Mental Health Services & International Students

Friday, 1st June 2018

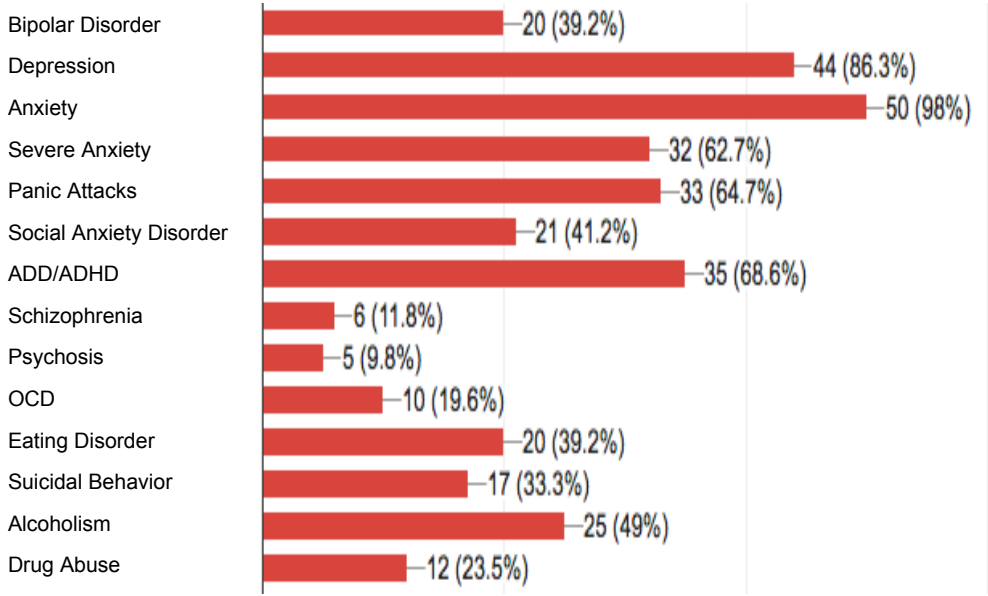
APUAF

ASSOCIATION
DES PROGRAMMES
UNIVERSITAIRES
AMÉRICAINS
EN FRANCE

The Panel

- David Frese
- Louis Monaco
- Patricia Ochs
- Virginia Picchi

What types of problems/issues have you seen in students this past year?



Other issues reported include: Post Traumatic Stress Disorder, family problems, derealization disorder, trauma, issues related to relationships and sexual orientation and sexual behavior and many an unsolved Oedipal complex…

Concerns of Staff & Program Directors

Huge increase in number of students with MH issues

Taboos and restrictions in the US regarding sharing of information when students have severe mental health issues

Non or partial disclosure by students

Managing MH crises on site (on-going conditions, or non-disclosed conditions, or first events)

Program director as the “go to” person in many cases, yet there is less of an infrastructure/fewer resources abroad vs. home campus

Mental health care in Paris

Why students abroad are underserved and what should we do about it?

Why the lack of adequate resources?

Out of sight, out of mind

Geographical solution

Legal concerns

Confidentiality constraints

Overwhelmed CAPS on home campuses

Ignorance of home campuses about local conditions

Inequality of resources

Dependence on 3rd party structures

“Family” structure of programs abroad

Prodigal son: independent but not autonomous

Directors/administrators wear all hats

Lack of formal mental health structures on the ground

The truth about our students

Same population, different stressors

Increased dependence + greater freedom of living abroad = potential for precarity

Significant psychiatric histories

Highly medicated, often since adolescence

At-risk age for MH issues

Less contained

Advantages of
on-site services at home campuses

Coordinated care
Multidisciplinary intervention
Continuity of care
User friendly
Institutional knowledge/resource/support
Crisis management
Record keeping/stats
Significantly greater resources

Counseling Center Directors Survey

Yearly survey

621 participating colleges and universities

International, but majority American

Many of your colleges are included in this survey

Google address:
Director surveys public - AUCCCD

Consulting Student self-report

AUCCCD
Association for University and College Counseling Center Directors

67 % said counseling services helped with their **academic performance**

66% said counseling services helped them **stay in school**

Resources allocated to mental health on home campuses

>1500	192,561	24,752	3244	$220,557
1501 - 3000	310,081	72,229	4759	$387,069
3000 - 5000	365,550	32,128	4869	$402,547

AUCCCD
Association for University and College Counseling Center Directors

Percent of student population served by counseling services

School size	Percent of students consulting
>1500	20%
1501 - 3000	17%
3000 - 5000	12%
30,000 – 35,000	9%

AUCCCD
Association for University and College Counseling Center Directors

Level of services offered

Center policy allows for weekly therapy sessions	Percent of centers
No	4%
Yes	73%
It varies	23%

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Significant psychiatric histories

