability and Accountability Act of 1996](#).

Both FERPA and HIPAA regulate the extent of information organizations can collect from students, the format the information is stored in, and the format in which and extent to which the information is shared with other individuals, both on campus and during an emergency abroad. For example, a document used to collect student health information may be regulated under FERPA and/or HIPAA. Considerations for FERPA and HIPAA are included below.

Students, by and large, are adults who are protected by both of these regulations. If you have a minor university student (generally defined as a person under the age of 18) participating in an education abroad program, consult your general counsel. In most cases where a student is over the age of

eighteen, no student information can be shared with parents/guardians or other university personnel without the student's expressed consent. When in doubt, it's generally best to encourage the student to communicate directly with the party requesting information.

Considerations for the Family Educational Rights and Privacy Act (FERPA):

A comprehensive explanation of FERPA can be found here: [Family Educational Rights and Privacy Act](#).

Many universities have a general counsel staff member who is an expert on FERPA. Also, there can be specific offices dedicated to university FERPA compliance. It is important to consult general counsel and any department charged with enforcing FERPA when establishing health information collection, storage, and utilization procedures. Frequently, if a document, information, or procedure falls under FERPA, strict process and record keeping procedures are required.

Student travel abroad is generally considered an educational experience, and, as such, it is protected by FERPA. In the world of international student travel, this means that, with the exception of rare cases in which the FERPA health or safety emergency exception would apply, education abroad professionals need permission from the student to discuss their activities with their family, friends, or guardians.

A few questions to consider are included below:

- Does your organization collect an authorized emergency contact before departure?
- Do students authorize individuals who can access student information and share it with the emergency contact in emergency situations?
- If a student becomes incapacitated in a hospital, missing, arrested, or otherwise unable to speak on behalf of themselves, who can your organization contact for help and guidance?

Considerations for the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

A comprehensive explanation of HIPAA can be found here: [Summary of the HIPAA Privacy Rule](#).

Many academic institutions have a general counsel staff member who is an expert on HIPAA. It is important to consult general counsel and the director of student health services when establishing any health information collection, storage, and utilization procedures. Often, if a document or procedure falls under HIPAA, strict confidentiality and record keeping procedures are required.

Americans with Disabilities Act (ADA)/Section 504

The [Americans with Disabilities Act \(ADA\)](#) prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government programs and services. The [U.S. Department of Education](#), like many other federal agencies, enforces [Title II of the ADA](#), which prohibits discrimination in programs or activities that receive federal financial assistance from the department.

- Frequently, students with mental health issues qualify for accommodations.
- On campus accommodations generally center around classroom-based activities.
- When abroad, consider challenges that might exist outside of the classroom.

- Many colleges and universities have an office dedicated to supporting students with disabilities. There may be a difference in how this law is applied depending on whether the institution is public, private, or a third-party study abroad program provider.
- Does your “health considerations” review process prompt a referral to your ADA office, or do you have a separate process by which students who have a documented disability can request reasonable accommodations for a disability when abroad? (See sample health forms in the [Preparing Students: Orientation and Advising](#) section).
- The ADA does not necessarily accompany students as they travel abroad; however, colleges and universities may still wish to adhere to the spirit of the ADA while abroad. Discuss this with both the ADA office and General Council. (See the “Students with Disabilities Checklist” in the resources for this section).
- **Note:** *The use of service animals is governed by the ADA.* Does your organization have processes to support service animals that could be applied to an education abroad program?
- Likewise, does your institution have a process to support emotional support animals (ESAs) that could be applied to an education abroad program? Regulations governing ESAs differ from those governing service animals. ESAs are covered under regulations from the U.S. Department of Housing and Urban Development (HUD). Consult your legal counsel and disability services office for guidance in navigating this issue.
- Research the legislation and approach to persons with disabilities in the culture you will visit. Information can often be found under the [Local Laws and Special Circumstances](#) sections of the [Travel.State.Gov](#) website.

