HANDBOOK FOR MENTAL HEALTH ISSUES IN ROTARY YOUTH EXCHANGE

rotary youth exchange

Rotary

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Overview

Mental health issues exist in Rotary Youth Exchange (RYE), just as they do in society in general. This handbook is an unofficial guide for Rotarians working in RYE. From time to time, Youth Exchange Officers (YEOs) have to make decisions regarding Outbound candidates and Outbound and Inbound students. YEOs are generally not experienced in dealing with mental health issues and are, therefore, not always able to make the best-informed decisions without help and support.

This handbook will assist YEOs in making those decisions. It is essential for YEOs to understand that merely having or not having a mental health diagnosis should not be the sole basis for accepting or rejecting a candidate or for sending a student home.

This handbook was developed by three mental health professionals with over 90 years of combined experience in RYE. It is intended as a reference for making decisions about mental health issues in RYEs. Still, it is not an all-inclusive handbook for making all mental health decisions about students. Consultations with mental health professionals in the student's Rotary district for incidents as they occur are highly recommended.

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Chapter 1

Decision Trees for Dealing With Mental Health Issues and Learning Disorders

Introduction to the Decision Trees

Depression and anxiety are the most common mental health disorders and many adults, including Rotarians, will experience these at some time. Both are treatable, and many individuals recover. In addition, many individuals with these diagnoses cope with daily life, are successful in their lives and communities, and can engage in relationships, volunteer, and remain active and engaged. Medication is often a component of helping them to cope with these illnesses. The diagnosis says that an individual *has* the disorder but says nothing about how they are managing their daily lives.

Similarly, ADHD and Autism Spectrum Disorder (ASD) are commonly diagnosed in students. However, with treatment, many of these students are quite successful. For some students with ADHD, a component of that treatment is medication, as it effectively manages the symptoms and enables them to be academically and socially successful. Again, the diagnosis doesn't give much information about how they are managing, and simply knowing the diagnosis doesn't indicate a candidate's suitability.

When working with students with such diagnoses, we asked specific questions to help us determine whether the student was a good fit for the program. The decision trees in this handbook formalize these questions and the process of deciding whether to accept the candidate.

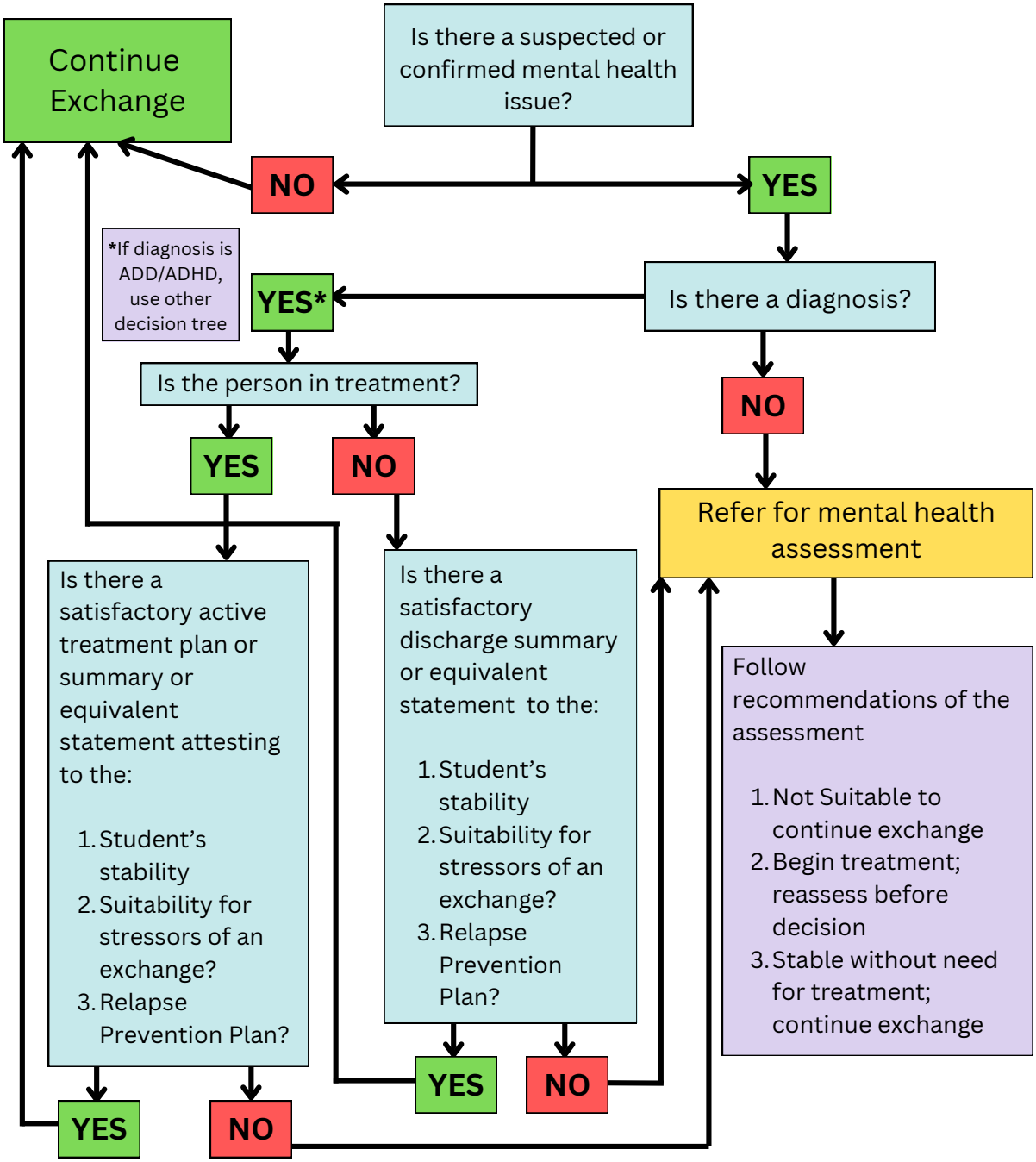
Although the decision tree was provided to help identify appropriate candidates even with a diagnosis, there are also times when candidates are not appropriate, and red flag issues are also identified.

