mental health

and international students

ISSUES, CHALLENGES & EFFECTIVE PRACTICE

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The mental health of Australian university students is generally shown to be in decline (Weir & Lee, 2016). It is an issue of concern that is attracting attention in host countries where international students relocate to undertake their studies. It is generally believed that mental health issues are increasing in occurrence and severity. This overview of the literature brings together the major studies that have focused on international student mental health over the past 20 years.

It seems the focus has shifted from general health concerns to problems associated with mental health. The literature pertaining to international students demonstrates that mental health is connected with many aspects of international student lives, not only because they are often at an age when mental health issues may arise, but also because of their new social environment. Among other related concerns primarily in Western contexts, mental health has been shown to be associated with safety and security, educational success/failure, health insurance and help-seeking. More recent literature is emerging from other contexts which throw new light on the topic and contribute to notions of preventions and interventions.

Increasing concerns about mental health

It is evident that mental health is one of the leading contemporary concerns about international students. Mobility to unfamiliar environments can engender many health-related issues, particularly mental health concerns or psychological stress (Norton & Brett 2011).

In their work involving interviews with 'professionals at the coal-face', Forbes-Mewett and Sawyer (2011) found the presence of mental health problems was widely acknowledged. The study presents three sets of factors influencing the mental health of international students:

- Unfamiliar academic environment, English language challenges, modes of teacher/student interaction
- Living off-campus when coming from a restrictive background and unaccustomed to independency; daily practices including cooking, budgeting, cleaning, managing house and relationships and undertaking employment
- A reluctance to seek help due to cultural perceptions, help-seeking delays associated with stigma, fear of 'losing face' or reputation, or disclosing personal information were reasons given for why international students avoid the use of counselling services.

International students' daily lives are impacted by the absence of such comforts as the home cooked family meal and the associated social and cultural capital (Forbes-Mewett, 2018). These (often overlooked) basic, but crucial elements require greater attention during the international student sojourn. Culturally appropriate food has the potential to provide great comfort when far from home. Choice of accommodation also contributes to mental health outcomes (Forbes-Mewett, 2018).

There seems to be a distinction between living on campus (in college) versus living off campus as possible mediators to mental health outcomes. A recent report from Orygen, the National Centre of Excellence in Youth Mental Health (2017) explores this in an Australian context, where living off campus is a more prevalent mode of accommodation for international students than the US, for example. In a large-scale study conducted across the US, the UK and Australia, Forbes-Mewett et al. (2015) found that international students enjoyed better mental health and safety support when living on campus. However, the use of counselling services was often avoided.

A study relating to Singaporean students' perceptions of mental health reveals that university counselling services were thought as not particularly useful (Gan & Forbes-Mewett 2018).

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Importantly, however, the Singaporean students indicated that they had shifted their views of non-acceptance to acceptance of mental issues resulting from everyday stresses. Nonetheless, there remained evidence of stigmatisation associated with severe forms of mental illness. Similar results were found with Asian American students in the US where stigma was key to mental health help-seeking behaviours (Han & Pong 2015). That is, Asian American students shared the same cultural background and connection with 'Confucian teachings and philosophies of collectivist tradition which discourage emotional expressions to avoid disclosure of personal weakness and/or maintain harmony in family and society' (Han & Pong 2015: 9). As a result, these students often neglect or avoid seeking help for their mental problems.

International postgraduate students from 13 nations studying in the UK revealed negative psychological and emotional signs of cultural shock early in their sojourn (Brown & Holloway 2008). Although excitement was evident for some students, negative feelings prevailed. These included nerves, confusion, depression, homesickness, loneliness, stress and insomnia – all related to being in an unfamiliar environment. Students used terms such as 'scared, frightened, unsure, nervous, anxious, stressed, and uncertain' in association with new activities such as speaking English for the first time in the host country or using unfamiliar means of transport (Brown & Holloway 2008: 37–38).

