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The Weight of the World: An Overview of Current Trends in Student and Program Staff Mental Health and Well-Being Abroad

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Abstract

The increasing need for student mental health support abroad has been subject to much attention from both practitioners and scholars in recent years. Less attention has been paid to the profound impact that the increasing complexity of mental health support is having on international education staff and faculty in the U.S. and abroad. In this article, we outline current trends in college student mental health in the U.S, and we explore the student mental health trends observed by international educators in Europe. We examine the impact on international educators by analyzing quantitative survey data collected from a sample of international educators based in Europe. Our analysis suggests that mental health support during study abroad is a critical issue not only for students but also for international educators working closely with them.

Keywords

DASS-21; international educators; mental health; staff; study abroad; well-being

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1. Introduction

While the education abroad experience is typically inspiring and intellectually stimulating for both the students engaged in it and the staff facilitating it, it can also be a weighty emotional experience. The stressors of intercultural learning can be compounded by pre-existing mental health conditions, for students, leading to emotional distress. This in turn can lead to an increasingly heavy student support burden for staff. The article will discuss trends in U.S. student mental health and well-being, the landscape and trends in study abroad student mental health seen in Europe, and data on the well-being of European study abroad staff.

Because these trends are relatively new, scant research has yet been conducted, and research data is unavailable to document many of the most current impressions being discussed in the field. However, the authors believe this discussion is critical to spark further inquiries and research in this area. While the well-being of European education abroad staff has been quantitatively studied and presented in the third section, much of the content in the first two sections is based on the professional expertise of the authors and their extensive experience with international educators in Europe.

2. U.S. Trends in Student Mental Health and Well-Being

It may be helpful to first understand the mental health and well-being of college students in the U.S. in order to understand the subpopulation of those who study abroad.

Many college students in the U.S. are stressed, anxious, and not well (Eisenberg et al., 2023). They are managing a variety of mental health conditions and symptoms: we can assume that roughly a third of students have anxiety, depression, and/or attention-deficit/hyperactivity disorder (Eisenberg et al., 2023). An increasing number of students have very serious conditions and symptoms including suicidality, psychotic episodes, past trauma, eating disorders, and past sexual trauma. (Eisenberg et al., 2023; Hidalgo Bellows, 2021; Marijokovic, 2023). Additionally, there is evidence the prevalence of developmental disorders such as autism continues to increase in the college student population (American College Health Association, 2021; Bakker et al., 2019). According to a recent self-report survey, 33% of incoming students at a large midwestern university said they were “concerned about their mental

health" and 45% felt "likely to seek counseling" (University of Minnesota, 2023). For context, 47% of the students surveyed reported they were likely to study abroad (University of Minnesota, 2023).

2.1. Mental Health Among Students with Marginalized or Oppressed Identities

Students with marginalized or oppressed identities--often referred to as "BIPOC" (Black, Indigenous, or People of Color) or "LGBTQIA+" (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, or more) in the U.S. face additional stressors which negatively impact their well-being (Meyer, 2003). Minority Stress Theory (Meyer, 2003) posits that discriminatory environments and public policies cause feelings of rejection, shame, and low self-esteem, which negatively shape health and health-related behaviors. These students may correspondingly have less trust and faith in the healthcare system, and healthcare providers, and have been less willing to seek care (The Steve Fund Crisis Response Task Force, 2020). Thus many BIPOC and/or LGBTQI+ students may have been unable to access mental health care, which means they may have undiagnosed and/or untreated mental health conditions. So it is important to be attentive to this, and seek professional providers with cultural competence, and ask these students more questions about whether they want to seek care, and from which resources.

2.2. Contemporary Attitudes Toward Mental Health

This generation of students appear to have a high degree of confidence in their knowledge of mental health: they feel they know associated terminology, and are capable of self-diagnosing (often using only information derived from social media). They spend time reading self-help articles, well-being blogs, and watching social media influencers. They tend to be open about their mental health (Carnine & Pérez Calleja, 2025; Collins, 2023) and often discuss mental health trends or concerns with their peers, university staff, and across online forums and social media platforms. This level and frequency of communication may be seen as a method of coping with mental health challenges. It may also be a way of passively seeking help, or a way of seeking exemptions from responsibilities. Students may also talk about their mental health quite casually, expressing a variety of concerns from suicidal ideation to high levels of anxiety in their course work or in conversations with faculty. To other generations more accustomed to more guarded attitudes toward mental health, this level of disclosure may appear surprising or even ill-

advised. On the other hand, some practitioners view this level of communication as a positive advance in breaking the silence and/or stigma surrounding mental health.