Finally, exchange students are at the age when first episodes of mental health issues may occur. Even when a student with no mental health conditions is accepted, there is the possibility that the student could experience a first episode while on exchange. The decision tree can also help inform what steps to take when this occurs.

This handbook also provides information about accessing insurance, supports for students, understanding why medication is appropriate, and finding mental health practitioners as part of the exchange committee.

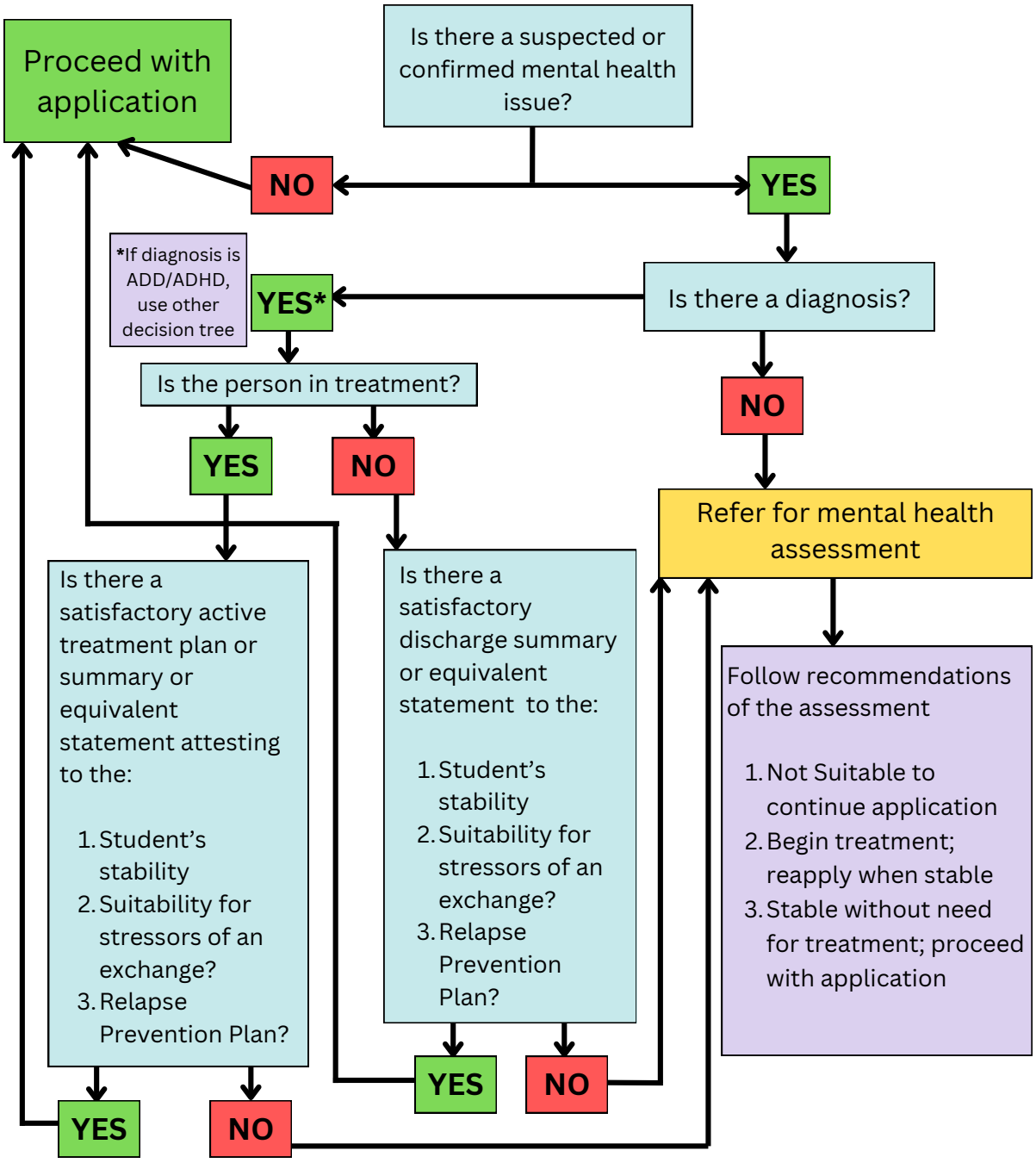
DECISION TREE FOR SUSPECTED MENTAL HEALTH ISSUES IN YOUTH EXCHANGE

Inbound Student



DECISION TREE FOR SUSPECTED MENTAL HEALTH ISSUES IN YOUTH EXCHANGE

Outbound Candidate



DECISION TREE FOR ASD

(If there is a diagnosis of Autism Spectrum Disorder)

Is the student managing academic expectations at the level required by RYE?