Similarly, using the notion of acculturative adjustment, Wang et al. (2012) considered patterns among Chinese international students in the US over four time points: pre-arrival, first semester, second semester, and third semester. Four distinct groups of students were identified with diverse cultural adjustment trajectories:

1. Consistently distressed group (10% of a total of 507 students surveyed) with high levels of psychological distress

2. Relieved group (14%) indicating a decrease in psychological distress from pre-arrival to first semester

3. Culture-shocked group (11%) forming a sharp peak in psychological distress at Semester 1 and Semester 2

4. Well-adjusted group (65%) with relatively consistent low psychological distress scores. (Wang et al. 2012: 424).

That the majority (65%) of these Chinese international students experienced low psychological distress during their US sojourn suggests that they had an adaptive capacity when transitioning to a new culture. This well-adjusted group indicated 'higher self-esteem, more positive problem-solving appraisal, and lower maladaptive perfectionism at pre-arrival', which enabled coping mechanisms to deal with acculturative stress (Wang et al. 2012: 432). In contrast, the 'consistently distressed' and the 'relieved group' tended to be more dependent on social support from Chinese students. A key distinction between the well-adjusted group was a lower level of perfectionism compared with the other groups.

Evidence indicates that the consistently distressed group had previously experienced psychological stress that was unrelated to the new environment transition (Wang et al. 2012: 432). This finding aligns with the claim that increasing numbers of international students are arriving in Australia with pre-existing mental health issues (Forbes-Mewett 2009; Forbes-Mewett, McCulloch & Nyland 2015). The phenomenon is understood to be related to cultural differences concerning approaches to mental health issues in the student's home country and the hope of some parents that Australia may provide better mental health care.

The tendency of international students to self-treat has been presented as an individual deficiency, as opposed to a need to address inadequacies in the provision of health care services.

Accessing mental health services

Early research on the use of mental health services by international students in Australia is scant. Two exceptions include a study focussing on the health behaviour of pre-tertiary international students (Fallon and Barbara 2005) and a study of the health and well-being of international students at the University of Melbourne (Rosenthal, Russell and Thomson 2006). Fallon and Barbara (2005) explored students' perceptions in both their original and host countries as well as what forms of health information were sourced and approaches to medication. There appeared to be a high reliance on medical advice given by family and friends, and medication was frequently provided by parents rather than medical professionals. An overuse of hospitals and a preference for the medical services provided in their home country was evident. It was revealed that many international students were critical of Western health services, including the quality of what was available. This issue persists in the contemporary context.

It is notable that the early literature tends to focus on deficiencies concerning the student, rather than the services provided. That is, the tendency of international students to self-treat has been presented as an individual deficiency as opposed to a need to address inadequacies in the provision of health care services, which has remained largely unexplored. Also overlooked are the demands on healthcare providers who may be ill-equipped when it comes to working with international students and meeting their expectations. Consequently, there is a need to address the concerns of both the international students and health care providers (Jong 2006).

Students from non-English speaking homes and backgrounds, in particular East and Southeast Asian students, tended to be less well connected in the host country and therefore more vulnerable to mental health problems such as anxiety and depression, which impacted their studies.

Rosenthal et al. (2006) focussed on 'adjustment' involving students' emotional responses relating to cultural difference. It was found that 'country category, coming from an Asian country, [and] speaking a language other than English, act as significant predictors of well-being in the different domains' (Rosenthal et al. 2006: 5). Students from non-English speaking homes and backgrounds, in particular East and Southeast Asian students, tended to be less well connected in the host country and therefore more vulnerable to mental health problems such as anxiety and depression, which impacted their studies. However, more than 80 percent believed that they were as healthy or healthier in Australia than in their home countries, and that health problems did not pose difficulties for their studies (Rosenthal, Russell & Thomson 2006: 4). This large percentage of 'healthy' international students may explain why some do not see the benefit in paying for health insurance.

International students in Australia and the US have been critical of the requirement to pay fees to access health care and health insurance (Poyrazli & Grahame 2007). In contrast, international students in the UK undertaking a full-time course of at least six months were entitled to treatment under the National Health Service, including cover for a spouse and children. Literature on international students' understanding of health insurance both prior to and after their arrival is scant. However, interest has been strong towards identity and overall well-being.

In *Meld* magazine (2017), Australia's leading international student website, an article on the importance of mental health for international students is associated with identity, study, social lives and physical health. The impact on identity was noted by Tran (2017) in her work on international students in the Victorian education and training sector, where it was found that international students were made to feel like a 'second class person'.

A Coroners Court of Victoria media release (2019) included two major findings: 'a lower prevalence of diagnosed mental illness among international student suicide cohort (14.8%) than in the Australian-born student suicide cohort (66.7%), [and] only 22.2 percent of the international student cohort attended a health service for a mental health related issue within six weeks of death. By contrast, 57.1 percent of the Australian-born suicide cohort had such an attendance within six weeks of death'.

