International Students' Mental Health and Help-Seeking

Submitted by Sook Yee (Samantha) Yong, to the University of Exeter

as a thesis for the degree of Doctor of Clinical Psychology

I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

Signature: …………………………………………………………..

Acknowledgement

It has been a challenge for me to complete this thesis, as the research was carried out during a pandemic and the topic is related to international students, of which I am an international student myself, living through the pandemic.

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To my dad, in loving memory.

Table of Contents

SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

LITERATURE REVIEW

Challenges Faced by Asian International Students and Help-Seeking

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Abstract

Asian international students face multiple challenges during transition to a new country and several quantitative studies have found that Asian international students are at risk of developing depression and anxiety. However, the number of Asian international students accessing mental health services remain low. Therefore, this systemic review aimed to understand the unique challenges face by Asian international students and their ways of seeking help. A systemic search of five databases was conducted and studies meeting inclusion criteria were reviewed. There were a total of nine papers included in this review. The summary and critical evaluation of the reviewed studies are presented, and thematic synthesis was used. Three overarching themes were identified: Navigating differences between home country and host country- us and them, prejudice and discrimination, and ways of seeking help. Bronfenbrenner's ecological system was adopted to explain Asian international students' experiences when moving from 'old' (i.e., home country) to 'new' system (i.e., host country). It is understood that Asian international students face loss and grief on multiple levels, which has a significant impact on their mental health. However, Asian international students prefer to seek help/support from friends and family rather than professional help due to various reasons. Findings call for universities and psychologists to be mindful of the differences that Asian international students need to navigate themselves, and challenges face. Implications for universities and psychologists are outlined.

Introduction

International Students in the UK

The increase in pluralism and cultural diversity in the UK has made the country one of the world's most popular destinations to study for higher education, with more than 500,000 students all around the world applying to study there each year (UKCISA, 2018). The reasons international students prefer to study in the UK were not limited to the reputation of the world-class research, but also included that UK courses are relatively shorter, reducing overall costs (e.g., tuition fees, cost of living).

In the UK, depending on the origin of the student, the students' status tends to differ. Students who are from European Union (EU) countries have, until recently, been considered "home" students, meaning that they have paid a fee similar to the local UK students. However, students who are not from the UK or (pre-2020) EU countries, and EU students from 2021 onwards, are classified as 'international' students, and pay a higher fee (UKCISA, 2019).

Data released by the UK Council for International Student Affairs (UKCISA) in 2018 indicates that Chinese ethnicities were the largest group of international students studying in the UK, making up almost a fifth (about 106,530) of the total, followed by India, the United States, Hong Kong and Malaysia. Most international students are studying at undergraduate level (UKCISA, 2018).

Transition and Intercultural Adjustment

For international students, the transition to a foreign country to study for higher education involves significant adjustment. The culture shock of moving abroad and finding themselves within a new social and educational environment can cause significant psychological distress. This

may be heightened by challenges like the loss of social support (Vaez & Laflamme, 2008), difficulties with independent living, as well as linguistic, academic, inter- and intrapersonal problems (Mori, 2011) and one's sense of identity (Brown & Brown, 2013), which are unique sources of stress for international students.

Some researchers have explored international students' transition into their host universities and how they adapt to a new educational environment. Two theories have been widely used to address the adaptation process for most sojourners, including international students. The two theories are recovery models and culture learning models (Coates, 2004). In recovery models, the concept of 'culture shock' was the most represented (Oberg, 1960). Culture shock is defined as an experience where a person must move from a familiar set of attitudes and way of life to a culture that is different from their own, which can cause feelings of anxiety, loneliness, estrangement, sadness and homesickness and can even lead to physical health issues (Oberg, 1960). Oberg (1960) argued that sojourners will 'recover' from 'culture shock' by accepting the other culture and that this will lead to a full adjustment and effective functioning in the new culture.

In the culture learning model, adjusting to a new culture is viewed as a learning process. It is said that sojourners can learn the norms and rules of a new culture through communication (Scollon & Scollon, 1997) and behavioural learning (Atherton, 2003); as such, it is expected that interaction with the local students, familiarisation with the new culture's customs and values and proficiency with the language increases the level of satisfaction. However, from a survey done with 304 international students in Norway it was found that, although the number of friends significantly affected the international student's life satisfaction, contrary to their expectation, having a local friend did not necessarily lead to an improvement in their life satisfaction (Sam, 2000). It was perceived that making friends with local students can be challenging due to language

barriers and cultural differences, causing some international students to socialise mainly with people from their own country (Mori, 2000).

The culture learning model presumes that moving into the adoptive society's way of life, or culture, simply requires learning. The model fails to address the concept of 'adaptation', where adapting to a new culture requires understanding and acceptance (Bochner, 1977). International students may still find it challenging to adapt, especially when the new culture has vastly different values than their home culture. Even when they have prepared themselves by learning about the new culture beforehand, they may find it hard to adjust to a new way of life.

An individual's emotions are transient reactions to their environment (Ellsworth & Scherer, 2003). However, most of the research about intercultural adjustment does not talk about emotional management but mostly concentrates on cultural learning (Kim, 2005), while ignoring other factors such as 'feelings of loss, bereavement, faltering identity, or of values and beliefs besieged' (Anderson, 1994, p. 304). The study of emotional experiences in international students during their adjustment process may help develop an effective intercultural adjustment strategy. Studies of international students must explore those experiences.

International Students' Mental Health and Wellbeing

Every international student responds differently when adjusting to a new environment, but it is not unusual for international students to suffer from anxiety, depression, insomnia, loss of self-confidence and loneliness. Many international students carry the weight of expectations from their families and the pressure to achieve, as the families have made a significant financial investment to support the students' education.

Research findings consistently report that international students have more significant needs for mental health services than home students (Raunic & Xenos, 2008; Nicholas et al., 2013). However, despite the high prevalence and burden of mental health problems among them, extensive international studies have shown that international students infrequently seek professional help (Raunic & Xenos, 2008; Kashima & Loh, 2006; Li et al., 2016).

The three main factors that have been identified as contributing to international students' mental wellbeing are acculturation, language barrier and lack of social support. Acculturation is defined as the adaptation process of learning, understanding, and incorporating the new culture's values, beliefs and behaviours into one's culture of origin (Berry, 1980). This can be challenging for most international students, as they need to contend with the stress from academic achievement as well as the acculturative stress. This can have a negative effect on their mental health and may manifest itself in anxiety and depression (Sandhu, 1994).

The language barrier is another factor that can impact international students' mental wellbeing. International students for whom English is not the first language may encounter difficulties that English-speaking students do not experience. Some additional obstacles faced by international students include difficulties with understanding and processing class lectures, challenges with communicating their viewpoints and more time required for the reading of assigned materials and completing assignments (Dao et al., 2007). Furthermore, language barriers also impact these students in building their interpersonal relationships with home students, which can lead to them being socially isolated from the host society (Mallinckrodt & Leong, 1992).

International students may have additional worries if it is difficult for them to return home, due to distance and cost, when there is a crisis. Moving away from their home country slowly

disconnects them from their original social support. This disconnect compels international students to form a new social support network in the host country. However, building a new social support network can be extremely difficult for them, especially when the individual struggles to converse confidently in the host language (Furnham & Alibhai, 1985). The loss of social support influences the mental wellbeing of international students (Pedersen, 1991; Hayes & Lin, 1994).

Help-Seeking

Seeking help is essential if people are to access appropriate mental health and wellbeing services. While there are different sources of help, both formal and informal (Rickwood et al, 2005), there is acknowledged value in seeking formal help, in particular through services provided by trained mental health professionals (NICE, 2004).

In Hong Kong, a survey was conducted to understand the help-seeking behaviours of Chinese patients for psychological distress. It was found that those who sought formal help were more likely to be less educated and from a lower-income background. Conversely, those using alternative sources (e.g., exercise, self-help websites, etc) were more likely to have a better education and higher income, and most of them preferred to seek informal help through family and friends (Sun et al, 2017).

Some research has shown that participants rate the effectiveness of informal help from family friends higher than formal help received from trained professionals (Jorm et al., 1997; Morgan et al., 2014). However, it is unclear whether the responses regarding family and friends, who may be untrained in dealing effectively with emotional distress problems, are appropriate and helpful. The research raises some doubts about the benefits of seeking informal help from social relationships.

Many studies have examined how cultural factors affect help-seeking for mental health problems, but research that employs theory-based models to investigate the subject matter remains limited (Mo & Mak, 2009). Therefore, the application of theory-based models to understand help-seeking behaviour is important for researchers to identify potential useful mechanisms to enhance help-seeking intentions. Amongst all the theoretical models, the Theory of Planned Behaviour (TPB) (Ajzen, 1985; Ajzen, 1991) has been one of the most widely investigated. The TPB describes intentions to change behaviour as a central factor of the theory, where intentions are in turn determined by attitudes, subjective norms, and perceived behavioural control. This model proposes that to improve a person's attitudes about help-seeking, it is essential to increase a person's knowledge about help-seeking, combined with changing the subjective norms, such as mental health literacy and stigma (Jorm et al., 2000). Although help-seeking intentions are predicted to lead to behavioural change, the effect is moderated by perceived behaviour control, which includes the influences of external factors, such as the availability of appropriate services. Such perceived behaviour control can also have a direct effect on changed behaviour. It is therefore essential that people feel that they can access appropriate services when needed.

Given the fact that international students are a heterogeneous group, students from different countries (e.g., Western vs. non-Western, developing vs. developed countries) may have different attitudes towards seeking psychological counselling (Dadfar & Friedlander, 1982; Yoo, 2001). Dadfar and Friedlander (1982) found that students from Asia held more negative attitudes toward seeking counselling than international students from Europe and Latin America. Thus, studies that focus on subgroups of international students are beneficial to understanding the subgroup's attitude towards seeking professional psychological help. Lin (1996) found that international students from

Asian countries do not seek professional help until they have exhausted their primary support network.

Summary, Rationale and Review Question

Previous studies (e.g., Raunic & Xenos, 2008; Nicholas et al., 2013; Wu, Garza & Guzman, 2014) have indicated that international students encounter a significant amount of stress due to various adjustments to a new culture and environment. Although there are several quantitative studies that focus on Asian international students' (AIS) mental health, using standardised instruments, qualitative studies are limited. Therefore, this study aims to systematically review previous findings and aims to understand the following question:

What are the common challenges faced by AIS and their ways of seeking help?

Methods

Search Strategy and Screening Procedure

This systematic review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting protocol (Moher et al., 2009) as this minimises bias and maximises accuracy when selecting papers for literature review (Kearney, 2014).

In January 2020, a systemic search of five electronic databases was conducted: PsycInfo, PsycArticles, EMBASE, CINAHL and Web of Science. The Sample, Phenomenon of Interest, Design, Evaluation, Research type (SPIDER) tool (Cooke et al., 2012) was used to provide guidance in the development of inclusion and exclusion criteria to narrow the review focus. The SPIDER tool was deemed most appropriate because it is commonly used to identify qualitative

and/or mixed methods studies (Methley et al., 2014). The inclusion and exclusion criteria are

detailed in Table 1. The review set out to understand the AIS' mental health and help-seeking

strategies.

Table 1

Inclusion and Exclusion Criteria

Aspect of Interest	Inclusion Criteria	Exclusion Criteria
Sample	Studies focus on AIS or the majority of the participants in the study are from Asia.	Studies focus on home students, exchange students and non-AIS
	Studies with AIS studying in countries where English is the first language (e.g., UK, USA, Canada, Australia, etc.)	Studies with AIS studying in countries where English is not the first language
	AIS who are doing undergraduate and postgraduate studies	AIS who are doing high school study or exchange studies
Phenomenon of Interest	Studies focused on understanding challenges faced by AIS and the impact on psychological and mental wellbeing, as well as how they seek help/cope with the situation.	Studies focused on understanding physical health of AIS
Design and Evaluation	Methods yielding in-depth data about individual experience and understandings within a social context, including individual interviews, focus groups, ethnographical or creative methods	Use of methods yielding numerical and statistical data to understand a broad phenomenon rather than individual experiences or comparative studies of home students and international students
Research Type	Qualitative or mixed methods research that has qualitative data reported as themes	Quantitative research

Publication Type	Peer reviewed journals and dissertations	Book reviews, books, commentaries, literature reviews, policy documents, theoretical/interview papers, and conference proceedings
Language	Published in the English language	Published in other languages

Key concepts of the review were identified by using the SPIDER criteria. Search terms were developed by running initial searches using key concepts as suggested by the Cochrane Handbook (Higgins & Thomas, 2019). Once the search terms had been identified, a list of synonyms was developed and was used to guide the search. Search terms within each key concept were joined using the OR Boolean operator and the searches for the phenomenon of interest, design, evaluation, and research type were combined using the AND Boolean operator. Keywords were searched only within titles and abstracts. An example of the search terms used for the SPIDER search is shown in Table 2.

Table 2

Example of Search Terms Used for the SPIDER Search

SPIDER Tool	Search Terms
Sample (S)	"International student*" OR "foreign student*" OR "Oversea student*" OR "Student Sojourn*" OR "foreign pupil"
Phenomenon of Interest (PoI)	"psycholog* distress" OR "psycholog* stress" OR "mental health" OR "mental difficult*" OR "well-being"
Design (D)	"Focus group" OR "Interview*"
Evaluation (E)	"help-seek*" OR "help seek*" OR "seek* help" OR "professional help" OR "psycholog* help" OR "counsel*"
Research type (R)	"qualitative" OR "mixed method"

The search retrieved 862 articles. When duplicates had been removed, 749 studies remained. All studies were selected through a two-stage review. In the first stage, screening was based on the titles and abstracts of the studies using SPIDER criteria. Studies that met the search terms were selected for further evaluation of their relevance to the inclusion criteria. Studies that did not meet the inclusion criteria were discarded. Of the abstracts screened, 19 studies met the criteria for full-text screening. The selected studies were sourced and reviewed thoroughly again, using the SPIDER criteria. Nine studies were excluded. An independent reviewer (a PhD psychology student familiar with qualitative research) was asked to screen five full-text articles and made an independent decision ('yes' or 'no') whether articles were to be included in the review. This was to ensure the trustworthiness of the review findings (Aromataris & Pearson, 2014). There was a 100% inter-rater agreement between the researcher and the second reviewer. A total of nine studies were included. Reference lists and citations of the nine studies were also reviewed at title level only to search for further relevant studies. However, no other studies met the inclusion criteria, therefore no additional studies were added to the review.