Title IX of the Education Amendments of 1972: (20 U.S.C. §1681 et seq.)

[Title IX](#) is a comprehensive federal law that prohibits discrimination on the basis of sex in activities that receive federal financial assistance. This law was updated in May 2020 to set location-based boundaries for sexual harassment enforcement, and in the process removed the reporting requirement from locations outside of the United States. At the time of writing, institutions are in the process of determining how this change impacts their process regarding sexual harassment of any type on education abroad programs. While no longer required by the law, some institutions will maintain their previous Title IX protocols and consider the factors noted below.

Students who survive a Title IX incident are often best supported with mental health services in combination with other resources to help them feel safe. Many schools have an office dedicated to Title IX compliance and training. There also may be a difference in how this law is applied if your institution is public, private, or a provider.

Some questions to consider are included below:

- Does your organization have a Title IX coordinator?
- Does your organization have written processes for supporting a Title IX incident abroad?
- Does your organization have pre-approved mental health providers where your programs and international travelers are located?
- How does your university train students on how to report incidents and find resources related to Title IX? (See Title IX fliers in resources for this section).
- Does your organization have a process to ensure that faculty and staff traveling with students abroad are trained as “Responsible Employees” under Title IX? Are your study abroad staff trained in the same manner?

- Do your organization’s partners abroad subscribe to the basic tenets of Title IX?
- Do privacy laws in other countries impede your organization’s partners from reporting Title IX incidents?
- Does your organization have Title IX requirements written into your service agreements/contracts with partners?

Note: *Most faculty and staff at colleges and universities must be trained as “Responsible Employees” under Title IX. Also, some employees are trained as Campus Security Authorities (CSA) under the Clery Act (see section below) if they have responsibilities regarding student activities. When faculty and staff travel with students, they are engaging in a student activity and must be trained on both. However, at times, education abroad programs fail to address this requirement.*

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act

The Clery Act a federal law that requires colleges and universities that participate in federal financial aid programs to keep and disclose information about crime on and near their campuses. The crimes that must be reported include those crimes identified by Title IX involving sexual harassment. Students experiencing the trauma of a crime often benefit from mental health services.

Additionally, it is worth noting that Title IX incidents are sometimes Clery Act-reportable incidents as well depending on where they occur in relation to the education abroad program. There may also be a difference in how this law is applied based on whether your institution is public, private, or an education abroad program provider and whether your campus has its own police department or relies on a local department.

Some questions to consider are included below:

- Does your institution have pre-approved mental health providers where your programs and international travelers are located?
- Does your institution have an officer, either in the police department or sometimes in the general counsel’s office, dedicated to Clery Act compliance and training?
- Does your office report international incidents to the Clery Officer?
- Does your Clery Officer ask for Clery reportable locations abroad so they can request police statistics from foreign police offices?
- Does your institution have written processes for reporting a Clery Act incident abroad?
- How does your institution train faculty and staff who travel with students on their Clery Act responsibilities? Faculty and staff on campus who support student activities must be trained as Campus Security Authorities (CSA) to report crime. Does your institution have a process to ensure that faculty and staff traveling with students abroad are trained as CSAs? Is your institution’s study abroad staff likewise trained as CSAs?
- Do your institution’s partners abroad subscribe to the basic tenets of the Clery Act?
- Do privacy laws in other countries impede your partners from reporting Clery Act incidents?
- Does your institution have Clery Act requirements built into your service agreements with partners?

Considerations concerning the [European Union General Data Protection Regulation \(GDPR\)](#)

The aim of the [GDPR](#) is to protect European Union (EU) citizens from privacy and data breaches. Key principles of data privacy remain the same since the legislation's inception. However, changes have been proposed to its underlying regulatory policies. Key points of the GDPR and information on its impact can be found [here](#). GDPR may be relevant if you have students with a physical or mental health issue in the EU and you are trying to support them using systems in the United States.