Many college students in the U. S. receive support for their mental health and wellness prior to college (Eisenberg et al., 2023). Many students are diagnosed with mental health conditions as children, in adolescence, or since coming to college. Many have a history of participation in therapy or have taken medication related to mental health since childhood or early adolescence. Growing numbers of students have been hospitalized for serious mental health episodes (suicidal, psychotic) before entering college (Richtel, 2021). However, despite this high level of experience with mental health care, it is equally important to recognize that others have *not* had access to care/treatment, but have instead been coping with mental health concerns on their own. Coping mechanisms may have included "self-medicating" by using marijuana or other non-prescription substances/medications (Eisenberg et al., 2023). Some may practice "self therapy" by talking to friends, and/or seeking online advice. Additionally, many of their elementary, middle, and high school curricula included information about social/emotional skills, (i.e., identifying, communicating, managing one's emotions). Yet, despite these curricular initiatives, this group seems to have poorer coping skills than previous generations (Abrams, 2023). Many students with mental health conditions or emotional distress regularly see a counselor/therapist while in college (Eisenberg et al., 2023). And, while many US colleges have therapists or counseling centers on campus for students, many college students maintain their own therapists in the local community instead.

2.3. American Perceptions of Mental Health Support and Treatment

In the United States in general, therapy is seen as a very effective way to address mental health and emotional distress (Bhatia, 2023). However, there are more Americans seeking counseling than therapists can treat (Abrams, 2022). Oftentimes patients are required to wait weeks before obtaining an appointment. This is true on campuses as well. People of color or with other marginalized identities often struggle the most to find a therapist with cultural competence, thus they may not receive adequate care (The Steve Fund Crisis Response Task Force, 2020). Colleges often offer less formal, quasi-types of counseling, such as pet therapy and informal listening sessions, to help students manage their stress and receive emotional support. More and more

instructors are also integrating "well-being moments" into their classes, such as mindfulness exercises or a few minutes of quiet for deep breathing or stretching (Field, 2023). More faculty and staff are interested in building their skills in supporting student mental health, as evidenced by the high numbers of faculty who are signing up for short mental health training sessions (Field, 2023).

Like that of many Americans, university students' mental health is often treated with prescription medication (Brauer et al., 2021). Currently, there is a strong suspicion that some students use marijuana-products to help manage mental health, sometimes in lieu of prescription medication, although this is hard to verify (Eisenberg et al., 2023).

2.4. Pre-Departure Mental Health Support in Sending Institutions

Many sending institutions provide departing study abroad students with pre-departure health support and guidance (The Forum on Education Abroad, 2023). Most sending institutions ask students to complete a health information form, in which they disclose existing mental health conditions, as well as the treatment they need, such as counseling or medication (The Forum on Education Abroad, 2023). Many institutions then share the information provided by students with on-site staff who can anticipate student needs and provide appropriate resources. Most sending institutions encourage students to transport necessary medications with them and to determine whether or not their prescribed medications are legal in their host country. They also advise students regarding the availability of counseling/therapy in their host communities and discuss their international health insurance and mental health coverage. Despite the growing attention to pre-departure mental health preparation, many institutions no longer require medical verifications of mental fitness for study abroad since these documents increase the potential for accusations of discrimination and litigation. Many institutions also question the value of requiring medical verifications of any kind out of practical concerns, since students often do not have a physician who is familiar with their mental health, and/or are unable to get doctor appointments before required deadlines.

Given the prevalence of mental health conditions amongst the college student population in the U.S. and their need for both professional care and student services support, students going abroad require similar care from their international programs, meaning higher levels of support from education

abroad staff than previous cohorts required, and training that staff may not possess. In turn, this changing mental health support landscape is the way in which their need for support is being experienced by in-country staff will be discussed in the following section.

