

Understanding the Mental Health Issues of International Students on Campus

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Abstract: *This paper will describe the research surrounding the challenges that international students face when they study abroad at American universities. After an overview of faculty obligations regarding the mental health issues of students, the article will explore the stressors of language, academics, and cultural adjustment. Then the article will address the barriers that may prevent international students from receiving the mental health services that they need. The article will conclude with strategies to address the obstacles of obtaining mental health services.*

Key Words: mental health, international students

As international students strive to integrate two cultures as they study in the United States, mental health issues often arise; however, many barriers exist in the United States that inhibit this sizable portion of the population from obtaining the services that they so desperately need (Ochoa, Riccio, Jimenez, Garcia de Alba, & Sines, 2004). International students are a group of heterogeneous students that encompass students from diverse backgrounds and represent a significant constituent in higher education in that over one million international students studied in the United States in the academic year 2016/2017 (Open Doors Report, 2017). The population of international students accounts for roughly 5.5 % of the students enrolled in higher education institutions (as reported in Zhong & Batalova, 2018). Given the increasing numbers of international students on campus, universities have sought to provide services to meet the needs of this population.

Mental health has become a pressing issue on university campuses as students seek to cope with the many stresses of student life. According to the National Alliance on Mental Illness (NAMI), more than 40% of college students have felt more than average stress in the last year (Gruttadaro & Crudo, 2012). Similarly, 60.5% of college students in another study reported feeling lonely and depressed (Sabatke, 2016). In a 2016 National Survey on Drug Use and Health, young adults from the age of 18-25 had the highest occurrence of mental illness when compared with older adults (Ahrnsbrak, Bose, Hedden, Lipari & Park-Lee, 2017). The high demand for services also has presented a challenge to university counseling centers that often have long wait times to address the needs of individual students (Xiao et al., 2017). As this data shows, mental health issues are a pressing issue on many university campuses today. While international students struggle with the some of the same mental health issues as their domestic counterparts (Kronholtz,

2014), research indicates that international students are less likely to use counseling services than their domestic counterparts (Beiser, 2009; Hyun, Quinn, Madon, & Lustig, 2007).

While not qualified as professional counselors themselves, faculty appear on the front lines in addressing the mental health needs of international students because they are the individuals who meet and interact with international students regularly and guide them through stressful academic tasks. Through this interaction, faculty can serve as good university community members to watch for signs of distress in their students. While it may be tempting for faculty to just refer the international students to mental health professionals on campus, there are a range of limitations and issues that faculty should understand that speak to the limited resources available to international students. This article provides a review of the research concerning mental health issues of international students in higher education. The audience for this article is university faculty since they are responsible for adhering to the requirements of the Americans with Disabilities Act.

Three questions are answered: 1. What role does the Americans with Disabilities Act play in protecting students with mental health issues? 2. What are the stressors that international students face that may trigger the need for mental health services? 3. What are the barriers that international students encounter when seeking mental health services?

QUESTION 1: WHAT ROLE DOES THE AMERICANS WITH DISABILITIES ACT PLAY IN PROTECTING STUDENTS WITH MENTAL HEALTH ISSUES?

With the prevalence of international students on American campuses, faculty need to be aware of the issues that international students face during their study on campuses across the nation. While such personnel are not expected to be experts in mental health services, they are required to accommodate these students according to the American with Disabilities Amendment Act (2009), which defines disability as “physical or mental impairment that substantially limits one or more major life activities.” Under this law, individuals have the right to privacy, and are also entitled to accommodations unless such a request would prove to be too difficult for the employer or in this case, the university. While the ADA applies to both domestic and international students alike, research indicates that international students are more likely to encounter more stress and mental health issues than their domestic counterparts (Chalungsooth & Schneller, 2011; Yeh & Inose, 2003). Given that the university is prohibited from revealing the specifics of the international students’ mental health issues to its personnel (ADA Amendments Act, 2009), becoming aware of the stressors and challenges that this population can encounter when seeking mental health services can help international students be more supported in their study in higher education.

QUESTION 2: WHICH STRESSORS MIGHT TRIGGER MENTAL HEALTH ISSUES FOR INTERNATIONAL STUDENTS?

At the outset, international students represent a diverse group of people who come from a variety of experiences so individual stressors may or may not apply to a specific international student (Birman et al., 2007). Furthermore, even within the same culture there can exist a variety of experiences, values, and expectations (Wagner, Hansen, & Kronberger, 2014), so the following stressors may affect different people in varying degrees.