Figure 1

Flow Diagram Detailing the Search Procedure
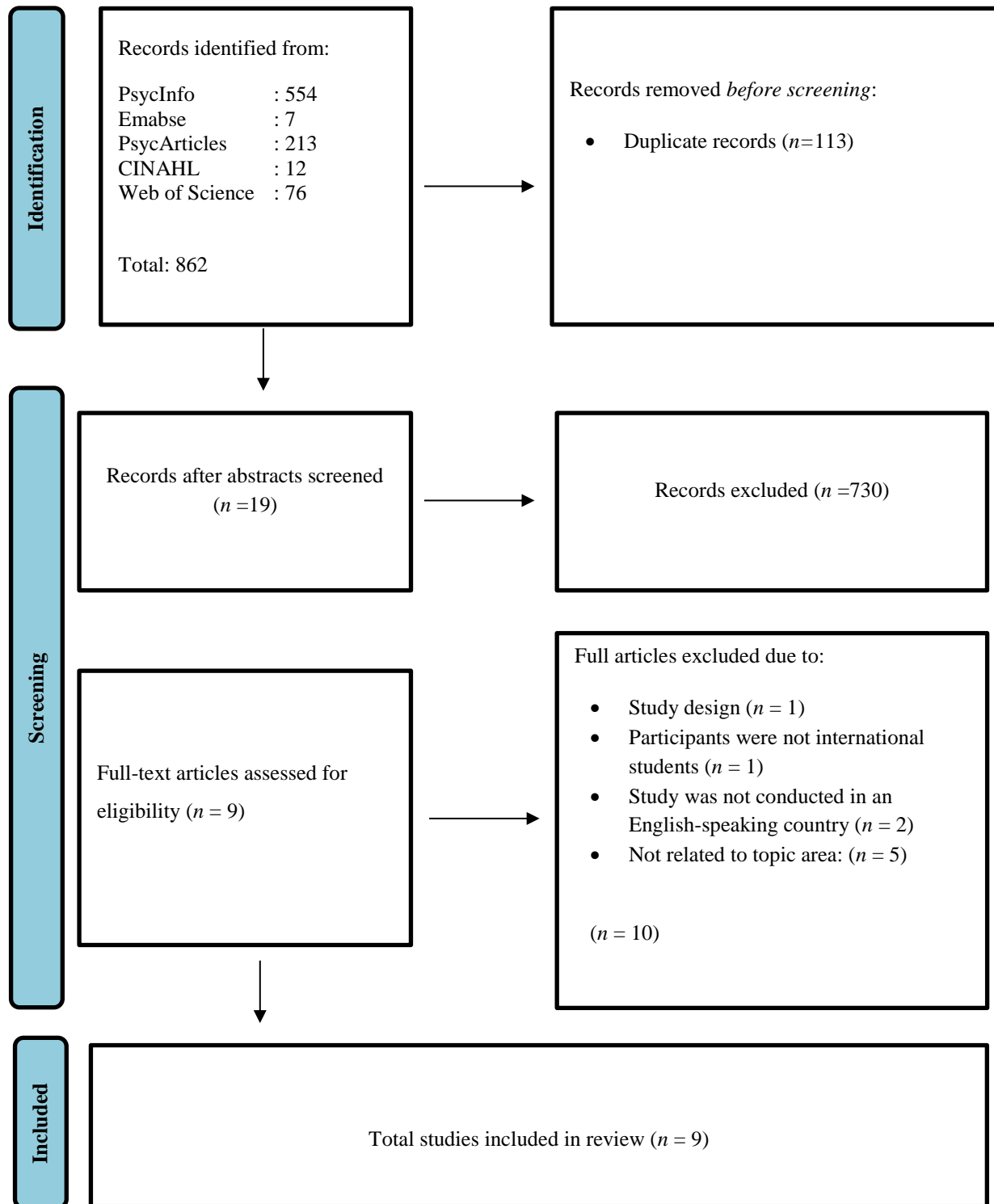
Critical Appraisal

The quality of the nine papers was evaluated using the Critical Appraisal Skills Programme (CASP; CASP International Network, 2013). The CASP has been widely used for appraising all types of qualitative data (Butler & Copnell, 2016). It consists of 10 simple questions, allowing reviewers to conduct a rapid evaluation of the trustworthiness, relevance, and quality of the identified studies (CASP International Network, 2013). However, the CASP does not include a scoring system and therefore for the purposes of this review, a scoring system (Table 3) was developed to assist in the synthesis of the CASP results. All 10 scores were combined for each paper to provide a total score. Appendix A listed all the scoring and quality ratings of each study. To ensure the quality of the identified studies, a second reviewer assessed the quality of three papers using the same appraising tool and scoring system. The scores were compared for agreement to ensure the inter-rater reliability of the studies. There were discrepancies between the ratings of the researcher and the second reviewer during the initial review; however, complete agreement was achieved after a discussion. It is important to acknowledge that the quality assessments are subjective, and the ratings are influenced by the researcher's and the second reviewer's views and perspectives.

Table 3

Scoring System for CASP

Criteria for each question	Scoring
Criteria Met	1
Criteria Partially Met	0.5
Criteria not Met	0

Data Extraction and Synthesis of Results

Thematic synthesis was used to synthesise the findings of the qualitative research. Thematic synthesis involves 'systematic coding of data and generating of descriptive and analytical themes' (Nicholson et al., 2016, p. 3). In vivo data was extracted through noting the key themes and findings reported by authors of each paper and in relation to the review question. Overarching themes were generated by combining different themes into broader groupings and looking at how each of them related to each other (Dixon-Woods et al., 2005; Thomas & Harden, 2008).

Results

An overview of the nine papers included in the review is presented in Table 4. The critical appraisal scores are included. Thematic synthesis was used to synthesise the findings and presented in relation to the review questions.

Table 4

Overview of studies included in the review

Authors	Participants	Country	Aims	Methodology	Analysis	Key Findings	CASP Rating
#1 Khawaja & Stallman (2011)	Size: Students (*N*=22) Gender: women (*n*=15), men (*n*=7) Year: all full-time students except one. Ages: 20 - 40 (M= 27.32) Country: South Korea (*n*=7) China (*n*=4) India (*n*=1) Taiwan (*n*=1) Vietnam (*n*=1) East-Timor (*n*=1) Iran (*n*=1) Indonesia (*n*=1) Mauritius (*n*=1) Singapore (*n*=1) Nigeria (*n*=1)	Australia	To explore the lived experiences of international students to understand their adjustment difficulties and strategies they used to encounter these difficulties	Four focus groups – semi structured interviews with one interviewer. Interviews were conducted face to face. English was used during interview.	Grounded theory & thematic analysis	Thematic analysis identified that international students face challenges in all aspects of life, despite existing services to assist them. Several coping strategies were shared and provided information for developing effective university policies and counselling strategies to enhance the wellbeing of the international students.	7.5
#2 Constantine, Kindaichi, Okazaki, Gainor &	Size: Students (*N*=15) Gender: women (*n*=15), man (*n*=0) Year:	United States	To identify Asian Indian, Japanese, Korean, and Vietnamese	Semi-structured individual interviews with different	Consensual Qualitative Research (CQR)	The importance of social connections with individuals who can validate their sense of self and ways of being.	8

Baden (2005)	undergraduate students Ages: 18 to 21 (M=19) Country: India (n=4) Japan (n=4) Korea (n=4) Vietnam (n=3)		college women's sojourner experiences, challenges and stressors associated with being an international student, quality of interpersonal relationships in the US, and strategies they used to encounter/cope with these difficulties.	interviewers. Interviews were conducted face to face. English was used during interview		It is noted that peer and family support are important for Asian individuals in coping with acculturation stress and mental health concerns. The findings also suggest that seeking professional psychological help to deal with adjustment difficulties may be a last resort for Asian international college women.	
#3 Li, Heath, Jackson, Allen, Fischer, Chan (2017)	Size: 13 students Gender: women (n=10), men (n=3) Year: undergraduate students (n=3) post-graduate students (n=11) Ages: average age of 27 (no age range) Country: China (n=13)	United States	To explore Chinese international students' experiences with utilising specific supports and strategies to cope with difficulties associated with the	Individual semi-structured interviews with a single interviewer. Interviews were conducted in Mandarin using Skype. .	Collaborative hermeneutic approach	Undergraduate and graduate Chinese international students perceived similar challenges and demonstrated similar patterns of adapting and help-seeking. Despite the challenges faced during the transition, participants noted experiencing positive growth and advised	8.5

			acculturation process and how certain experiences			future Chinese international students to be more proactive in seeking and receiving assistance.	
#4 Slaten, Elison, Lee, Yough, & Scalise (2016)	Size: Students (*N*=11) Gender: women (*n*=6), men (*n*=5) Year: undergraduate students Ages: (no age range) Country: China (*n*=8) Malaysia (*n*=2) Vietnam (*n*=1)	United States	To inquire about the experiences of AISon campus and their overall understanding of the construct, including the factors that contribute or deter from it.	Individual semi-structured interviews with a single interviewer. Interviews were conducted face to face. English was used during interview	Consensual Qualitative Research (CQR)	Highlights the importance of within-group social connection, acculturative stress and academic success on AIS' sense of university belonging.	9
#5 Xie (2007)	Size: students (*N*=20) Gender: women (*n*=13) and men (*n*=7) Year: Masters' students (*n*=8) PhD students (*n*=12) Ages: 23 to 37 (M=27.8) Country:	United States	To achieve an in-depth understanding of Chinese international students' perceptions and attitudes toward seeking counselling.	Individual semi-structured interviews with a single interviewer. Interviews were conducted face to face. English was used during interview	Consensual Qualitative Research (CQR)	This study identifies several reasons regarding factors affecting Chinese international graduate students' thoughts on seeking professional help, which include their perceptions, attitudes, needs, expectations and experiences related to psychological	10

	China (*n*=20)					counselling, as well as language and cultural concerns. To promote counselling to Chinese international students, it was suggested that the university should explain to them how counselling can be helpful to international students.	
#6 Lu, Chui, Zhu, Zhao, Zhang, Liao & Miller (2018)	Size: Students (*N*=9) Gender: women (*n*=6) and men (*n*=3) Year: Masters' students (*n*=5) Doctoral students (*n*=12) Ages: 23 - 29 (M=25) Country: China (*n*=9)	United States	To explore Chinese international students' perceptions of the current socio-political context, cultural adjustment experiences and their subjective evaluations of their adjustment.	Individual semi-structured interviews with a single interviewer. Interviews were conducted either face to face or by phone. Mandarin was used during the interview.	Consensual Qualitative Research (CQR)	Findings suggest that Chinese international students experience ongoing negotiation when adjusting to the host culture in order to achieve a subject sense of self. Suggests professionals working with Chinese international students help them mitigate internalised oppression and develop purpose and wellbeing.	9.5
#7	Size: Students (N=7)	Canada	To explore positive	Individual semi-	Critical Incident	Identifies several ways to support international	10

Moores & Popadiuk (2011)	Gender: women (*n*=6), man (*n*=1) Year: undergraduate (*n*=4), post-graduate (*n*=2) Ages: 20 to 28 (M= 24.6 years) Country: China (*n*=4) Honduras (*n*=1) Argentina (*n*=1) Denmark (*n*=1)		aspects of the cross-cultural transition of international students at a Canadian University	structured interviews with a single interviewer. Interviews were conducted face to face. English was used during interview	Techniques (CIT)	students' personal growth and overcoming challenges. It also highlights the importance of social support and building relationships in the host culture.	
#8 Ng, Haslam, Haslam, & Cruwys (2018)	Size: Students (*N*=15) Gender: women (*n*=9) and men (*n*=6) Year: foundation year Ages: 17 to 21 (M=18.53) Country: Hong Kong (*n*=2) Malaysia (*n*=2) China (*n*=4) Singapore (*n*=1) Taiwan (*n*=1) South Korea (*n*=2) Kenya (*n*=1) Mozambique (*n*=1)	Australia	To explore international students' experiences of their life transition and the role of group-based social relationships in adjustment to this change.	Individual semi-structured interviews with a single interviewer. Interviews were conducted face to face. English was used during interview	Thematic analysis	The findings suggest the importance of social identity change to international students' health and well-being. Several associated factors were identified that acted as either facilitators or barriers to social identity change in regard to help-seeking.	9

#9 Liu & Winder (2014)	Size: Students (*N*=5) Gender: women (*n*=4), man (*n*=1) Year: Undergraduate students Ages: 18 to 25 (M=22) Country: Hong Kong (*n*=1) China (*n*=2) Japan (*n*=1) Pakistan (*n*=1)	United Kingdom	To explore the experiences of international students attending university in the UK, focusing on sojourner adjustment and experiences.	Individual semi-structured interviews with a single interviewer. Interviews were conducted face to face. English was used during interview	Interpretative phenomenolo-gical analysis	The findings highlight the importance of supporting international students to connect to local students by increasing opportunities for both groups to socialise, learn and discuss common anxieties, which might aid understanding and acculturation and may ease apprehensions about not only starting a new life in a new country but also getting along with other students.	5.5

Participants

Across the nine studies, 117 international students participated, with 109 international students originating from different parts of Asia, including South Korea, India, Taiwan, Vietnam, East-Timor, Iran, Indonesia, Singapore, Japan, China, Malaysia, Pakistan, and Hong Kong, while seven international students originated from non-Asian countries, such as Mauritius, Nigeria, Honduras, Argentina, Denmark, Kenya and Mozambique. There were 84 women and 33 men, their ages ranging from 17 to 40 years old. However, two studies (#3 and #4) did not provide the details of the participants' ages. All studies took place in the Western countries in which the international students were studying. Five studies took place in the United States (#2, #3, #4, #5 and #6), two studies in Australia (#1 and #8), one study in the United Kingdom (#9) and one study in Canada (#7). Most of the international students were studying at undergraduate level, with some in their foundation year, master's, or doctoral studies.

Aims and Areas of Interest

The aims of these studies were different and diverse. However, each study offered some evidence of understanding the AIS' acculturation process and how it impacted the participants' overall wellbeing. The aims could be broadly organised in the following categories:

- To explore and understand the challenges and difficulties that AIS experience during their studies in a Western country and how they find a sense of belonging

- To explore the strategies and supports they utilised to adapt/cope/manage in the face of these challenges

- To explore their perceptions, attitudes, and expectations regarding seeking mental health services

- To provide the university's mental health services with an understanding of supporting AIS.

Design and Evaluation

Methodology

Eight papers included individual interviews; one study (#1) used a focus group. All nine papers adopted semi-structured interviews, guided by a script or research questions, with some degree of flexibility. Moores and Popadiuk (2011) and Li et al. (2017) used open-ended questions/problems to introduce the topic of interest and to encourage interviewees to share their unique experiences. Two of the studies (#3 and #6) conducted their interviews in Mandarin; participants were given a choice to have the interviews conducted in English or Mandarin, and it was noted in the two papers that the participants felt more comfortable using their first language during interviews. Most of the interviews were carried out by a single interviewer, except in one study (#2), where the interviews were carried out by two interviewers. Participants in that study were randomly assigned to either one of the interviewers.

Analysis

A variety of approaches and qualitative analyses were used in all nine studies, including thematic analysis (#8), grounded theory (#1), interpretative phenomenological analysis (#9), hermeneutical interpretation analysis (#3), critical incident techniques (CIT; #7) and consensual qualitative research (CQR; #4, #5, and #6).