2.5. Student Mental Health Abroad: The Landscape and Trends in Europe

Given the mental health challenges being managed by many students in the U.S., it is not surprising that those students studying abroad are coping with compounding challenges to their well-being. This trend is being discussed frequently amongst education abroad professionals in Europe (Barneche et al., 2023) and in international education scholarship. As an example, The Forum on Education Abroad's Student Risk Report 2023 showed a significant impact of student mental health on international education (Dietrich & Lombardi, 2023). Mental health distress, defined "as a mental health event serious enough that it involved emergency department support, suicide risk and/or report of mental health distress that results in death, program departure or hospitalization," was reported 66 times, with a probability of 1 in 517 students. Incidents of mental health distress were the most likely type of emergency to result in program withdrawal (Dietrich & Lombardi, 2023).

Hunley (2008) suggests higher levels of depression act as a positive predictor for studying abroad, possibly because students with this condition may use study away to explore their identity and escape causes of distress. While some research suggests that studying abroad does have some mental health benefits of decreased stress and depression and general positive affect for participants, caution is needed, as the change of scenery, new sights, and experiences, are not fix-all for mental health illnesses (Maultsby & Stutts, 2019). Studying abroad may help in some instances, but students often still have the same concerns they have at home, compounded by the time and effort to adjust to the new environment.

Lindsey and Struve (2008) and Lucas (2009) note that the most common mental health-related conditions experienced by study abroad students include depression, attention deficit and hyperactivity disorder, eating disorders, borderline personality disorder, and psychotic symptoms. Students embarking on study abroad programs are confronted with sudden changes which impact existing mental health issues. Some of these issues can be heightened by external stressors that come from living in a different culture, and adjusting to

a new language and social cues. Additionally, over-stimulation and exhaustion increase with travel stress from significant independent travel (Mikulas & Jitka, 2019).

The study abroad experience is often presented to students as “a once-in-a-lifetime opportunity.” This conveys a pressure to perform academically as well as to performatively “live out” the experience for people at home (Bohan et al., 2025). Embedded in this idea is a pressure to demonstrate happiness as evidence that students are maximizing the opportunity to live and travel abroad. Students struggling with mental health concerns sometimes come to the study abroad experience with the illusion that studying abroad may ‘cure’ mental health issues. Not only does this belief come from the students themselves, but also parents and therapists recommend studying abroad as something that will help students develop new perspectives of themselves and the world. Under pressure to experience their time abroad in a certain way, students often compare themselves to other students who appear to be thriving. When their reality does not meet the ideal experience they see around them or online, students can become disillusioned or feel like they are failing.

Increasing numbers of students are overwhelmed by the international context and become disengaged, reducing their ability to participate fully in the program (Hunley, 2010). This seems to be especially true in contexts where students cannot communicate in the local language (Hunley, 2010). Disengagement can manifest as self-isolation, poor self-management, and requiring constant support and reassurance from program staff, faculty, and peers. According to Hunley (2010), students experience more psychological distress and loneliness than they did in their home country, which can lead to a debilitating effect on their performance. The loss of family and reciprocal social support systems and losing access to shared rituals with their community exacerbates challenges for students abroad (McCabe, 2005).

2.6. Mental Health and Conduct Issues

Education abroad staff are increasingly discussing the “weaponization” of mental health issues among student populations who seem to be using social media to self-diagnose (McVay, 2023). While students may seem literate in psychological issues and terminology, their understanding is often superficial. Armed with this limited knowledge, students refer to mental health conditions or terminology as an excuse for poor behavior or a lack of self-discipline. In response, international educators, who are increasingly anxious of potential

accusations of insensitivity when giving feedback or holding students accountable to community standards, feel uncertain how to navigate what claims are true or false when attempting to address concerns.

The ubiquity of communication technology is also contributing to trends impacting student mental health and relationships. As a result of messaging platforms and social media, many international educators note that students are becoming progressively more disconnected from program staff and each other. In many instances, they prefer to stay in their room and send text messages rather than engage in face-to-face interactions. In the student community, grievances are often aired in group chats, polarizing groups and forcing individuals to take sides. Group mediation techniques, common in previous generations, are often resisted and small conflicts can become insurmountable disruptions. This level of indirect communication and aversion to mediation are being reflected in a rise in cyberbullying, particularly among young women on abroad programs (Bohan et al., 2025; Zalaquett & Chatters, 2014).

