



DEPRESSION AND SUICIDAL BEHAVIORS IN *STUDENTS STUDYING ABROAD* IDENTIFYING STUDENTS AT RISK

TABLE OF CONTENTS

2	PREPARATION AND CHECKLIST
3	SCENARIO
3	SYMPTOMS OF CLINICAL DEPRESSION
3	SIGNS OF MANIA
4	QUESTIONS
4	WARNING SIGNS OF SUICIDE
5	IF A STUDENT IS A SUICIDE RISK...
5	HELPING A STUDENT SEEK MEDICAL ATTENTION
7	FURTHER RESOURCES

BE PREPARED

BEFORE ACCOMPANYING STUDENTS ABROAD

Learn this about your college or university's policy on students exhibiting suicidal behaviors:

Whom to contact at the "home school" for help during a crisis

Who contacts the student's parents

Whether the "home school" has a 24-hour emergency number for crisis counseling or referrals

How the decision is made to send a student back to the United States

AFTER ARRIVING ABROAD

Prepare a list of the following resources for an emergency situation:

Counseling and crisis services offered by the "host school"

Names, phone numbers, and locations of hospitals and mental health services

Local equivalent to "911"

Whom to contact about the need for involuntary hospitalization

IMAGINE THIS SCENARIO

For the past few weeks, you've noticed that one of the students in your study abroad program is exhibiting noticeable changes in her behavior. She is not spending as much time with her friends, preferring to stay in her room instead. She appears sad or irritable; she picks at her food or complains that she isn't sleeping well. She used to be enthusiastic about her classes and the new culture but now seems to have lost interest. She is having difficulty concentrating and stays in bed instead of attending class.

Are these symptoms a continuation of the normal process of cultural adjustment, or do they indicate clinical depression?

CULTURE SHOCK

In a new cultural environment, students often go through a period of adjustment which can include symptoms, such as anxiety, sadness, lack of energy, headaches, anger, despair, changes in eating and sleeping habits, loss of interest in activities, frustration, and loneliness. This adjustment phase is normal and usually occurs for only a few weeks, although it can last longer depending on the student.

DEPRESSION

You may suspect that a student is clinically depressed and needs to be assessed by a mental health professional if the student has had symptoms for a prolonged period of time (several weeks or more) AND is unable to function (e.g., not going to class or becoming isolated). Immediate intervention is warranted if the student shows self-destructive or violent behaviors or is also abusing alcohol or other substances.

SYMPTOMS OF CLINICAL DEPRESSION

- Depressed mood (or irritable mood in late adolescence)
- Markedly diminished interest or pleasure in all, or almost all, activities
- Fatigue or loss of energy
- Significant increase or decrease in appetite or weight
- Inability to sleep or sleeping all the time
- Feelings of worthlessness or hopelessness
- Feelings of excessive or inappropriate guilt
- Agitation or lethargy
- Diminished ability to concentrate and/or indecisiveness
- Recurring thoughts of death, recurrent suicidal ideation without a specific plan, a specific plan for dying by suicide, or a suicide attempt

Depression as an element of other disorders. Symptoms of depression can also be part of other illnesses, such as bipolar (or manic-depressive) disorder, which is characterized by episodes of depression alternating with episodes of mania. ¹

SYMPTOMS OF MANIA

- Excessively "high," overly good mood
- Increased energy, activity, or restlessness
- Extreme optimism and self-confidence
- Extreme irritability
- Racing thoughts and fast speech, jumping from one idea to another
- Distractibility, difficulty concentrating
- Decreased need for sleep without feeling tired
- Increased sexual drive
- An unrealistic belief in one's abilities and powers
- Poor judgment or impulsivity
- A lasting period of behavior different than usual
- Spending sprees
- Abuse of drugs, including alcohol
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Usually the student having a manic episode doesn't realize that anything is wrong, but you will hear from other students in your program that the student is "acting strangely." Without treatment, individuals with bipolar illness are at an increased risk for suicide. ¹

QUESTIONS

FOR THE FOLLOWING SECTIONS, PLEASE ALSO REFER TO THE SPECIFIC RULES OF YOUR HOME INSTITUTION.