Risk of Bias Across Studies

Participant Samples

All nine studies used purposive sampling to engage international students (#4, #9). Some specifically recruited only Chinese international students (#3, #5, #6), whilst female international students (specifically from India, Japan, Korea, and Vietnam) (#2) or internationals students in general had more participants from Asian countries (#1, #7, and #8). One study (#6) used both purposive and snowball sampling methods. Snowball sampling (or chain-referral sampling) has been found useful in helping researchers access 'hidden' participants through a 'referral' system. It was noted that most AIS might hesitate to participate in studies that require them to express themselves in their second language during the interview. However, snowball sampling is likely to have potential sampling bias because referred participants might have similar traits and the results might derive from a more homogenous group, thereby making it difficult to complete the study with conclusive results (Sharma, 2017). This is less of a problem in qualitative research, as the purpose of qualitative research is to gain a deeper understanding of a phenomenon, rather than a generalisation of the findings to the entire population (Naderifar et al., 2017)

Data Collection

Most of the participating international students identified English as their second language, except some students from India, who listed English as their native language. Most of the studies were conducted in English ($n = 6$); however, they did not consider how English might impact expression and meaning. This was highlighted as a limitation by some authors (in studies #2, #4 and #9). For several studies ($n = 3$), the researchers themselves were international students and/or shared similar backgrounds to that of the participants. In two studies (#3 and #6) the interviews were conducted in the participants' first languages (i.e., Mandarin), and one study

(#5) allowed the participants to use Mandarin when they had difficulty expressing themselves in English. Despite the research team members being fluent in both Mandarin and English, the team discussed the challenges of translating culturally bound concepts and metaphors and the possibility of meanings being lost in translation (Lu et al., 2018).

The methods of data collection were typically appropriate to address the aims of the studies. Three studies used CQR, where different research team members were involved in different stages, and more than one independent auditor was invited to assess the codes, themes, and analyses. Consensus among research team members and auditor(s) had to be reached, with team members working collaboratively by integrating multiple perspectives into the final report and auditor(s) providing independent perspectives. This represents a strength of these studies that might increase the depth and trustworthiness of the data, compared to other qualitative studies that rely primarily on a single researcher's interpretation of the data (Hill, 2012).

Analyses

All the studies provided varying details on how data was coded and how themes were selected. Most of the studies ($n = 8$) described analyses involving more than one researcher. For two studies (#3 and #7), the transcripts and/or emerging themes were taken back to the international students for feedback, which demonstrates a good research practice and may improve reliability and credibility of the subsequent findings (Guba & Lincoln, 1989; Thomas, 2017). Trustworthiness and integrity were further enhanced in some studies ($n = 5$) by having at least one independent auditor, familiar with the research method but with no knowledge of the topic, checking the transcripts, themes and/or analyses (#2, #3, #4, #5 and #6). Two interviews (#3 and #6) were conducted in the participants' primary language, Mandarin. The data was transcribed and coded in Mandarin, rather than being translated into English during analysis.

However, the quotes used in the results were translated into English and assessed by independent auditors for accuracy.

Findings

All nine studies used direct quotes from the international students to support their findings. Some studies were very thorough in the use of quotes, but not all. For example, Li et al. (2017) provided quotes for each theme, which enhances the trustworthiness of the findings. Slaten et al. (2016) only provided analytic narrative for each theme, and not all themes were backed up with direct quotes, which undermines the credibility of the themes. King (2004) suggested that direct quotes, whether short quotes or more extensive passages of quotations, are essential components of the final report. He argued that reporting only codes and themes, without any analytic narrative and/or direct quotes from participants, does little justice to the depth of the data (King, 2004). Some studies use general language while reporting, such as 'some participants' or 'some international students', so that it is unclear how many international students were represented on each theme. Four studies (#2, #4, #5 and #6) adopted the CQR methodology and used the labels 'typical', 'general', 'variant' and 'rare' for each theme to represent the frequency of occurrence (Constantine et al., 2005; Slaten et al., 2016; Xie, 2007).

Researcher Reflexivity

Most studies discussed their biases and expectations at different stages of conducting the research, such as before the interview or data analysis. However, there was little to no detail describing their role, position, and value in relation to the study. It is difficult to know whether the reflexive process was not included in the papers because it was not attended to in practice, or whether it was excluded due to limited journal space for discussing the reflexive process (Mitchell et al., 2018).

There were two studies that provided rich reflexive accounts. Li et al. (2017) provided a detailed background of each research team member, such as their role, cultural background, languages spoken, position, and values in relation to the research. Xie (2007) detailed researcher positioning and pre-conceptions and reported on the use of self-reflective notes. These authors also wrote about using research team members and more than one independent auditor to achieve multiple researcher perspectives to reduce researcher bias.

Ethical Considerations

Most of the studies did not provide enough details about ethics, and two studies (#1 and #8) did not mention ethical approval. One study used focus group interviews but did not discuss with the participants that confidentiality cannot be guaranteed (Khawaja & Stallman, 2011). It is important that participants are aware of this prior to the interviews, especially when interviewing a relatively small community in which the probability of people knowing each other is high. Some studies ($n = 3$) did not mention how they would handle the study's effects on the participants during and after the research. This is a significant gap, especially since most studies included in this review asked about participants' acculturation adjustment, which may have brought up unpleasant past experiences. Studies concerning international students should have paid more attention to ethical issues, especially when power imbalances, cultural differences and language barriers are present.

Thematic Synthesis of Results

The aim of this review was to gain understanding of AIS' mental health while studying in English speaking countries, challenges that they commonly face and their ways of seeking help. Three overarching themes were identified (1) Navigating differences between home and host country – us and them, (2) prejudice and discrimination, and (3) ways of seeking help.

Navigating Differences Between Home Country and Host Country – Us and Them

All the studies included in this review mentioned the culture shock that their participants faced during the acculturation process, with some mentioning that the initial stage of the sojourn was particularly challenging (e.g., Khawaja & Stallman, 2011; Li et al, 2017). Several challenges during this acculturation process were identified by the different authors of the studies, including language barrier, academic differences, social communication, interests, lifestyle, and mental health system (e.g., counselling).

The language barrier was a challenge that was highlighted in all studies, with some mentioning that language problems included difficulties with understanding the native speaker's accent (#1), the choice of words they used (#4), phrases and idioms, as well as jokes (#5). Language was also associated with the participants' confidence level regarding communicating with others in the host country, both with peers and professors. In Lin and Winder's (2014) study, one participant mentioned the 'power of language', where they felt that people who can speak English well have more choices and access to resources.

When discussing academic stress (in studies #2, #4, #6 and #7), participants in some studies mentioned the difference in learning styles between their home country and host country and the need to learn and adapt to the new style in a short period of time. Some said that they received some assistance from professors who understood their difficulties. Some participants (in studies #2, #3, #4, #8 and #9) also mentioned that their interests and lifestyles were different from those in the host countries and that they felt isolated when they could not blend in.

One study (#5) highlighted the different perceptions and attitudes towards mental health services. Participants shared that in the US it was 'normal' to seek counselling or any

psychological-related service when distressed, but not in China. The mental health system in the home country was also set up differently from that in the host country, and the availability of mental health professionals was limited in their home country. Some participants doubted the credibility of mental health professionals.

Prejudice and Discrimination

Several studies ($n = 4$) mentioned that participants experienced prejudice and discrimination in their host country. In the Constantine et al. (2005) study, participants reported they were often mistaken for being a member of another Asian ethnic group or put into standard minority stereotypes associated with Asians. Some participants experienced discrimination because of the way they spoke English different than native speakers (#2 and #3), and some experienced home students avoiding or refusing to work with them on class projects (#4).

Ways of Seeking Help

Several studies ($n = 7$) discussed various ways international students seek help, which include asking for religious/spiritual support from local churches (#3), assistance from professors/supervisors (#3, #4 and #7), from peers and family (#2, #3, #4, #6, #7 and #9) and from university wellbeing/counselling services (#3 and #5). Most participants chose to seek help from peers and family for different reasons, depending on their needs. Some participants identified family as a source of encouragement in their academic efforts (#4) and they speak to their family to seek comfort (#6) and to combat loneliness and homesickness (#3 and #8). Regarding peers, participants will seek help either from peers from their home country or from those with a similar background in their host country. Some participants with more proficiency

in English were able to make friends with home students and would seek their help during the sojourner process.

In the Lu et al. (2018) study, it was noted that participants generally shared 'good news' with peers and family back home, rather than difficulties, and they valued that frequent contact with them. Several studies ($n = 5$) highlighted the importance of seeking support from peers with a similar background in the host country, as this normalised their experiences and made them feel they were not alone in the process. Seeking help from mental health professionals was not common among international students. In Xie's (2007) study, it was noted that participants have different understandings of and perceptions about mental health services, with some reporting that they do not understand how counselling could help them.

Discussion

In this review, AIS spoke about the unique challenges they faced while studying overseas; they often need to navigate between the differences between both countries. During this process, it is normal that AIS experience loss and grief, as suggested by Eisenbruch (1991). He described this process as 'cultural bereavement'. To fully understand AIS' experiences, Bronfenbrenner's bio-ecological theory (Bronfenbrenner, 2005) was adopted. According to Bronfenbrenner (2005), each international student carries their own multilevel ecological system (i.e., microsystem, macrosystem, etc), which constitutes their understanding about the world, the accepted norms, etc. before their contact with a new ecological system (i.e., moving to a new country). During the process of moving from the original ecological system and becoming part of a new system, AIS experience disruption at all levels, where AIS need to navigate themselves between two systems which is consistent with the themes reported in this review. One main disruption that is often reported by AIS in this review was that their primary sources of support

were severely affected (#3; Li et al, 2017). For example, they could not easily access friends and family in their home country when needed. It decontextualized these students' original ecological system, forcing them to reflect upon what used to be the norm (Elliot et al., 2016) and to find ways to adapt to the new ecological system. During this process, they will experience loss and grief at multiple levels, which can be emotionally challenging without appropriate support which was reported in Lu et al. (2018) study (#6).

During the transition from the old to a new ecological system, AIS might cling to the old system when resolving unfamiliar problems in the new system. However, clinging to the old system will eventually become problematic, which Bronfenbrenner (2005) described as 'developmental disruption'. Participants in the Li et al. (2017) study (#3) encouraged future international students to leave their 'comfort zone' and to get to know the new system with openness.

Another theme was that informal sources (e.g., parents and friends) were the predominant sources of help for AIS (Yeh et al., 2001; Chan & Hayashi, 2010). As most Asian cultures are highly collectivistic, the perception of self is embedded in important social relationships; individuals from collective cultures tend to value in-group relationships and seek advice from within their social group when facing challenges (Hofstede, 1980, 2001; Shulruf et al., 2007). Individualistic cultures, on the other hand, are defined as fostering independence, autonomy, and assertiveness, putting greater emphasis on personal distinctiveness, achievements, and individual needs, features commonly seen in cultures of North America and Western Europe (Triandis, 1995). However, it is important to note that collectivist and individualistic cultures are not mutually exclusive, and they can co-exist within a person of any culture (Coon & Kemmelmeier, 2001, Zheng & Greenfield, 2015; Ogihara, 2017). The degree of individualism or collectivism

within a person may triggered by the social context and one's social relationships. Therefore, labelling a particular country or entire culture as individualistic or collectivistic can be overgeneralisation, and fail to acknowledge individual differences.

In Asia, seeking professional help is not common. This could be due to various reasons, such as mental health literacy and systems in the country of origin (Altweck et al., 2015). Most Asian countries still retain a biological model of mental illness, such as taking medication or going to a mental health hospital as compared to Western countries (e.g., US, UK), where they have more varieties of mental health support available such as counselling and psychological therapy. In the UK, Improving Access to Psychological Therapies (IAPT) was introduced to promote the increased use of individualistic therapies such as Cognitive Behaviour Therapy (CBT; Clarke, 2011). However, these Eurocentric models of therapy might not reflect the realities that individuals from a highly collectivistic cultures may experience, given that 'standard populations' of the 'evidence based' research of clinical psychology are individuals from the Western, Educated, Industrialised, Rich, Democratic (WEIRD) populations (Henrich et al., 2010; Wood & Patel, 2017).

Nonetheless, proactively encouraging international students to learn how mental health services can help them might ease the challenges they face when they navigate themselves through the 'new' and 'old' ecological systems. However, mental health services should also develop an understanding of the degree of individualism and collectivism within a person, and their perspective towards mental health support in order to provide appropriate care.

Clinical Implications

It is important for universities and/or psychologists supporting AIS to acknowledge that they face multilevel changes that contribute to their difficulties and could impact on their overall mental health and wellbeing. It needs to be noted that these students, while navigating between different countries and 'old' and 'new' systems, may fail to recognise the psychological distress that arises from this process and may not seek out appropriate services for help, especially when such services (e.g., counselling, and psychological therapies) are not promoted in their country, culture and/or 'in-group'. Psychologists and wellbeing services working with AIS should be mindful of the community psychology framework, which stresses the importance of looking beyond just individual factors by employing multilevel understanding and interventions towards wellness (Harvey, 2008), and they should make their practices consistent with this approach.

Strengths, Limitations and Future Research

Conducting qualitative systematic reviews comes with certain challenges; this has been well documented and debated by Bearman and Dawson (2013). The themes and findings of each study included in this review are deeply contextualised, and most of the international students were from one particular country (i.e., China). Each study also used different methods and had different epistemological standpoints, which has made the synthesis a complicated process. It was noted during the review of the process that there would be a danger of either being reductionist or providing an un-linked summary view of the individual studies. However, the value of using thematic synthesis methodology is that it allows the researcher to stay 'close' to the findings of the studies, synthesising and interpreting them in a way that provides new concepts and meanings (Thomas & Harden, 2008). Still, it must be acknowledged that some of the rich insights may have been diluted during the process.

It is also important to note that I am an Asian international student, conducting this review. As the thematic synthesis process is subjective, my interpretation and synthesis of the studies is deeply rooted in my own cultural values and experiences. Qualitative reviews are often subjective and unable to be entirely replicated (Bearman & Dawson, 2013). Nonetheless, this review has value in providing an understanding of the overall challenges faced by AIS and their default way of seeking help.

Additionally, in most of the studies included in this review the interviews were conducted in English, with only two studies' interviews conducted in the participants' first language. Qualitative studies often seek to understand participants' subjective experiences, and the relationship between subjective experience and language is a two-way process (Nes et al., 2010).

As language is socially constructed and influences how meaning is derived, future qualitative studies should be conducted in the participants' first language, and any translation-related issues should be discussed. It was noted during the review that some quotes could be interpreted or translated differently, due to the reviewer's cultural background (i.e., Malaysian Chinese) differing from the researcher's (i.e., China Chinese), despite that both reviewer and researcher's first language is Mandarin. For example, counselling was translated as *xinli zhixun* （心理咨询） in one paper whilst it was translated as *xinli fudao* (心理辅导) in another paper. Both meanings can be similar yet different, therefore it depends on the cultural background and nationalities of the translator. It would be important for future research to consider the differences of Mandarin use in different countries, e.g., Hong Kong, Taiwan, Singapore, Malaysia, etc.

Other than that, future qualitative research also should investigate AIS who access to mental health support, to understand what their experiences are like, what facilitate or prevent them from accessing the services.

Conclusions

This qualitative systematic review builds on the findings of previous reviews, paying attention to the unique challenges faced by AIS at multiple levels and drawing from Bronfenbrenner's (2005) ecological theoretical framework. It is hoped that this provides meaningful insights to universities and/or psychologists working with AIS. Helping AIS to recognise the need of seeking professional services, as well as understanding how these services would benefit them, may increase their intention to seek professional help, although further research would need to support this.