2.7. Current Mental Health Landscape and Trends in Europe

Finding a local therapist in the study abroad context can be challenging. Often the pool of local mental health professionals is small and students find it difficult to identify local psychiatrists with a good command of English. Similarly, programs struggle to find local mental health therapists who are capable of the kind of specialized care that U.S. students require, such as providing therapy in English, understand the cultural immersion experience, and who accept the student's U.S. insurance policy (Poyrazli & Mitchell, 2020). Students with marginalized identities are increasingly requesting counselors with cultural competence and who share their own marginalized identity. One example of this is students asking for therapists who share their ethnic identity or alternative therapy options that are more understanding of their lived experiences (Ball et al., 2024; Lewis & Iyiegbuniwe, 2021). A student who is struggling might agree to see a therapist, but may insist that therapist is someone they have worked with before. If this is not possible, the student might be reluctant to spend time building rapport with a new local therapist, especially if their experience is limited to semester or short-term programs (Bathke & Kim, 2016). Another problematic scenario can occur when a student has not found previous counseling helpful and is unwilling to engage in the process of finding a counselor while abroad. In these cases, a fatalistic or apathetic attitude can emerge and complicate student support. Programs in

Europe have also seen requests for specialized counseling with experience dealing with issues that are common on U.S. campuses, such as eating disorders, trauma, PTSD, or substance abuse.

There are also substantial differences in mental health treatment strategies in the U.S. and Europe. Students who seek counseling while abroad might not like the approach used by European practitioners or may feel unable to manage the differences of opinion shared by their European and U.S. practitioners regarding treatment or approach. Local privacy regulations may also limit the ways students or parents can intervene on a students' behalf in scenarios when students or staff seek emergency medical treatment. Many European programs note the alarming development in the increased number of students arriving to a study abroad program with recent mental health hospitalizations or suicidal ideation in the past year. Under Americans with Disability Act considerations, university counsel and counseling centers are less likely to refuse access to study abroad for students with serious mental health concerns as they may have been some years ago (Americans With Disabilities Act, 1990). Yet, program staff on the ground are often unable to offer the level of support needed, creating an undue burden on small groups of staff who are often untrained and unprepared for this role.

Families can provide students with critical support while abroad, but parent interference in minor issues is increasingly frequent. Dealing with parent requests and complaints can place additional strain on students and program staff (Ahmed & Mingay, 2023) and undermine students' fragile mental health. Some parents may inadvertently push a child beyond their capability in the hope that studying abroad may provide stability or happiness. For other parents, sending a child abroad may be viewed as an opportunity to alleviate strain on family support networks and "outsource" student care to the oversight and guidance of university program staff.

2.8. Medication Management

Many students arrive at their study abroad destination using multiple mental health medications. They may not, however, always disclose their medications or seek guidance out of fear they might be refused entrance to the program or due to the stigma associated with mental health issues (Briscoe et al., 2020; Lucas, 2009). Sometimes a student will not bring enough medication to last the duration of their program, expecting to find it easily available at their study abroad destination; other times, students may face barriers obtaining

more than a 30-day supply of medication due to insurance restrictions or legal limitations. In cases where the student's specific medication cannot be shipped, access to medications becomes a real issue. Students who change to a locally prescribed medication can sometimes come up against strong cultural resistance to the perception of "overmedicated" American students within the medical community in Europe. This resistance can also be present when filling local prescriptions for psychiatric medication. In Italy, for instance, psychiatrists have told students that some pharmacies are known to be more friendly to mental health medication than others and that it may be necessary to approach multiple pharmacists before students are successful. This can cause increased levels of anxiety in students, particularly when dealing across language barriers.

