International students and mental health

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SUMMARY

This brief provides an overview of literature relating to the mental health of international students from the past two decades. Research has found that both the rate and severity of mental health concerns is higher for international students compared to domestic students. Despite this, rates of detection and intervention remain low. Effective support and treatment to adequately address the specific mental health needs of international students is currently hindered by a range of structural, social, and cultural factors.

University students are often at an age, early adulthood, when concerns around mental health are particularly pronounced. This may be compounded by new and unfamiliar social and academic environments (Weier & Lee, 2016). For international students, mental health concerns have been found to be greater in both occurrence and severity compared to domestic students (Forbes-Mewett & Sawyer, 2011; 2016). This cohort has become a focus of concern in countries across English-speaking countries where higher education institutions host large international student populations, including the UK, USA, Canada, and Australia. Over the past two decades, research has emerged highlighting a shift in focus from general physical health to the mental health of these students, and the interplay between the two. In these largely Western contexts, literature has linked mental health outcomes of international students with personal safety and security, pressure to succeed academically, inadequate support services, and barriers to health insurance and help-seeking. However, more recent literature is emerging from other cultural contexts that may offer models for targeted, culturally sensitive intervention and prevention.

Factors impacting mental health and wellbeing

Research on the use of mental health services by international students in Australia began to emerge in the early 21st century. Two early studies include research 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 of mental health in both their original and host countries, sources of health information, and attitudes towards medication and treatment. 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. Also evident was an overuse of hospitals and a preference for the medical services provided in their home country. In this study, 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 regard mental health concerns as resulting from individual student deficiencies rather than assessing the appropriateness of support services provided and the broader socio-cultural context. For example, the tendency of international students to self-treat has been presented as an individual deficiency as opposed to signalling a need to address inadequacies in the provision of health care services. The capability of healthcare providers to respond effectively to the needs and expectations of international students is also overlooked. Consequently, there is a need to address the concerns of both international students and health care providers (Jong, 2006).

A key focus in the literature has been on measuring the specific socio-cultural attributes of students that may impact mental health outcomes. Rosenthal et al. (2006) focussed on 'adjustment' to new social environments by linking students' emotional responses with cultural attributes. This study found that students from non-English speaking homes and backgrounds, particularly East and Southeast Asian students, tended to be less well connected in the host country and were therefore more vulnerable to mental health problems such as anxiety and depression in host countries. These concerns were found to significantly impact their studies. Despite this, 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 et al. 2006). These positive self-perceptions of health and wellbeing may explain why many international students do not see the benefit in paying for health insurance.

Financial pressures impact negatively on access to adequate mental health interventions. In research conducted in the USA and Australia, students were 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. However, literature on international students' understanding of health insurance, and the impact of access on health outcomes is scant.

Socio-cultural barriers to accessing support

Stigma surrounding seeking help is a key issue that needs to be overcome to adequately address the mental health needs of international students (Han & Pong, 2015). 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 suppliers, and support agencies to support the development of social networks that provide necessary supports.

Despite their demonstrated importance in supporting positive mental health outcomes, little is known about international students' support networks. One recent 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, 2019). Not surprisingly, the international student-athletes had greater coping strategies than the non-athletes. The importance of social networks in supporting positive mental health outcomes is also apparent in the work of Humphrey, Bliuc and Molenberghs (2019). Humphrey et al. (2019) suggest that maintaining 'collectivistic' values within an individualistic culture could help alleviate the cultural divide students from more collectivistic cultures face when studying at Western universities. Involvement in university societies, sporting groups, and religious organisations offer additional ways of improving international student support networks.

As discussed, it is often assumed that reluctance from international students to access counselling services reflects inadequacies on the part of the student without considering the need for targeted, culturally sensitive services. In a recent study, Gan and Forbes-Mewett (2018) found that students did in fact make enquiries about counselling services, however many tended not to proceed because they did not believe it would be useful. Some institutions have responded to poor uptake of services by developing online resources. However, the efficacy of this approach has been questioned. For example, research by Barak (1999) signals significant doubt as to whether international students would view this as a credible and useful approach. These findings are supported by a survey of 109 Asian international and Asian-American college students in New York who indicated that online psychological help was less attractive than traditional face-to-face help (Chang, Yeh & Krumboltz, 2001).

Institutional responses and the need for tailored approaches

A commitment to improve students' mental health from educational institutions, backed up with adequate funding and resources, is key to the development of effective responses (Veness, 2016). Overall, the literature suggests growing institutional awareness of these issues, along with a corresponding commitment to addressing the mental health needs of international students. Resources have also been developed to support education institutions to implement adequate policies and procedures. For example, English Australia's (2018) Guide to Best Practice in International Student Mental Health offers a range of strategies to support international students that can be adapted for a range of institutional contexts. Developed for English language training organisations, the guide could be usefully adapted by other education institutions, including universities.

In non-Western contexts, recent work has offered findings that may be useful in developing culturally specific approaches to prevention and intervention for diverse student groups. Relevant studies in non-Western contexts include examinations of student experiences in China, Thailand, Turkey, Japan, and Malaysia (Chen et al., 2018; Elemo & Türküm, 2019; Nguyen et al., 2019; Saravanan, Alias & Mohamad, 2017; Sarvanan, Mohammad & Alias, 2019). This growing body of work 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, along with growing cohorts from other diverse cultural backgrounds.

What is particularly notable in this emerging body of work is that several studies 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 'culturally attuned CBI may be useful in improving mental health and QOL among Chinese international students in Hong Kong' (Xie & Wong, 2019: 1). These emerging findings suggest that culturally specific interventions, tailored to specific cohorts, are more effective in improving mental health outcomes compared to a 'one-size-fits-all' approach. As such, future research should continue developing an understanding of how specific cohorts understand mental health and wellbeing in order to guide best practice responses.

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