LANGUAGE

Lack of linguistic skills in English can impact the well-being of international students in several diverse ways. First, Chalungsooth and Schneller (2011) stated that immigrants with low proficiency language skills reported lower levels of academic achievement and social functioning. Having a low English proficiency can cause deep anxiety for international students when they struggle to perform at the high academic levels that they achieved previously in their native language (Yeh & Inose, 2003). Mamiseishvili (2012) found that international students' low level of English proficiency had adverse effects on their determination to continue in their academic endeavors. Next, lack of linguistic fluency can prevent internationals from making social connections, thus leading to isolation (Ching, Renes, McMorrow, Simpson, & Strange, 2017). Since friends serve as a surrogate family for the international students in the new country, the lack of language needed to make friends is a significant obstacle for the international students as they adjust to living in a new culture (Beiser, 2009).

Beyond the stressors that language can present to international students, the process of learning a language can be quite stressful (Cervantes & Shelby, 2013). Such stress can influence the learner to be reluctant to communicate using the new language (Effiong, 2016). However, this anxiety is exacerbated when the learner only uses the language in the classroom and does not use the language in other non-academic situations (Dewaele, Petrides & Furnham, 2008). Regardless of context, communicating in English can also be stressful due to the lack of vocabulary that might impede their abilities to express their thoughts clearly (Effiong, 2016). Searching for the right words in English to communicate can be a challenge when words carry cultural nuances that might not be apparent to a second language learner (Pearson, Hiebert & Kamil, 2007). Additionally, stress can occur if international students stop using their first language before they are truly fluent in their second language (Cervantes & Shelby, 2013), leaving the student with limited ways to fully communicate. Lastly, language usage can also cause stress when individuals are put in the position of having to translate for others in a variety of situations (Cervantes & Shelby, 2013; Chalungsooth & Schneller, 2011).

ACADEMICS

International students often face significant stress related to academic pressure, which can be a detriment to their mental health stability (Prieto-Welch, 2016). While academic stressors may affect all kinds of university students, international students may experience the effects more intensely than domestic students (Smith & Khajawa, 2011). Specifically, many international students come from schools that have vastly different schooling norms from the ones that they encounter in American universities and adjusting to the unfamiliar environment and practices can be quite stressful (Ching et al, 2017; Frkovich, 2017). In a qualitative study of international students, Poyrazli and Isaiah (2018) found that the participants were unfamiliar with large class sizes and the norms of objective grading. Additionally, some international students may find the teaching styles in the American classrooms different from the lecture style they were accustomed to in their home country (Ching et al., 2017). The disparity in educational services provided could lead to unfulfilled expectations on the part of international students, which could trigger depression (Khajawa & Dempsey, 2007).

Beyond adjusting to new educational practices, these students face the pressures of achieving certain academic standards to stay enrolled in their program of study. Accordingly, Yi, Lin, and Kashimoto (2003) found that academics was one of the top three reasons that undergraduate international students visited a counseling center. Their effort is even more challenging as they are performing in that this academic work is achieved entirely through an additional

language (Prieto-Welch, 2016). Glass and Westmont (2014) argue that anxiety, lack of social support and low language proficiency can all contribute to low academic performance. The pressure to achieve can result in an elevated level of stress for the international students as they seek to honor their family's investment in their education (Akinsulure-Smith & O'Hara, 2012).

ACCULTURATION

Coming to the United States also creates additional stress, as immigrants may have prolonged stress resulting from the actual decision to migrate and the separation from families that may follow (Akinsulure-Smith & O'Hara, 2012). Specifically, acculturation stress has been defined as a major life event that has resulted in several life changes (Berry, 2006). These life changes can be wide-ranging from differences in climate, dietary options, or lifestyle choices (Pendse & Inman, 2017). Acculturative stress in international students can result in depression (Smith & Khawaja, 2011). For non-European students studying in the United States, Glass and Westmont (2014) assert that the acculturative stress is much greater given the degree of cultural distance between the native and host cultures. However, Ching et al (2017) found the acculturative stress decreased with the passage of time in the new culture since international students who had been studying abroad for a longer period reported lower levels of acculturative stress.

