

Mental Health Issues amongst International Students in Australia: Perspectives from Professionals at the Coal-face

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Abstract

The 2011 National Summit on the Mental Health of Tertiary Students draws attention to an increasing incidence of mental health problems amongst this population. Media reports also reflect growing concern over student mental health and adjustment issues. Within this context, we note that Australia is host to many thousands of international students of an age when mental illnesses are most likely to surface. The issue of international student mental health, however, has been the subject of very few Australian studies. We contribute to this area of research by reporting on issues relating to the mental health of international students at an Australian university. Interviews with 16 professionals working at the coal-face provide insights into the factors believed to contribute to the increased incidence and severity of mental health problems encountered by this group of students. We identify three main sets of factors that appear to heighten the stresses and strains experienced by international students: the experience of new and often unfamiliar academic practices, the broad range of knowledge and practical skills needed to manage day-to-day living in Australia, and the tendency to delay professional help-seeking for mental health problems.

Key Words: International student, mental health, tertiary education, cultural adjustment, Australia

Introduction

The website of the 2011 National Summit on the Mental Health of Tertiary Students states:

Rising numbers of students are seeking out university counselling and health services, including students presenting with ... mental illness, self harming behaviour, and suicidality. The picture is complex and requires new interpretations and new responses. Academic difficulties can of themselves lead to personal problems, which in turn may take on a life of their own and require direct intervention above and beyond academic and study skills responses. (Jonathan Norton, 2010)

Media reports also reflect growing concern over student mental health and adjustment issues (e.g. Anderson 2007; Collins 2010a; Collins 2010b). In this context, it is important to note that Australia is host to many thousands of international students of an age when mental illnesses are most likely to surface (Hickie 2006). Despite the private troubles associated with international student mental health needing to be further understood as a public issue (C. Wright Mills 1959), the subject has been addressed by very few Australian studies. International studies at least have ‘pushed the boundaries of the sociology of education into the study of welfare...’ (Antikainen 2010:2). The literature and indeed this study tend to focus on ‘Asian’ and in particular Chinese students due to the large numbers in these groups undertaking international education. Like overseas literature, Australian research has found that when asked about their well-being international students tend to focus on physical health and health care, rather than discuss emotional or psychological symptoms associated with mental health issues. This phenomenon has been associated with ‘saving face’ (Marginson et al. 2010). Indeed, some Chinese students feared that using counseling services would bring shame upon their parents and themselves (Snider 2001). Goffman’s (1972) notion of ‘face’ is discussed in depth by Qi (2011), who explains that loss of face is associated with painful emotions causing distress.

Rosenthal et al (2008:72) make the point that the psychological distress experienced by many international students is best ‘conceptualised within the framework of stress and coping strategies, a framework that brings to the fore positive and adaptive aspects of the transition experience’. Nonetheless, a recent Australian study concluded that:

[H]igh distress levels among the tertiary student body [which includes many thousands of international students] may be a phenomenon more widely spread than first thought. Low treatment rates suggest that traditional models of support may be inadequate or not appropriate for tertiary cohorts (Leahy, Peterson, Wilson, Newbury, Tonkin and Turnbull 2010:608).

Snider (2001) reported that Australian students tended to access counseling (33 per cent) more than Chinese students (17 per cent). Rosenthal et al. (2008) reported on mental health issues as part of a broader study, finding anxiety to be the most common problem. Depression and stress in particular were found to be related to academic performance. Concern about finances was also strongly associated with depression, and with anxiety and stress to a lesser extent (Rosenthal et al. 2006). Asian students indicated that they

were less likely to seek counseling for reasons associated with lack of knowledge of these services. Such circumstances are compounded by a later finding that suggests counseling staff are often not aware of culturally appropriate ways of providing care (Forbes-Mewett and Nyland 2008).

The difficulties associated with relocating to live and study in a foreign environment have been acknowledged (Forbes-Mewett and Nyland 2008). The associated cultural adjustment or 'culture shock' is believed to create anxiety and emotional stress for international students (Rosenthal 2009; Ward, Bochner and Furnham 2001). Given the limitations of this paper do not allow an in-depth theoretical conceptualisation of the notion of culture shock; we accept the understanding of Ward et al. (2001) who assert the concept refers to a negative state generated by being in an unfamiliar cultural environment. International students affected by this phenomenon may experience 'confusion, anxiety, disorientation, suspicion, bewilderment, perplexity and an intense desire to be somewhere else' (Ward et al. 2001:270). They need to adjust to being part of a culture where they are the social minority and may encounter difficulties associated with being different (Burke 1994).