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Appendices

Appendix A: CASP Scoring

CAPS Scoring

Criteria	Scoring
Criteria Met	1
Criteria Partially Met	0.5
Criteria not Met	0

Quality Rating

Total CAPS Score	Quality Rating
0 - 4	Low
4.5 – 7	Medium
7.5 - 10	High

CASP questions/ reference	#1 Khawaja & Stallman (2011)	#2 Constantine, Kindaichi, Okazaki, Gainor & Baden (2005)	#3 Li, Heath, Jackson, Allen, Fischer, Chan (2017)	#4 Slaten, Elison, Lee, Yough, & Scalise (2016)	#5 Xie (2007)	#6 Lu, Chui, Zhu, Zhao, Zhang, Liao & Miller (2018)	#7 Moores & Popadiuk (2011)	#8 Ng, Haslam, Haslam, & Cruwys (2018)	#9 Liu & Winder (2014)
Was there a clear statement of the aims of the research?	1	0.5	0.5	0.5	1	1	1	1	1
Is a qualitative methodology appropriate?	1	1	1	1	1	1	1	1	1

Was the research design appropriate to address the aims of the research?	0.5	1	1	1	1	1	1	1	1
Was the recruitment strategy appropriate to the aims of the research?	1	1	0.5	1	1	1	1	1	0
Was the data collected in a way that addressed the research issue? Has the relationship between researcher and participants been adequately considered?	1	1	1	1	1	1	1	1	0.5
Has the relationship between researcher and participants been	0	0.5	1	0.5	1	0.5	0.5	0	0

adequately considered?									
Have ethical issues been taken into consideration?	0.5	0	0.5	0.5	1	1	1	1	0
Was the data analysis sufficiently rigorous?	1	1	1	1	1	1	1	1	0.5
Is there a clear statement of findings?	1	0.5	1	1	1	1	1	1	1
How valuable is the research?	0.5	1	1	1	1	1	1	1	0.5
Total CAPS Score (Quality rating)	7.5 (High)	7.5 (High)	8.5 (High)	8.5 (High)	10 (High)	9.5 (High)	9.5 (High)	9 (High)	5.5 (Medium)

Appendix B: Example of Data Extraction Process

#3 Li et al. (2017) Extracted Themes/Findings	Example data extracted from original study
Difficulties with day-to-day communication (e.g. slang, jokes, etc).	English usage was different from participants' initial expectation. They felt that the "real" English uses more slang and American speak too fast. One participant shared that, "the Americans I met in China speak Chinese-influenced English. They spoke really slow and chose words and expressions that are familiar to Chinese.... I am totally confused…. It is also too fast!" (VLY) "I don't understand their jokes. Even if the story uses simple words and I understand every single word, I still could not laugh with them, since I don't get it." (IB)
Unable to fit in – feel embarrassed, rejected	"Because I could not understand [the language], it was embarrassing…. I felt like I was wasting time, it was not as fun as being with Chinese friends." (KK) "Although they [Americans] are very friendly with strangers, I still feel a sense of disconnection…. it's hard to get familiar with them beyond superficial friendship…. In contrast, I get to know Chinese much faster." (GZ)
Navigating between collectivistic culture (i.e., social harmony, sharing) and individualistic culture (i.e. individual needs/thoughts) – should I or should I not?	"I think Americans give me the impression that each one of them wants to stand up and express his perspectives and thoughts…. but Chinese are more reserved…. In this aspect, I actually prefer to speak up." (BU) "When given a gift or being treated to a meal, the first reaction of a Chinese is to say 'no,' to try to decline the offer [to show politeness]. However, I have never seen Americans doing that. Their attitudes are 'You are so good;' 'I like it a lot;' 'Give it to me.' (IB) "I remember my first night in the US… it was Christmas Eve. I was really hungry, and their homemade Christmas dinner was really delicious. I ate for a while and told them I was full. I was just trying to be polite, but they put the food away. I was very hungry during the evening. I was thinking 'how can they not let me eat more, I did not get enough.' When Chinese invite others to eat, there is a lot of food, and it is hard to finish. But when [Americans] do it, I feel it is not enough food and I am often not full." (KK)	

	Participant VLY was impressed by how "American parents respected their children's personality and encouraged them [their children] to generate their own ideas. In China, parents are viewed as authority figures, and they commonly use their expertise to direct their children".
Sense of self generates from others	"I cannot be in a situation that I don't have opportunities of helping others…. If others can run or walk, and I cannot even crawl, that makes me feel uncomfortable. I want to be like a normal person—sometimes others help me, and sometimes I help others. Then I can feel balanced. That's why I like to volunteer…. I think it really influenced me, because it made me think that I am an important person." (VLY)
Your problem is your problem, you need to deal it yourself (Hesitance to ask for help, reliance of self)	One barrier in their adjustment appeared to be their need for independence, yet their hesitancy to ask for help from others—especially unfamiliar individuals. "I think when you have stress you need to fix it by yourself. Others may provide you some help, but no one can solve it for you. They may comfort you, but you have to deal with it on your own. Many Chinese face a lot of stress…. They don't attempt to relieve the stress. They… 'tolerate it'…" (KK)
Passivity – does not want to burden others?	"I isolated myself and did not ask for help from my classmates. They won't know the difficulties you are facing and that you need help [if you don't tell them], so I think one needs to be more proactive. Sometimes you cannot passively wait for opportunities to come, you cannot wait for others to discover that you need help." (YR)
Grief and loss – what they used to have before sojourner	Chinese international students' expressed feeling lonely. They "longed for a close circle of friends" (RLQ), for them to "open their hearts to chat "(YR), and to have a "reciprocal friendship that allowed them to talk about their inner frustrations" (IB). Some CISs perceived the US as "less fun and less lively" (GZ), in comparison to China. RLQ reported missing the entertainment in China, such as "shopping, dining, and singing karaoke."
Seeking mental health support = not capable to deal with stress	KK mentioned that the "high stress in China forced people to get over it by themselves", or else "everyone would need to see a Counsellor" [stated with sarcasm, ridiculing the need for mental health support]

Where to seek help?	Another student also expressed that when she needed help, she did not know about the available resources. Participants expected organizations to take the initiative to reach out to international students.
	"If every department has an 'international student inclusion' coordinator, things may run smoother. International students don't know where to voice their needs, and those who want to help international students don't know how to offer their help….I think if there were a certain organization [to deal with those matters], it would be helpful"
Importance of integrating both	The majority of participants realized the benefits of making friends with both Americans and Chinese. Reflecting on their experiences, participants explained that they had hoped for more interactions outside of class with American classmates.

SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

EMPIRICAL PAPER

Chinese International Students' Mental Health and Help-Seeking During the

COVID-19 Pandemic: A Thematic Analysis.

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Abstract

The purpose of this study was to explore Chinese-speaking international students' (CIS) mental health and help-seeking during the COVID-19 pandemic in the United Kingdom (UK). Using a qualitative method, data was gathered from 13 CISs using individual semi-structured interviews. Participants were given a choice to have the interview conducted in English or Mandarin with the majority of the participants (*n=*10) choosing Mandarin. Two topics were focused on: challenges faced during the pandemic while studying overseas and help seeking; and within these topics four main themes were developed: feeling unsafe, feeling isolated, seeking help from friends and family, and seeking professional help. Not all the challenges shared by participants are related to the COVID-19 situation, however it is undeniable that COVID-19 has added to the challenges already being faced by CIS. Participants reported that they prefer to seek help from peers or family during times of distress rather than professional help due to various reasons, such as language barriers, limited understanding of mental health and mental health system in the UK. Further research is required to understand the challenges that participants faced while navigating two sets of health beliefs during the COVID-19 pandemic, their experience with microaggression/racism and its impact on overall mental wellbeing.

Key words: Chinese international students, mental health, help-seeking, COVID-19, pandemic

Introduction

In December 2019, COVID-19 was first identified in Wuhan, Hubei province, China. In March 2020, the World Health Organization categorised COVID-19 as a pandemic due to the alarming levels of spread and severity in countries around the world. Various countries have taken stringent public health measures to contain the virus (Adhikari et al., 2020), such as imposing some form of travel restriction or ban against travellers from China and other affected areas.

COVID-19 in the UK

Different countries have taken various actions to combat COVID-19. The Chinese government immediately announced a full lockdown of Wuhan city in January 2020, preventing people from travelling in or out (Illmer et al., 2021) and enforced strict personal behaviour changes (e.g. the mandatory use of face masks in public places, hand hygiene and social distancing), closed schools, set up testing centres, and admitted all patients who tested positive for COVID-19 to the nearest hospital, regardless of whether they were symptomatic or asymptomatic (Azman & Luquero, 2020).

However, the UK government had a different strategy during the initial outbreak. It focused on building people's immunity, allowing the virus to infect half of the population (Alanezi et al., 2020). Publicly available information and recommendations were unclear and conflicting. Face masks were not advised as a preventive measure, which contrasts with what was suggested in a lot of Asian regions (e.g., China and Hong Kong). Since the severe acute respiratory syndrome epidemic in 2003, wearing face masks has been the norm in most Asian countries as a measure against common colds and/or flu; however, it is not common in Western culture (Flaskerud, 2020). Some Asian International Students (AIS) reported being stigmatised for wearing face masks (Lai et al., 2020). In May 2020, it was reported by members of

parliament that hate crimes targeting south and east-Asian communities increased by 21% in the UK (Grierson, 2020).

Mental Health Difficulties Faced by Asian International Students

With globalisation, the number of international students enrolled in higher education institutions has increased, with more than 500,000 international students applying to study in the UK each year (UKCISA, 2018). Other than the general stresses that most students would encounter, international students also experienced some unique challenges that impacted their mental health which include language barriers, social cultural adjustment, academic system adjustment, financial constraint, lack of social support and so on (Berry, 2011; Mori, 2000; Park, et al., 2017).

To date, several quantitative studies have been undertaken to understand the mental health status of international students during this pandemic, especially for Chinese International students (CIS; Chen et al., 2020; Xiao et al., 2020). It was noted that the pandemic has profoundly impacted international students' experience and added more challenges to the existing difficulties that they face. In the Lai et al. (2020) study, more than 80% of CIS had moderate to high perceived stress and displayed more severe anxiety and depression symptoms. The reported high stress is related to uncertainties due to the pandemic, travel risks and restrictions, difficulties to obtain air tickets to travel home, living expenses and lack of social support (Lai et al., 2020). Many universities have implemented various kinds of support mechanisms for university students during these unprecedented times, such as providing extra support and guidance on well-being.

However, little is known about how suitable such support might be for AIS as their cultural background and characteristics might affect the way they cope. Some cross-culture studies showed that collectivistic Asian and individualistic Western societies have different coping styles, for example, in Murakami's (1983) study, it was

found that Caucasian Americans used 'personal' and 'social' coping strategies, whereas Japanese Americans used 'social support' as coping strategies. Therefore, it is important to know and understand what kind of help AIS find helpful during this crisis and their ways of seeking help.

Help-Seeking

Seeking help is essential if people are to access appropriate mental health and well-being services. While there are different sources of help, in both formal and informal capacities (Rickwood et al., 2005), there is proven value in seeking formal help through services provided by trained mental health professionals (NICE, 2004).

Several studies have found that AIS underutilised the mental health services on campus compared to domestic students (Nilsson et al., 2004; Yakushko et al., 2008; Yi et al., 2003; Yoon & Jepsen, 2008; Yoon & Portman, 2004). Premature termination of psychological treatment was also high among AIS (Yakushko et al., 2008), as one study found that a third of them discontinued their psychological treatment after the first session by not showing up to their next scheduled appointment (Nilsson et al., 2004). It has been suggested by several studies that cultural differences concerning views about mental health services might have caused the premature termination of psychological treatment (Mori, 2000; Pedersen, 1991; Zhang & Dixon, 2001).

Therefore, it is critical to understand the cultural values that AIS hold, how they frame mental health issues, and how they interpret actions or inaction with regards to seeking help. Some studies have found that individuals from highly collectivist cultures (e.g., Indian and Chinese cultures) who tend to seek help and support from the in-group are more likely to seek help from lay sources, such as friends, family, or herbalists (Chang, 2008; Altweck et al., 2015), than professionals. However, if the 'in-group' culture endorses professional help, the individual is more likely to seek professional

support (Penny et al., 2009). Conversely, if professional help-seeking is seen as bringing shame to the family or 'losing face', it is unlikely that the individual will seek professional help, even if they are experiencing a mental health crisis (Shi et al., 2020). Indeed, in more collectivistic cultures, mental illness is perceived as a communal concern. The whole family might be perceived as having a mental illness when one member is diagnosed with one (Sanchez & Gaw, 2007).

This also implies that the attitude towards professional help-seeking is socially constructed. Individual perspectives, attitudes and experiences are influenced by the person's interaction within a culture, which shape their behaviours (Hassim & Wagner, 2013). Culture influences how people react to illness and what constitutes illness (Prior, Chun & Huat, 2000; Olafsidottir & Pescosoldio, 2011). As a result, people of different cultures may demonstrate similar behavioural tendencies, regardless of the aetiology of the illness, but may express them according to culturally acceptable norms (Hassim & Wagner, 2013; Tseng, 2006).

Although receiving help and support from lay sources might seem beneficial at times, it is unclear whether the help they provide would be appropriate and useful in the long term, as they may be untrained in dealing effectively with issues of emotional distress. It raises some doubts about the benefits of seeking help through informal social relationships.

Rationale, Research Questions, and Aims

The current research aims to understand CIS's experiences with mental health and attitudes to help-seeking during the COVID-19 pandemic. It is hoped that this research can help universities' well-being services to better understand CIS mental health needs during this pandemic and for any potential future crises so they can

provide appropriate services to support CIS. Therefore, this research seeks to address the following questions:

- How does the COVID-19 pandemic impact CIS' perceptions of their mental well-being?

- What are their help-seeking attitudes and behaviours towards professional help and support during a crisis?

- What is their understanding of mental health and mental health systems in the UK?

Method

Design

The current research aimed to understand CIS' experiences and mental health during the COVID-19 pandemic and establish their attitudes and behaviour towards help-seeking and professional mental health support. Therefore, a qualitative research design was used to explore participants' underlying notions and considerations.

A qualitative design was utilised, as it approaches research topics from the perspective of openness to different voices and flexibility, allowing unexpected experiences to be addressed (Bryman, 1988; McLeod, 2011). Qualitative research also aids in understanding how people make sense of the world through their experiences (Merriam & Tisdell, 2016). It is an attempt to study the everyday lives of different groups or communities in their real-life settings (Denzin & Lincoln, 2003). As the purpose of the research was to understand CIS' mental health during the pandemic, a qualitative methodology was more suitable here.

Therefore, in-depth semi-structured interviews were conducted using language that the participants were familiar with (e.g., English, Mandarin, or Cantonese) to allow participants to best express themselves and collect richer data and a truer reflection of

their experiences (Bryman, 2001). Basic demographic information was collected through questionnaires, and the qualitative data collected was analysed with thematic analysis (TA), using the social constructionist approach (Braun & Clarke, 2013).

Participants

Participants were recruited through advertisements, social media, and emails to the international society using a brief poster. Participants were required to (1) be CIS who were completing their undergraduate or postgraduate studies in the UK, (2) speak Mandarin or Cantonese as their first language, and (3) have no past or current diagnosis of mental illness. The aim of the study was to collect rich and in-depth information; therefore, it was important to ensure that the sample size was large enough to provide an understanding of CIS' mental health and well-being during the pandemic yet small enough to complete high-quality analysis in a timely manner (Sandelowski,1995).

