

UNIVERSITY RISK MANAGEMENT AND INSURANCE ASSOCIATION



Mental Health and Study Abroad: Harnessing Knowledge to Keep Students Safe

January 25, 2017

Hosted by the URMIA International Committee

UNIVERSITY RISK MANAGEMENT & INSURANCE ASSOCIATION
Advancing the Discipline of Higher Education Risk Management

www.urmia.org | urmia@urmia.org

Today's moderator:



Michael Histed, | University of Ottawa

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Today's speakers:



- Prof. Robert L. Quigley, MD, D.Phil., SVP & Regional Medical Director, **International SOS**



- Dr. Howard Heller, Associate Medical Director of the Medical Department, **MIT**



- Dru Simmons, International Risk Manager, **The Ohio State University**



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Today's speakers:



- Robert L. Quigley is responsible for leading the delivery of high quality medical assistance, healthcare management and medical transportation services. Prior to joining International SOS, Dr. Quigley was a Board re-certified cardiovascular and thoracic surgeon within the Jefferson Health System in Philadelphia where he was a Professor of Surgery at Jefferson Medical College. Dr. Quigley has authored more than 125 clinical and basic science articles in peer-reviewed journals, and he is a subject matter expert in aeromedical transportation, international healthcare, duty of care, and crisis management.



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Today's speakers:



- Dr. Heller is Associate Medical Director at the Massachusetts Institute of Technology (MIT), Associate Physician at Massachusetts General Hospital (MGH) in the infectious disease unit and Assistant Clinical Professor of Medicine, part-time, at Harvard Medical School, He is board certified in Internal Medicine and Infectious Disease. At MIT, At MGH, Dr. Heller serves on the infectious disease consult service, teaching and providing clinical care. He is a member of the American Board of Internal Medicine Infectious Disease Board Exam Committee.



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Today's speakers:



- Dru Simmons role is dually based in the office of risk management and the office of international affairs. He coordinates the activities and implements the operating procedures of the provost appointed international travel policy committee. In addition he administers the supplemental travel insurance program, oversees the university's international emergency protocol and serves as the 24/7 emergency responder. Also, Dru spent 17 years in study abroad administration within a public university system, He has presented and led training within the Forum on Education Abroad, NAFSA and URMIA. Dru earned his BA in political science from Messiah College and a MA in history from the State University of New York.



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You will learn today about.....

- ❖ Perspective about the general environment facing higher education regarding mental health,
- ❖ Statistics related to this area and the implications of this information,
- ❖ Practical learnings from a case study and best practices to use on your campus



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PERSPECTIVE FROM DR. ROBERT QUIGLEY.....



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THE CHRONICLE
of Higher Education

September 4, 2015 • \$6.99
Volume LXII, Number 1

SPECIAL REPORT

Today's Anguished Students


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

• Overwhelmed by demand for mental-health care, colleges struggle to respond. A36

• Faculty members say they need more support to help students in crisis. A41

• Grad schools try to ease the isolation and anxiety that are part of the experience. A42

• With complex cases and few resources, community colleges seek low-cost solutions. A46




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Mental Health and Psychological Well-Being: Healthy Minds Study (HMS)


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




33%
National Undergrad Respondents



30%
National Grad Respondents



<http://chancellor.mit.edu/2015-healthy-minds-study-results>



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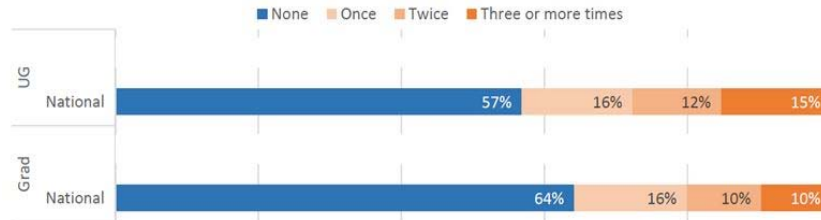
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Health Behaviors and Lifestyle

Binge Drinking in the Last Two Weeks



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

<http://chancellor.mit.edu/2015-healthy-minds-study-results>



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Health Behaviors and Lifestyle

Used cigarettes in the last 30 days



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



<http://chancellor.mit.edu/2015-healthy-minds-study-results>



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Domestic Mental Health Statistics

Mental Health

Students reported experiencing the following within the last 12 months:

Felt things were hopeless

	Percent (%)	Male	Female	Total
No, never	30.2	19.5	22.5	
No, not last 12 months	18.4	17.8	17.9	
Yes, last 2 weeks	20.2	25.9	24.5	
Yes, last 30 days	9.6	12.6	11.7	
Yes, in last 12 months	21.6	24.2	23.4	
Any time within the last 12 months	51.3	62.7	59.6	

