

Developmental Communities of Care in Study Abroad: Peer Support for Student Wellbeing

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In pre-departure orientations, study abroad leaders do their best to prepare students prior to travel. However, with a focus on academics and new adventures, the mental and emotional challenges that come with study abroad are sometimes overlooked. Even relatively common study abroad issues like stress and homesickness can cause emotional distress in students without mental health disorders. For students with a mental health diagnosis, common travel stressors can exacerbate or trigger an episode of illness. For this reason, self-disclosure of mental health issues is essential, but students are not always comfortable disclosing. This paper explores a pre-departure Community of Care Workshop designed to empower participants to self-disclose mental and emotional health issues in the group, to normalize mental health conversations, and to become informal peer supporters who, with faculty, co-create a developmental community of care network abroad. This paper is based on preliminary data from an ongoing study of workshop effectiveness in seven programs over two years and reveals that participants valued the workshop because it allowed them to reflect on and disclose mental/emotional health challenges in a safe place, begin to create community pre-travel, and be more responsible for and supportive of their fellow travelers.

Keywords: Study abroad, mental health, community of care, peer support, developmental network

Introduction

Participation in study abroad is on the rise, with 280,716 U.S. college students enrolled in programs in 2022-23 (Institute of International Education, 2024). Unfortunately, mental and emotional health problems in U.S. university students are also increasing. According to a Healthy Minds Network (2024) survey, 61% of students sought mental health therapy and/or took medication for depression or anxiety in the previous year. As mental and emotional health issues increase among college students, study abroad faculty leaders can anticipate that they will see those issues increase in their programs. For this reason, university international offices and faculty leaders must be proactive in finding ways to prepare students before departure for potential emotional and mental health concerns abroad. While there is literature on mental health in study abroad and recommendations to help faculty leaders better support students with these issues, there is nothing that explores developmental networks and communities of care to prepare students for mental health challenges abroad and to serve as peer support for each other. This paper explores a study abroad pre-departure workshop that prepares faculty and students to provide peer support within a developmental community of

care network.

Literature Review

While study abroad faculty leaders might think that mental health issues only arise on long-term programs, these issues surface on short-term programs, too (Bathke & Kim, 2016). Short-term programs are popular, with 64% of U.S. students selecting programs of eight weeks or less (Institute of International Education, 2024). Furthermore, as the number of students with mental health conditions increases, the greater the expectation among students that mental health services on study abroad will be similar to those on campus, though that is rarely the case (Barneche et al., 2024). Additionally, mental health issues on study abroad programs can cause stress in a group as well as concerns about interacting with students who experience crises (Briscoe et al., 2020). This disruption in group wellbeing intensifies when leaders take time away from the group to help a student who is unwell.

Even relatively common study abroad issues like sleep disruption, stress, and homesickness can cause emotional wellness issues in students without mental illness. Furthermore, minor disruptions in student wellbeing can cause significant distress in healthy students and can disrupt whole programs

(Woods et al., 2017). Common wellness issues can also lead to depression, anxiety, or relapses of serious mental illnesses in students who have such a history (Bathke & Kim, 2016). At universities without the resources to provide faculty leaders with support staff to travel with them, the leaders must find ways to help students with emotional and mental health concerns while simultaneously providing support and maintaining academic rigor for the group. This is a daunting task.

Recommendations from the literature on handling mental and emotional health issues in study abroad include ensuring that faculty-led programs have at least two leaders to better support students (Briscoe et al., 2020) and having professionals provide faculty training on mental health and adjustment issues abroad (Briscoe et al., 2020; Morse et al., 2017; Niehaus et al., 2022; Woods et al., 2017). Additionally, sending counselors abroad is recommended, though licensing regulations make this difficult (Morse et al., 2017). While Morse et al. (2017) found that student mental health training can enhance peer support abroad, pre-departure training that focuses on community, destigmatization of mental illness, peer support, and student self-disclosure appears to be lacking in the literature.

Student self-disclosure of mental health issues is crucial in study abroad so that students receive the support they need (Niehaus et al., 2022; Morse et al., 2017); however, many students fear they will be stigmatized or rejected if they disclose on a required application health form (Morse et al., 2017). The perception of a stigma against mental illness is still prevalent among college students. According to the Healthy Minds Network (2024), 41% of students surveyed reported that they believe there is a stigma that would make others think less of them if they knew about their mental illnesses.

Research on self-disclosure and ways to support those dealing with mental and emotional health problems points to the potentially powerful role of peer support. Sun et al. (2022) found that both the pressure of stigma and the tendency to self-stigmatize are lessened through peer support and that peer support provides a safe place for self-disclosure. Furthermore, peer support can increase a person's confidence about their own abilities and their willingness to seek professional help (Sun et al., 2022).