There are times when students will stop or reduce their psychiatric medications while abroad. There are various reasons for this practice, such as trying to make it last longer, ceasing medication in the misguided desire to fully experience the culture in their "whole" unmedicated state, or reducing the number of medications or dosage, in order to drink more alcohol. The issue of alcohol consumption is especially relevant, since college-age students are legal to drink across Europe, and thus can buy and consume alcohol freely (Aresi et al., 2016). The Healthy Minds Survey noted that students with depressive symptoms drank more heavily and more frequently than their peers (The Healthy Minds Network for Research on Adolescent and Young Adult Mental Health, 2014) which has the potential to further impact student mental health. Additionally, students taking mental health medication while consuming alcohol and marijuana are risking dangerous contraindications.

2.9. Cultural Divide and Mental Health

Cultural differences between student, homestay families, or program staff can cause unease, disagreement, and affect students' mental health. These differences may include microaggressions, which can lead to chronic psychological distress for students (Nadal et al., 2014; Willis, 2015). In Italy, several programs have noted frequent street harassment for minority students of color. Students report being propositioned as prostitutes, followed and harassed by shop owners, or being charged more than their White counterparts in shops and restaurants. Unfortunately, the feelings of isolation and injustice that often stem from these episodes can be exacerbated by the lack of an understanding within the student community. This, in turn, can further negatively impact students' mental health and the minority student

experience in international education programs. In response to these and other stressors, program staff often provide ad hoc support for marginalized students, which may not be sustainable or advisable for program staff or students.

Despite advances in student support measures in previous decades, the current mental health landscape in U.S. higher education is marked by increasing need and complexity. As we have attempted to demonstrate, supporting students' mental health and well-being requirements has raised the expectations placed on the education abroad professionals. In the following section, we will examine the potential impact of these expectations on the mental health and well-being of international program faculty and staff.

2.10. The Current State of International Educator Mental Health in Europe

Understanding the impact supporting student mental health is having on education abroad professionals in Europe is increasingly important to protect staff well-being and employment retention. In 2009, a seminal *Frontiers* article described the impact of increasing requirements for mental health support for US students abroad and the resulting demands being placed on international residential directors (Lucas, 2009). According to Lucas, a lack of time, lack of resources, lack of training, and navigating a thin, high-pressure space between teacher, mentor, and cultural guide, creates a cocktail of pressures contributing to depression, anxiety, and burnout among education abroad professionals (also see Robinson, Doughty, et al., 2025). While Lucas provides qualitative evidence and research for the stressors facing international educators, he admits a lack of “hard data” quantifying the mental health challenges students and international educators face. While mental health issues facing students abroad are growing more complex, robust qualitative and quantitative mental health research over the last two decades has contributed to a more thorough understanding of the challenges students face abroad. These efforts are leading to a growing framework of “best practices” aimed at advancing training and supportive services for students abroad (Barneche et al., 2023; Bathke & Kim, 2016; Briscoe et al., 2020; Hoffswell, 2022; Hunley, 2010; Prince, 2015).

Despite these advances in student support, the mental health and well-being of residential directors/faculty themselves remain largely unstudied (Robinson, Doughty, et al., 2025), leading to a continuing lack of quantitative

data directly related to those working closely with U.S. students in Europe. The study presented in the following section seeks to address this knowledge gap by providing a basic quantitative "snapshot" of Europe-based international educators' mental health and well-being, identifying contributive factors that lead to stress, and suggesting practices that may safeguard practitioners' mental health abroad.

3. The Assessment Tool

For this study, the widely used Depression, Anxiety, Stress Scale (DASS-21), an abbreviated version of the DASS-42, was selected as an assessment tool to measure and differentiate the distinct dimensions of depression, anxiety, and stress amongst on-site study abroad professionals (Lovibond & Lovibond, 1995). The DASS-21 is a self-report instrument that contains three scales with seven questions, each divided into subscales with similar content. Each scale assesses a spectrum of symptoms associated with depression, anxiety, and stress on a four-point Likert scale. Comparative levels of stress are calculated by summing participants' scores for each scale. Because the DASS-21 is the shortened version of the longer 42-item instrument, scores are then multiplied by two to calculate a final score commensurate with both the 42 and 21 item instruments. Final scores are then compared against established normative values ranging across five levels of severity ranging from "normal, mild, moderate, severe, or extremely severe." A greater score indicates a higher severity of negative symptoms (Lovibond & Lovibond, 1995).