From December 2020 to March 2021, 14 CIS participated in the study. Participants' demographic characteristics are listed in Table A1 (see Appendix A). One participant's data was not included in the data analysis, as they disclosed a past history of mental illness during the interview. All the participants were given the option to be interviewed in English, Mandarin, or Cantonese. Nine interviews were conducted in Mandarin, four were in English, and none were in Cantonese. All participants self-identified as Chinese–Chinese, with one self-identifying as Malaysian–Chinese. Three men and ten women participated in the study, 10 of whom were completing their postgraduate studies, and three of whom were completing their undergraduate studies in the UK. A brief description of each participant is provided in Table A2 (see Appendix A), and all the names used are pseudonyms. Any identifiable information was altered to protect anonymity.

Situating the Researcher

My interest in this topic stems from my personal experience of being an international student. For the past 18 months, living through a pandemic while continuing my doctorate study in the UK has raised a lot of challenges. I started to investigate various support mechanisms and talked openly to my mentor, who is a clinical psychologist, about the challenges I was facing, which included hate crimes targeting Asian people. My personal experiences increased my interest in learning about the experiences of AIS during the pandemic and this contributed to the development of the present research. As I shared many commonalities with the participants, such as speaking the same languages, originating from the same country, having a similar cultural background, and studying overseas, this may facilitate the interview by having an 'insider' status, which may decrease the power imbalance between interviewer and the participants. This will also enhance trust and rapport between the interviewer and participants. Participants might feel at ease and be more comfortable in the interviews, which results in a richer data set. However, I was mindful that I might lose the 'outsider' view of their experiences. To overcome this limitation, I kept a reflective journal and had regular supervision from my supervisors.

Procedure

Ethical Considerations

Ethical approval was sought from the University of Exeter Ethics Research Committee, and ethical clearance was provided (reference number: eCLESPsy001828 v6.1; Appendix B). Participants who were interested in the study were contacted via email. A copy of the participants' information sheet (Appendix C) was emailed to them, and a link to the online consent form and questionnaire were included (Appendix D, E). Any email addresses provided were stored separately from and not linked to the data

provided, and participants were required to give consent prior to any data collection. As the study focuses on the experiences of CIS during the pandemic, it was noted there might be a potential emotional impact on participants.

Participants were reminded to keep themselves safe during and after the interview and to record (i.e., print or take a screenshot of) the sources of support outlined on the participant information sheet. All participants were offered an opportunity to discuss their participation in the study before giving their consent. They were reminded that they could withdraw from participating in the study at any time and without giving a reason. All participants were debriefed after the interview and received £10 as reimbursement for their time. The payment of incentive was arranged through the email address provided.

Interviews

Due to the restrictions in the UK because of the pandemic, all the interviews were conducted online, either via Skype or MS Teams. A semi-structured interview method was used to provide qualitative data. This method usually consists of dialogue between a researcher and participant, guided by a list of topics or questions, with follow-up questions, probes, and comments. It allows the researcher to (1) collect open-ended data; (2) explore the participant's thoughts, feelings, and beliefs regarding a particular topic; and (3) delve into some personal, and sometimes sensitive, issues (DeJonckheere & Vaughn, 2019). The flexible approach of semi-structured interview also allows the researcher to change the questions to focus on the areas that may be important to the participants and give them a better understanding of the research questions.

The questions were divided into three categories: (1) CIS' experiences of studying overseas during the pandemic, (2) their help-seeking behaviours, and (3) their understanding of mental health. Although the questions were predefined, there was

flexibility in both their wording and order. See Appendix F for the detailed interview schedule, which was first created in English and translated to Mandarin. A Mandarin-speaking PhD student was asked to verify the translated version of the interview schedule. Two pilot studies were conducted with two PhD students with an international background; one was conducted in English, and the other was in Mandarin. The interview questions were tested through the pilot studies to ensure they were appropriate, and it was an opportunity for the researcher to practise conducting semi-structured interviews in two different languages.

A total of 14 interviews were conducted. The interviews occurred at a set time, agreed between the participant and the researcher. A confirmation email with the meeting link was sent to participants prior to the interview. All participants were given the choice of whether to be interviewed in English, Mandarin, or Cantonese prior to the interview. Ten interviews were conducted in Mandarin, and four were in English. Participants were able to respond to the questions without any hesitancy during the interview, suggesting that they were able to understand the questions very well. Nonetheless, it was worth noting that some interviews were conducted in the participants' second language (i.e., English), and it could have had a possible impact on their responses. All interviews lasted, on average, 55 minutes (max: 65 minutes; min: 45 minutes). Participants were informed that the interview would be recorded and transcribed verbatim. When the recording was stopped, there was time for reflection and an informal talk to share their experiences of participation. All these conversations were included in the field notes and brought into the analysis as part of the co-construction of meaning that was described within the themes.

Data Analysis

The interviews were audio recorded and saved in a password-protected external hard disk. All the Mandarin audio was transcribed by a transcription service in the UK, which is compliant with GDPR standards, while the English audio was transcribed manually by the researcher. All the transcribed data was coded using NVIVO and analysed following the six phases of TA, as suggested in Braun and Clarke's (2006) work: familiarising oneself with the data, generating initial codes; searching for, reviewing, defining, and naming themes; and producing the report.

As this research was interested in addressing specific research questions, aiming to explore participants' experiences, perception, and attitudes in relation to COVID-19 and how it impacts on their mental health. Therefore, the analysis was completed based on a theoretical (deductive) thematic analysis (top-down approach) rather than an inductive thematic analysis (bottom-up approach), informed by social constructionism which would provide a more holistic overview (Braun & Clarke, 2013). Theoretical thematic analysis is driven by the specific research question(s) and/or the analyst's focus, while inductive thematic analysis is driven more by the data itself (Braun & Clarke, 2006, 2019). Given this, the data was coded based on what was relevant and interesting to the research questions. There were no pre-set codes. All the codes were developed and modified during the coding process, which Braun and Clarke (2006) referred to as an open coding process. Once the initial codes and preliminary descriptive themes were identified, they were then developed and organised into analytic themes (Bazeley, 2009). In this process, some of the descriptive themes that might not be relevant to the research questions were discarded. All analytic themes were then checked for their fit in the coded data and full transcripts. Finally, themes were outlined and shared with supervisors and peers. They were also presented in a mental health

seminar for post-graduate students at the University of Exeter to gain feedback on the analysis and proposed themes.

It was difficult to translate words between cultures, as different language systems carry different cultural meanings (Demuro & Gurney, 2018), and translating word by word might distort the original meaning. Therefore, the Mandarin data was not translated to English before being transcribed. The Mandarin data was coded and analysed in Mandarin; only the quotations presented in the report were translated into English. The original language extracts were included in the appendices for reference (see Appendix H).

Quality of Qualitative Research

It was suggested by Elliot et al. (1999) in their qualitative research guidelines that researchers take these measures to ensure the trustworthiness of qualitative research by (1) revealing the researcher's orientation and personal involvement in the research, such as their preconceptions and explication of the social and cultural context of the research, and (2) adding reflexive components that are relevant to the research. This is to enhance the credibility, transferability, dependability, and confirmability of the proposed qualitative endeavour (Lincoln & Guba, 2000).

It is acknowledged that the researcher is the core of constructing qualitative research. Therefore, a commitment to reflexivity is crucial throughout the process. I was aware that I was an international student myself, living in a pandemic situation, so my assumptions and beliefs might have influenced the research (Rolls & Relf, 2006). It was not possible for me to be totally objective and unbiased (Crotty, 1996); therefore, I took some steps to put my own personal values, culture, assumptions, and beliefs aside. Table 3 (Appendix G) lists out all the steps I took to reflect on the research influence. Constant and open discussion with my peers with either different and similar perspectives allowed

me to ensure that my personal experiences were utilised while biases were acknowledged and bracketed.

Analysis

As mentioned previously, the data was analysed using a deductive approach. Two topics were identified, along with the relevant themes (Table 4). Each theme was described further using quotations from interviews to provide a better understanding of it. All Mandarin quotations from the interviews used in this section were translated to English and cross-checked with peers to ensure accuracy. All the translations are listed in Table 5 (Appendix H).

Table 4

Topics, Thematic Analysis Themes, and Subthemes

Topic 1		Topic 2	
Challenges faced during the pandemic while studying oversea		Help-seeking	
Theme 1.1	Subtheme 1.1.1	Theme 2.1	
Feeling unsafe	Navigating between two health beliefs and practices	Seeking help from peers or family	
	Subtheme 1.1.2	Theme 2.2	Subtheme 2.2.1
	Experiencing microaggression and fear of experiencing racial abuse	Seeking professional help	Language as a perceived barrier to accessing services
Theme 1.2			Subtheme 2.2.2
Feeling isolated – no direct contact with others and unable to make new friends			Navigating between two mental health beliefs and practices

Topic 1: Challenges Faced During the Pandemic While Studying Overseas

The pandemic has raised many challenges for millions of students around the world, and international students have their own set of unique challenges.

Theme 1.1: Feeling Unsafe

Some participants reported feeling unsafe and more isolated during the pandemic while studying overseas. The unsafe feeling derived from navigating two health beliefs and practices, as well as worrying about being targeted by hate crimes because of the racism towards Asian people having increased since the start of the pandemic.

Sub theme 1.1.1: Navigating Between Two Health Beliefs and Practices.

There was a general theme of participants finding it difficult to navigate between two sets of health beliefs and practices during the pandemic. Among all the participants, 12 were from China, and one was from Malaysia. Seven participants arrived in the host country during September or October 2020, so they had experienced the pandemic in their home country before starting their studies in the UK. They all felt that both countries had taken different actions to combat the virus, and the attitudes towards it were different.

‘Everyone wears face masks in China; it's mandatory. However, people from the UK seems to have different beliefs about the virus. Not all of them wear face masks or follow the government's rules. This worries me. I'm worried that I will get the virus.' (ZeXi Chen, Woman, Mandarin)

In the UK, not everyone needs to be hospitalised, even if they test positive for COVID-19. The UK government encouraged people to self-isolate if

the symptoms were mild. Some participants reported feeling unsafe, as the UK government did not take measures as strict as those in their home country.

> '*I stay in a student hall. A lot of people in the UK don't go to the hospital even though they test positive for COVID-19. They are asked to self-isolate. This worries me, as I'm not sure whether they follow the rules strictly. Sometimes, I wonder whether they [people who test positive] use the common areas, such as the laundry room, in my student room. It worries me every time I use the laundry room, as this (COVID-19) virus is an airborne droplet disease.*' (*Tai He, Woman, Mandarin*)

Sub theme 1.1.2: Experience of Microaggression and Fear of a Racist Attack. Nearly all participants reported that they had experienced some form of microaggression when they were walking on the street or grocery shopping. According to Sue et al. (2007):

> Microaggressions are brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group, and are expressed in three forms: microassaults, microinsults and microinvalidations. (p. 72)

Unlike macroaggression, microaggression is less obvious and sometimes invisible. When participants were describing their experiences, there was a sense of uncertainty as to whether their experiences were considered to be 'racism' or 'racial abuse'. They were unsure whether they were targeted because of their race, as most of the participants came to the UK for the first time and had never experienced racial abuse/racism before in their home country.

'I don't know whether it's considered racism, but I just felt that people here (in the UK) are generally not really friendly to foreigners. Sometimes, it makes me feel very uncomfortable [walking on the street].Other than talking to my friends about my experiences, there is nothing much I can do. No one can help me, either.' (YaZhu Ye, Woman, Mandarin)

Some participants shared that they were upset about how the derogatory headlines calling the COVID-19 virus the 'Chinese Virus' or 'Kung flu' caused them distress and increased their fear of racism. None of the participants had experienced any racial physical violence; however, they shared that their friends were being targeted when they were walking on the street by random people. *'My friends experienced direct racism. I have never experienced it before [...] but I still feel that the locals treat us differently [...] It's just different'* (*ZeXi Chen, Woman, Mandarin*). It is also important to note that it does not take physical racial violence to affect a person's psychological and physical state. Racial abuse or microaggression is just as effective in producing trauma, anxiety, and, most of all, fear.

'I feel people hate China and blame China for spreading the virus. We are also victims of the virus; however, that's not how the online media reported it [...] I don't really care about it; I'll probably just try not to let it get to me[...] However, when I walk on the street, I get some unpleasant stares [...] I might be just overthinking it, or it might be true, but I just still feel sad about it.' (Ju Deng, Man, Mandarin)

The unsafe feelings came from the fear of getting the virus and of experiencing racism, which caused most of the participants to isolate at home or

in their student dorm. Some of the participants lived alone, while some lived with roommates or a partner. Those who lived with a partner or roommates said they never went out alone during the pandemic; they always went out in pairs or groups. However, for those who did not live with a partner or roommates, they said they tried to stay at home/in their dorm as much as possible.

Theme 1.2: Loneliness and Feeling Isolated

Among the 13 participants, seven reported that it was the first time they had travelled to the UK, and most of them did not know anyone locally. They were all required to self-isolate for 14 days upon arrival. Some reported feeling lonely and isolated, having no one to talk to and unable to make new friends.

> *'For me, the major challenge is loneliness, as I'm not from here (the UK), and it's hard to find ways to adapt to the local culture. In the end, you might mix with people from your home country. However, they might not stay for long, either, as they will travel back to China after they complete their studies […] I just feel that I have no one to connect to. For example, other people (local students) would have someone in mind to contact in case of an emergency; I don't know who I can contact here.' (Hou Zhen, Man, Mandarin)*

Nearly all participants reported increased contact with friends and family members to combat loneliness and isolation during the pandemic. However, because of the time differences between their home countries and the UK and not knowing anyone locally, they felt they were left alone and found it difficult to manage their feelings.

> *'When it's around 4 or 5pm, I find myself feeling very low. People from my country are already asleep. Although it's dark outside, it's not bedtime yet. I don't know what I can do, and I just feel I've been abandoned by the world. I am alone. Just for that period of time, I feel very down and very depressed.*

However, the next day, I feel alright. It's a daily battle.' (Shen Qiu, Woman, English)

The pandemic has greatly changed the way people live. People spent more time at home than they ever had in their lives. However, for CIS, a combination of factors, such as being away from home, not knowing anyone locally, not being able to speak English fluently, the pandemic, and fear of racist attacks, has made CIS become more isolated, as some shared that they did not feel like they were a student, as they did not have a chance to study on campus or meet their classmates in real life.

Theme 1.3 Going Home is No Longer Easy

Nearly all participants said they had increased contact with their friends and family at home. However, when asked whether they had the opportunity or any plans to go home, most of the participants said no, with only one managing to go home for a month. She was required to isolate for two weeks in a hotel arranged by the government, and she shared that it was not a pleasant experience, as she could not choose which hotel to stay in.

'Returning home is definitely very difficult. I haven't been back to China for about a year and a half now […] It's not 100% impossible for me to go home, but it's just not worth it to go back home to visit for a week […] You have to be isolated for half a month in China and another half a month here [in the UK]. Um, yeah, it's just kind of difficult […] because I do have grandparents at home, and they really miss me, but I can't do anything about it. So, that's kind of sad.'
(Li Mao, Woman, English)

A few participants shared that there were limited tickets available to go back to China, and they were very expensive. Some participants said their parents did not want them to go back, as they worried that they would get the virus during the journey.