Several key mostly quantitative studies conducted over recent years indicate continued concern about mental health in terms of both frequency, forms and levels of severity (for example, Alharbi & Smith 2018; Beks et al. 2018; Jones et al. 2019, Li & Peng 2019; Ogunsanya 2018; Skromanis et al. 2018; Taušová et al. 2019; Xiong 2018).

Fewer mixed methods or qualitative studies have begun to unpack in more detail the complexities associated with international student mental health (Forbes-Mewett et al. 2015; Forbes-Mewett & Sawyer 2016; Gan & Forbes-Mewett 2018; Jeong 2017; Zi 2017). These studies were undertaken in various Western contexts including the US, UK, Australia, Netherlands, and Canada (among others).

Nonetheless, gaps remain in policy, program and institution responses relating to the mental health of Australian university students (Browne, Munro & Cass, 2017). Presently, there are no high level government policies supporting Australian education providers to promote positive mental health and provide adequate support to students with poor mental health. Efforts by the Australian Government to deliver a program of National Support for Child and Youth Mental Health Program (Hunt, 2017) were directed towards early childhood, primary and secondary level schools, rather than tertiary institutions. The omission of tertiary institutions is problematic as it is this level that students are most likely to need mental health support (Forbes-Mewett & Sawyer, 2016). Although there may be a lack of government support, institutions do provide mental health services including counselling and access to medical practitioners. Browne, Munro and Cass (2017) highlighted that most counselling services in Australia have expressed that they do not have the ability and resources to meet current needs. This raises the question of whether existing mental health services are meeting the demands and needs of students.

Help-seeking

International students tend to be associated with low help-seeking behaviours (Aguiniga, Madden & Zellmann 2016). However, most turn to their friends as the first port of call when seeking help for mental health issues (Baloglu 2000; Fallon 2006; Forbes-Mewett & Sawyer 2016; Gan & Forbes-Mewett 2018; Leong 1986; Sawir et al. 2008). College/university professionals and family members are also called on in times of need. These help-seeking practices indicate the need for governments, education providers and support agencies to enable the development of social networks that provide necessary supports. Little is known about international students' support networks. Though, one study in the US relating to Australian international student-athletes revealed that the support networks available to this group were far greater than those available for international non-athlete students (Forbes-Mewett & Pape 2018).

> Maintaining 'collectivistic' values within an individualistic culture could help alleviate the cultural divide international students from more collectivistic cultures face when studying at Western universities (Humphrey et al., 2019).

Not surprisingly, the international student-athletes had greater coping strategies than the non-athletes. The importance of social networks in buffering mental health outcomes is also apparent in the work of Humphrey et al. (2019). There are a number of ways this buffering could be done. One possible suggestion would be to look at the potential way in which maintaining 'collectivistic' values within an individualistic culture could help alleviate the cultural divide international students from more collectivistic cultures face when studying at Western universities (Humphrey et al., 2019).

Also, looking at involvement in student societies, sporting groups and religious organisations is another way of improving international student mental health.

The literature about international students and counselling is vast, despite reporting that they rarely seek help from professional counselling services. The literature indicates that international students may experience acute health and/or psychological problems and there tends to be an assumption that counselling will provide appropriate help (Baysden 2002; Flum 1998; Forbes-Mewett & Sawyer 2016; Harris 1997; Kilinc & Granello 2003; Nickerson, Helms & Terrell 1994; White 1982; Yoo & Skovholt 2001; Zhang & Dixon 2003).

It has been assumed that international students' reluctance to access counselling services relates to inadequacies on their part without considering a need to make services more culturally appropriate. More recently, Gan and Forbes-Mewett (2018) found that students made enquiries about counselling services, but tended not to proceed because they did not believe it would be useful. This finding supports earlier work by Baloglu (2000) who indicated that training programs do not equip counsellors with the necessary skills to successfully work with the diverse international student population. This was supported by Forbes-Mewett and Nyland (2008) who interviewed front-line service providers at a major Australian university.

Some institutions have turned to the strategy of online psychological help for international students to overcome cultural differences and their reluctance to seek professional help. The approach, however, has been questioned. For example, Barak (1999) doubted whether international students would view this as a credible and useful approach. This doubt was extended by a survey of 109 Asian international and Asian American college students in New York who indicated that the online psychological help was less attractive than traditional face-to-face help (Chang, Yeh & Krumboltz 2001).