The DASS-21 instrument was selected due to several advantages that make it beneficial for use with international educators in Europe. First, its brevity and simplicity make it ideal for busy professionals. Second, the instrument is public domain and does not require special permission for use. Third, the tool was developed outside of the U.S. and has been used widely across a diverse range of settings, including Europe. Fourth, normative DASS-21 scales have been established in peer-reviewed studies across a spectrum of cultural contexts. Fifth, the scale is widely recognized to have good internal consistency/sensitivity (r = 0.71-0.81, Cronbach's alpha: 0.96 (depression), 0.89 (anxiety), 0.93 (stress)) in non-clinical samples and has been validated and used in occupational studies in a wide variety of languages, social contexts, and occupational groups (Antony et al., 1998; Brown et al., 1997; Cao et al., 2023; Henry & Crawford, 2005; Lovibond & Lovibond, 1995; Osman et al., 2012; Zanon et al., 2021).

In addition to the standard series of DASS-21 questions, a supplemental survey of 10 additional questions was administered to all participants immediately after the DASS-21 instrument. These questions were intended to gauge the prevalence of specific contextual factors that may influence levels of stress and anxiety among international educators. Responses to the supplemental questions utilized a 4-point Likert response format similar to the DASS-21. However, unlike the DASS-21's relatively timeframe of inquiry (two weeks), the supplemental survey probed the last twelve months of an international educator's experiences. The survey included the following questions:

1. During the last 12 months, have you feared a student might be seriously injured or die while under your responsibility or supervision?
2. During the last 12 months, have you dealt with a serious case of student injury, assault, or sexual assault?
3. During the last 12 months, have you or one of your staff members dealt with a university grievance procedure or investigation?
4. During the last 12 months, how would you rate your relationship with your staff?
5. During the last 12 months, how would you rate your relationship with your faculty?
6. During the last 12 months, how would you rate your relationship with your students?
7. During the last 12 months, have you or your staff dealt with a student with serious mental health issues or crises?
8. Please rate the following statement: my job makes me happy.
9. Please rate the following statement: my job gives me peace.
10. Please rate the following statement: my job makes me anxious.

The bundled DASS-21 instrument and supplemental survey was distributed to all member associations of the European Association of Study Abroad (EUASA) consisting of APUNE (Spain), APUAF (France), AACUPI (Italy), AASAP (Germany), ASAPI (Ireland), AUCS (Switzerland), AAUP (Czech Republic), and AAECG (Greece) in October 2023 resulting in 102 (N = 102) completed DASS-21 instruments and supplemental surveys. Results are presented in the next section, together with limitations, and are discussed in the following section.

4. Results and Limitations

Data collected from the DASS-21 surveys reveal significant numbers of international educators in Europe who report moderate to extremely severe levels of depression (23.53%) and anxiety (53.92%) and stress (34.31%). The levels of reported anxiety are particularly interesting, with 15.69% of participants reporting levels of anxiety categorized as "extremely severe" according to DASS-21 scales (Table 1).

Table (1)

The overall prevalence of depression, anxiety, and stress among surveyed Europe-based international educators in October 2023 (N = 102).

Variables	Frequency (n)	Percent (%)
Depression Scale		
Normal	62	60.78%
Mild	16	15.69%
Moderate	17	16.67%
Severe	3	2.94%
Extremely severe	4	3.92%
Anxiety Scale		
Normal	39	38.24%
Mild	8	7.84%
Moderate	29	28.43%
Severe	10	9.80%
Extremely severe	16	15.69%
Stress Scale		
Normal	38	37.25%
Mild	29	28.43%
Moderate	26	25.49%
Severe	7	6.86%
Extremely severe	2	1.96%

Because the DASS-21 relies on self-reported data, which may or may not correlate with clinical diagnosis by a mental health professional, there are inherent limitations. The tool does not provide definitive diagnosis of an anxiety disorder, for instance, but it has been validated as a measure of psychological distress across various dimensions of anxiety (Henry &

Crawford, 2005). Additionally, the fluctuating nature of educators' stress levels during different points in time (e.g., the rush of the fall versus more relaxed summer terms) underscores the relevance of assessment timing and the importance of longitudinal studies. In this case, the DASS-21 assessment was distributed during a specific timeframe (October 1 - October 31, 2023) with the intention of providing a representative level of potential stress at a midpoint in the semester. However, identifying a representative "average" data set is impossible without additional studies, and alternative assessment dates could generate data with higher or lower levels of reported stress, anxiety, or depression.