Some questions to consider are included below:

- Many institutions have someone dedicated to understanding GDPR and putting the organization in compliance. Who is your compliance officer for GDPR?
- Have your communication methods been reviewed and approved as GDPR compliant?
- Does your institution have written processes and procedures for supporting GDPR?
- Are your databases, websites and vendor contracts all compliant with GDPR?
- Does your institution have procedures in place to protect the confidentiality of a student if they are experiencing a mental health issue? For example, not identifying the student by name if a diagnosis is being discussed.
- Are your institution's partners abroad in compliance with GDPR?

Considerations surrounding discrimination and harassment in another culture

Discrimination, harassment, and retaliation are often prohibited by institutional policy. However, cultural norms, local customs, and laws abroad do not always align with an institution's policy on discrimination and harassment.

Research the legislation and approach to discrimination, harassment and retaliation in the culture you will visit. Information can often be found under the [Local Laws and Special Circumstances](#) sections of the [Travel.State.Gov](#) website. Also, understand that students experiencing the trauma of discrimination and harassment would often benefit from mental health services. With that in mind, does your institution have pre-approved mental health providers where your programs and international travelers are located?

Considerations surrounding LGBTQ+ Issues Abroad

LGBTQ+ issues abroad can be quite complex. There may be LGBTQ+-related local laws, customs and cultural norms that are very different to those in the U.S., and, in some cases, in stark conflict with each other.

Research the legislation and approach to LGBTQ+ issues within the cultures your institution's programs will visit. Information can often be found under the [Local Laws and Special Circumstances](#) sections of the [Travel.State.Gov](#) website. Other resources can be found in the "Preparing LGBTQ Students for Health and Safety Abroad" document in the resources for this section. Keep in mind that LGBTQ+ students navigating local laws, customs, and cultural norms abroad could often benefit from mental health services and support. With that in mind, does your institution have pre-approved mental health providers that support LGBTQ+ student travelers at your international locations?

Services Agreements and Getting Partners Abroad to support your Health and Safety Protocols

U.S. Federal Law does not apply directly to our international partners who are not based in the United States. However, when creating a partnership, your institution may want to confirm that the partner supports the spirit of the laws that our institutions are required to follow. The safety of our students

come first. Therefore, institutions may want to consider additions, such as the four paragraphs listed below, for vendor service agreements. This may result in a conversation over the applicability of a certain word or phrase, but partners will often agree willingly to adhere to these basic tenants.

The paragraphs below are utilized by the University of South Florida (USF).

“2.1 The Provider agrees to support USF incident reporting and response protocols by designating a local 24/7 emergency contact that can be reached by phone by the USF International Risk and Security Officer. USF has international risk and security incident reporting and response protocols to support the student’s study abroad experience, mitigate risk, and to comply with applicable federal and state laws and regulations regarding the reporting and handling of incidents overseas. The Provider agrees to immediately report all known crimes they become aware of regardless of whether it involves a USF student or not, all known health and mental health issues, discipline problems, alcohol related issues, missing students and other events that could potentially disrupt the student’s experience including incidents of civil unrest or natural disasters.

2.2 When acting as the agent for services provided under this Agreement, the Provider will only provide services rendered by suppliers who are in compliance with all regulatory requirements including proper licensure, registration, certification, training and insurance coverage. Such services include but are not limited to hotels, apartments, hostels, schools, restaurants, airlines, coach and ferry companies, and other tour operators. Itineraries selected and locations visited, or lived in, will avoid places with above average crime or other risks to health and safety as identified by local police, other governmental jurisdictions, or international entities such as the U.S. Department of State or the World Health Organization.

2.3 The parties agree to comply with federal regulation Title IX of the Education Amendments of 1972, 20 U.S.C. §1681 & 34 C.F.R. Part 106 (1972). Title IX is a comprehensive federal law that prohibits discrimination on the basis of sex, including sexual harassment or sexual violence, and gender-based harassment – or acts that target a person(s) based on their sex or gender status – in education programs and activities that receive federal financial assistance. Therefore, the Provider represented by the undersigned agrees to its obligations that include, but are not limited to, reporting all they know about a known or reported Title IX incident as soon as they know it to the USF World Title IX Liaison.