Preventions and interventions

Further to the extant literature outlined earlier, there are resources presenting ideas for prevention and intervention relating to mental health issues. It is notable that these recent responses to mental health issues come from both Western and other contexts.

The leading Australian work of Veness (2016) presents seven key findings. These include:

1. The need for a 'tone at the top' of universities to commit to improving students' mental health

2. The need for student contributions to the development of institutions' mental health policies and strategies

3. A need for a sectoral leader in Australia with a strong research capability

4. The supplementation of on-campus treatment services with preventative strategies, in partnership with local government and private health services

5. The introduction of screening programs and outreach services

6. Regard should be paid to the needs of minority groups including LGBTI and international students, and

7. Universities should offer and evaluate mindfulness meditation (Veness 2016).

Further detailed advice is provided in English Australia's 'Guide to Best Practice in International Student Mental Health 2018'. This guide provides a sound basis for implementing policies and procedures at education institutions. Developed for the ELICOS sector, the guide could be usefully adapted by other education institutions including universities. It provides a ready-made 'go to' source for those wishing to address issues concerning international student mental health.

This resource provides case-studies, crises intervention strategies and 10 essential elements of best practice. These include:

1. Written policy

2. Promotion

3. Staff training and awareness

4. Healthy lifestyle promotion

5. Early identification

6. Availability and provision

7. Accessibility of service

8. Reasonable adjustments

9. Communication and record keeping processes

10. Support for staff and other students.

Download the English Australia guide at www.englishaustralia.com.au/documents/item/493

In addition to these resources, recent studies about international student mental health in non-Western contexts – including China, Thailand, Turkey, Japan and Malaysia, for example – are becoming increasingly apparent (Chen et al. 2018; Elemo & Türküm 2019; Nguyen et al. 2019; Ningxi et al. 2018; Saravanana et al. 2017, 2019). This progress is likely to be particularly useful for furthering knowledge about different approaches to international student mental health and the provision of appropriate services for the large cohorts from China and India and changing cohorts from other diverse cultural backgrounds.

What is particularly notable about these emerging non-Western context studies is that several of them contribute information relating to programs and response initiatives concerning international student mental health. For example, Xie and Wong (2019) tested cognitive behavioural intervention (CBI) on 65 international students in Hong Kong over several months and found a significant and continuous increase in mental health and overall quality of life (QOL).

It was concluded that 'the current culturally attuned CBI may be useful in improving mental health and QOL among Chinese international students in Hong Kong' (Xie & Wong 2019: 1).

In a study undertaken in Turkey, Elemo and Türküm (2019) examined the adjustment of international students by providing eight weekly sessions of a cognitive-behavioral-oriented program. It was found that the program decreased levels of stress and improved coping strategies that led to the improvement of psychological well-being. It was also found that participating in an experiment group helped students become familiar with expressing negative emotions and enabling support from others.

These most recent resources and studies are contributing to the trend for international student mental health to be broadly acknowledged and addressed in ways that enable students to continue their studies with success. Overall, the literature indicates positive shifts in approaches and perceptions of mental health.

Recommendations

- The issue of increasing incidence and severity of international student mental health requires much greater scrutiny through research focussed on particular cohorts.

- Assess and benchmark the mental health services available to international students and clarify student perceptions of the available services.

- The focus of the research literature on international student health-safety needs to be expanded to include detailed analysis of the quality and appropriateness of the services on offer and how these services are perceived by students.

- Research involving a series of mixed methods or qualitative studies needs to be undertaken with a focus on specific groups to ascertain understandings of mental health best practice.

- Undertake research to clarify international students' understanding of the mandatory health insurance in Australia and what it entails.

- The views and practices of front-line service providers should be examined to determine what they believe is needed to adequately provide for international students' in need of mental health services and what they believe are the obstacles that currently limit their capacity to provide the help that is needed.

- Avoid assumptions that services provided by professional counsellors are appropriate and useful for students in need of help.

- The role that friendship plays in the help-seeking process should be studied, benchmarked and (where possible) strategies developed that can assist students to develop friendships that provide support in times of need.

- Greater attention needs to be paid to the importance of basic needs including food, housing and social networks.

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