While there is no agreed-upon definition of mental health peer support (Pointon-Haas et al., 2024), most experts agree that it can be formal or informal. Formal support involves training by professionals before students serve as peer counselors. Informal peer support involves little to no training and is voluntary and mutually supportive (Pointon-Haas, et al. 2024). Informal peer supporters rely on their connection to their peers and their "lived experience and personal judgement" to help them (Lauzier-Jobin & Houle, 2022, p. 733). This type of support often "happens naturally within communities when people help others" (Pointon-Haas et al., 2024, p. 1). In fact,

peers are frequently the first support team an emotionally distressed or mentally ill person turns to for help (Spiker & Hammer, 2021). Spiker and Hammer (2021) found that the motivating factor that drives peer support within communities is not mental health knowledge but a sense of personal responsibility.

Walker et al. (2017) stressed how mutual, informal peer support operates within a community, and that support and community are crucial for wellbeing and growth, even without formal professional help. In these informal support communities, people connect, learn new skills, enjoy wellbeing, and feel less stigmatized. These ideas are central to the community of care ethos, described by Hunter et al. (2021) as a culture in which all members are responsible for and work towards the safety and health of the community. Similar to developmental networks where a person selects mentors to help them meet career and psychosocial goals and which require trust and reciprocity (Higgins & Kram, 2001), communities of care also thrive on trust and provide mutual developmental support and wellbeing. However, being part of a community does not mean that one is part of a community of care. Members of communities of care must be active participants, interacting and engaging with the community as a whole (Trudeau & DeLyser, 2024), often with a specific purpose.

While developmental networks include career development and psychosocial growth, this paper will focus on psychosocial growth, a feature shared with many communities of care. The literature on developmental networks emphasizes the importance of agency in the pursuit of growth and development (Higgins & Kram, 2001). Individuals are more successful if they actively seek support and growth opportunities rather than wait for others to lead them towards opportunities (Higgins & Kram, 2001). Furthermore, if a developmental relationship includes someone who is not actively engaged, reciprocity, growth, and the strength of the relationship suffer (Higgins & Kram, 2001).

In an effort to help faculty leaders cultivate a community network where all study abroad members support one another, we created and facilitated a Community of Care Workshop. The workshop is designed to help students understand that mental and emotional health problems do occur in short-term programs; to allow space for conversations about wellbeing; to disclose their mental/emotional health conditions, if they feel safe doing so; and to provide them an opportunity to identify group members who could be instrumental to their wellbeing and part of their psychosocial developmental network.

Project and Method

The first step in the two-part Community of Care Workshop is a self-care plan assignment, a mental and emotional health reflection drawn from professional study abroad trainings. Prior to the workshop, students and faculty answer, in writing, the following self-care plan questions:

- What challenges can I anticipate on study abroad?
- What positive things can I do daily that will reduce the chances of these challenges occurring?
- What positive things will I do if the challenges I anticipated actually occur (what will I do to get support, reduce the impact, etc.)? (Mello & Morse, 2018; Priebe et al., 2018)

We read through each plan and identify mental/emotional health issues, comparing these issues across submissions to find common themes. Next, we hold the Community of Care Workshop where we randomly divide students into three to five groups and assign each group a mental or emotional health issue. The workshop is often the first time students have the chance to talk about topics with which they might have personal connections, a first step in building community. There is no institution-wide, in-depth emotional/mental health training at our university, so the workshop is often the first and only training on mental health in study abroad. Students are not required to talk about their self-care plans or disclose any mental/emotional health issues in the workshop, though many do.

We ask students to move to separate small group rooms where they introduce themselves and then to discuss the following questions in relation to their assigned mental or emotional health issue:

1. What does _____ look like (how would you recognize it in someone else if they didn't tell you about it)? Consider all of the signs you can think of here, especially less-than-obvious ones.
2. What are the ways you can help a person struggling with this issue?
3. How will you know that it's time to urge the struggling student to talk to the faculty leaders?
4. How will you know when it's time for you to talk to the faculty leaders about the struggling student or when it's time to contact emergency services?

After 20-30 minutes, small groups return to the main room to present their ideas. Before each group presents, students who were not in the presenting group write their answers to question one, above. Once the group finishes their presentation, we ask the large group to share any new ideas they wrote about previously. We do this for every question with each small group topic. We ask questions and make comments that encourage students to dig deeper into the topic.