2.4 Liability insurance will be carried by the Provider to a minimum of \$_____. The Provider will add the University of South Florida Board of Trustees to the liability insurance policy.”

Click for [online resources](#).

U.S. Embassies Providing Mental Health Resources

James E. Weston, Deputy Executive Director, Overseas Security Advisory Council (OSAC), Bureau of Diplomatic Security, U.S. Department of State

Each U.S. embassy website contains a U.S. Citizen Services page with local resources, often including legal, notary, and medical services. This section contains a list of which medical assistance pages include mental health resources such as psychologists, psychiatrists, or other counseling services. Please note that if an embassy includes a provider on its list, that does not constitute an endorsement or recommendation of the provider. The medical resource lists are maintained by the individual embassies and may be updated on varying frequencies.

Country	Mental Health Resources Offered?	Link
Aruba		https://cw.usconsulate.gov/u-s-citizen-services/doctors/
Afghanistan		https://af.usembassy.gov/u-s-citizen-services/doctors/
Angola		https://ao.usembassy.gov/u-s-citizen-services/local-resources-for-u-s-citizens/medical-assistance/
Anguilla		https://bb.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Albania	Yes	https://al.usembassy.gov/u-s-citizen-services/doctors/
Andorra	Yes	https://es.usembassy.gov/u-s-citizen-services/doctors/
United Arab Emirates	Yes	https://ae.usembassy.gov/u-s-citizen-services/doctors/
Argentina	Yes	https://ar.usembassy.gov/u-s-citizen-services/doctors/
Armenia		https://am.usembassy.gov/u-s-citizen-services/doctors/
Antarctica		
Antigua and Barbuda		https://bb.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Australia		https://au.usembassy.gov/u-s-citizen-services/doctors/
Austria	Yes	https://at.usembassy.gov/u-s-citizen-services/medical-assistance/
Azerbaijan		https://az.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Bahamas		https://bs.usembassy.gov/u-s-citizen-services/doctors/
Bahrain		https://bh.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Bangladesh	Yes	https://bd.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Barbados	Yes	https://bb.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Belarus	Yes	https://by.usembassy.gov/u-s-citizen-services/doctors/
Belgium	Yes	https://be.usembassy.gov/u-s-citizen-services/medical-assistance/
Belize		https://bz.usembassy.gov/u-s-citizen-services/doctors/

Benin		https://bj.usembassy.gov/u-s-citizen-services/doctors/
Bermuda		https://bm.usconsulate.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Bolivia	Yes	https://bo.usembassy.gov/u-s-citizen-services/doctors/
Bosnia & Herzegovina	Yes	https://ba.usembassy.gov/u-s-citizen-services/doctors/
Botswana	Yes	https://bw.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Brazil	Yes	https://br.usembassy.gov/u-s-citizen-services/doctors/
Brunei		https://bn.usembassy.gov/u-s-citizen-services/doctors/
Bulgaria	Yes	https://bg.usembassy.gov/u-s-citizen-services/doctors/
Burkina Faso	Yes	https://bf.usembassy.gov/u-s-citizen-services/doctors/
Burma	Yes	https://mm.usembassy.gov/u-s-citizen-services/doctors/
Burundi		https://bi.usembassy.gov/u-s-citizen-services/doctors/
Cabo Verde	Yes	https://cv.usembassy.gov/u-s-citizen-services/doctors/
Cambodia	Yes	https://kh.usembassy.gov/u-s-citizen-services/doctors/
Cameroon	Yes	https://cm.usembassy.gov/u-s-citizen-services/doctors/
Canada	Yes	https://ca.usembassy.gov/u-s-citizen-services/local-resources-for-u-s-citizens/doctors/
Central African Republic		https://cf.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Chad		https://td.usembassy.gov/u-s-citizen-services/doctors/
Chile	Yes	https://cl.usembassy.gov/u-s-citizen-services/doctors/
China	Yes	https://china.usembassy-china.org.cn/u-s-citizen-services/doctors/
Colombia	Yes	https://co.usembassy.gov/u-s-citizen-services/medical-assistance/
Costa Rica	Yes	https://cr.usembassy.gov/u-s-citizen-services/doctors/
Cote d'Ivoire	Yes	https://ci.usembassy.gov/u-s-citizen-services/doctors/
Croatia	Yes	https://hr.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Cuba		https://cu.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Curacao	Yes	https://cw.usconsulate.gov/u-s-citizen-services/doctors/
Cyprus	Yes	https://cy.usembassy.gov/u-s-citizen-services/doctors-health-services/
Czech Republic	Yes	https://cz.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Democratic Republic of Congo	Yes	https://cd.usembassy.gov/u-s-citizen-services/doctors/
Denmark		https://dk.usembassy.gov/u-s-citizen-services/doctors/
Djibouti		https://dj.usembassy.gov/u-s-citizen-services/doctors/
Dominican Republic	Yes	https://do.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/medical-assistance/
Ecuador	Yes	https://ec.usembassy.gov/u-s-citizen-services/medical/