How do I know if a student is at risk for suicide?

Studies show that depression underlies the majority of suicides. ***Suicide is the third leading cause of death amongst 18-22 year-olds² but may well be the second leading cause of death among college students.*** One of the best strategies for preventing suicide is early recognition and treatment of depression or other underlying mental illness.

Many if not most people who end their lives by suicide give overt or covert warnings that they are considering suicide. The student may make verbal hints or jokes, such as “You won’t have to worry about me anymore” or “I want to go to sleep and never wake up.” Or, s/he may give away possessions or call people to “say good-bye.” A sudden and inexplicable lift of the student’s depression can be another warning sign; s/he may have decided to end his/her life and found relief in having made the decision.

How do I make a recommendation for a professional mental health evaluation?

You will not be able to identify every student in distress nor will every student in distress be receptive to your assistance. However, ***taking the time to directly share your concerns with and listen to a distressed student may be one of the most significant and powerful contributions that you can make.*** If the student decides not to seek assistance right away and you do not believe that the situation is urgent, arrange a time to follow up with the student.

WARNING SIGNS FOR SUICIDE

Bolded signs require **immediate intervention**

- ***Threatening to hurt or kill him/herself, or talking about wanting to hurt or kill him/herself***
- ***Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means (e.g., high places)***
- ***Talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person***
- Rage, uncontrolled anger, revenge-seeking
- Hopelessness
- Acting reckless or engaging in risky activities, seemingly without thinking
- Withdrawing from friends, family, and society
- Feeling trapped, like there’s no way out
- Increased alcohol or drug use
- Anxiety or agitation
- Inability to sleep or sleeping all the time
- Dramatic mood changes
- Having no reason for living or no sense of purpose in life³

HELPING A STUDENT TO SEEK MEDICAL ATTENTION

- State clearly why you believe a referral would be helpful using ***specific*** examples of behaviors observed or reported
- Listen openly to any concerns or fears that the student might have about seeking help
- Normalize seeking help by conveying that everyone has problems at times that require assistance
- Communicate that you view seeking help as a sign of strength instead of a sign of weakness
- Demonstrate that you are hopeful that change is possible
- Inquire about the student’s current and past support networks
- Have a list of referral sources readily available that includes names, phone numbers, and locations
- Encourage the student to take responsibility for whether s/he will seek assistance

What should I do if I suspect that a student is at risk for suicide?

Although you may be hesitant, it is strongly suggested that you privately talk to the student about his/her depression or other unusual behaviors and then directly ask the student if s/he is suicidal (e.g., “Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?”). Asking about and exploring the subject of suicide will not put the idea in the student’s head. If necessary, you can consult with a mental health professional about how to talk to the student. If you then suspect that the student is at risk for suicide, it is highly recommended that you take immediate action to keep him/her safe.

Avoid leaving the student alone if you feel that s/he may be at risk for attempting suicide.

SOME SUGGESTED ACTIONS TO TAKE IF A STUDENT IS AT RISK FOR SUICIDE

- ***Arrange for close continuous supervision of the student***
- ***Remove any lethal means of self-harm***
- Consult with the student’s existing mental health practitioner (if any) about the next appropriate steps to take
- Accompany the student to the emergency room if the student either does not have a mental health practitioner or you are unable to speak to him/her
- Consult with legal authorities to determine how to require an involuntary hospitalization if the student refuses to accept professional help
- Talk with hospital personnel to make sure that a release form is signed by the student so that you may consult with the treating practitioner
- Consult with the student’s existing mental health practitioner (if any) and/or the treating practitioner to develop a plan for the student’s care
- Consult with officials from your college or university to create a plan of action for the student’s care and potential return to the U.S., including whether to contact the student’s parents or people listed on his/her emergency list

What should I do if a student has tried to end his/her life by suicide?