Topic 2: Seeking Help

All participants shared that they preferred to seek help from friends and family (theme 2.1). However, it was interesting to note that most participants did not have siblings, apart from one of the participants, who was from Malaysia and stated that her siblings were the first people she went to if she had a problem. This could be due to the one-child policy that started in 1979 in China, where couples were not allowed to have more than one child in the family. The policy continued for three decades and ended in 2015 (Berenson, 2015), so most Chinese university students nowadays do not have any siblings, and friends have become their 'siblings'. However, when asked about the things they shared, the majority of participants (n=5) said they were not related to their stress. They said it was not in their culture to 'share' their problems with others.

> *'Most of the time, I will try to manage the situation by myself. Even if you share it with your friends or family, they can't take away your stress or solve the problems. In the end, you still have to deal with it by yourself.' (Li Mao, Woman, English)*

Similarly, when speaking to their parents, the participants said they would rather tell them about the good things that had happened rather than the challenges or struggles they were facing.

> *'[This is] because they are very far away, and even if you share [your problems] with them, there is nothing else they can do about it other than being more worried about you […] I know their worries come from a good place; however, sometimes, it makes me feel even more stressed.' (Yi Jun Cai, Woman, English)*

'Talking to my parents doesn't usually help me with my emotion regulations. I will still keep in contact with them, mainly to make them feel better and less worried [about me]. Normally, we share good things, but not sadness [with our parents].' (Yun Cai, Woman, Mandarin)

Theme 2.2. Seeking Professional Help

Seeking professional help for stress-related issues did not come naturally to the participants in the group. Generally, they reported a willingness to seek professional help when distressed and expressed positive attitudes towards this concept. However, having a positive attitude might not reflect their actual behaviour in seeking professional help.

A few concerns were raised, and one of the main perceived barriers was language (*Subtheme 2.2.1*). Participants felt that describing their distress in a second language could potentially cause more anxiety and therefore prevent them from seeking professional help in the UK. It was also noted in some interviews conducted in English that at times, the participants would need to use some Mandarin words to improve the researcher's understanding of the things they were trying to describe.

'Language definitely will be an issue, especially when I'm asked to describe something, [such as my feelings …] I'm worried that I might not be able to explain myself fully and worried that I might not understand what they are trying to say, such as the suggestions they provide […] I also wonder whether [the suggestions] would suit my situation [being an international student …] or maybe, they would be better suited to the local students.' (ZeXi Chen, Woman, Mandarin)

It was also noted that participants had a limited understanding of the mental health services within the NHS in the UK, and therefore, participants often used the

Chinese healthcare system as a reference point to navigate themselves through understanding the mental health services in the UK (Subtheme 2.2.2). One participant shared that most of the mental health specialist services in China are private services and very costly.

> *'I will look for other options first that do not require me to pay […] If there are some self-help tips available online, and they're cheap, I will go for it […] However, if my condition is severe, and I need one-to-one psychological support, I will still pay for it, even though it's expensive.' (Zhong Yang, Woman, Mandarin)*

Mental health is also not widely promoted in Asian countries, with some participants sharing that they had little to no knowledge about it. Mental health is not only an absence of a mental disorder but is also the foundation of a person's overall well-being. When asked about their understanding about the terms, 'mental health' and/or 'mental well-being', nearly all participants associated the term 'mental health' with 'mental disorder' or 'mental illnesses'. The examples that they gave to the researcher often referred to friends having a diagnosis of general anxiety disorder or major depressive disorder, and most of them were on medication.

> *'I don't have much understanding of depression or other related disorders. I have a friend who used to have depression; she was diagnosed early and received some medical treatment, and she got better after that.' (Tai He, Woman, Mandarin)*

> *'China doesn't pay much attention to [mental health], or maybe, I should say that people from China usually call those people [with mental health issues] "neurotic".' (YaWen Zou, Woman, Mandarin).*

There was a general sense that the participants felt that their issues needed to be severe enough for them to seek any kind of mental health support, and before reaching the point of 'meltdown', most participants chose to manage it by themselves.

Discussion

The focus of the study was to explore CIS' mental health and help-seeking behaviours during the COVID-19 pandemic. One of the key findings in this study was that most participants reported that they needed to navigate between two sets of health beliefs (i.e., those of their home country versus those in the host country) and practices during this pandemic, which generated high levels of anxiety due to feeling unsafe. The findings that CIS feel unsafe aligns with other studies related to COVID-19. For example, Ma and Miller (2020) found that CIS were trapped in a double-bind situation because of receiving conflicting messages from their friends and family and those in their immediate social setting. Most participants continued to follow the rules set by their home countries, such as wearing face masks in outdoor spaces, and avoided all kinds of social gatherings before the UK government made it mandatory in July 2020.

There was also an increase of racism/hate crimes targeting Asians from the start of pandemic, causing fear among the Asian community that they would face abuse if they wore face masks (Murphy, 2020). Racism against Asians is sadly not new and exists here in the UK but has become exacerbated during the pandemic. The Asian community is facing a 'double pandemic' (Addo, 2019), one that is related to the COVID-19 virus and another in the form of rising racial discrimination. It is also important to consider that racial discrimination can be subtle and/or covert, such as microaggression, resulting in difficulties in measurement (Pager & Shepherd, 2008). Participants in the current study shared that they do not feel safe and noted that they isolate themselves more just to stay safe.

Therefore, it is important to support CIS in building up an understanding of microaggression and ways to identify it and to provide them with language to talk about microaggression and racism. Several research studies have shown that microaggressions, although often seen as seemingly small and innocent offences, can cause physical and psychological distress to the recipients (Nadal et al., 2011; Nadal et al., 2014; Solorzano, 1998; Sue et al., 2007; Sue et al., 2008; Torres et al., 2010).

Consistent with other research, it was found that CIS preferred to seek help from friends and family when distress. There were a number of factors associated with this, as some participants shared that a sense of familiarity played an important role – the familiarity of the culture, language, and shared understanding. Chinese culture is highly collectivistic, so the default way to seek help always starts from the 'in-group'. All participants in this study reported that they would reach out to friends and family when they were feeling distressed; however, it was not necessary to talk about the issues or challenges they were facing and/or ask for emotional support. In Zhao et al. (2021) study, it was found that Chinese young adults avoid exerting a negative influence on others, by keeping emotions to themselves as this is seen as "a sign of maturity" and not burden others (Taylor et al., 2004; Kim et al., 2006, 2008). In present studies, most participants were highly reliant on themselves to solve problems, with some sharing that they had been taught to do so since they were young. Most participants felt they 'should' deal with problems alone, even if their problems included being psychologically distressed. Also, in a collectivistic culture, where it stems from a desire to achieve social harmony (Hofstede, 2001; Oyserman & Lee, 2007), anything that could possibly cause the disruption of it (e.g., 'bringing' distress to the group) will be avoided.

Additionally, the ability to recognise when one has a problem and the judgement to decide whether one has the resources to manage it alone successfully or requires help from others are complex skills (Saunders, 1993). As suggested by Theory of Planned Behaviour (TPB; Ajzen, 1985, 1991), a person's attitudes about a behaviour, for instance seeking professional psychological help, the degree to which they perceive as a problem and subjective beliefs about what others think about this behaviour, all influence the person's intention to seek professional help. Although it is predicted that intentions will lead to behavioural change, this effect is moderated by perceived behaviour control, such as the availability of appropriate services. It is therefore essential that CIS feel that they can access appropriate services when needed.

Also, it was noted in this study that participants had a different understanding of the term, 'mental health', and often associated it with 'mental disorder'. Several participants described that their understanding of 'mental health' derived from friends who had a diagnosis of depression or anxiety, which required medication to treat. It is also important to note that, in Mandarin, mental health is called '*精神卫生*', and a psychiatrist is called '*精神科医生*', which translates as a '*mental health doctor*'. The language used in different cultures structures understanding of mental health services. If the word used has a negative connotation within the cultural group, such as having mental health difficulties being equal to having a mental disorder, it is likely that the individual will fail to recognise a problem, therefore preventing them from seeking any formal help.

Language is another factor preventing CIS from seeking professional help, as some participants shared that they found it even more difficult to verbalise their distress in a second language. Language difficulties are also cited as the most challenging issue

faced by international students, and it impacts their overall mental well-being (Gatwiri, 2015). In a study examining the psychobiological impact of speaking a second language in the social context, it was found that speaking a second language increases the cortisol stress response. Therefore, it is understandable that it could be an added stress to seek professional support in a second language, especially for those who have already found the language difficult or have foreign language anxiety, which is a common phenomenon in learners of a second language (Horwitz et al., 1986).

Various studies have shown that English proficiency influences one's social interaction and adjustment. International students who have higher confidence in communicating in English can make friends easily, thus mitigating the feeling of loneliness (Hayes & Lin, 1994; Sampasivam & Clément, 2014; Wright & Schartner, 2013). The COVID-19 situation has made this process difficult for CIS, as all the social activities that were usually organised by the university were cancelled. CIS were required to actively make new friends online with their classmates, while building up the confidence to speak English. Some participants reported feeling that they had no opportunity to practise English, other than going to the shops to buy groceries during the pandemic, as it was hard to have natural conversations with others during online lessons. A lot of language learning and opportunities to gain fluency have been lost with the lockdowns and restrictions.

From Kadushin's (1969) model, it was also noted that seeking informal help was a distinct step in the process of seeking professional help. His research supported the notion that if one's social network shares positive attitudes and values about seeking professional help, it is likely that the group would have a different perspective of mental health support.

Discussing emotions, feelings and problems is a western ideology that is not generally shared across different cultures (Bhui, 2002). In the Yasmin-Qureshi and Ledwith (2021) study, it was found that South Asian women made conscious efforts to not talk about their culture and religion in therapy, despite having a good rapport with their therapist.

Some academics argue that the ideology of psychology is built on racist ideologies (Bhui, 2002; Howitt & Owusu-Bempah, 1994), whereby the development of theories, research and practices of the profession were disproportionately represented by WEIRD (Western, Educated, Industrialised, Rich, Democratic; Henrich et al., 2010) societies. Research findings from these 'standard subjects' are often being generalised to other populations (Henrich et al., 2010), despite it only accounting for 5% of the world's population (Arnett, 2008). It is questionable when the research findings from such narrow samples are being used to inform gold standard therapy models, NICE guidelines, the way mental health professionals are trained (e.g., DclinPsy training) and the way mental health services are designed.

The lack of engagement with mental health services within the Asian communities or CIS often being perceived as 'hard to reach' and seen as the 'issue' rather than considering how the Eurocentric focus of services or approaches is 'hard to access" for CIS. Some participants in the current study reported that they had used the University wellbeing services in the past however found it unhelpful.

It is important to acknowledge and recognise that mental health services have been constructed within this racist society in ways that have further marginalised certain groups within society. CIS might have encountered various forms of racism, direct racism as well as microaggression, that impact what they want to discuss in therapy. It is the role and responsibility of Clinical psychologists to acknowledge

racism/microaggression and the context in which it arises, to reduce its impact on their clients (Nadirshaw, 1992). It is well known that racism contributes to distress and mental health difficulties yet there is very little research examining how racism is talked about in therapy (Ong, 2021).

Nonetheless, supporting international students inevitably involves providing mental health support across cultures. It can be common for mental health professionals to assume that all international students will experience issues related to adjustment and adaptation and require mental health support as a result. However, from this research, offering practical support in the transition and developing an understanding of what contributes to CIS' distress are more important, especially during crises, such as the pandemic (see Appendix I).

Researcher Reflexivity

I am very interested in cross-cultural study, as most clinical psychology approaches and concepts are very Eurocentric. While carrying out this research, I was aware that I am an international student myself, living through a pandemic. Therefore, from a social constructive approach (Burr, 2015), my cultural background, experiences, interests, and current situation influence the research process and therefore construct the current narrative. I found myself drawing on my personal experiences and assumptions on select themes and when constructing my findings. There were some that surprised me and helped me to think differently about my approach to writing this thesis. There were times I found it very difficult to read and re-read the transcript, as I felt it was too close to my current situation. I took some breaks in between writing to manage some of the difficult emotions that arose from reading and transcribing the transcripts.

Clinical Implications

In the current study, the findings suggest that CIS faced additional difficulties due to the pandemic as well as the existing challenges (e.g., acculturation and language difficulties) that any international student would face. Racism against Chinese or Asian people sadly is not new and exists here in the UK but was exacerbated during the pandemic because the COVID-19 virus was first identified in China. There are potential routes the university can take to support individuals who have experienced racism. First would be understanding the type of racism that is being experienced by Chinese and/or AIS and to build awareness of it. Most CIS might not have awareness of racism or microaggression, especially those who moved to a foreign country and became the 'minority'. The most worrisome aspect is suffering in silence.

Second would be to encourage inclusivity and multiculturalism in the university. It is important that the university takes a more active approach by setting up various platforms for people from the affected group to share their experiences so that they do not feel alone in this process. University well-being services could also provide individual, or group debriefs for affected individuals, and having a bilingual facilitator or interpreter during the session might help individuals to participate.

As a clinical psychologist working with individuals of different nationalities and cultural backgrounds, it is important to explore their health and mental health beliefs, the common practices in their country of origin, and the system there, too. Language is a significant barrier when it comes to seeking professional help, as was shared by the participants in this study. The British Psychological Society (2017) has guidelines for practitioners working with interpreters; however, it does not provide guidelines on working with individuals with English as their second language. It is important for

practitioners to reflect on the 'power' they hold as an English native speaker in a therapy room when working with a client whose primary language is not English.

It is hoped the findings of current research can contribute to the understanding of how colonisation and racism within the psychology field might have contributed to the difficulties for international students to access mental health services. As mentioned in the discussion section, most of the mental health services and practices in the UK are built based on western ideology. It is important for mental health professionals and services to reflect whether the current models of therapy that are largely based on WEIRD populations is suitable to address the mental health needs of different populations.

Strengths, Limitations, and Future Research

There are a few key strengths of the current research study. It was carried out during the pandemic, and therefore, it provides a unique understanding of the challenges that CIS have faced during the pandemic, such as navigating two sets of health beliefs and practices and how this contributes to their feelings of being unsafe and isolated, which has not been commonly mentioned in other pieces of COVID-19-related research. Several pieces of quantitative research about CIS' mental health were carried out (e.g., Lai, 2020; Xia & Duan, 2020; Zhao, 2020); however, there was not much qualitative research conducted during this period. Taking a qualitative approach to this study has allowed a closer look at some of the subjective processes that take place when participants reflect on their experiences, which might not be captured by quantitative studies.

In addition, participants in this study were able to choose which language they used in the interviews, which allowed them to better express themselves. The findings of this study may help practitioners, researchers, and universities gain an understanding

of CIS' experiences during a crisis, their health beliefs, and how their understanding of mental health and the mental health system in the UK impacted them in terms of seeking professional help.

Nonetheless, the results from the current study were also subjected to some limitations. The recruitment process was undertaken via social media, by sending emails to International Student Support Exeter, and in online research advertisements. Unfortunately, the participants recruited were not as diverse as intended. Most participants were from China, with only one from Malaysia. Nearly all the participants were at university in the south-west of England, with only one from London. It would be interesting for future research to explore how international students from different countries navigated the pandemic.