Egypt	Yes	https://eg.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
El Salvador	Yes	https://sv.usembassy.gov/u-s-citizen-services/doctors/
Equatorial Guinea		https://gq.usembassy.gov/u-s-citizen-services/doctors/
Eritrea	Yes	https://er.usembassy.gov/u-s-citizen-services/medical-assistance/
Estonia	Yes	https://ee.usembassy.gov/u-s-citizen-services/doctors/
Eswatini		https://sz.usembassy.gov/u-s-citizen-services/doctors/
Ethiopia	Yes	https://et.usembassy.gov/u-s-citizen-services/doctors/
Fiji	Yes	https://fj.usembassy.gov/u-s-citizen-services/doctors/
Finland		https://fi.usembassy.gov/u-s-citizen-services/doctors/
France	Yes	https://fr.usembassy.gov/u-s-citizen-services/medical-assistance/
Gabon		https://ga.usembassy.gov/u-s-citizen-services/doctors/
Georgia	Yes	https://ge.usembassy.gov/u-s-citizen-services/doctors/
Germany	Yes	https://de.usembassy.gov/u-s-citizen-services/medical-resources/
Ghana		https://gh.usembassy.gov/u-s-citizen-services/doctors/
Greece	Yes	https://gr.usembassy.gov/u-s-citizen-services/doctors/
Guatemala	Yes	https://gt.usembassy.gov/u-s-citizen-services/doctors/
Guinea	Yes	https://gn.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Guinea-Bissau	Yes	https://sn.usembassy.gov/u-s-citizen-services/doctors/
Guyana	Yes	https://gy.usembassy.gov/u-s-citizen-services/doctors/
The Gambia		https://gm.usembassy.gov/u-s-citizen-services/doctors/
Haiti	Yes	https://ht.usembassy.gov/u-s-citizen-services/doctors/
Holy See		No medical assistance page
Honduras		https://hn.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Hong Kong and Macau	Yes	https://hk.usconsulate.gov/u-s-citizen-services/doctors/
Hungary	Yes	https://hu.usembassy.gov/u-s-citizen-services/doctors/
Iceland		https://is.usembassy.gov/u-s-citizen-services/doctors/
India	Yes	https://in.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Indonesia	Yes	https://id.usembassy.gov/u-s-citizen-services/doctors/
Iran		No medical assistance page (virtual embassy)
Iraq		https://iq.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Ireland	Yes	https://ie.usembassy.gov/u-s-citizen-services/medical-assistance/
Israel	Yes	https://il.usembassy.gov/u-s-citizen-services/doctors/
Italy	Yes	https://it.usembassy.gov/u-s-citizen-services/doctors/
Jamaica		https://jm.usembassy.gov/u-s-citizen-services/doctors/
Japan		https://jm.usembassy.gov/u-s-citizen-services/doctors/