Additional study limitations are due to the selected test population. Although the sample population for this study was drawn from a large number of programs within the EU, the actual tested sample was relatively small (N = 102) and participants were intentionally drawn from American educational institutions in European locations which host the largest number of American students (Institute of International Education, 2023). It is feasible that the intentional inclusion of other program types or geographic locations (e.g. third party providers or university programs in the majority world) could influence the results. As the scope of this study was intentionally limited to programs of a particular profile, it is likely that the generalizability of findings to other international educators is limited.

TABLE (2.1.)

Question: In the past 12 months, have you feared a student might be seriously injured or die while under your responsibility or supervision? (N = 102)

Response	Frequency (*n*)	Percent (%)
No	30	29.41%
Yes, but rarely	55	53.92%
Yes, multiple times a semester	15	14.71%
Yes, constantly	2	1.96%

TABLE (2.1.)

Question: During the last 12 months, have you dealt with a serious case of student injury, assault, or sexual assault? (N = 102)

Response	Frequency (*n*)	Percent (%)
No	68	66.67%
Yes	34	33.33%

Table (2.3.)

Question: During the last 12 months, have you or one of your staff members dealt with a university grievance procedure or investigation? (*N* = 102)		
Response	**Frequency (*n*)**	**Percent (%)**
No	77	75.49%
Yes	25	24.51%

Table (2.4.)

Question: During the last 12 months, how often are you "on call" for student or program-related emergencies? (*N* = 102)		
Response	**Frequency (*n*)**	**Percent (%)**
Never	8	7.84%
Occasionally	24	23.53%
Often	32	31.37%
Always	38	37.25%

Table (2.5.)

Question: During the last 12 months, have you or your staff dealt with a student with serious mental health issues or crises? (*N* = 102)		
Response	**Frequency (*n*)**	**Percent (%)**
No	47	46.08%
Yes	55	53.92%

Table (2.5.)

Question: Rate the following: My job makes me anxious. (*N* = 102)		
Response	**Frequency (*n*)**	**Percent (%)**
Strongly Disagree	3	2.94%
Disagree	14	13.72%
Neutral	19	18.62%
Agree	52	50.98%
Strongly Agree	14	13.72%

5. Discussion of Survey Findings

Education abroad staff play unique institutional roles in U.S. higher education, often simultaneously serving in multiple capacities as instructors, personnel managers, security specialists, cultural attachés, career counselors, facility operators, travel agents, financial analysts, recruiters, and student affairs professionals (Robinson, Doughty, et al., 2025). In addition to these roles, existing literature indicates that international educators increasingly manage complex student mental health issues compounded by fluctuations in psychological distress that students experience before, during, and after their time abroad (Huntley, 2010; Bathke & Kim, 2016). As we note in our previous sections, the prevalence and self-monitoring of psychological medications, the use of social media as a mental diagnostic or treatment resource, and the use of marijuana and alcohol influences the student mental health landscape and compounds other risk factors that place increasing burdens on international educators (Eisenberg et al., 2023; Pedersen et al., 2020).

While the limitations of the DASS-21 instrument do not allow us to draw specific clinical conclusions, collected data suggests that a significant portion of international educators self-report significant levels of depression, stress, and anxiety beyond normative levels, as defined by the DASS-21 scale. Similarly, while the supplemental survey does not allow us to draw specific correlations between stressors and educators' self-reported mental health and well-being, responses suggest this population of international educators experience a host of contextual factors that could lead to heightened levels of stress, depression, and anxiety.

