Investigation into the Mental Health Support needs of International Students with particular reference to Chinese and Malaysian students

September 2011
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Executive Report

1. Background of the project

This investigation originated from a growing concern that in comparison with UK students particular groups of international students were finding it difficult to access medical and specialist services and hence were only presenting in extremis. These issues were identified by the University of Nottingham Health Service in conjunction with specialist services within the University.

Nottingham City NHS was able to contribute significant funding to employ a part time support worker to carry out the bulk of the investigation under the auspices of a steering group representing the University, the University Health Service and Nottingham NHS.

It was agreed that the project should focus on international students with particular reference to Chinese and Malaysian students. This project explored the mental health needs of these groups of students and sought to highlight opportunities to improve the access to, and support available for, international students with mental health difficulties. The findings and recommendations of the investigation will also have relevance for communities outside of the University.

2. Aims and Objectives

2.1 Aims

To undertake a mental health needs assessment of the mental health/care needs of Chinese and Malaysian International students at the University of Nottingham.

2.2 Objectives

- To gain an understanding of the epidemiology of international students
- To analyse views of all key stakeholders
- To compare what is being undertaken elsewhere
- To undertake a gap analysis and make recommendations to improve current service provision
3. Student population in the University of Nottingham

The student population of the UoN includes over 8000 international students of which two of the largest groups are from China and Malaysia, where the University also has two campuses.

4. Methodology

We conducted a Mental Health Needs Assessment and focused on Malaysian and Chinese students who were studying in the University at Nottingham. Three approaches contributed to this study, namely, epidemiological, corporate and comparative approaches.

The epidemiological approach focused on identifying the number and range of issues experienced by students. Data was collected from the University Health Centre, University Counselling Service and Mental Health Advisor.

The corporate approach examined perspectives and perceptions from stakeholders and students. Views of stakeholders were collected through formal and informal discussions, based on a questionnaire. Perceptions of students were investigated through a student well-being survey and four discussion groups: Home students, Chinese students, Malaysian students and Mixed Groups students.

The comparative approach compared mental health services between China, Malaysia and Britain.

5. Key findings and conclusions

- International students have greater support needs and need more targeted information in comparison to UK students.
- Students from mainland China have significant additional barriers to accessing mental health support compared with Malaysian and home students.
- The project identified a complex range of cultural differences.
- In addition to the common challenges faced by all international students, Chinese and Malaysian students are facing particular barriers to seeking help. When seeking help, differences of culture and language are their major concerns.
- Stigma relating to mental health is a major barrier for many international students and is particularly acute within the Chinese and Malaysian populations.
- The Tutor and Academic staff support system is perceived as the most important source of help and students made the most use of these services in comparison with other support services on campus.
The University website and Welcome Week induction are vital information sources for Chinese and Malaysian international students to learn about support services before, and after, arrival.

Good awareness of cultural differences for staff working with international students was identified as a particular need.

Training in cultural beliefs and awareness, particularly for those involved in delivering health care to international students, needs to be given high priority and organisational support.

6. Recommendations

- Increase students’ awareness of services, knowledge of western health care approaches and understanding of mental health by providing clear and culturally tailored information and/or workshops to Chinese and Malaysian students.

- Increase cultural awareness and understanding of students’ mental health needs among professionals and university staff through professional training courses and online information, particularly for tutors involved in personal support.

- Provide specialist awareness training for those professionals working within the mental health arena. Understanding the impact of cultural and language difference, as well as making good use of culturally appropriate community, and other, services, is central to overcoming existing barriers to the access of services.

- Increase the use of interpreters (bilingual workers are likely to be a great asset but likely to be limited in supply).

- Rationalise the collection of data, particularly the recording of ethnicity, nationality and first language, to facilitate the analysis and development of services.

7. Good practice

Examples of good practice were identified within, and beyond, the UoN such as ‘Culture Vulture’ run by International Office of UoN, projects to support Chinese students and Chinese communities in Nottingham, the Cross Culture Counselling Project in Portsmouth and the University of Melbourne, ‘Home away from home’ project in SOAS and the Mandatory Cultural Liaison Program in Okanagan College in Canada.