Does the student manage personal relationships successfully?

Does the student participate in extra-curricular activities?

Does the student succeed without a behavioral management plan at school?

Does the student interact well with Rotarians?

Are any repetitive behaviors minor and manageable?

Are any food restrictions due to sensory issues minor and manageable?

If no to **ANY** of these, the student is not an appropriate candidate

If yes to **ALL** of these, the student is an appropriate candidate

DECISION TREE FOR ADHD

(If there is a diagnosis of ADD or ADHD)

Is the student managing academic expectations at the level required by RYE?

Does the student succeed without a behavioral management plan at school?

Does the student participate in extra-curricular activities?

Does the student manage personal affairs independently? (chores, keeping room tidy, etc...)

If on medication, is the student stable, managing doses, and will the same medication be available in the host country?

If not on medication, is the student stable, with appropriate non-medical coping skills?

If no to **ANY** of these, the student is not an appropriate candidate

If yes to **ALL** of these, the student is an appropriate candidate

Considerations:

Even when using the decision trees, there are red flags that indicate that the student would not be an appropriate candidate. These would include the following:

1. The student is on an antipsychotic medication. (Check with a doctor or look it up if the medication is unfamiliar.) Confirm the reason for medication, as some can also be used for ADHD, Tourette's, and other issues. If there has been a psychotic episode, how well-managed is the student?
2. The student has attempted suicide in the past year or has engaged in serious self-harm (cutting self, burning self, etc.).
3. Hospitalization for mental health issues in the past 12 months.
4. Discontinuation of medication in the past month (because you don't know how the student will react). Monitor throughout the training period or exchange to ensure that they are maintaining stability.
5. Serious substance abuse or heavy alcohol use—either in the past 6 months or currently. If it is a one-time event, this is less concerning. Make explicit rules and expectations with the student about use, reminding them of the 5 Ds. If it is current or ongoing, they will likely fail on exchange, as this may be an addiction issue.

These issues indicate that the mental health issue is not managed or is the type that may be triggered by stress, including the stress associated with exchange.

Chapter 2

How to Include a Mental Health Specialist on the YEO Committee in Your District

Mental Health Professionals

Many RYE committees are now ensuring that they have a mental health specialist on their team because they understand that most exchanges grow or decline due to the mental health status of their students. Anxiety, depression, homesickness, and other mental health struggles can make the difference between a successful exchange or an early return. Understanding and reaching out to students as they struggle with mental health struggles is part of the compassionate care RYE committee members give to the students in their district.

Mental health specialists come from different specialties and focuses. They can be general practicing psychologists, licensed social workers, mental health counselors, and other professionals who can diagnose mental health illnesses. They should be licensed professionals with active licenses without any restrictions or complaints against them. A general knowledge of young adult mental health struggles is important and needs to be something that the professional is willing to keep updated in their scope of practice.

How To Incorporate A Mental Health Specialist into the RYE Committee:

1. **Define the mental health specialist's role:**
    - **Clearly outline responsibilities:** Determine their duties, such as providing individual assessment, crisis intervention, mental health diagnosis, or Rotary Youth committee mental health training.

2. **Foster collaboration:**
    - **Regular committee meetings:** Include the mental health specialist in regular Rotary Youth committee meetings to ensure open communication, collaboration, and updates.
    - **Cross-functional partnerships:** Encourage the mental health specialist to work with other Rotary Youth committee members to understand mental health struggles found in RYE students.
    - **Shared goals:** Align the mental health specialist's objectives with the broader RYE committee goals to create a sense of shared purpose for the RYE. Mental health goals can be shared with the Rotary Youth and committee members.

3. **Create a supportive environment:**
    - **Promote open communication:** Encourage Rotary Youth committee members to openly discuss mental health (general topics, not students' personal information) without stigma. Talking about mental health issues helps normalize talking about difficult things.
    - **Normalize seeking help:** Emphasize the importance of seeking support from the Rotary Youth mental health specialist when needed.
    - **Model healthy behaviors:** Lead by example by prioritizing and paying attention to your own mental health and seeking support when necessary. Rotary Youth look toward the adults in their lives as examples.

4. **Provide resources and training:**
    - **Mental health training:** Offer training to Rotary Youth committee members on topics like anxiety, depression, resilience, eating disorders, sleep disorders, and recognizing signs of mental health distress.