Since 2023, we have facilitated the workshop with seven short-term, faculty-led programs offered at our institution. These programs are one to four weeks long and include destinations as far away as Vietnam and as close as Canada. To evaluate the workshop's effectiveness, we designed a study, which included semi-structured interviews and an anonymous survey with Likert-

scale and open-ended questions. While data collection is ongoing, for the purpose of this paper, we are focusing on responses to the open-ended survey questions and interviews from faculty and students in one of our language-based programs. The study abroad program to Spain was a three-week program that took place in summer 2024. Two faculty members co-lead the program, and 19 students participated. Prior to departure, we facilitated the Community of Care workshop. Both faculty members were present at the workshop and all but one student participated. Once abroad, students took two courses, a language course taught by a professor from the host institution and a culture course taught by a faculty member from our institution. Students stayed with host families, with some students placed in the same home. We invited the students and faculty co-leaders to complete the survey and participate in hour-long interviews. The survey was anonymous, so we were unable to filter the responses to include the participants of the Spain program only. At the time of writing, three students and both faculty co-leaders from the Spain program completed the interviews. Seventeen students completed the survey.

Results

We reviewed each interview, concentrating on the ways students and faculty spoke about their interactions with one another and the impact that the Community of Care Workshop had on those interactions. After coding each interview as its own data set, we compared the codes across sets to create categories. We then reviewed the open-ended survey questions, applying the codes from the interviews to responses for each question, when applicable, and assigning new codes when no existing code applied. This analysis resulted in the following themes: destigmatization of mental health and emotional distress, preparing to support each other, group cohesion, and culture of care.

Destigmatization of Mental Health and Emotional Distress

In survey responses, students expressed that the discussion of mental health topics in the Community of Care Workshop destigmatized conversations about mental health issues because it showed them that others experienced similar challenges, and this helped them feel that they were not alone. In a survey response, one student stated, "It was interesting talking about our mental health in groups and realizing that a lot of us shared similar experiences and ongoing issues with anxiety and depression." Another student shared, "It helped me be more cognizant of the mental health troubles me [sic] or my fellow travelers might be experiencing." And another said, "Yes, it made me realize that we shared similar mental health struggles and that nobody was alone in their feelings."

Preparing to Support Each Other

In addition to opening the dialogue about mental and emotional wellbeing, students spoke about the workshop as a means to prepare themselves to support one another abroad. In an interview, one student said, "It made me think about, like, how could I help others." In a survey response, another student stated, "The workshop helped me understand my responsibilities better and how I can serve others but also myself during the trip." While another student wrote, "The workshop definitely highlighted the importance of looking out for each other as a study abroad family, stressing the importance/responsibility of reaching out for help for yourself or a classmate."

Group Cohesion

The mental health discussions in the workshop helped to create a sense of group cohesion. In a survey response, one student wrote, "I definitely think it made our group ten times stronger because, beforehand they were all strangers." In another, a student acknowledged that the workshop provided the opportunity for acquaintances to develop quickly, "The openness it created in everyone. It can be hard to get so many people acquainted with each other quickly, and talking about such personal things is a way to do it." In a third survey response, a student said that sharing feelings helped create connections and community. "The Community of Care Workshop did affect my sense of community and/or connection with my study abroad group as it allowed me to be more candid with them and also gave me insight into how they are feeling which overall created a closer dynamic."

Culture of Care

In talking about the Community of Care Workshop and how the discussion of mental and emotional health affected the group, one faculty member stated in an interview, "...I think it does develop a culture of care..." The first step in creating this culture of care was recognizing how mental/emotional health might present in another person. In an interview, one student expressed, "...just being able to, like, read someone and, like, for example, with the depression being able to tell, like, if something is bothering someone." In response to a survey question, another student stated, "The workshop helped me to understand things to look out for if other students were struggling while traveling." And another said, "The workshop affected my understanding of my responsibility in a study abroad community of care by opening my eyes to certain cues and possible reactions of those around me."

The care revealed itself in the ways students and faculty spoke in interviews of how they supported one another abroad. One student, who was helping her roommate through homesickness and depression, talked about the support she received from her peers as she, in turn, supported her roommate. She said, "No, they [other students]

were really supportive. Very helpful, actually." Another spoke of providing emotional support to a peer whose friend at home died, "... and I told her, like, 'I'm here for you'..." The student who provided that support needed it herself when she was overcome by her own grief. She said, "And one of my peers, like, they stopped by where I was staying with my host mom and brought me some Gatorades and came to see how I was, and so that was really thoughtful."