One of the major adjustments for international students involves negotiating the host country health care system. In an Australian study involving interviews conducted in China with the parents of international students, grave concerns were expressed about health insurance and the provision of health care in the host country (Forbes-Mewett, Nyland and Shao 2010). These concerns appear well-founded. Marginson et al (2010:202) confirmed that students 'did not have full health security ... and some students lacked knowledge of what health insurance entails'. Furthermore, there has been shown to be a general lack of preparedness and knowledge during the students' pre-departure, arrival and orientation stages of the international sojourn (Forbes-Mewett 2011).

In this paper we explore findings from in-depth interviews with educational professionals, focusing on the stresses and strains experienced by international students in their adjustment to living and studying in Australia. We suggest that there is an increasing incidence and severity of mental health problems amongst international students, compounded by a lacuna that exists between the cultural beliefs and practices in their home and host countries. We conclude by identifying factors critical to the mental health of international students, along with implications for service provision.

Methodology

Sixteen in-depth interviews, in which participants specifically raised the issue of mental health problems amongst international students, were selected from a larger study focusing on international student security and support services at an Australian university (Forbes-Mewett 2008). This purposeful sub-sample was established with the particular aim of exploring the views, concerns and experiences of these participants in relation to the mental health of international students (Creswell 2007; Erben 1998). The 16 participants included international student support staff, counselors, general medical practitioners and academic staff. Some but not all of the participants were qualified to

diagnose mental health issues; however, all had much experience in dealing with international student concerns on a day-to-day basis. The larger study itself relates to an on-campus international student cohort, which constituted approximately one fifth of the total university population and was primarily made up of Asian students.

Interviews were audio-taped, subsequently transcribed, and analyzed in terms of emerging themes (Bryman and Burgess 1994). A purpose-driven analysis allowed the researchers to charge the research text with meaning (Erben 1998). Participants were allocated a pseudonym and an employment category.

Findings

In this section, we explore the views and concerns raised most frequently by participants in their accounts of increased mental health difficulties amongst international students.

Defining the problem

Participants reported a significant increase in the numbers of both international and local students presenting with mental health problems, together with an increase in the severity of these problems. Mental health problems were broadly defined and included 'emotional' and 'stress' problems and the more serious psychiatric conditions of depression, psychosis and suicidal behaviours. Robert, the manager of a range of support services, including counselling and health, argued that a 'far broader spectrum' of university students today accounted for the 'bigger variety of problems'. He also saw the present-day lives of students as 'a lot more difficult', with greater pressures to succeed, than in previous decades, thus leading to increased levels of distress and anxiety:

When I first started here ... we probably had 40% what we'd term emotional relationship problems and 60% study. Now it's about 80% emotional relationship issues and 20% of what we call learning type problems ... we're dealing with people with more severe problems than ... twenty years ago. Probably twenty years ago you may see five or six real severe psychiatric difficulties per counsellor. Now they're seeing five or six a week and suicidal ideation.

Several other participants reported an increase in suicidal presentations, which required referral of these students to the local CAT Team (Crisis Assessment and Treatment Team) to manage the high levels of risk involved: 'there seems to be more kids who've got mental disorders in many cases, so they're struggling with that, let alone the question of adjusting and studying' (Rosanne, support services).

Two participants, both of whom had worked extensively with international students over many years, were particularly concerned that increased numbers of students with 'pre-existing' psychiatric disorders were failing to declare the status of their health as one of the required conditions of obtaining a visa. In this context, Robert argued that greater scrutiny and effort were needed in the selection of students. He felt there had been an over-focus 'on the numbers' at the expense of the 'quality' of students, in terms of ascertaining whether or not students had the skills and capacities to deal with university study in Australia.

Explaining the problem: specific stresses experienced by international students

All participants spoke at length about the range of adjustments and stresses that international students needed to negotiate in their transition to living and studying in Australia. Most importantly, their capacity to make a successful transition was seen as critical to their general wellbeing and academic performance, and thus to their mental health.

1. The academic environment

Most participants described the transition process in terms of a ‘culture shock’ (Ward et al. 2001). English language difficulties and adjusting to unfamiliar methods of teaching and learning were cited as major challenges. Coinciding with the work of Rosenthal et al. (2006), John, a student counselor explained, if students struggle with English ‘everything else suffers’, including their academic performance and their capacity to ‘connect’ with others.