5. **Evaluate and make changes:**
    - **Regular check-ins:** Conduct regular check-ins with the mental health specialist to identify areas for improvement for the Rotary Youth committee and the Rotary Youth in the district.
    - **Gather feedback:** Ask for and collect input from Rotary Youth committee members about their experiences with the mental health specialist and the mental health resources provided by the specialist. All Rotary Youth committee members need to be heard, acknowledged, and validated regarding the students' mental health.
    - **Adjust and make changes as needed:** Be willing to adapt your Rotary Youth committee's approach based on feedback and changing needs.

Chapter 3

How to Spot General Warning Signs of Common Mental Health Struggles on an Exchange

Signs of Mental Illness in Adolescents

Exchange is a stressful time, and adolescence is often the period when first episodes of a mental health problem become apparent. As a result, a mental health issue can develop even with students who have never had problems in the past. It is important to recognize the signs to provide support and prevent the situation from worsening and interfering with a successful exchange.

The first thing to remember is that symptoms must persist, so they should be present for at least a week. Individuals can experience sadness, anxiety, and stress as a normal reaction to events, so the features need to last to be a mental health problem. Students may show signs that overlap with depression when they are homesick, but if it is only for a few days, this is not depression. If they show this frequently (every few days), even if it only lasts a few days each time, that would be a concern.

Symptoms of Depression in Teenagers

1. **Isolation:** Many students take time in their room at the end of the school day to relax, take some time away from translating (especially in the early months), or just regroup. However, if they spend most of the evening in their room, increase the time in their room, or have stopped coming out to help at dinner or join in evening activities with the family, these could be indicators of depression. They may stop spending time with friends or participating in activities with Rotarians.

2. **Sleep problems:** Sleeping a lot or not sleeping enough. Teenagers often stay up late and then sleep in on the weekends. This is a normal pattern, but when they struggle to get up every morning or stay up late and struggle to fall asleep, this is a concern.

3. **Lack of energy:** They seem tired even if they slept or they say they are tired. They don't do as much as they usually do. They complain about feeling tired or achy.

4. **Eating problems:** They eat a lot more than usual, which is an ongoing issue, not just a special occasion. The opposite can also be seen if they aren't hungry, don't eat much, or leave a lot of food on their plate. Again, this should be a change in how they eat.

5. **Loss of enjoyment:** They stop doing things that they used to enjoy; when you invite them to activities, they seem bored, unhappy, and apathetic. They don't seem to be excited when given new opportunities. Again, this should be a change, because some students don't present as enthusiastic even at the start. This should be something that persists, as when students are experiencing temporary culture shock, they will show this as well.

6. **Poor self-esteem:** They talk negatively about themselves (*I am so stupid; I will never learn the language; All the other students are making more friends than me; I will never fit in*). This can also be seen when there is a decrease in hygiene; they don't shower as frequently, they may not change clothes or do laundry, or they don't brush their hair. In girls who were wearing make-up, they may stop wearing make-up.

7. **Poor motivation:** They stop practicing their language or asking questions about the culture (this is normal in the later stages but is a concern early on). They stop completing homework or trying to learn new skills (e.g., cooking, a new craft, or sport). They may stop cleaning their room, exercising, going for walks, or pursuing a hobby.

8. **Sadness:** They cry a lot, they look sad, they say they are sad and there is not a specific cause (you would expect this if a grandparent passed away).

Signs of Anxiety in Teenagers

Anxiety is a normal reaction to stressful events, and exchange has many stressful events. Anxiety before presenting at a Rotary meeting, nervousness before the first day of school, or anxiety about trying a new sport is normal. Students may say they are worried or nervous before these events, they may be physically moving around or finding it hard to sit still, or their hands may be shaky. These behaviors before a new event are expected, and although the student is anxious, it is not an anxiety disorder. Anxiety that is a concern is persistent and interferes with the student's ability to cope with daily life. The following are symptoms that might raise concerns:

1. **Emotional symptoms:** Feeling worried, restless, irritable, or on edge. Teens may also be sensitive to criticism, self-conscious, or withdrawn. They may say they feel this way or have these expressions on their face. They may argue because of irritability, become defensive if their language or behavior is corrected, and they may become very self-conscious about their appearance (e.g., asking for reassurance that they are dressed appropriately, if they look acceptable, if their hair is correct, etc.).
2. **Physical symptoms:** Teens may experience headaches, stomach aches, muscle tension, pain, or fatigue. In the early weeks of exchange, these features are common as the student gets headaches from constantly focusing on the new language, dealing with the

new foods, adjusting to time changes, and settling into new routines. However, if these reappear later on, it is a concern. They may also feel shaky, jittery, or short of breath. You may see their hands shaking, they may find it hard to sit still, or they may pace. Other physical symptoms include a racing heart, hot face, clammy hands, or dry mouth. You may see facial redness, or they may complain about this.