The study abroad community of care included faculty leaders, students, host-college professors, students' families, and host families. The interviews revealed how members of the community of care worked together on behalf of someone who was suffering. For example, faculty co-leaders sometimes first heard of a problem from the host-college professors, "And the instructors take really strict attendance, and they let us know too, that we're missing students." This would sometimes lead the co-leaders to talk with the host families, "So then when we sat down with the host mom, then we got the, the lowdown on everything that was happening." Once a problem was identified, members of the community of care shared ideas, communicated, and collaborated. When one student (Student A) was experiencing homesickness and depression, her roommate (Student B) reached out to the host parents. Student B said, "Our host parents were amazing, you know? ... So, I would check up through them as well. ... 'You know where she is or what's going on?'" Student B also reached out to the other students and spoke of how they helped her, "But they [other students] were really, like, really good at giving me ideas." Faculty reached out to Student B to see if she had noticed patterns of behavior in Student A, "They would ask me like, hey, like, 'Do you notice these things, these patterns?'" In addition to the on-the-ground support, one faculty member reached out to Student A's parents in the U.S., as the co-leader described, "... [the faculty leader] had rapport with her mom already. So, we were able to deal with it with the mom helping." The roommate, Student B, summed up the many layers of support and interaction among the supporters, "...everybody was very collaborative with it..."

Discussion

Group Cohesion

Study abroad offers unique challenges when establishing a developmental network for wellbeing. In many programs, students have never met their traveling companions prior to travel or, if they have, it has only been superficial, so they often do not have strong relational ties within the group. The Community of Care Workshop provided the opportunity for students to meet and discuss deeply personal topics. Student participants in this study revealed that when others disclosed mental health challenges, they realized that they were not alone. This candidness also helped to create a safe space for additional self-disclosure (Sun

et al., 2022) and released the stigma surrounding mental illness. Self-disclosure is important not only to guide them to the help they need (Niehaus et al., 2022; Morse et al., 2017) but also to foster closeness and group cohesion.

Peer Support

Even though some students were strangers before the Community of Care Workshop, afterwards, they spoke about how they felt responsible for one another, as if they were family. They also felt knowledgeable about how to support each other and put this knowledge to use abroad. While it might seem that a lack of mental health expertise would make students hesitate to help one another, the literature shows that it is a sense of personal responsibility, not mental health knowledge, that motivates others to support their peers (Spiker & Hammer, 2021). Additionally, the support that students felt from their peers helped them to gain confidence in their own abilities (Sun et al., 2022), to use the knowledge they gained in the workshop, and to reach out to others if their ideas did not work. When they accepted and shared the responsibility of fostering wellbeing and providing mutual support, a community of care based on informal peer support was born.

Community of Care

While the community of care network helped students to resolve many mental and emotional issues, interviewees described one example of when, despite many efforts by multiple people in the student's developmental community of care network, the student did not overcome her homesickness and depression and left the program. We hypothesize that this was due, in part, to the fact that she did not complete the self-care plan assignment or participate in the Community of Care Workshop. Additionally, in the interviews with three of our participants, we learned that the student did not actively seek help from anyone, nor did she initiate or work toward developing relationships with people around her. Higgins and Kram's (2001) explanation of an opportunistic developmental network, which depends on one's openness toward receiving developmental assistance (in this case psychosocial assistance for one's wellbeing), helped us to understand this situation. The student's passive stance toward initiating and cultivating relationships could have contributed to her early departure. This supports the community of care literature that indicates that communities of care do not exist without active, interactive, and engaged members (Trudeau & DeLyser, 2024).

Limitations and Recommendations for Future Research

This study is a program evaluation of a workshop that has been integrated into seven study abroad programs at our institution. While we recruited study abroad student participants for the study many

times through multiple means, only 17 students out of the possible 115 completed the survey and only three students out of the 19 who participated in the Spain study abroad program completed the interview. We are hoping for additional responses, but this is not a representative sample.

In study abroad programs where professional support for mental/emotional health issues is hard to find, we recommend that institutions provide interventions like our workshop. Additional research on building community and integrating developmental community of care networks focused on wellbeing are integral to the success of these initiatives. While the theoretical underpinnings of developmental networks and communities of care are similar, there are differences in their applications. Despite that, researchers studying communities of care or developmental networks would be well served by reviewing the literature in both areas.

Conclusion

With the possibility of mental/emotional health challenges increasing in study abroad programs, universities must implement solutions that encourage students to support each other without creating additional responsibilities for faculty leaders. Our workshop is an answer to these challenges because data indicated that it destigmatized mental health issues, created group cohesion, and taught members to support one another, all leading to a community of care.

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