25.5 % of students are taking **psychotropic medications**

16% of students coming to the centers had **serious prior mental health histories** (hospitalisation, suicide attempt etc…)

Percent of students consulting:
Reid Hall

Year	Percent consulting
Spring 2016	12%
2016/2017	16%
2017/2018	24%

- 7 participating programs: students from every program consulted every semester
- In 2 ½ years, we have decreased our costs by 43%

Psychological Services at Reid Hall

Top complaints

Student presenting problem	Mean %
Anxiety	48%
Stress	39%
Depression	35%
Taking prescribed psychotropic medications	26%
Suicidal thoughts or behaviors	25%
Relationship problem: specific relationship	23%
Family	21%

AUCCCD
Association for University and College Counseling Center Directors

Top Complaints Reid Hall

Psychological Services at Reid Hall

Student presenting problem	% of students	AUCCCD mean %
Anxiety/stress	64%	48%
Depression	35%	35%
Taking prescribed psychotropic meds	29%	26%
Social stress/alienation	24%	
Sleep problems	20%	16%
Trouble concentrating	20%	

Contributing Risk Factors

Age of onset for most mood disorders 16-20

The rates of students presenting with problems of depression, anxiety, suicidal ideation, and sexual assault have doubled, tripled, and in some instances, quadrupled over the past 10-12 years.

Additional risk factors include traumatic or stressful life events; a prior suicide attempt; a sense of isolation and lack of support; impulsivity issues; substance abuse issues; poor coping skills; and access to a suicide method.

Contributing Risk Factors

Culture Shock

Family Dynamics / Long-Distance Relationships

Making Friends / Roommates / Peer Pressure

Dating, Sexuality, Sexual Behaviour

Alcohol and Drug Use (introduction, increase, experimenting)

Loss / Bereavements Whilst Abroad

Contributing Risk Factors

Change in Medication / Running out of Medication

Dormant Conditions / 1st Episodes

Unforeseen Events

Lack of Mental Health Resources

Lack of Insurance / Inability to Fund Private Sessions

Survey on Student Mental Health

Your thoughts on the responses to the APUAF survey about our students' mental health and our management of these issues.

What are the most prevalent issues YOU see in your work with students? What are the most prevalent issues you see?

What are the true risks tied to the most serious conditions and what are these conditions?

Your advice on how we should be communicating with our students in need, in order to encourage them to take care of themselves/use resources/ establish dialogue with us as program directors/staff responsible for them?

Do you have suggestions for insurance to cover therapy ?

What to do?

Vet the students?
Get the numbers
Be creative
Use the existing structures (insurance)
Centralize and formalize the care
Integrate psychologist(s) into institution?
Subcontract part, but not all
Use professionals for confidential liaison
Clarify job description/professional competence

Difficult Issues for Discussion

Student outside Paris with only 1 known bilingual therapist, who has a busy schedule. After speaking to the RD Friday afternoon (prior to a vacation period) about feelings of sadness & fear of being alone, the student follows advice & makes an appointment with the therapist (following Tues, earliest time)

In late afternoon, student returns to RD, more distraught & "demands" to see psychologist ASAP. RD calls therapist, but gets voicemail & leaves a message…

Difficult Issues for Discussion

With student permission, RD calls homestay hostess to make sure student won't be alone at home & explains the situation. Hostess is understanding & concerned, offers to take student to a known pharmacist and, if necessary, a doctor.

The latter happens & student is prescribed anti-depressants. Hostess calls RD to say everything is under control. Student participates in group outing the next day (Saturday) & shows no signs at all of distress. RD recontacts psychologist who advances appointment to Monday. RD informs student.

Question: Should RD have taken student directly to ER psych services on Friday, knowing student might not be able to leave at will or be able to see an English-speaking psychologist? **(See NYT Article)**

Difficult Issues for Discussion

Bilingual mental health care professionals in Paris seem to be overbooked, which I can understand, but this past year it has at times been difficult to get appointments for students.

We had a student with declared suicidal tendencies on campus. After an attempt, we reached out to their family but they would not take student back, nor send support. They were a few months away from Graduation and they thought they would be fine. The school policy does not enable us to send student back. We felt it was very hard on the staff (faculty and student life), and unfair.

To what extent can we intervene/help if students do not disclose their mental issues on the pre-arrival health history form? When is it appropriate to inform parents/guardians? To what extent do other staff members (without proper authority/training/psychology degree) at other institutions intervene?

Difficult Issues for Discussion

A student was on the program with (what we assumed to be) undisclosed mental health challenges. Our staff received reports from both professors and roommates that this student's behavior was challenging to them.

Roommates asked why this student was allowed to be on the program. One student said that our staff should not let students with MH challenges study abroad.

When we offered a new housing placement to the upset roommate, he refused, saying that the other student should have to move instead.

The bigger issue than dealing with this student's MH challenges was actually managing the other students involved (roommates, classmates...), and the demands that they made on our staff.