For many international students, studying in the United States means that they are now apart from the social supports which offered them a variety of benefits ranging from academic advice to social outlets in their native country (Ching et al., 2017; Glass & Westmont, 2014). Specifically, Yeh and Inose (2003) found that social connections were a significant indicator of acculturative stress because they are missing the support of their friends and family in their home country who affirmed their sense of self. In another study that analyzed the research trends across previous studies, Goodson and Zhang (2011) concluded that more social relationships, fewer telephone calls, and more diverse topics in email exchanges indicated a lower level of acculturative stress. These endorsements are critical to fighting against depression and loneliness (Smith & Khawaja, 2011).

QUESTION 3: WHAT ARE THE BARRIERS THAT INTERNATIONAL STUDENTS FACE IN OBTAINING MENTAL HEALTH SERVICES?

Beyond the issues that may cause mental health issues in international students, international students may encounter several obstacles that would prevent them from receiving the mental health services. These issues could include being unaware of the of services that are available to them (Kilinc & Granello, 2003; Thomson et al., 2015), linguistic barriers that would prevent them from understanding the counseling services (Kirmayer et al., 2015), and lack of culturally appropriate counseling services (Biever et al., 2011; Lee, Ditchman, Fong, Piper & Feigon, 2014; Ochoa et al., 2004; Thomson et al., 2015). This section will describe each barrier in greater detail.

STIGMA

The stigma of admitting the need for mental health services often is a deterrent for international students to seek counseling (Lee et al., 2014). While seeking mental health support has become more accepted in the United States, the stigma around mental health issues may be more severe in some cultures where seeking mental health services is viewed as a sign of weakness (Hyun et al., 2007; Thomson, Chaze, George, & Guruge, 2015). Therefore, some individuals may

be reluctant to attribute the source of their difficulties to mental health issues and to seek out help (Hyun et al., 2007; Kilinc & Granello, 2003; Kirmayer et al., 2011; Lee et al., 2014). In a 2014 study, Hwang et al found that faculty and staff at the university were more likely to refer the international students for counseling rather than the student seeking out the services on their own. Such a result underscores the impact of the stigma that international students may associate with mental health issues. Additionally, international students may fear the consequences of being diagnosed with a mental illness (Hundley & Lambie, 2012). Due to the shame of mental health needs, international students may be reluctant to discuss deep personal issues with complete strangers (Hundley & Lambie, 2012).

UNAWARENESS

Previous research has indicated that often international students are unaware of the available mental health services provided on campus, thus leading to an underutilization of counseling centers (Hyun et al., 2007; Lee et al., 2014). This lack of knowledge may occur if similar counseling services are not available to these students in their native countries (Hundley & Lambie, 2007; Hwang et al., 2014), so it would not be apparent that such options are present on campuses in the United States. For example, Hyun and her colleagues (2007) found that either the international students did not know anything about the available counseling services, or they thought that the counseling services were only for domestic students. Research has found that international students learn about the mental health services provided on campus through one of three ways: their friends, their academic advisor, or the mental health counselor (Yahusko, Davidson, & Sanford-Martens, 2008). Another study found that international students were not aware that counseling services could be given using an interpreter (Thomson et al., 2015), so they didn't seek treatment due to the perceived language barrier. Furthermore, Lee et al (2014) argue that since many counseling services on campus are free, it is imperative that international students are informed about the availability of services. Another research study discovered that although the universities felt like they were doing an excellent job in promoting their counseling services to the students, research indicates that these efforts were not reaching the international students (Hyun et al., 2007). Overall, effective communication and transmission of information is necessary to make all subsets of an institutional populace aware of the services available to them.

LANGUAGE

The most significant obstacle in receiving mental health services is the language barrier that exists between mental health professionals and their clients who may speak English as a second language (Akinsulure & O'Hara, 2012; Burnham, Hooper, & Mantero, 2009). Often, counselors in the United States do not speak a language other than English (Ochoa, et al., 2004), and Paone (2008) found that this language difference has an adverse effect on the client. Since most counselors have received their education and training in English (Biever et al, 2011), they are not prepared to offer the counseling services in the student's native language. However, international students may have challenges expressing their thoughts in English to the counselor, which would impede the counseling process (Hundley & Lambie, 2007). Others may feel that the counselor is judging their language proficiency (Willis-O'Connor, Landine & Domene, 2016). This perceived intimidation can lead to nervousness and uneasiness throughout the sessions, ultimately affecting the success of the desired services (Chalungsooth & Schneller, 2011). Because international students are aware that these language barriers exist, they are often uncomfortable

even seeking out services in the first place and may avoid seeking services until the conditions are quite severe (Hwang et al., 2014).