3. **Behavioral symptoms:** Teens may avoid situations that make them anxious or may refuse to engage in new experiences. They may not talk in front of Rotary, may not want to go out alone, or may identify that something is "too hard" to do. They may also have trouble concentrating and starting or finishing schoolwork. In a conversation, they may miss details, ask for explanations as they missed something (again, this part is common in the first half of exchange, but the concern is if it reappears), or struggle to finish something they were asked to do.
4. **Panic attacks:** A panic attack is a surge of anxiety that can include physical symptoms, such as a racing heart or shortness of breath. Panic attacks have an identifiable trigger or can come out of the blue. The student may breathe rapidly, find it difficult to talk or answer questions, and be unable to follow instructions. Their expression may be fearful; they may say they want to throw up, and they may say they are worried that they are having a heart attack. They often want to leave the situation.
5. **Repetitive behaviors or comments:** Individuals sometimes develop repetitive behaviors, as this helps them to feel calmer. This can be appropriate (a soothing bedtime routine), but others are disruptive (counting the cracks in the sidewalk, turning lights on and off a specific number of times, or needing to wear the same thing every day). If a student develops a habit that must be followed and becomes upset if they cannot, this is an anxiety symptom.

Symptoms of Psychosis in Teenagers

This is a rare phenomenon, but late adolescence, especially if stressed, can trigger the first episode of psychosis. Marijuana, cocaine, amphetamine, and other drug use can also trigger a psychotic episode. This is a very serious mental illness, and immediate treatment is very important. Some of the features may be difficult to detect if the student doesn't talk about them, but there are some behavioral indicators. Involvement of psychiatric support is vital if one of these symptoms is suspected.

1. **Hallucinations:** The student may report seeing or hearing things that others cannot see or hear (e.g., saying there is something in their room, but no one else sees it; asking who is talking in the background when no one else hears it). They may also react to things others

don't see or hear (laughing inappropriately, looking fearful when nothing seems to be present, getting angry about people talking about them, or waving their hands to get things to move away).

2. **Delusions:** Beliefs that are not reality-based that they talk about as if they were true. These can be paranoid (*Everyone at school hates me and the principal wants to kill me*); grandiose (*I am the best exchange student ever; I can read minds and I know they are talking about me*); or in other domains as well (*This famous person loves me*).

3. **Disorganized speech:** Exchange students often have difficulty explaining themselves as they learn the language, but with disorganized speech, they may give long, rambling answers that do not make sense, or they may go off on different topics that are only connected by one shared word and do not answer the question, or they make up words to answer the question.

4. **Atypical behavior:** The teenager may withdraw from social activities, isolate themselves, or have unusual behaviors. They may be irritable and have trouble engaging in social relationships. Their behavior may seem infantile, and they may become easily agitated when spoken to. Sometimes, they may be aggressive and prone to insulting the other person. They may have difficulty conforming to behavioral standards and social cues, so they are rude. They may also have a decline in self-care or personal hygiene. This means they may stop showering, changing clothes, brushing their hair, or washing their face.
5. **Suspiciousness:** The teenager may become suspicious of things and people around them. They may believe that others are following them or are intent on harming them or their family. The person may grow worried or even scared of people they are familiar with, including friends and family. This can make them irritable, fearful, and avoidant of people.

6. **Frequent mood changes:** The teenager has mood changes that do not appear to be linked to external events. These may occur in reaction to hallucinations and delusions or may just be very reactive.

Symptoms of a Manic Episode in Teenagers

1. **Mood swings:** Severe, unpredictable mood changes, such as being abnormally happy or silly. In teens, there may also be unpredictable periods of irritability and agitation.
2. **Energy:** Having high energy levels and little need for sleep.

3. **Talkativeness:** Speaking very fast, talking a lot, interrupting others. This can be related to having racing thoughts.
4. **Distractibility:** Being easily distracted, so in a conversation, shifting to other topics, interrupting because they have seen something and been distracted (*Squirrel!*).
5. **Risk-taking:** Engaging in high-risk activities, such as reckless driving, gambling, excessive overspending, having sex, or alcohol and drug abuse. On exchange, this would be a student who suddenly starts breaking all the Ds.
6. **Poor judgment:** Uncharacteristically poor judgment when they have been behaving well, such as sneaking out at night, skipping school, arguing with Rotarians, breaking curfew, spending lots of time online.
7. **Hallucinations or delusions:** Seeing or hearing things that are not there (hallucinations) or believing things that are not true (delusions) (see explanation in psychoses).
8. **Inflated self-esteem:** Bragging about themselves, what they own, or what they can do.

Learning Disorders

When reading the application, one of the questions is whether the student has a mental disorder. When filling this in, people often forget that a learning disorder is also a mental disorder. If the student is being successful in school in their home country, they should be able to manage on exchange. However, they may need some supports to help them succeed, and there are some considerations for accepting them, depending on the learning disorder. If these are not considered, the student may be placed in a situation where they will struggle to succeed. This can then lead to depression or anxiety, which makes it even harder to succeed.

1. **Reading disorders:** Students with a reading disorder will struggle if they need to learn a new alphabet. Students who use the Roman/Latin alphabet should be placed in a country that uses that alphabet. They will struggle to learn the language if they also have to learn a new alphabet, as they cannot read the words.