8. Limitations of the study

Poor and/or conflicting methods of recording of ethnicity and nationality were found to be significant barriers to the analysis of service use within Universities and the wider community. This has significant impact on the capacity for strategic planning and development of appropriate services.
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1. Introduction

1.1 Background of the project

1.1.1 Origin of the project

This investigation originated from a growing concern that in comparison with UK students particular groups of international students were finding it difficult to access medical and specialist services and hence were only presenting in extremis. These issues were identified by the University of Nottingham Health Service in conjunction with specialist services within the University.

The population of the University of Nottingham includes some 8000 international students of which two of the largest groups are from China and Malaysia, where the University also has overseas campuses.

Nottingham City NHS was able to contribute significant funding to employ a part time support worker to carry out the bulk of the investigation under the auspices of a steering group representing the University, the University Health Service and Nottingham NHS.

1.1.2 Scope of the project

It was agreed that the project should focus on international students with particular reference to Chinese and Malaysian students. The investigation was to explore any current research and data already available and to collect fresh data from on-line and focus group surveys, individual case studies and interviews with significant stakeholders. This data would be analysed to further define and understand some of the barriers to accessing services and to identify good practice.

1.1.3 Desired outcome

The project sought to highlight opportunities to improve the access to, and support available for, international students with mental health difficulties. The findings and
recommendations of the investigation will also have relevance for communities outside of the University.

### 1.2 Definitions of mental health

Mental health can be described as:

‘A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.’[1](WHO)

‘The capacity of the individual, the group, and the environment to interact with one another to promote subjective well-being and optimal functioning, and the use of cognitive, affective and relational abilities, towards the achievement of individual and collective goals consistent with justice.’[2] (Malaysian National Policy)

‘The status of the individual with normal various types of mental activities, coordinated relationships, psychological reflections corresponding with the reality and the stable personality.’[3] (China)

‘A positive state of mind and body, feeling safe and able to cope with a sense of connection with people, communities and the wider environment.’[4](UK)

### 1.3 Classification of mental disorders

Currently, there are two widely established systems that classify mental disorders, ICD-10, International Classification of Diseases which is produced by WHO and DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, produced by APA². Some other classification may be used in non-western countries, for example, CCMD³ (See Appendix1 for more details).
MMHA\textsuperscript{4} states that symptoms of mental disorders are generally characterized by cognition, emotion and behaviour that differed in severity, duration and degree. Mental illness can be classified as two types: Minor mental illness (Neurosis) and Major mental illness (Psychosis) \cite{5}.

Mental disorders are described as a type of mental health problem with diagnostic significance and characterised by cognitive, emotional and behaviour changes that may be accompanied by distressing experiences and/or damage of personal and social functioning\cite{6} by Chinese scholars and CCMDIII is a diagnostic guideline in China, but, ICD-10 is also used as reference by most clinical psychiatrists. In fact, the classification that is more accepted is that psychological status is divided into two types: normal and abnormal\cite{3}.

\textit{Figure 1 Classification of psychological status (China)}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Classification of psychological status (China)}
\end{figure}

This categorization and structure (figure 1) is less stigmatized. The term, ‘unhealthy psychological status’ is more likely to be used than mental illness by Chinese people because it is classified as a normal mental state.

\footnote{4 MMHA: Malaysia Mental Health Association}
1.4 Mental health context in China and Malaysia

1.4.1 Mental health care system in China and Malaysia

China and Malaysia are both developing Asian countries. China, with the biggest population in the world, shows great disparities economically across the country, while, Malaysia is characterized by its multi-ethnic population of Malays, Chinese and Indians with their different cultures and languages.

Compared to China, the mental health system in Malaysia is more westernized because it was established after independence from British colonial rule, based on institutional care in four psychiatric hospitals [7].

In Malaysia the Mental Health Act was introduced in 2001 [8, 9] and the development of mental health services is guided by the vision and mission of the Ministry of Health, the Mental Health Policy and the National Mental Health Framework[10]. China’s policies are less developed and its national mental health laws are still under discussion, currently, in the drafting process.

China, however, has a more accessible health care system in which patients can walk in and see specialists in hospitals without GP referral and appointment delays.