In terms of negotiating unfamiliar academic practices, most participants referred to the specific difficulties encountered by students from (mainland) China. For example, Angela, who provides language and learning support, explained that students in China often learn by rote, whereas in Australia they are required to synthesize information and, as June (student support officer) commented, to voice their own opinions and create their own arguments. Rhonda, a support program coordinator, described different teaching styles and unfamiliar modes of teacher-student interactions as a form of ‘culture shock’:

They have to participate in a group here. They have to question their lecturer ... they have to engage, whereas in their home country ... they would never question their lecturer. Participation in a group happens differently [here]. I think in a lot of Asian countries it’s about group consensus ... whereas here it’s okay for you to put your viewpoint across and disagree with people.

2. The practical tasks of everyday life

Aside from adjusting to a new academic environment, international students needed to develop a range of practical skills to manage everyday tasks and interactions. As Elaine, a student support manager, explained, ‘some of the students have never cooked their own meals before ... so for the first time they’re having to budget, source food, cook their meals, do the cleaning, all that type of thing’, along with organising transport and accommodation. Cathy, a student financial officer, pointed out that many students had come from ‘very restrictive backgrounds’ and, in the context of the freedoms they encounter in Australia, could ‘quite easily get led astray’.

As Sandra, a careers and employment officer, put it, international students have to ‘self-manage’ in new ways. They must manage their households and relationships without the familiar normative controls and reference points of home; she illustrated this point with a very poignant example:

Students get together ... whilst they are studying ... and then there is this challenge about where the line is drawn ... [companionship can easily lead to] sexual intimacy that maybe they’re not ready for but they are thrown into it ... in

the course of getting help for a subject you end up getting entangled in romantic relationships which end up in chaos which then affects academic progress ... the amount of freedom is quite enormous and once again it's about learning how to harness that responsibility which is all new to them.

Participants reported that some international students experienced intense financial obligations and pressures (contrary to the stereotype of the wealthy overseas student), which were detrimental to their physical and mental wellbeing. In some circumstances parents had borrowed money to finance their studies (Carmel, academic). In other circumstances, as Cathy noted, 'their whole community has put in to get them here and so they're under a lot of pressure to perform to be able to go back successful'. Mandy also spoke about 'the extraordinary pressure from home' in the case of some students: 'We've had a couple of students who failed when I was first here, and their parents had no idea that they were failing. They were suicidal at the thought of having to tell them and go home, and face the shame.'

Drawing on her experience as a general medical practitioner, Janice explained that many international students 'get very worn out' from their long hours of paid employment. Referring to students working all night, driving taxis, and studying during the day, she reported:

We have a big problem with the international students working basically too hard and not getting enough sleep... we often get people that are in a state of collapse, they've only slept three or four hours for the last three weeks... they often have to work long hours just to make ends meet (see also Anderson 2011).

The emergence of work stress associated with international students undertaking long hours of employment in addition to their study was believed to be often a consequence of students arriving with inadequate funds to support themselves, despite declaring they were able to do so. These circumstances were strongly believed to be impacting on the students' health.

Janice offered some very significant insights into international students' health and use of health services as part of their broader experience of adjusting to living in Australia. In particular, she emphasised the difficulties and complexities of negotiating a 'culturally different health system.' English language difficulties were problematic within the medical encounter. Even for students who were 'quite adept' at English, attempting to explain their symptoms in their second language could create uncertainty or confusion: 'they will look it up in the dictionary and come out with something ... you have a bit of a guess as to what it is they mean, but it often isn't the way we would explain an illness or symptoms.'

She also reported that many students appeared to have been told that 'everything will be free, provided you take out this cover', whereas 'there are gaps', and some seemed to assume that all their health needs would be met by the University's health service. These misunderstandings were problematic, especially when students had to be referred to specialists and other health professionals in the general community. Usually this would

mean an added cost for the student and at times great reluctance to attend appointments beyond the confines of ‘where they live and the university: it suddenly seems a great big frightening world out there.’

3. Seeking help for mental health problems

Several participants reported that international students tended to delay seeking professional help for mental health problems. June, observed that many had let their problems get to the point of ‘disaster’, which necessitated ‘urgent attention’, whereas ‘had they asked for help from the beginning, it sort of would have been solved.’ Robert also observed:

They do tend to hold off ... [and] get to us perhaps when it’s too late. They haven’t been able to sleep; they haven’t been able to concentrate. There’s not much you can do a week or two before the exams.