- ***Always handle a suicide attempt as a medical emergency.*** Arrange for the student to receive treatment from medical authorities immediately, even if the student reports that the self-harm was minor. For example, students may minimize the number of pills ingested or whether other medications were involved.
- Accompany the student to the emergency room.
- Consult with legal authorities to determine how to initiate an involuntary hospitalization if the student refuses to accept professional help.

Once medical attention has been provided, the hospital is likely to refer the student for a psychiatric evaluation. Additionally, once the student is deemed not to be in immediate danger of self-harm, s/he may be released from the hospital. Therefore, it is suggested that you contact your “home school” administration about:

- Your responsibility for the student’s health and welfare
- The decision to call the student’s parents or people listed on his/her emergency list
- The need for the student to sign a release form so that you may consult with the treating physician and/or mental health practitioner
- The need to create a plan of action for the student’s imminent care and potential return to the U.S.
- The high risk for suicidal behavior immediately after release from the hospital
- Arrangements for close, continuous supervision of the student
- Removing any lethal means of self-harm

What is the impact of a student exhibiting suicidal behavior or ending his/her life by suicide on other students in the program?

You will probably learn that a student in your program is at risk for suicide because other students come to you out of concern. **Reassure them that it was right for them to come to you with this information, even if the at-risk student tries to make them “promise to keep it a secret.”** Where a life is concerned, they do not need to make or keep promises. However, it is important that you encourage students to respect the privacy of the student in question and not discuss the situation with others in the program. Help them to deal with and normalize the inevitable guilt that occurs when they start to second-guess themselves with statements, such as “I should have known...,” or “I should have helped more,” or “I feel bad that I’m burnt out from helping and I don’t want to help more.” Offer information on how to help a friend who is depressed or suicidal (refer to Web sites listed on the following page).

Be aware that when a student exhibits suicidal behaviors or ends his/her life by suicide, it can severely affect other students. **It is recommended that you watch and listen for signs that other students in the program may be depressed or at risk for suicide and intervene accordingly.** Provide or seek support for the students who were involved in helping the student in crisis. And remember, helping a student in crisis affects you emotionally as well. Seek consultation and support for yourself.

1 Based on: National Institute of Mental Health. Bipolar Disorder. Bethesda (MD): National Institute of Mental Health, National Institutes of Health, US Dept. of Health & Human Services; 2001 [cited 2005 July 15]. (NIH Publication Number: NIH 02-3679). 3 pages. Available from: www.nimh.nih.gov/publicat/bipolar.cfm#bp1

2 Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [cited 2005 July 15]. Available from: www.cdc.gov/ncipc/wisqars

3 Based on a list compiled by the American Association of Suicidology [cited 2005 July 15]. Available from: www.suicidology.org/displaycommon.cfm?an=2

FURTHER RESOURCES

INTERNATIONAL CRISIS HOTLINES AND COUNSELING SERVICES

Befrienders Worldwide

<http://www.befrienders.org/support/helpline.php>

Some helplines available in English

Samaritans

<http://www.samaritans.org>

Crisis hotlines for the U.K. and Republic of Ireland

Lifeline International

<http://www.lifeline.web.za/>

Some helplines available in English

National Suicide Prevention Hotline

(800) 273-TALK

Crisis counseling for all students and referrals for students in the United States

U.S. embassies and consulates worldwide

<http://www.embassyworld.com/>

The embassy can provide referrals to English-speaking physicians and mental health professionals

International Federation of Telephone

Emergency Services

<http://www.ifotes.org>

Crisis services in the local language

MENTAL HEALTH AND SUICIDE PREVENTION RESOURCES

The Jed Foundation

<http://www.jedfoundation.org>

ULifeline

<http://www.ulifeline.org>

Check to see that your university is registered

American Association of Suicidology

<http://www.suicidology.org>

American Foundation for Suicide Prevention

<http://www.afsp.org>

Suicide Prevention Resource Center

<http://www.sprc.org>

National Mental Health Association

<http://www.nmha.org>

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