Malaysia has good provision of health care services at primary care level which are accessible to a large majority of the population[11]. Its mental health services are mainly funded by the government. 5.0% of its GDP is spent on healthcare, of which about 3% is invested in mental health care[10]. In China mental health services are well-developed in some major cities but there are few, if any, mental health services in remote and border areas. Particularly, mental health treatment is costly for some Chinese families.

One significant difference to Britain is that traditional medicine is being used widely in China and Malaysia. Traditional Chinese doctors are working in most mainstream
hospitals in China while each ethnic group, with their own religious and cultural perceptions, has their own traditional healers in Malaysia.

Both countries are facing the challenge of meeting increasing mental health care needs and improving the quality of care with scarce mental health resources and severe shortages of professionals [7, 9, 12, 13].

In China, over-long hospital stays are further issues[14], which are associated with poor community mental health services, while in Malaysia, Community mental health services have been established[7]. Some are run by an increasing number of Non-governmental organizations (NGOs) through public education and awareness raising[13, 15] and day-care centres for psychological rehabilitation[9].

1.4.2 Prevalence of mental illness in China and Malaysia

As with most other countries, the rate of mental illness is increasing in China and Malaysia. Mental health care has been a lower priority for the Chinese government, which reflects in the absence of high-quality, country-specific data for the prevalence, treatment and associated disability of different types of mental disorders in China[16].

Mental illness has been the biggest burden on the Chinese health system, affecting 7% of population, particularly among 15 to 34 years olds[17]. The main three illnesses are schizophrenia, neurological disorders and emotion disorders in psychiatric clinics and hospitals in China[18].

In Malaysia mental health disorders are the fourth leading cause of ill health in the country[19]. According to NHMSIII5, 2006, 11.2% of Malaysian adults aged 16 years and over suffered from mental health problems, with ethnic Chinese experiencing the highest prevalence at 31.1%[20], Indians at 17.2% in 1996[21]. Prevalence among

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5 NHMSIII: The 3rd National and Health Morbidity Survey
children and adolescents has increased to 20.32% (NHMSIII, 2006) from 13% (NHMSII\textsuperscript{6}, 1996) [22].

11% of Malaysian teenagers and young adults, aged 16-24 presented with suicidal ideation which was the highest group, compared to the general prevalence of 6.4%[20]. The suicide rate among ethnic Indians was highest, which was between 30-35 cases per 100,000 people, comparing to 9-12 cases per 100,000 people of the whole Malaysian population[23, 24].

1.4.3 Help-seeking behaviours of Chinese and Malaysian\textsuperscript{7}

Underutilization of mental care services is a major concern in both countries [12, 16] and seeking help from mental health professionals is more likely to be the last resort [25].

Cultural beliefs, together with stigma associated with mental illness, are the major barriers to accessing professional help [26-29].

Traditional medicine and western medicine coexist in Malaysian and Chinese health care systems. A sizeable population visit their traditional healers before consulting psychiatrists [27]. In some Malaysian rural areas especially, modern medicine is not accepted by local villagers [27], therefore, underutilization should be explained as the strong influence of religion or traditional culture, rather than the lack of facilities.

Family is a very crucial resource for supporting mentally ill individuals to recovery in Malaysia and China [24]. In some circumstances, Chinese families have to take the entire responsibility for individuals who are mentally ill, due to financial concerns.

\textsuperscript{6} NHMSII: The 2\textsuperscript{nd} National and Health Morbidity Survey

\textsuperscript{7} See Appendix2 for 'Impact of religion and culture on help seeking behaviours of Malaysian'.

1.5 Mental health context in Britain

1.5.1 Mental health care in Britain

As a developed country, Britain has one of the lowest suicide rates in Europe and one of the highest levels of investment in mental health services\(^{[30]}\) with its for-the-whole-population mental health care system, its well-developed legislation, national policy and high standard of professional training. Over the last decade, mental health care has changed radically with the transformation of mental health care from hospital to community and with an emphasis on early intervention through the National Service Framework and the development of Improving Access to Psychological Therapies (IAPT) programme\(^{[30]}\).

In 2010 the new national vision for mental health in England, New Horizons, was established which sets out a cross-government and cross-sector programme of action to improve the mental health and well-being of the whole population and improve the quality and accessibility of services for people with poor mental health \(^{[4]}\).