   Students who use technology to access the curriculum in their home country (such as Google Read&Write) should bring this with them. They should also consider taking a scan-and-read pen so they can read texts in the host language without needing to scan them into a laptop.

   Students should be allowed to use voice-to-text on their phone to generate notes or record information so they can replay what they have been taught.

The emphasis should be on spoken language development rather than reading the new language.

2. **Writing disorders:** Students with reading disorders often have disorders of written expression, but this can also exist independently. As with reading disorders, if the student uses technology, such as voice-to-text or word processing, they should bring their technology so they can use it at school.

   It would be helpful if the school allowed the student to answer questions orally rather than in writing, as the focus would be on developing speaking skills.

3. **Math disorders:** Students with math disorders should be allowed to use a calculator in math classes while they are on exchange. If there is an option for streams as in the French system (L-Literature, ES-Economics and Sciences, S-Maths and Sciences), consider enrolling the student in the literature stream or to select courses that minimize math demands.

   A letter, like those provided for ADHD, should explain why this student is seen as a strong candidate for exchange and what supports will help them succeed. It is important to recognize that the student must be independent in working with the technology supports to manage the demands.

Chapter 4

How to Define Confidentiality and Privacy for a Student on Exchange

Confidentiality and Privacy for RYE Students

Confidentiality and privacy in mental health care for foreign exchange students are paramount. As Rotarians, we are granted permission to work with exceptional youth and need to be able to support them when their mental health may be struggling. Here are the basics:

1. **Confidentiality:**
    - **General principle:** Mental health professionals and Rotarians have an ethical and often legal duty to keep information shared by their Rotary Youth confidential. Confidentiality allows the Rotary Youth to open up more, and sharing can become easier. The easier it is to communicate about mental health, the easier it is for the Rotary Youth to find the space for healing. This means that what is discussed in private remains private and is not shared with others without the Rotary Youth's explicit consent.
    - **Exceptions: PLEASE READ CAREFULLY**
        - **Danger to self or others:** If a Rotary Youth poses an immediate and serious threat of harm to themselves or others, the Rotarian may have a duty to breach confidentiality to protect the Rotary Youth.
        - **Child abuse or neglect:** In many jurisdictions, Rotarians are mandated reporters of suspected child abuse or neglect. Please consult with your District's Rotary Youth Protection Officer if any child abuse or neglect is suspected.

2. **Privacy:**
    - **Protection of personal information:** Privacy is the right of individuals to control their personal information. For Rotary Youth, it includes:
        - Medical records
        - Treatment history
        - Communication with Rotarians, host families, and supportive adults

3. **Discussing mental health issues:**
    - Limit your conversations to your committee's mental health specialist and only Rotarians and host parents who directly work with the Rotary Youth.
    - If the Rotary Youth's conditions and struggles need to be discussed with anyone else, ensure that the Rotary Youth knows and understands why.
    - Remember that the Rotary Youth's parents also need to be consulted and included in all steps of the process.

Chapter 5

How to Write a Mental Health Plan District to District for an Outbound

Writing a Mental Health Plan — District to District

The example below gives an example of the purpose of the mental health plan. The areas of focus are the purpose of the documentation, the current status of the Rotary Youth, medications being taken, previous interventions, and strategies to use on the exchange. This plan is given to the host district in advance and discussed between the two districts before the Rotary Youth goes on their exchange.

Name: [STUDENT NAME]
Date of Birth:
Age:
Sponsoring District:
Hosting Country:

Purpose of documentation:
This document is to identify [STUDENT NAME] 's current mental health presentation, her previous involvement in therapy and the type of treatment she had, the strategies developed from this, and a plan should anything occur while she is on exchange.

Current status:
The evidence we considered for appropriate coping with [MENTAL HEALTH ISSUE].

List of indications that the symptoms are managed—academic success, spending time with people, ability to manage interview, extracurriculars, part-time employment, etc.

Given these features, it was apparent that [STUDENT NAME] was a positive candidate for youth exchange.

Previous intervention:
[STUDENT NAME] was able to describe the symptoms that had led to the diagnosis of [MENTAL HEALTH ISSUE]—list symptoms

For treatment for [MENTAL HEALTH ISSUE], in addition to the medication, she has participated in—list interventions, strategies that were developed, effectiveness, etc.

Strategies for use on exchange:
[STUDENT NAME] intends to continue to use the strategies that have helped her to be effective at school here. She also intends to . . . (list anything else like blogging, regular exercise, monthly check-ins with a therapist, yoga, etc.)

Symptoms of recurrence—what the student identifies as a symptom of the mental illness.

Plan if symptoms reappear on exchange:
[STUDENT NAME] has identified that if these symptoms occur, she will let her host family know so that they are aware and she can get support. She will also (list of strategies discussed with student—connect with an online support group, connect with her therapist, call a friend, connect with district counselor at home or in district depending on the language level, etc.)

Chapter 6

How to Write a Mental Health Plan for Acute Onset During an Exchange for an Inbound

Inbound Mental Health Treatment Plan

This document is to get your RYE committee and Rotary District thinking about how to approach helping a RYE student while they are showing signs of mental health struggles during their exchange. This is a document to help you, your committee, your student, the host families, and the student's family back home understand what is happening. Always consult a mental health professional immediately when helping a student.