ISSUES OF REFERRALS

While the ADA protects students with mental illness, it does not mandate that faculty refer students for mental health services (ADA, 2009). Given the stigma around the issues of mental health, some faculty may be reluctant to get involved in the mental health issues of their students. For some faculty, they are unsure of the appropriate way to respond because they don't have sufficient training, or they don't perceive mental health issues as part of their assigned professional responsibilities (Ethan & Seidel, 2013). While many universities have offered formal or informal training for faculty members in responding to mental health issues of their students (Booth et al., 2017), still international students might not get the referral to the counseling center.

COUNSELOR TRAINING

One of the barriers to receiving services is that often counselors do not receive training in cross-cultural psychology (Burnham et al., 2009; Pendse & Inman, 2017; Robertson, Holleran, & Samuels, 2015). Typical mental health counseling is based upon white Eurocentric norms (Akinsulure-Smith & O'Hara, 2012; Suarez-Orosco et al., 2013) and not necessarily responsive to the diverse needs of international students (Kim & Park, 2015). Approaches to counseling may vary across cultures (Pedersen, Lonner, Draguns, Trimble, & Scharron-del Rio, 2016) so international students may be uncomfortable with the American model of counseling services. For example, international students may expect counselors to be more direct, leaving a passive role for the client while American counseling norms encourage clients to be more interactive with the counselor (Zhang & Dixon, 2003). This unease may result in international students discontinuing the counseling sessions before they get the assistance that they need (Pendse & Inman, 2017). This premature termination of services underscores the urgency to provide culturally appropriate counseling for international students.

While many counselors have admitted that they have received little to no training on working with international students (Biever et al., 2011; Ochoa et al., 2004), few curricular changes have been made to address this growing need (Robertson et al., 2015). According to the International Association for Cross-Cultural Psychology, there are only 18 graduate programs in cross-cultural psychology in the United States (Graduate Programs, 2018). Of these graduate programs, only 6 are in the western continental United States. This lack of training has been voiced by participants in research, Burnham and her colleagues (2009) found that school counseling students lamented that they felt like they needed more training on the stages of second language acquisition and on the cultural background of EL students. Even the smallest cultural differences can act as a barrier for international students feeling comfortable seeking the necessary services.

MEETING THE MENTAL HEALTH NEEDS OF ENGLISH LEARNERS

One way that psychologists address the language barrier is by hiring interpreters; however, issues can occur in using bilingual interpreters. First, languages can occur in various dialects, so the interpreter would have to be fluent in the client's dialect (Paone & Malott, 2007). Even if the interpreter is fluent in the native language of the client, misunderstandings can occur as culture is so intimately tied with language, which is why cultural competence is also a necessity for proper communication (Akinsulure-Smith & O'Hara, 2012; Biever et al., 2011). Professionalism is also

a necessity, as interpreters must be trained in not only the native language, but also in discussing mental health topics (Paone & Malott, 2007). Interpreters must ensure that they do not interfere with the exchange that is going on between the client and professional in any other way than translation, because they are not certified counselors (Ochoa et al., 2004). Overall, even though interpreters are helpful in lessening the language barrier, English learners may still feel uncomfortable with the language distance between them and the counselor, discussing such a personal topic. This systemic barrier has negative impacts on the utilization of counseling services, as it affects communication so severely (Thomson et al., 2015).

To address the needs of the international students, counseling centers need to have the appropriate resources. This is critical because previous research found that the traditional counseling pamphlets may not meet the expectations that international students have of the counseling session (Akinslure-Smith & O'Hara, 2012). To address this challenge, Challungsooth and Schneller (2011) recommend creating a list of common mental health issues and then translating it into the common languages represented on campus to facilitate the communication between the international student client and the counselor. Another resource comes in the form of human capital. Since international students often seek out their friends to get mental health assistance, Yahusko et al (2008) proposed that universities should develop a peer counseling network to provide more mental health support for international students.

IMPLICATIONS

In the era of “see something, say something”, this adage could apply to students’ mental health issues. Given that institutional support is essential to the international students’ well-being (Hyun et al., 2007), faculty can embody the support that the students need. While faculty are not mental health professionals and are not required to intervene in the mental health of their international students, just taking notice of international students’ struggles is part of being a good citizen to this underserved population on campus. Rather than allowing international students in need to suffer in silence, universities can be proactive in offering mental health services in a culturally sensitive manner that would enable international students to adjust and thrive in their study abroad experience.

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