Felt overwhelmed by all you had to do

	Percent (%)	Male	Female	Total
No, never	12.2	3.8	6.3	
No, not last 12 months	7.3	2.9	4.2	
Yes, last 2 weeks	40.7	58.6	53.4	
Yes, last 30 days	16.6	17.3	17.0	
Yes, in last 12 months	23.3	17.5	19.1	
Any time within the last 12 months	80.5	93.3	89.5	

Source: American College Health Association



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THE WALL STREET JOURNAL. | LIFE & CULTURE

Good Mental Health Away From Home Starts Before College

Now is the time for teens and parents to think about how to handle disorders without the family nearby

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



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



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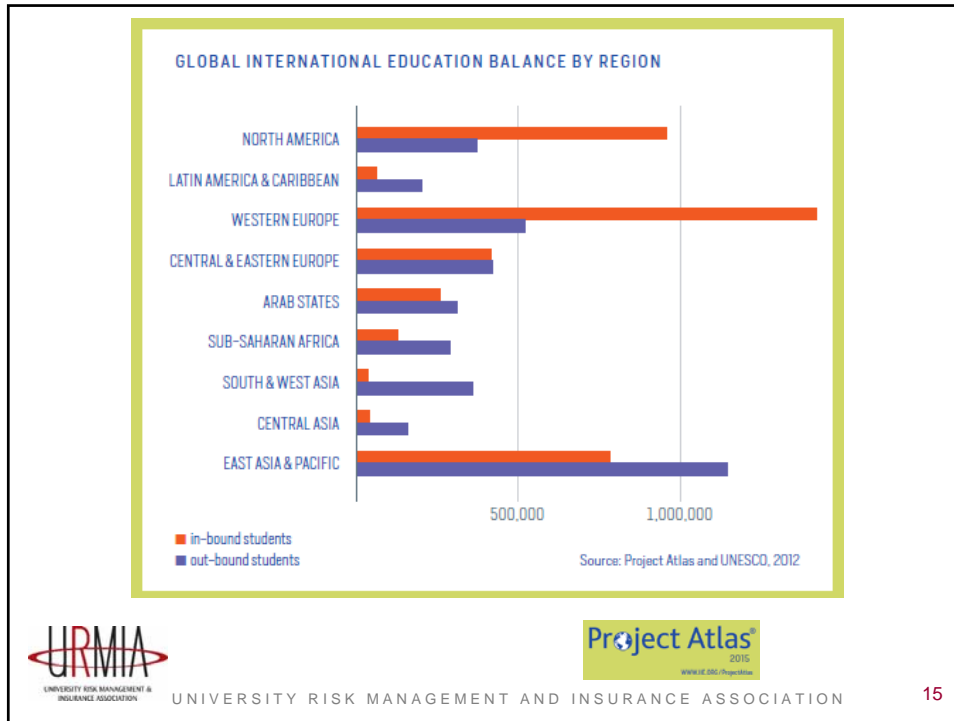
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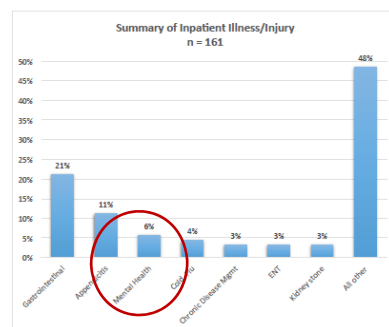
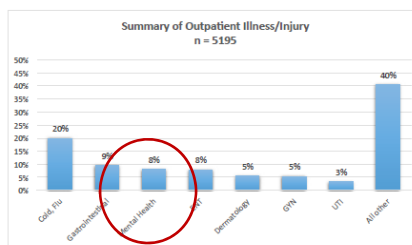
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The Forum on Education Abroad



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Study Abroad Student Repatriation*
 For Mental Health Issues = 23 X More Frequent
 Than All Other Non Scholastic Clients Combined