1. Keep the student safe. How will you keep the student safe as you help the youth?

    - Ideas:
        - Who needs to be notified? Who will notify each person?
        - Parents
        - Host Parents
        - RYE Committee
        - Rotary Counselor
        - Who else? (Remember privacy and confidentiality)

2. Is treatment available locally in the hosting area, and will it meet the student's needs? Is this a pre-existing problem? Has this problem already been addressed in their application process before the exchange?

3. Who is responsible for treatment and making sure that the student gets the help they need? Will a team approach be helpful?

4. How will help be received? What are the steps for getting the student to treatment?

5. How will the student and their supporting team know that progress is being made?

6. Are there special conditions or things needing attention to keep the student safe?

Chapter 7

How to Use Insurance Usage for Mental Health While on Exchange

Behavioral Health Insurance

Rotary Youth have a behavioral health benefit included in their health insurance plans when they arrive in their host countries. There are several different plans used by Rotary Youth, and each plan has different benefits. Rotarians must consult the health insurance plan for details of the benefits provided. The next four pages include the example mental health benefits from CISI BOLDUC. Contact the plan administrators directly with any specific questions.

Remote Behavioral Health Services

Behavioral Health Assistance on the go 24/7/365 from CISI, in coordination with our assistance partner, AXA Assistance

Practicing self-care is key for your physical and emotional well-being. Living abroad can be both exhilarating and stressful. Stressors like cultural adjustments, a new environment, loneliness and loss, and social pressure may lead to mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). It's okay to not be okay. That's why we are here to help in your time of need.





What is Remote Behavioral Health Assistance?

A telephonic consultation between a U.S. mental health professional and a patient, for the purposes of delivering counseling services. This program provides seamless access to crisis assessment, intervention, and stabilization exclusively by Master and Doctoral level clinicians. Callers will be connected to a trained counselor to help with immediate support and coordination in high-risk situations. All conversations are kept confidential.

How AXA's Behavioral Health Services Can Help:

Mitigate emergencies through accessible psychological care administered by U.S. based specialists. This can help you overcome issues like:

- Lack of mental health resources in many countries.
- Language and cultural differences that can hinder success.

Immediate crisis intervention ensures safety and recovery.

Early intervention avoids escalation and preserves continuity of care, which improves coping and decreases need for hospitalization.

Psychology assessment helps determine the best possible method of responding to the mental health concern.

Follow up and continued support allows work and study programs to continue uninterrupted.

How to access these services:

Simply call AXA Assistance. The 24/7 number is located on your CISI medical ID card.

24/7 Crisis and Behavioral Health Support Process

Here's how participants traveling outside of their home country can access a U.S. mental health expert:



FAQ

What if the caller needs to seek additional treatment after the sessions?

An appropriate provider will be located where the caller can receive follow up treatment as needed.

Who can access these services?

Any active Chubb or Arch policyholders who are with AXA Assistance USA as the embedded Travel Assistance Provider.

Is this service a covered benefit under the insurance plan?

These services will be covered as any other medical expense while the traveler is outside their country of permanent residence, subject to the terms and conditions of the policy.

Can a study abroad/exchange program staff member request service on the insured's behalf?

Although a third party can make a call to AXA for this service, the insured should be on the line and ready to engage in conversation. This service is intended to be activated by the insured at the time the call is made.

Is there a limit to the number of visits?

This benefit is limited to a maximum of three sessions.

Can the caller have multiple sessions with the same person?

No. This service is intended to provide immediate support by the first available counselor at the time the call is made.



CISI CULTURAL INSURANCE SERVICES INTERNATIONAL

CISI Claims Department (9-5 EST, M-F):
Phone: (800) 303-8120 | **(203) 399-5130**
E-mail: claimhelp@mycisi.com
Team Assist (24/7/365) – On Call:
Phone: (877) 714-8179 | (603) 952-2660
E-mail: mail@oncallinternational.com

Frequently Asked Questions (FAQs)

How will I receive my insurance information?

Once you are enrolled, you will receive an email from CISI Enrollments (enrollments@culturalinsurance.com), with the subject line 'CISI Materials'. Attach to this email you will find the following:

- Brochure (outlining the coverage of the plan)
- ID Card
- Consulate Letter (to obtain your visa, if necessary)
- Claim Form (if you need to submit a claim)
- Link to create a login to our participant portal
- Link to our myCISI Traveler App

How do I use my CISI insurance overseas?

In the case of a MINOR injury or illness - Be prepared to pay for doctor visits for minor illnesses such as a sore throat or a sinus infection. Present your card to your medical provider at the time of service. If the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses. Foreign providers can contact your assistance team (On Call) toll-free to verify eligibility and/or benefits 24/7/365. If they prefer to have you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bills and receipts, and submit them along with a claim form to CISI for reimbursement.

In the case of a SERIOUS injury or illness - **For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with On Call (our 24/7 assistance provider).** Our goal is to have the hospital or facility bill us directly. *If personal payment has already been processed, we can expedite reimbursement.* CISI has the ability to pay by check or wire transfer to foreign hospitals when necessary/requested. On Call is also able to guarantee/make payments when necessary (CISI then reimburses On Call).