This study also had more women than men (ten women and three men). Even though the intention of the study was not to explore gender differences, there have been some findings in the past research indicating there are gender differences in help-seeking (Ang et al., 2004; Morgan et al., 2003; Yeh, 2002). It has been suggested that women are more likely than men to seek professional help in times of distress (Chang, 2007).

More research is required relating to CIS' mental health and help-seeking during the pandemic such as how CIS navigate between two health beliefs and practices, as well as their coping strategies, would be beneficial. Research on microaggression has grown rapidly (Sue et al., 2020); however, it is still not widely developed. It would be interesting to understand CIS' experiences of microaggression during the pandemic and the impact they had. At the time of writing, we have lived in the pandemic situation for more than a year, and it is still ongoing. It will be interesting to establish international students' mental health statuses post-COVID-19.

Summary and Conclusions

This study provides an understanding of CIS' mental health and help-seeking behaviours during the pandemic. It is noted that some challenges faced are related to COVID-19; however, some are more general due to their being international students. It is understood that CIS faced additional difficulties during the pandemic, including navigating different health practices and beliefs, experiencing microaggressions, and fearing racist attacks, which increased their feelings of being unsafe and lonely. Most participants shared that they usually seek informal help rather than formal help, even during times of psychological distress. Multiple factors have prevented CIS from seeking professional help in the UK, including language barriers, mental health literacy, and understanding of the mental health system in the UK. Several limitations are noted in this research, including the lack of diversity in terms of nationality and gender. More research is required relating to CIS' mental health during and post-COVID-19, the impact of microaggression, etc.

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Appendices

Appendix A: Participants Demographic Characteristics and Information

Table A1

Participants Demographic Characteristics

Demographics	No. (n=13)	
Gender	Men	3
	Women	10
Age	Average	27
	SD	4
	Max	34
	Min	20
Ethnicity	China-Chinese	12
	Malaysian Chinese	1
Language	Mandarin	9
	English	4
	Cantonese	0
Level of Study	Undergraduate	3
	Postgraduate	10

Table 2

Participant Information

Participant	Pseudonym	Age	Gender	Undergraduate/ Postgraduate	Study	Language used at interview
1	Shen Qiu	27	Woman	Postgraduate -Master	Education	English
2	ZeXi Chen	27	Woman	Postgraduate -Master	Education	Mandarin
3	YaZhu Ye	30	Woman	Postgraduate- PhD	Engineering	Mandarin
4	Hou Zhen	22	Man	Postgraduate- Master	Business Analytics	Mandarin
5	Ju Deng	32	Man	Undergraduate	Management	Mandarin
6	YaWen Zou	24	Woman	Postgraduate- Master	International Education	Mandarin
7	WuYing Ma	26	Woman	Undergraduate	Medical School	English
8	YiJun Cai	22	Man	Postgraduate -Master	Translation	English
9	LiuXian Dong	25	Woman	Undergraduate	Liberal Arts	Mandarin

10	Zhong Yang	29	Woman	Postgraduate-Master	International Education	Mandarin
11	Tai He	24	Woman	Postgraduate -PhD	Psychology	Mandarin
12	Yun Cai	24	Woman	Postgraduate-Master	Translation	Mandarin
13	Li Mao	24	Woman	Postgraduate-Master	Education	English

Note. All the name used here are pseudonyms and any identifiable information is altered.

Appendix B: Ethics Approval

From: ethics@exeter.ac.uk <ethics@exeter.ac.uk>
Date: Thursday, 17 December 2020 at 14:52
To: Yong, Sook <syy208@exeter.ac.uk>
Cc: Smithson, Janet <J.Smithson@exeter.ac.uk>
Subject: Sook Yong e-Ethics Application outcome decided (eCLESPsy001828 v6.1)

Dear Sook Yong,

Application ID: **eCLESPsy001828 v6.1**

Title: **AIS' mental health during COVID-19 pandemic**

Your e-Ethics application has been reviewed by the CLES
Psychology Ethics Committee.

The outcome of the decision is: **Favourable**

Potential Outcomes

Favourable:	The application has been granted ethical approval by the Committee. The application will be flagged as Closed in the system. To view it again, please select 'view completed'.
Favourable, with conditions:	The application has been granted ethical approval by the Committee **conditional** on certain conditions being met. Please log in to your application (click 'view completed') to view these conditions in the Comments tab. You do not need to resubmit.
Provisional:	You have **not** been granted ethical approval. The application needs to be amended in light of the Committee's comments and re-submitted for Ethical review.
Unfavourable:	You have **not** been granted ethical approval. The application has been **rejected** by the Committee. The application needs to be amended in light of the Committee's comments and resubmitted / or you need to complete a new application.

Please view your application here and respond to comments as required. You can
download your outcome letter by clicking on the 'PDF' button on your
eEthics Dashboard.

If you have any queries please contact the CLES Psychology Ethics Chair:
Nick Moberly n.j.moberly@exeter.ac.uk

Kind regards,
CLES Psychology Ethics

Appendix C: Participant Information Sheet

UNIVERSITY OF
EXETER   **Participant Information Sheet**

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title: AIS' mental health during the COVID-19 pandemic

Research name: Dr Janet Smithson and Samantha Yong

We would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

Research Aims

The research aims to understand international students' mental health in the UK universities during the COVID-19 pandemic. It is hoped that this research can help the wellbeing services to better understand international students' mental health needs, during this pandemic and during potential future crises, and therefore provided appropriate services to support international students.

Who have we asked to participate?

We are recruiting AIS who speaks fluent Mandarin or Cantonese. You must be 18 and above. This study is not suitable for those with current or past mental health problems or for those taking medication or receiving therapy for such conditions. **If you do not meet the above requirements, please do not take part.** If you are interested in participating, having met these criteria, you will be sent a link to a short questionnaire to be completed electronically. Upon completing the questionnaire, you may be invited to take part in the full experiment. If you decide to participate, we will contact you to arrange an interview at a time that suits you. A link for the online interview (either Skype or Ms Teams) will be send to you.

Even if you are invited to participate, you are still free to decline. If you do decide to take part in the session you will then be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. After the session, if you decide you do not want your data to be put forward for analysis, you are still able to withdraw your data from the project at any time up until the end of the data collection procedure (**July 2021**).

When and where will the study take place?

The experiment will take place via Skype or Ms Teams. It will occur at a set time, agreed between you and the researcher.

How long will the study last?

You will be asked to attend a single session lasting approximately an hour.

What will you be asked to do?

You will be asked to participate in an interview to share your perspective and views. The researcher will facilitate the interview and you are not required to share things that make you feel uncomfortable. The researcher will video-record the whole interview.

<u>Will you compensate me for my time?</u>

Yes, on completion of the study, you will be paid £10 for the session. The researcher of this study will arrange payment of the incentives with you through the email address provided by you.

<u>How will we maintain your privacy and confidentiality?</u>

Any email addresses provided by you will be stored separately from the data and not linked with the data provided to ensure anonymity. None of which will be available to anyone other than the researchers listed on this form and will be used strictly for research purposes only.

Any email addresses provided will be stored secure password protected database. These email addresses will be deleted by **July 2021** (after giving out the incentives).

Each participant will be assigned a unique ID number to anonymise their data. The data collected as part of the study will be stored separately from the consent forms which contain participant names, as well as the participant's ID. Your identifying data will only be linked to your responses through the participant ID; this will enable researchers to identify your data if you wish to withdraw this from the study. If you opt to receive information about the results of the study or to be contacted about future research, this information will be kept along with the consent forms, separate from the other data collected.

Data will be analysed at group level and identifying information will not be presented in any presentation or publication of the findings. Anonymised data may be shared in the future for research purposes, but you would not be identifiable in any way.

All questionnaires will be kept securely in an online database. All of the data collected will be stored in a password-protected database in the University of Exeter secure

network in the United Kingdom for 5 years following collection, after which they will
be destroyed.

If you have any questions or concerns about the University's storage and processing of
your personal data that cannot be resolved by the research team, further information
may be obtained from the University's Data Protection Officer.

Email: dataprotection@exeter.ac.uk

Web address: www.exeter.ac.uk/dataprotection

If you later wish to withdraw your data from the study, please let the researcher know as
soon as possible following the session as it will not be possible to do this once the
study's data collection phase has ended. It is hoped that the experimental session will
contribute to the understanding and ongoing understanding of international student's
mental health during the COVID-19 pandemic.

It will be assumed, unless clearly stated to the experimenter, that this anonymised data
can be used in future research relevant to the study. This will not require us to contact
you again, for any extra information. However, if you do not wish your anonymised
data to be used in any future study, please let the researcher know.

Please note that confidentiality will be maintained as far as it is possible, unless during
the conversation the researcher hears anything which makes them worried that someone
might be in danger of harm. Where there is a possibility of harm, the researcher will
have to inform relevant agencies of this but will tell you that they are going to do this.

What will happen to the results of this study?

It is hoped that the interview, conducted in international students' first language, would
be able to provide a more in-dept understanding of the wellbeing needs on international

students, and this data could be used to inform the development of services of enhance wellbeing. The researcher will also be writing the findings of the study up for the University course and will submit the report to some journals. If you would like to be informed of the results of the study, you can request a summary of the analysis to be sent to you.

<u>Will I get any support?</u>

Lots of students can experience difficulties and challenges in their mental health and wellbeing. Please speak to someone if you are having any difficulties with your mental health or wellbeing. There is lots of support available.

We would like to encourage you to talk about these kinds of problems with your GP and/or through mental health support which will be available at your school, college, or university.

If you feel like you would benefit from speaking to someone a bit more urgently, there are some phone numbers you can try. Some of the services (like the Samaritans) can also offer support by email if you find it difficult to talk on the phone.

You can always phone emergency services on 999 or visit your nearest A&E if you are feeling very distressed or unable to keep yourself safe.

- NHS Direct (24-hour help and guidance 111
- Samaritans (24-hour help and support) 08457 909090
- Saneline Helpline (6pm-11pm help and support) 0845 767 8000
- Mind infoline (9am-6pm help and support) 0300 123 3393
- **The Moorings @ Devon** offers out-of-hours mental health support between 6pm and midnight to anyone aged 16+ in the Devon area, from three locations in Barnstaple, Exeter, and Torquay. You can email (devonexeter.mhm@nhs.net)or telephone (Tel: 07990 790 920) the team for

support. For more information please see: https://www.mhm.org.uk/the-moorings-devon

You could also contact the Reed Mews Wellbeing centre at University of Exeter should you need any additional support. The wellbeing services are open for business and carrying out all appointments by telephone where possible. You can check their website for more details (https://www.exeter.ac.uk/wellbeing/)

- If you need to book a telephone appointment, please call 01392 724381 or email wellbeing@exeter.ac.uk.
- If you need to speak to the AccessAbility team, please call 01392 723880 or email accessability@exeter.ac.uk.

It is understandable that you might feel unsettled by the current and fast changing situation regarding Coronavirus. You can get the latest Coronavirus updates for student at this website (https://www.exeter.ac.uk/coronavirus/).

There are some helpful advice from Mind, a mental health charity (https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/) , on maintaining your wellbeing at this time.

You could speak to a trusted friend, family member or university professional and ask them to help you make contact with any of the above services if that might be helpful. We would like to encourage you to make of a note of the sources of support outlined on this page (e.g., print, take a screen shot of).

Who has reviewed this study?

This project has been reviewed by the Psychology Research Ethics Committee at the University of Exeter (Reference number: eCLESPsy001828 v6.1).

<u>What if I have questions about the Project?</u>

This study is being organised by a team of researchers at University of Exeter. If you require any extra information about the project or if this study has harmed, you in any way you can contact the researcher and/or supervisors of the project using the contact details below.

<u>Contact details</u>

Researcher

Samantha (Sook Yee) Yong

Email: syy208@exeter.ac.uk

Supervisors

Dr Janet Smithson   Dr Anke Karl

Email: j.smithson@exeter.ac.uk   Email: a.karl@exeter.ac.uk

Chair of Psychology Ethics

Dr Nick Moberly

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Research Ethics and Governance Manager

Gail Seymour

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Contact number: 01392 726621

Thank you for your interest in this project.

Appendix D: Consent Form

UNIVERSITY OF
EXETER

Participant Identification Number:

CONSENT FORM

Title: AIS' mental health during COVID-19 pandemic

Name of Researcher: Samantha (Sook Yee) Yong

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part

Please initial box

1. I confirm that I have read the information sheet dated.................... for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my legal rights being affected.

3. I understand that relevant sections of the data collected during the study, may be looked at by members of the research team, (myself and two supervisors from the University of Exeter), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I understand that taking part involves audio/video recordings which will be deleted after the researcher has written these up.

5. I agree that my contact details can be kept securely and used by researchers from the research team to contact me with the outcomes of the study.

6. I agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project and understand what the research study involves.

_____   _____   _____

Name of Participant   Date   Signature

_____   _____   _____

Name of researcher   Date   Signature

taking consent

If you wish to receive a summary of the findings on completion of the project, please

leave an email address below.

Email address:

_____

When completed: 1 copy for participant; 1 copy for researcher/project file

Appendix E: Screening Questionnaire

Demographic Information Sheet

1. Participant ID: _____

2. Age   : _____

3. Ethnicity : _____

4. Nationality: _____

5. Gender   : ☐ Woman   ☐ Man   ☐ Other: _____   ☐ Prefer not to say

6. What is your programme of study? _____

7. At which level of programme are you? ☐ Undergraduate   ☐ Postgraduate

   ☐ Others: _____ (please specify)

8. Do you have any current or past psychological or psychiatric diagnosis?

   ☐ Yes ☐ No
9. Do you receive any psychological or psychiatric treatment for the past 6 months?

   ☐ Yes ☐ No
10. Are you currently taking any psychological or psychiatric medication (This does not

    include medication for general health concerns?)   ☐ Yes ☐ No

Appendix F: Interview Schedule

Interview schedule – AIS

- Participant age and identity (e.g., 18, Asian international student)
- What language they prefer to use during interview (e.g., Mandarin, Cantonese, English).
- What are they currently studying? What's their major?

1. Tell me about yourself 自我介绍先来介绍一下您的情况
   a. What year are you in?
      i. 1st year
         1. what makes you chose to come to the UK in the current situation 是什么令您选择在这样的情况下来英国留学的呢？在疫情比较严重的情况下，是什么使您选择来英国读书的呢？
         2. How things have been for you since you arrived? 自您抵达以来，一切如何？来到英国之后，您感觉怎么样？
         3. Any positive and negative experiences? Can you tell me more about it? 任何好/不好的经历么？有什么特别的经历吗？比如说一些 好的经历或者不好的经历（或者，美好的经历或者不愉快的经历）？
      ii. Not 1st year
         1. How long you have been in the UK? 您来英国多久了？

         2. How things have been for you? 您最近怎么样呢？您的近况如何？ -- lead to question 2, asking about how the covid impacted his/her student life.