Mental health services cost 11% of the NHS annual budget\(^{[4]}\). 0.4% of adults in England have a psychotic disorder and 80% of them are receiving treatment \(^{[31]}\). It is a much larger proportion of people being diagnosed with mental illness and accessing professional help than in China and Malaysia.

1.5.2 Mental health in the BME community\(^{8}\)

Britain is a multicultural society with 6.4 million people in England from minority ethnic backgrounds \(^{[32]}\). People from minority groups are more likely to experience disadvantage and discrimination in every aspect of life, particularly in accessing mental health services, and there is an increased risk of diagnosis of psychoses among black and minority ethnic groups \(^{[33]}\).

\(^{8}\) BME: Black and minority ethnic groups
Awareness of the particularly difficulties facing Black and minority ethnic communities has been highlighted and documented [34] and a number of policy and service initiatives within NHS have been set up to eliminate inequality and discrimination in services for BME groups compared to the White British population [30,32], but the lack of access to effective mainstream mental health service providers for BME groups is still a pressing issue [35-37].

It is widely appreciated that the main issues raised among ethnic minorities are under-utilization of mental health services and delays in help-seeking [32, 34, 38]. Young people from minority ethnic groups have been seen to be more likely to access support at a point of crisis [34] while British South Asian women aged 16-24 years are significantly more likely to self harm and attempt suicide than white women, rarely accessing support [32, 38].

Western approaches to treating mental health, which are based on the understanding of western beliefs of mental illness and mental health needs of western people, are widely recognised as culturally unsuitable, particularly for Asian people [39]. Asian Americans are least likely to access mental health services [40].

Differences of language and culture are considered as main barriers to accessing mental health services and major obstacles in mental state assessment, especially in some emergency presentations. A lack of information of how the health care system works, a lack of understanding of mental illness and the stigma attached to mental illness are also main barriers to accessing mental health services for ethnic minorities.

Fears held by minority groups that they will be misunderstood and mistreated by doctors were expressed by Asian service users as feeling that it is unsafe to share their personal concerns with the service providers. This creates a further barrier to the access of mental health services.

Some issues have been widely recognised and addressed in the area of delivering mental health care to ethnic minorities, including shortages of professionals from minority ethnic
background [34-37, 39], a lack of training programmes in race equality and cultural competence [34, 37], a lack of trained interpreters and the availability of counselling in different languages [34, 37].

1.5.3 Mental health of Chinese and Malaysian communities in the UK

Studies about ethnicity and psychiatric morbidity have been done and have largely focused on Asian and African-Caribbean people, while studies on the mental health needs of the Chinese community are scarce and little has been done to address the mental health needs of Chinese communities, in spite of the number of Chinese migrants. However, specific studies on the Malaysian community are even fewer.

Although there is an understanding of underutilization of mental health services of the Chinese and Malaysian community, the factors involved in utilization of these groups have not been examined in a sufficiently representative sample.

There is no national organization that speaks on behalf of Chinese people as a whole and the Chinese Mental Health Association (CMHA) is the only national organisation dealing with the mental health needs of the Chinese community [35].

Survey ‘Health Survey for England 2004’ has found that Chinese adults were less likely to report limiting long-standing illness, compared with the general population and all other minority ethnic groups, accompanied with low rates of attendance at hospitals, taking less prescribed medicine [41] and being under-represented among psychiatric in-patients [42].

The common mental health issues identified among the Chinese community in Britain are depression, marital issues, anxiety, insomnia, schizophrenia, OCD and phobia. Other issues include parenting issues, domestic violence, bipolar disorder, family issues, eating disorders and gambling issues [35].

Chinese people face a number of challenges including stigma, language barriers, isolation, lack of social support [35, 42], lack of knowledge about statutory services [42]
and discrimination in employment, particularly within mainstream occupations, which could affect their general health and mental health.

**Lack of social support** is another barrier for Chinese migrants to accessing mental health services. A considerable number of Chinese immigrants in Britain are experiencing a lack of social support and social exclusion. They are not integrated into mainstream society and also do not keep very close to each other either [35]. Some of them are living in the margins of this society without knowing about sources of support available. Family may be the only, and the last, resort for them, however, sometimes other family members may be ‘too busy working to care’ [42]. Unfortunately, Chinese carers are feeling ‘very inadequate in attempting to care for (people with mental illness)’ [43], with a lack of access to appropriate information and services and a lack of respite care and support [44].