How do I locate a medical provider and/or hospital?

For help locating a provider overseas, you can do either of the following: 1) Contact the assistance team (On Call) by calling the collect number on you insurance ID card (also provided at the top of this page); *OR* 2) log into your myCISI portal *or* through the myCISI Traveler App and click on 'Provider Search'. Select your Country and City, and a list of providers will populate. Please note that you can seek treatment at any medical facility abroad. There is no in-network nor out-network restrictions.

Are there in-network or out-of-network restrictions?

No, you can seek treatment at any medical facility abroad. There are no in-network nor out-network restrictions.

How do I submit a claim and what needs to be submitted?

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible). Step 1: Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid. Step 2: Attach itemized bills for all amounts being claimed and documentation. *We recommend you provide us with a copy and keep the originals for yourself. Step 3: You can submit claims by mail: 1 High Ridge Park, Stamford, CT 06905, e-mail: claimhelp@mycisi.com, or by fax: (203) 399-5596.
Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. *For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com.*

How long will it take to be reimbursed for medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome e-mail, and on the myCISI Participant Portal. Please follow the directions on the top of the form on how-to submit your claim and the necessary documentation you will need to submit with it in order to receive reimbursement.

I misplaced my medical ID card. What should I do?

If you have the myCISI Traveler App, your will find your card and information in the palm-of-your-hand. You can also reprint it from your welcome e-mail; or sign into your myCISI portal and access it there. Another option is to dial (800) 303-8120 or email claimhelp@mycisi.com or enrollments@mycisi.com we can easily email you a new ID card within a few minutes.

Does my policy provide any coverage for me in the U.S.?

No. You are covered worldwide except within the United States.

Questions about the benefits and coverages outlined in the brochure?

Email claimhelp@mycisi.com or call (203) 399-5130 or toll-free at (800) 303-8120.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (877) 714-8179, worldwide call (01-603) 952-2660 (collect calls accepted) or e-mail mail@oncallinternational.com.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits if the Insured Person: 1) Suffers a Medical Emergency during the course of the Trip; 2) Requires Emergency Medical Evacuation; and 3) Is traveling outside of his or her Home Country or country of Permanent Residence. Covered Expenses:

Medical Transport: Expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.

Dispatch of a Doctor or Specialist: The Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our assistance provider to the Insured Person's location to make the assessment.

Return of Dependent Child(ren): Expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.

Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

Transportation After Stabilization: If We have evacuated the Insured Person to a medical facility due to an emergency Medical Evacuation, We will pay the Insured Person's transportation costs to: a) his or her Home Country or Permanent Residence, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless:

1) The Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation; 2) All transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) The charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) Do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Return of Mortal Remains or Cremation Benefit

We will pay Repatriation of Remains Benefits as shown in the Schedule of Benefits for preparation and return of an Insured Person's body to his or her home if he or she dies while traveling outside of his or her Home Country or Permanent Residence. Covered expenses include: 1) Expenses for embalming or cremation; 2) The least costly coffin or receptacle adequate for transporting the remains; 3) Transporting the remains, including necessary costs for government authorizations; 4) Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Brochure's *Schedule of Benefits*, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: http://www.culturalinsurance.com/cisi_forms.asp

The TAP offers these services *(These services are not insured benefits):*

Medical Assistance

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring: In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipment: Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal: The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash: The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Chapter 8

How to Coordinate Issues Related to Medication on Exchange

Medication Issues on Exchange

Students with mental health issues may be prescribed medication to manage their symptoms. Medication for mental health is no different from medication for a physical illness. Students on asthma or anti-seizure medication would continue to take their medication to maintain stability of their condition. Therefore, individuals on psychotropic medication must continue to take these. The medication enables them to maintain stability, function, and manage demands at the level that enabled them to be good candidates in the first place.

Several issues must be considered when ensuring that medication can continue to be taken throughout an exchange.

1. **Is the medication available in the hosting country? Can the medication be brought into the country?**

   Not all medications are available or legal in all countries. It is important to check in advance that the medication is allowed into the country. It is also important to determine whether generic versions are also allowed. For example, methylphenidate is the generic name for Ritalin. Some countries list Ritalin, not methylphenidate, and so this methylphenidate may not be allowed through a border.

   It is usually possible to check for regulations about medication on the internet. Connecting with medical associations, a Rotarian doctor, or a pharmacist in the host country can also be an option. The student can also be involved in this process.

2. **How many months of the prescription can the student bring with them?**

   Some psychotropic medications, particularly stimulants, may only be prescribed for short periods (e.g., one month's supply). The student must determine how many months they can bring and have clear prescriptions, with the appropriate medication name, to bring to the host country.

3. **Will the student require a prescription from a physician in the host country to obtain the medication?**

   This can be clarified with the hosting club, and if necessary, coordinate with the hosting club to arrange for a medical appointment shortly after the student arrives. This way a prescription can be written. This may not be covered by insurance.