To illustrate one such contextual factor, responses to a single question contained in the stress scale of the DASS-21 instrument revealed that 40 respondents (39.2%) report thinking about "disturbing or traumatic events' that have impacted you or people in your care." The supplemental survey data provides additional framing for these responses, revealing a variety of situations that could be classified as "disturbing" or "traumatic." For example, 33% of respondents reported a serious student injury, assault, or sexual assault in the last 12 months (Table 2.2) and 54% of respondents reported navigating a serious mental health issue or crisis (Table 2.5). The prevalence of these categories of dangerous or traumatic incidents is commonly noted in recent literature, with injury, physical assault, sexual assault, mental health distress, and identity-based or hate violence comprising 36% of all reported incidents in the Forum's 2023 Student Risk Report (Dietrich & Lombardi, 2023) and multiple

studies indicate higher levels of risk for sexual violence abroad (Flack et al., 2015; Hummer et al., 2010). Intimately knowing the dangers of the study abroad experience, 70% of European international educators think about the potential of death or serious injury for their students at least some of the time (see Table 2.1) and 64% believe their job “makes them anxious.”

Ideally, student affairs professionals and first responders who routinely navigate these scenarios would operate within professional standards which aim to limit stress, anxiety, and secondary trauma (Lynch & Wojdak, 2023). However, the factors which increase vulnerability to secondary trauma, frequency/diversity of incidents and degree of closeness to affected individuals (Hensel et al., 2015), are inescapable realities for international educators who are typically working with relatively small living/learning cohorts of students abroad. These vulnerabilities are further compounded by the fact that 68% of European international educators surveyed are “often” or “always” on call (Table 2.4) for emergency management, limiting rest and recovery time and exacerbating anxiety, fatigue, and stress. Thus, although the need for additional student mental health support has grown (Center for Collegiate Mental Health, 2021), staffing resources have not increased, forcing many international program staff to increase services for students without the resources needed to meet these needs without risking harm to themselves (Anderson, 2021; Mullen et al., 2018).

Lastly, 24% of respondents reported that either they or their staff were involved in a university grievance investigation in the previous year (Table 2.3). Based on the specificity of our instrument, the nature of these grievance investigations cannot be known. However, navigating a grievance procedure, regardless of the justifying reasons for an investigation, is a process that contributes positively to levels of stress and anxiety. Responding to an investigation often requires substantial time and emotional resources to justify choices or actions made in previous terms, and educators are often scrutinized by university officials who are sometimes less aware of the cross-cultural or relational differences that define the student experience abroad. Educators who believe they are wrongly accused may feel unappreciated, unsupported, and vulnerable. While no data appears to exist regarding the frequency of grievance proceedings or their impact on international educators, we believe the presence or threat of grievance filings heightens levels of anxiety and contributes negatively to international educators’ mental health and well-being.

6. Implications

Student mental health issues in international education have rightly received most of the scholarly attention in recent decades. However, the current study suggests that international educators' mental health and well-being should also warrant our attention. In this study, a well-documented psychological assessment tool (DASS-21) revealed heightened levels of stress, anxiety, and depression among a population of European international educators. Although we cannot definitively draw a correlation between the presence of elevated levels of stress/anxiety/depression and international educators' work, existing literature and our survey results indicate their jobs are characterized by diverse, high-pressure responsibilities, increasing student support demands, exposure to difficult and/or dangerous critical incidents, they are often "on call", and sometimes are required to defend themselves in official grievance proceedings. Given these stressors, we suggest that a holistic notion of mental health and well-being for university programs abroad must include a concern for, and scholarly attention to, international educators themselves.

7. Conclusion

As an inherently high-impact experience, international education necessarily challenges *and/or* enhances the well-being of all involved, students *and* professionals. The positive potential of the experience is dependent, however, on the capability and health of program staff, faculty, and students to be engaged in the experience. As we have demonstrated, the prevalence and complexity of mental health issues—both for students and professional staff—have the potential to impart psychological stress as students and practitioners engage the world together. Providing the resources and training to support growing levels of stress, depression, and anxiety across all levels of the student and faculty/staff population are critical in order to support the experience being a positive one for students and staff alike. In order to maintain the high quality and positivity of both the educational and the workplace experience, mental health scholarship in international education should prioritize studies and best practices which correspond to the evolving challenges faced by both students *and* professional staff.

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