OR



**Commercial
Escort**

**Air
Ambulance**

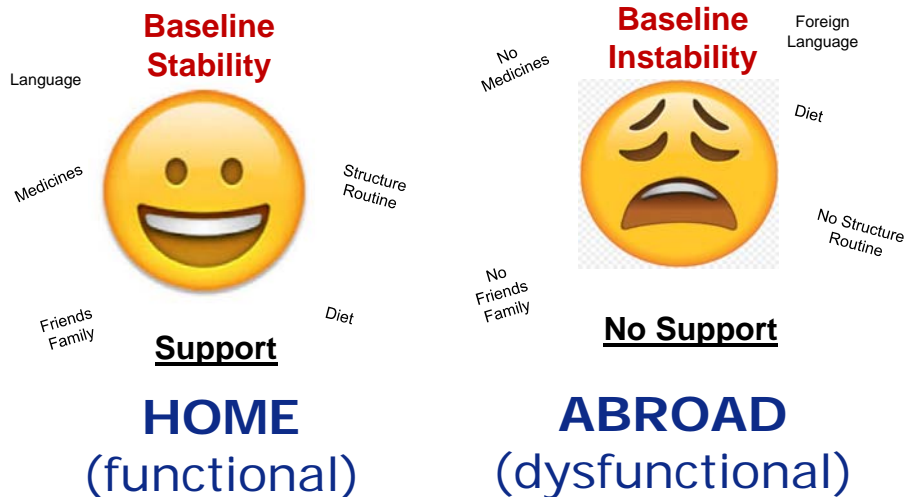


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Why?????



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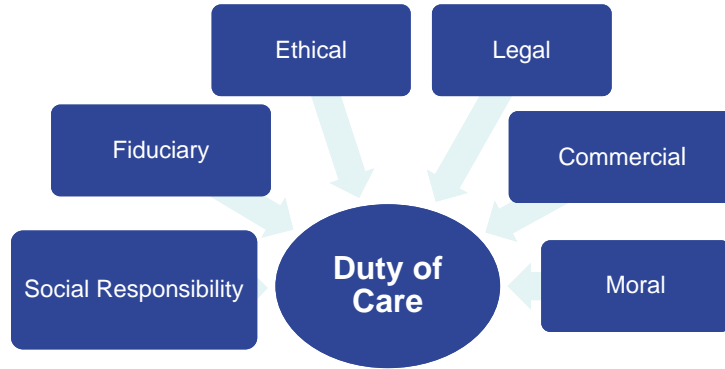


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What is Duty of Care/Loyalty?

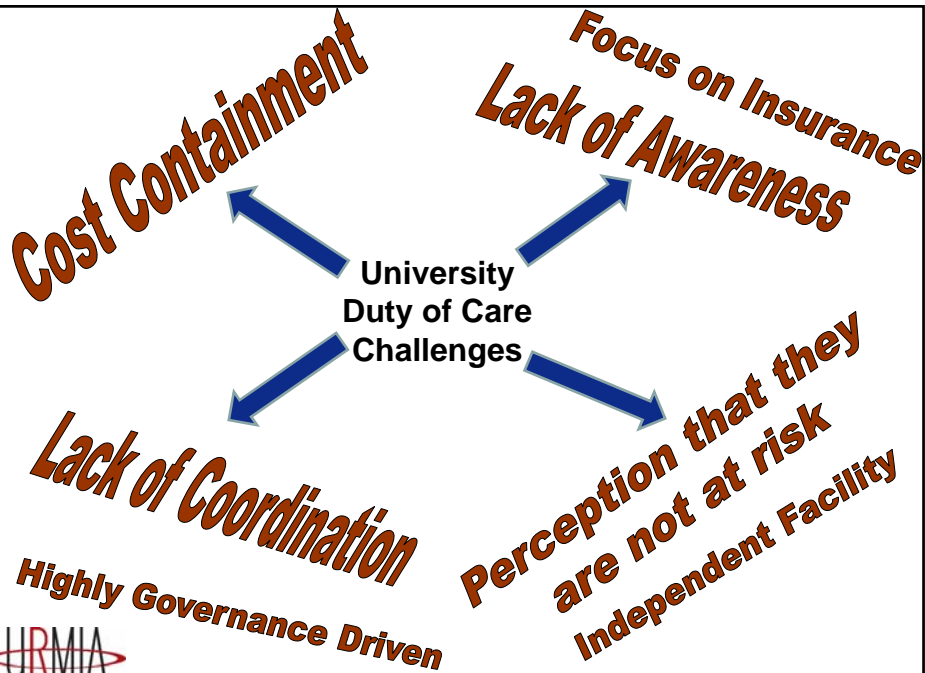


“Universities to meet their Duty of Care Obligations need to do much more than simply provide insurance programs for those stakeholders who elect to travel abroad.”



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World Psychiatry

OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)



World Psychiatry, 2011 October; 10(3): 237.

PMCID: PMC3190242

The most vulnerable travelers: patients with mental disorders

PÉTER FELKAI¹ and TAMÁS KURIMAY²

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“Most travel insurance policies exclude treatment and repatriation costs incurred due to mental illness.”



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PERSPECTIVE FROM DR. HOWARD HELLER....



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Case Study.....