2. Do you feel Covid-19 has impacted you as an international student studying in the UK? 您觉的疫情影响了您学生的生活（留学生活）么？ (e.g., 学习方式，与他人沟通，家人关系，等等)
   a. If yes （是的）
      i. what are the changes you need to make to adopt to the current situation? 在这期间，您做了什么改变去应对呢？ 那您是怎么应对的？
      ii. Are those changes positive or negative? 您如何认为这些改变呢？您认为这些是积极的改变还是消极的改变呢？
      iii. How have these changes impacted upon you (e.g., connecting with others)? 这些改变如何影响了您？
      iv. How do you cope with it? 您是如何去适应这些改变的呢？
      v. When you needed some support what do you usually look for? Who do you go to? 等您需要一些支持帮助的时候，您一般寻

找什么样的帮助和支持呢？/当您需要任何（心理）协助/帮助/辅助/支持的是活，您通常会会向谁寻求支持？？

    vi. What support you received – helpful and unhelpful?
在这期间，您获得了什么样帮助/支持？您认为这些帮助和支持是有效的吗？您认为这些帮助和支持是有效的吗？

  b. If no （没有）

    i. Why do you think this is? 为什么呢？

    ii. What has enabled you to keep things similar? 是什么令到您能维持原有的生活？那您觉得是什么帮助您维持现状

    iii. Has this been helpful? In what way? 这很有帮么？

    iv. How do these impacts upon your psychological wellbeing? 您觉得对您心理/心理有造成什么样的改变么？

3. Do you feel Covid-19 has impacted you on your psychological and emotional wellbeing? 您觉的疫情对您情绪 /心理上有没有影响？

  a. If yes, （有）

    i. What is it? 对您照成了什么影响？

    ii. What do you do? 那您做了什么样的改变？您如何应对呢？

    iii. DO you seek for any support regarding things you have just shared? 您有寻求任何的帮助么？

    iv. What's helpful/ what's not helpful? 有什么事您觉的有效的/没效的/有帮助/没帮助的。

  b. If no, （没有）

    i. Why do you think this is? 为什么呢？

    ii. What has enabled you to keep things similar? 是什么令到您能维持原有的生活？

    iii. Has this been helpful? In what way? 这很有帮么？

    iv. Has this been challenging? In what way? 对您来说困难吗？（是个挑战吗？）如果是的话，可以详细说一说吗？

4. How do you know that you are stress? You are stressed？ 您是如何知道自己有压力呢？

  a. When you are stress what do you do? 您是如何面对压力呢？您通常会如何去应对？当您有压力的时候，您通常都做什么 ？

  b. Helpful and unhelpful 帮助/没帮助？

  c. Are you able to communicate your stress with others easily? 当您面对压力时，您能跟别人抒发您的压力么？您可以和他人倾诉您的压力吗？

    i. If yes, why do you think this is? 为什么呢？您如何看待和他人倾诉您的压力（这个问题感觉有些）

    ii. If no, why do you think this is? 为什么呢？您为什么选择不和他人倾诉压力？

5. During this pandemic, do you find yourself more stress than usual? 在这疫情期间，您有发觉自己比平时更容易感觉到压力么？和平时相比，在疫情期间，您是否感到更多的压力。

a. If yes, why do you think this is? 为什么？

b. If no, what do you think this is? 为什么？

6. What are the things that you think it is important for you, but you can't do it now because of the pandemic? 有什么事情是您想做的，而且对您而言也很重要的，但因为疫情的关系却无法实行的么？您有没有因为疫情而耽滞（耽搁延后）的事情？这件事对您而言非常重要但是您无法现在去做。

   a. How does that impact you? 对您造成了什么影响？

   b. What are the changes you need to make? 您做了什么改变去应对呢？

   c. How have these changes impacted upon you (e.g., psychological wellbeing) 而这些改变对您造成了什么影响？

7. Have you heard about the university wellbeing services? 您有听说过学校的 wellbeing services 嘛？

   a. Have you used any of their services? 您有使用过他们的服务么？

      i. If yes

         1. How were the experiences? 经历如何？

         2. What's helpful/unhelpful? 有帮助/没帮助的？

         3. What could be improved? 有什么东西可以改善的么？您认为哪些方面可以改善

      ii. If No

         1. What were your thoughts about the wellbeing services? 您对学校 well-being services 的了解是什么？

         2. Do you think you might need it in the future? 您觉的您以后可能需要他们的服务么？

            a. Yes – why do you think this is? 为什么呢？

            b. No – why do you think this is? 为什么呢？

8. What is your understanding about mental health? 您对心理健康/精神卫生的了解有多少？您是如何理解心理健康这个概念的？（精神卫生也行吧，但是心理健康吧）

   a. What your perception about people accessing mental health services? 您对于有需要寻求心理或精神服务帮组的人有什么看法？您如何看待那些接受心理治疗（或者心理帮助，心理服务）的人群？

   b. Would you access to mental health services/wellbeing services when you think you might need it in the future? 当以后您需要帮助时，您觉的您会寻求心理或精神专业的服务么？当您以后面对心理问题的时候，您会去选择心理咨询服务吗？（在大陆，还是说的比较多的是心理咨询服务）

      i. If yes (会)

         1. Why is it? 为何呢？

         2. Any other worries you might have for accessing the wellbeing /mental health services in the uk? 当您寻求英国的心理/精神专业服务的帮助时，您会有什么担忧或需要考量的东西？

ii. If no (不会)
    1. Why is it? 为何呢？
    2. What kind of support that you think you will seek for? 您会寻求什么样的帮助呢？
    3. What are your worries of accessing the wellbeing-/mental health services? What is it? 但寻求当您寻求英国的心理/精神专业服务的帮助时，您的担忧是什么呢？

Alternative question

Are you able to travel home during this pandemic?

在疫情期间，您有回国？

c. If yes （有）
    i. When was the last time you head back to your home country? (e.g., date/time) 您最近一次回国时几时呢？
    ii. Do you need to self-isolate (in your country/in the UK)? 需要隔离么？
    iii. How were the experiences? 整体经验时如何的呢？
    iv. How were you coping with the self-isolation? 您是怎么度过隔离期呢？
    v. What support you received during self-isolation (e.g., from friends, family, university). 您有收到任何的帮助么？比如朋友，家人，学校之类的帮助么。
    vi. what's helpful and not helpful? 有什么您觉得特别有帮助或者没帮助的？
    vii. Do you still need to do your coursework? 你需啊哟做作业么？
        1. How did you manage it? 如何应对呢？
        2. What were the challenges faced? 对您来说困难吗？（是个挑战吗？）如果是的话，可以详细说一说吗？
        3. Are you able to talk to someone when you need extra support for your coursework? 您的课程作业需要额外支持时，您可以与某人交谈吗？

d. if no （没有）
    i. When was the last time you head back to your home country? (e.g., date/time) 您最近一次回国时几时呢？
    ii. How often do you travel back to home country? 您多久回国一次？
    iii. How was these changes make you feel? (if they said they travel home often) 这些变化让您感觉如何? (若他们说经常回家-疫情前)。

Appendix G: Reflective and Reflexive

Table 3

Steps that were Taken to Reflect and Reflex on Researcher Influence

Research process	Actions taken
Preparation	The researcher made a note of any preconceptions and assumptions at the start of the research process (Glaser, 1992). Identifying myself as a Southeast Asian international student, I was transparent about my own beliefs, values, assumptions, and preconceptions on the choice of the research topic.
Throughout the research process	The researcher kept a reflexive journal to note down any personal responses throughout the research process (Ahern, 1999) and to refer when analysing data (Hanson, 1994). The journal was used to record my perceptions towards being an international student during pandemic, seeking mental health support as international student and a trainee clinical psychologist. The researcher also practiced 'bracketing' throughout the research process. Bracketing is a reflexive process in which encourages a researcher to put aside their repertoires of knowledge, values, beliefs, culture, and experiences (Ahern, 1999). It is suggested that it should be adopted upon initiating the research proposal, but not limited to during collection and analysing of data (Chan, Fung, & Chien, 2013).
During analysis	The researcher practiced "triangulation" when analysing the data, to look at the data from different angles (Myburgh & Poggenpoel, 2007). The researcher also discussed with supervisor(s) and had peer researchers to cross-check the analysis of the data. The result of the data analysis was also presented on a group meeting with Exeter postgraduate students talking about mental health resources and service accessibility (June 2021). A discussion

124

	was carried, and the researcher noted down any feedback received.

Appendix H: English Translation of Mandarin Quotes

Table 5

English Translation of Mandarin Quotes

Chinese Quotes	English Translation
"因为英国民众对于这个疫情的重视程度，其实在我们看来还是很不够的，就是比如说出去基本上戴口罩人很少，然后就是政府的一些规定大家也不是那么特别的遵守。所以就是在疫情这方面还是会有点担心。主要是担心自己的生命安全"	"Everyone wears face mask in China, it's mandatory. However, people from the UK seems to have different beliefs towards the virus. Not all of them wear face mask or following the government rules. This worries me. I'm worried that I will get the virus."
"担忧的就是我现在住在校外的一个宿舍里面。因为英国这边，大部分人得了新冠肺炎他们不会去医院，而是进行自我隔离。那这个时候，他们其实可以随意地使用公共空间。因为你并不知道他们去了哪里，那这个时候你就很会担心自己。比如说去洗衣房的时候，会不会他们其实也用了洗衣房？因为现在的这个病毒，它其实属于一种空气传播，那这个时候就很担心自己，如果我也用了洗衣房，我会不会也得新冠肺炎？就是在这方面其实是最大的担忧。"	"I stay in a student hall. A lot of people in the UK don't go to the hospital even though they are tested positive for COVID-19. They are asked to self-isolate. This worries me as I'm not sure whether they follow the rules strictly. Sometimes I wonder whether they (people who tested positive) use the common area like the laundry room in my student room. It worries me every time I use the laundry room as this (COVID-19) virus is an airborne droplet disease."
".. 对待外来人的一种不能说是歧视，但是我觉得有些时候却是一种不太友好的。让我自己感觉就是很不舒服的一种状态。其实这些都是在国外，很容易遇到的。那这个时候其实除了跟同学说一说自己的经历，其实你也没有办法找任何人去帮助"	"… I don't know whether it's considered as racism, but I just felt that people here (in the UK) are generally not really friendly towards foreigner. Sometimes it makes me feel very uncomfortable (walking on the street) … Other than talking to my friends about my experiences, there is nothing much I can do. No one can help me either."
"反正我上推特就觉得大家好像非常讨厌中国或者说都会怪中国，是中国传播的这个病	"I feel people hate China and blame China for spreading the

毒，虽然我个人觉得我们大家都是受害者，但是总觉得有一点点被网络暴力到，虽然我不太 care，其实我已经是心比较大了，就是我不太关心这个事，而且我觉得可能也只是网上有些人发泄怨气而已，不用太放心上，但是也会在意，包括出去的时候，会觉得街上人看我们亚洲人，或者起码看我，虽然他可能不知道我是中国人，但我觉得他们好像是看我们眼神不太对，可能是我瞎想的，也有可能是真的，但是还是不太开心"	virus. We are also the victim of the virus, however that's not how the online media reported it …. I don't really care about it, probably I just try not to let it get to me…. However, when I walk on the street, I have some unpleasant stares…. I might be just overthinking about it, or it might be true, but I just still feel sad about it"
"对我而言最大的挑战啊，孤独感吧，就是毕竟你不是本地人，你要是没有一个很好的这种办法去融入当地社会的话，那你就会不停地，你就必须得，你就只能跟中国，就是跟你这个文化圈子里的人交朋友，然后这圈子就很小，然后大家都是留学生的话，就会经常地换朋友，然后你身边真正，特别是你要是呆得久的话，待一年还好，呆一年你不跟当地人交流也就回去了，待三年的话，你就会经常，有些朋友毕业回国啊，你就又要交新的朋友，然后你在这边你就没有一个依赖，例如说别人会有紧急联系人，这个就让我觉得是一个很大的困难，那我就没有什么紧急联系人可以填。"	"For me, the major challenge is loneliness. As I'm not from here (UK), and it's hard to find ways to adapt to the local culture. At the end, you might mix with people from your home country. However, they might not stay for long either as they will travel back to their China after they completed their study […] I just felt that I have no one to attach to. For example, other people (local students) would have someone in mind to contact in case of emergency, I don't know who I can contact here."
"父母基本上对我情绪上的帮助不会很大，只能是说跟他们联系就是保持联系，让父母放心啊，大多数都是在报喜不报忧"	"... talking with my parents don't usually help me with my emotion regulations. I will still keep contact with them, mainly is to make them feel better and less worry [about me]. Normally, we share the good but not the sorrow [with parents]."
"…那肯定我觉得语言上的，就是在形容这些方面的事情的时候，语言上的障碍，的确可能还是会存在。也不是能够这么确切地描述，我不确定能不能够确切地描述，然后都完全理解他的一些那个说法，包括可能他给出的建议，适不适用于我的情况，或者说可能会更加适应英国学生英国人的情况"	"…Language definitely will be an issue, especially when I'm asked to describe something [feelings]…. I'm worried that I might not be able to explain myself fully, and worried that I might not understand what they trying to say, such as the suggestion they provided… I also wonder whether it [the suggestion] suits my situation [being international students] …

	or maybe, it suits more for the local students."
"看看有没有什么低成本，因为要考虑成本，然后如果有一些自救的方法就例如像网页 wellbeing 这种相对便宜的，然后可能能解决问题的方法，那我可能会先去做这种，这一对一的心理的帮助，然后，如果觉得很严重的话，那就该花的钱就花，然后该咨询该治疗就尽早。"	"…I will look for other options first, those that do not require me to pay …. If there are some self-help tips available online and it's cheap, I will go for it…. however, if my condition is severe, and I need one to one psychological support, I will still pay for it even though it's expensive…. "
"我们其实对抑郁症或者是这些症状没有太多的了解。那我有一个同学确实得过相关的一些病，她/ 他其实是早期得的，她/ 他其实就是通过药物的一些治疗，后来就算是好了一些的"	" I don't have much understanding about depression or other related disorders. I have a friend who used to have depression, she was diagnosed early and received some medical treatment, and she became better after that. "
"中国对这方面事情很不重视，或者说，我觉得甚至就是中国有一个骂人的词就叫神经病"	"China doesn't pay much attention to it [mental health], or maybe I should say that people from China usually called those people [with mental health issues] "neurotic".

Note. Quotes that originally is English will not be included in this table.

Appendix I: Suggestions and Recommendations

The suggestions are derived from the current study with some recommendations provided by the participants:

- It is important to understand how CISs and others navigate between two different health and mental health beliefs, practices, and systems. It is noted in this research that the Chinese and UK governments have different approaches to combatting COVID-19 and, similarly, have different ways of addressing mental health issues.

- Support provided during the initial transition is crucial. Most international students experience multiple losses due to moving to a new country; they might be deprived of what the 'holding environment' (country of origin) is usually able to provide, such as a feeling of safety, connectedness, and identity (Winnicott, 1953). Eisenbruch (1984) described this as 'cultural bereavement'. Having people from international student support checking in with them from time to time, especially during the isolation period, is important.

- It is also important for universities to consider international students' 'security needs' and create a sense of safety, as this will impact their overall well-being and affect whether they would seek professional help when needed.

- As mentioned earlier, it is also crucial to help CISs to understand racism and microaggression. They should be provided with a platform on which to discuss their experiences so that they do not feel alone in this process.

- Some participants have suggested having a bilingual speaker in mental well-being services, as this will help them feel at ease when talking about their difficulties and help them not to worry about the language barriers.

- Having a triage system with people familiar with international students' needs and languages would be helpful. They could signpost the CISs to the appropriate services.