Jordan	Yes	https://jo.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Kazakhstan		https://kz.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Kenya	Yes	https://ke.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Korea		https://kr.usembassy.gov/u-s-citizen-services/doctors/
Kosovo		https://xk.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Kuwait	Yes	https://kw.usembassy.gov/u-s-citizen-services/doctors/
Kyrgyz Republic		https://kg.usembassy.gov/u-s-citizen-services/doctors/
Laos		https://la.usembassy.gov/u-s-citizen-services/doctors/
Latvia	Yes	https://lv.usembassy.gov/u-s-citizen-services/medical-resources/
Lebanon		https://lb.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Lesotho	Yes	https://ls.usembassy.gov/u-s-citizen-services/doctors/
Liberia		https://lr.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Libya		https://ly.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Lithuania		https://lt.usembassy.gov/u-s-citizen-services/doctors/
Luxembourg	Yes	https://lu.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Madagascar & Comoros		https://mg.usembassy.gov/u-s-citizen-services/doctors/
Malawi	Yes	https://mw.usembassy.gov/u-s-citizen-services/doctors/
Malaysia	Yes	https://my.usembassy.gov/u-s-citizen-services/doctors/
Maldives		No medical assistance page
Mali	Yes	https://ml.usembassy.gov/u-s-citizen-services/medical-assistance/
Malta		https://mt.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Marshall Islands		https://mh.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Mauritania		https://mr.usembassy.gov/u-s-citizen-services/doctors/
Mauritius	Yes	https://mu.usembassy.gov/u-s-citizen-services/doctors/
Mexico	Yes	https://mx.usembassy.gov/u-s-citizen-services/doctors/
Micronesia		https://fm.usembassy.gov/u-s-citizen-services/doctors/
Moldova		https://md.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Mongolia		https://mn.usembassy.gov/u-s-citizen-services/doctors/
Montenegro	Yes	https://me.usembassy.gov/u-s-citizen-services/doctors/
Morocco	Yes	https://ma.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Mozambique		https://mz.usembassy.gov/u-s-citizen-services/doctors/

Namibia	Yes	https://na.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Nepal	Yes	https://np.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Netherlands		https://nl.usembassy.gov/u-s-citizen-services/doctors/
Netherlands Antilles		https://cw.usconsulate.gov/u-s-citizen-services/doctors/
New Zealand		https://nz.usembassy.gov/u-s-citizen-services/local-resources/doctors/
Nicaragua		https://ni.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/medical-information/
Niger	Yes	https://ne.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Nigeria		https://ng.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
North Macedonia		https://mk.usembassy.gov/u-s-citizen-services/doctors/
Norway	Yes	https://no.usembassy.gov/u-s-citizen-services/doctors/
Oman	Yes	https://om.usembassy.gov/u-s-citizen-services/doctors/
Pakistan	Yes	https://pk.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Palau		https://pw.usembassy.gov/u-s-citizen-services/doctors/
Panama	Yes	https://pa.usembassy.gov/u-s-citizen-services/doctors/
Papua New Guinea	Yes	https://pg.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Paraguay	Yes	https://py.usembassy.gov/u-s-citizen-services/doctors/
Peru	Yes	https://pe.usembassy.gov/u-s-citizen-services/doctors/
Philippines	Yes	https://ph.usembassy.gov/u-s-citizen-services/doctors/
Poland	Yes	https://pl.usembassy.gov/u-s-citizen-services/doctors/
Portugal	Yes	https://pt.usembassy.gov/u-s-citizen-services/doctors/
Qatar	Yes	https://qa.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Republic of Congo		https://cg.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Romania		https://ro.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Russia	Yes	https://ru.usembassy.gov/u-s-citizen-services/doctors/
Rwanda	Yes	https://rw.usembassy.gov/u-s-citizen-services/doctors/
Samoa		https://ws.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
San Marino	Yes	https://it.usembassy.gov/u-s-citizen-services/doctors/
Saudi Arabia		https://sa.usembassy.gov/u-s-citizen-services/doctors/
Senegal	Yes	https://sn.usembassy.gov/u-s-citizen-services/doctors/
Serbia		https://rs.usembassy.gov/u-s-citizen-services/doctors/
Sierra Leone	Yes	https://sl.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Singapore	Yes	https://sg.usembassy.gov/u-s-citizen-services/doctors/