- ❖ 19 year old undergrad calls the college mental health service Thursday afternoon to report that a friend of hers just called to let her know that he is planning on committing suicide. She speaks to the on-call mental health provider.
- ❖ They are both participating in a university sponsored work study program in a large city in South America. They live separately with local families.
- ❖ She made plans for him to meet her at a café she is at. He will be there in 30 minutes.
- ❖ The friend was hospitalized 6 weeks prior at a psychiatric hospital after a suicide attempt. He sees a psychiatrist at the university health service and a psychologist outside the university. Medications for bipolar disorder have been prescribed for him.



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Case Study continued

- ❖ What do you say to the student who is in a café in a foreign country sitting alone waiting for her suicidal friend?
- ❖ Who gets notified?
 - Dean on call? Parent? Program director? Legal counsel? Chief of Mental Health? His psychiatrist? His psychologist? Insurance office? Emergency Operations Team? Senior management? Director of Education Abroad? Risk management team?
- ❖ How do you get help for the student in need? Who speaks to him?
- ❖ Should he have gone on that trip??



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Travel Advice and Preparation

- ❖ Immunizations, malaria, traveler's diarrhea, altitude sickness...
- ❖ Chronic medical condition preparedness: Asthma, colitis, etc.
- ❖ Mental health/illness preparedness:
 - Medications
 - Ongoing therapy while away?
 - Crisis planning
 - Awareness of stress issues that can arise during travel



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Delineation Of Responsibilities For Mental Health Issues

- ❖ Program directors
- ❖ Deans
- ❖ Mental Health providers
- ❖ Primary care providers
- ❖ Emergency assistance provider



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“Clearance” For Students Traveling Abroad

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

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



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“Clearance” For Students Traveling Abroad

- ❖ Establish HIPAA compliant clearance process
 - Sharing of details of conditions with the program should not be required.

 - Acknowledgement that
 - ❖ medical/mental issues have been reviewed by a health care provider (PCP, student health clinician),
 - ❖ the student is fit to participate in the program
 - ❖ a plan has been established for managing chronic medical/mental conditions.



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Tabletop (Mock) drills

- ❖ Create case scenarios that incorporate all stakeholders
 - Dean's office
 - Legal counsel
 - Police / security
 - Insurance
 - Communications
 - Medical
 - Mental Health
 - Emergency operations
 - Title IX
 - Sexual assault response



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PERSPECTIVE FROM DRU SIMMONS.....



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Perspectives on Inclusion

- ❖ ADA – Title II & III- May not refuse to allow a person with a disability to participate in a service, program, or activity simply because the person has a disability.
- ❖ Section 504 – Rehabilitation Act - no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives Federal financial assistance.
- ❖ Extra-territoriality vs. a U.S. study abroad program
 - Program is readily accessible to the student
 - Make choices for accessibility when possible
 - Onus and reasonable to engage
- ❖ Under non-discrimination law, programs cannot ask about nor consider disability status during the application process.



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Perspectives on Inclusion

- ❖ 16.8% of U.S. college students with mental health disabilities have studied abroad by their senior year – close to the same percentage (17.1%) as non-disabled students.*
- ❖ UMN study – 27.7% indicated mental health issue prior to going abroad, only 8.3% reported a mental health issue while abroad.**
- ❖ Some data indicates that students who study abroad report decreased levels of stress and anxiety during and after their study abroad experience.**
- ❖ The majority of students managing mental health conditions successfully study abroad without incident.



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*MIUSA statistics from 2014 NSSE National Survey of Student Engagement

**Bathke A, Kim R. (2016) Keep Calm and Go Abroad: The Effect of Learning Abroad on Student Mental Health *Frontiers*



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Preparation for Inclusion

❖ Proactive Posture

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



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Insurance as a Proactive Posture

- ❖ Do you require students to be on a comprehensive policy or policies that meet specific coverage standards?
- ❖ Does the insurance cover:
 - Preexisting conditions
 - Mental Health at parity with coverage for physical conditions
 - Inpatient treatment of mental and nervous disorders including drug or alcohol abuse
 - Outpatient treatment of mental and nervous disorders including drug or alcohol abuse
 - Medical evacuation for mental health



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Insurance as a Proactive Posture

❖ Watch for limitations and exclusions including:

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

❖ Coverage expectations should be in your RFP and exclusions are negotiable



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Insurance as Proactive Posture

❖ Identifying resources in the planning stage

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

❖ Do the resources align with your coverage or additional coverage available?



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Questions



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Thank You For Your Participation

- Please take a moment to evaluate today's webinar
- If you have additional questions, please contact the URMIA National Office
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 - ❖ (812) 727-7130



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