Fellow students, particularly those from the same ethnic or cultural background or others who had been in Australia for longer, were generally the first port of call in the early stages of a mental health problem (Ben, academic). However, there was a greater chance of students utilising counselling or health services if their friends had had positive experiences of attending these services (Rhonda); several participants noted that ‘word of mouth’ seemed to be the most fruitful means of promoting counselling to international students (June, John).

A number of reasons were offered as to why students were reluctant to seek professional help. Different cultural constructions or idioms of personal distress were at the heart of these discussions (Kleinman 1986). Robert suggested that many students were unfamiliar with western therapeutic approaches to ‘emotional’ issues: ‘They’re willing to accept a medical issue, but a psychological [issue] is a bit different, harder for them to accept’. He felt that this was changing, albeit very slowly, noting that psychology and counselling were generally very small fields in their home countries. In this context, emotional and mental health issues were often interpreted through the lens of physical health problems (Kleinman 1986).

John, like several other participants, argued that many international students did not attend counselling because of the ‘stigma attached ... they think it is only for mentally ill students, but it’s really for anyone who is struggling.’ In a similar vein, Mandy described ‘a real taboo with counsellors in their culture’, and Elaine observed that students were often ‘very hesitant to seek assistance’ for fear of having to reveal personal information about themselves or problems within their families.

Delaying intervention for mental health problems often meant increased severity of these problems, with students requiring more intensive intervention than would otherwise have been necessary. Some mental health problems would escalate to the point of suicidality if left untreated. This would require ‘more work’, as Robert explained: ‘[B]ecause [the counsellors] have to see the person more times and they may have to start arranging a referral outside to a psychiatrist ... that takes a lot of time’. Freda echoed Robert’s concerns, but focused on the limitations of the University counselling service:

We are restricted to the number of sessions that we can actually see people for. Now as a mental health issue that's huge because if you can see somebody for about six to seven or eight times and you've got somebody who's severely depressed, that's not enough, absolutely not enough.

In such situations, outside referrals to a psychiatrist or a psychologist were problematic because of the added cost to students, and long waiting lists in the mental health system.

Discussion and Conclusion

Our findings parallel the concerns embraced by the Summit on the Mental Health of Tertiary Students. From the coalface of providing student support, our research participants shed light on the increasing incidence and severity of mental health problems amongst international students. Factors identified as critical to the wellbeing, and thus mental health, of international students derived from three broad dimensions of their transition to living in Australia: adjusting to unfamiliar academic practices; developing the skills and knowledge to manage everyday life in a very different cultural context; and both recognizing and seeking professional help for mental health problems.

All participants identified numerous interrelated challenges faced by international students in the early stages of their sojourn, and these were commonly and collectively referred to as 'culture shock'. This multifaceted notion involved adjustment to a very different academic system and adaptation to different cultural norms. Much of the discussion related to the largest student group, broadly categorized as 'Asian' and considered culturally distant from the host country norms. This group in particular tended to face major challenges associated with language and unfamiliar methods of teaching, learning and teacher-student interactions.

The capacity to develop skills to manage everyday tasks and interactions strongly influenced the wellbeing and subsequent mental health of these students. Many of them had not previously been independently responsible for their accommodation, transport, or general self-care. Managing part-time jobs and their own budgetary matters was particularly stressful, especially for those experiencing financial difficulties. Furthermore, without familiar normative controls and reference points, international students were vulnerable to new-found freedoms for which they were often unprepared and likely to experience associated stresses.

International students commonly delayed seeking help for mental health problems until it was too late to receive adequate care that would enable them to successfully complete their studies. These situations often produced experiences of shame, brought about at least in part by the complexities of negotiating a culturally different health system and different cultural constructions of problems and difficulties. It was believed that students often regarded mental health and emotional issues as physical health problems. These findings call for early intervention to counter delayed help-seeking practices, which tend to escalate the seriousness of the problems and the likelihood of fragmented care. University limitations on the number of consultations often necessitated referral of students to outside psychiatric services, which were expensive and not covered by private

health insurance in the case of pre-existing illnesses. These dynamics were believed to contribute to the rising incidence and severity of mental health issues amongst international students.

Concern was also expressed that there was an increasing number of international students arriving in Australia with 'pre-existing' psychiatric disorders. This revelation called for greater scrutiny to ascertain whether or not students had the capacity to undertake university study in Australia.

Finally, the need for accurate health-care information to be provided at the pre-departure stage was much emphasized by participants. In particular, students need to be made aware that medical expenses are not fully covered by health care insurance. It was also evident that greater, more consolidated and culturally aware student health services were needed to provide effective early intervention for mental health problems.

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