Slovakia	Yes	https://sk.usembassy.gov/u-s-citizen-services/doctors/
Slovenia		https://si.usembassy.gov/u-s-citizen-services/doctors/
Somalia	Yes	https://ke.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
South Africa	Yes	https://za.usembassy.gov/u-s-citizen-services/local-resources/medical-assistance/
South Sudan		https://ss.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Spain	Yes	https://es.usembassy.gov/u-s-citizen-services/doctors/
Sri Lanka	Yes	https://lk.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Sudan		https://sd.usembassy.gov/u-s-citizen-services/doctors/
Suriname	Yes	https://sr.usembassy.gov/u-s-citizen-services/doctors/
Sweden	Yes	https://se.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Switzerland	Yes	https://ch.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Syria		No medical assistance page
American Institute in Taiwan	Yes	https://www.ait.org.tw/u-s-citizen-services/doctors/?_ga=2.194896942.2086204107.1571932525-485010118.1568992696
Tajikistan		https://tj.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Tanzania	Yes	https://tz.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Thailand	Yes	https://th.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/medical-emergencies/
Timor-Leste		https://tl.usembassy.gov/u-s-citizen-services/doctors/
Togo		https://tg.usembassy.gov/u-s-citizen-services/doctors/
Tonga	Yes	https://fj.usembassy.gov/u-s-citizen-services/doctors/
Trinidad & Tobago	Yes	https://tt.usembassy.gov/u-s-citizen-services/doctors/
Tunisia	Yes	https://tn.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Turkey	Yes	https://tr.usembassy.gov/u-s-citizen-services/doctors/
Turkmenistan		https://tm.usembassy.gov/u-s-citizen-services/doctors/
Uganda	Yes	https://ug.usembassy.gov/u-s-citizen-services/doctors/
Ukraine		https://ua.usembassy.gov/u-s-citizen-services/doctors/
United Arab Emirates	Yes	https://ae.usembassy.gov/u-s-citizen-services/doctors/
United Kingdom	Yes	https://uk.usembassy.gov/u-s-citizen-services/medical-information/
Uruguay	Yes	https://uy.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Uzbekistan		https://uz.usembassy.gov/u-s-citizen-services/doctors/
Venezuela	Yes	https://ve.usembassy.gov/u-s-citizen-services/doctors/
Vietnam	Yes	https://vn.usembassy.gov/u-s-citizen-services/doctors/

Yemen	Yes	https://eg.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
Zambia	Yes	https://zm.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/medical-resources/
Zimbabwe	Yes	https://zw.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/



ADDITIONAL RESOURCES

Inés DeRomaña, Director International Health, Safety and Emergency Response, Title IX Liaison, University of California System, Education Abroad Program

- [Befrienders Worldwide, Volunteer Action to Prevent Suicide](#)
- [Befrienders Worldwide, Sexual Orientation & Gender Identify](#)
- [International Suicide Hotlines](#)
- [The Trevor Project](#) (Provides crisis intervention and suicide prevention services to LGBTQ youth ages 13-24.)
- [The Trevor Education Project Lifeguard Workshop video](#)
- [Suicide Prevention Lifeline, LGBTQ+](#)
- [iGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy—and Completely Unprepared for Adulthood—and What That Means for the Rest of Us](#) by Jean M. Twenge, Ph.D.

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