## 2. Aims and Objectives

### 2.1 Aims

To undertake a mental health needs assessment of the mental health/care needs of Chinese and Malaysian International students at the University of Nottingham.

### 2.2 Objectives

1. To gain an understanding of the epidemiology in international students including:
   - The size of the problem
   - Current services
   - Effectiveness and cost effectiveness of service
2. To analyse views of all key stakeholders
3. To compare what is being done elsewhere
4. To undertake a gap analysis and make recommendations to improve current service provision
3. Literature review

3.1 A critical review of the epidemiological evidence on determinants of mental health seeking behaviour among Asian university students

Although Asian students studying in British universities are generally less likely to seek psychological help or utilise mental health services when facing emotional problems [45], and more likely to prematurely terminate therapeutic relationships with mental health services [45, 46], limited research has focused on Asian university students and interventions still use western psychiatric norms within non-western cultures which poses a problem of ‘category fallacy’ [47].

It is very important to understand Asian university students’ help seeking behaviours to provide effective interventions [48]. For this purpose, epidemiological evidence of factors that determine mental health seeking behaviours among Asian university students were critically reviewed through literature in PubMed Central and Ovid (Medline, Embase and PsycINFO).

Key words and search terms used were: Mental health, <young people or student*>, <university or college or tertiary>, <help seek* or health seek*> and Asia* or Chinese. The searches were limited to journal articles in English, published in the year range 2000 to current. A final total of 18 articles were used for this critical review.

3.1.1 The review and synthesis of the evidence

There is limited published research about assessment of help-seeking seeking behaviour and determinants among Chinese or Asians [49]. Determinants for help-seeking were categorised into: social demographic characteristics, individual, cultural, and structural factors [46, 50-53].

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9 This part was written by Ritah R Tweheyo, who was a student of Community Health Sciences in the University of Nottingham. See Appendix3 for the full report.
**The social-demographic** determinants and barriers attributed to help seeking behaviours were Age [46, 54, 55], Gender [46, 50, 54, 56] and Ethnicity [49, 50]. Minority ethnic groups generally exhibit lower tendencies of help-seeking compared to their white counterparts [54]. There is agreement amongst researchers that Asians have generally lower scores on help seeking for psychological problems [55, 57].

**The individual** determinants to psychological help-seeking assessed were: need, mental health literacy (MHL), personal attitudes, stigma and stigma tolerance.

Negative personal attitudes towards mental health problems contribute towards underutilisation of mental health services [56], with Chinese students more vulnerable [46, 58]. This is because they perceive mental health disorders as personal flaws, depicting them as lacking in will power, hence increased help-seeking stigma [56]. For example, in Hickie, et al (2007), perceived stigma and misconceptions were found higher among the Chinese students at 48% and 39% compared to 7% and 0% in Australian students [49].

Some research postulates adherence to **Asian culture** as a hindrance to psychiatric help seeking [50, 56, 59] and Asian cultural values reduces professional help-seeking behaviours [59, 60]. There are high concerns of ‘shame and face saving’ among the Chinese [53], as traditional Chinese culture espouses a holistic view of body and mind, placing much value on self restraint instead of emotional expression [61]. Thus, Chinese people tend to keep to themselves and shun help-seeking when faced with psychological disorders [53]. As a result, they are likely to be isolated, least likely to receive appropriate resources and help from service providers [62, 63].

**Structural** determinants considered include family, schools, community support systems, referral pathways, health system structures and payment systems [52]. Also cost, inaccessibility of services, difficulty getting an appointment, treatment side effects, lack of confidence in helper, confidentiality and privacy; all determine help-seeking among young people [48, 51, 54].
3.1.2 Conclusions

This review suggests that in designing mental health intervention for university students especially from minority ethnic groups like Chinese, it is very important to understand that traditional complementary treatment may be an important part of services for some people from minority backgrounds. Thus, the need to tap into and make use of alternative complementary culturally based services cannot be overlooked [48].

3.2 Mental health issues of university students

The number of university students with mental health problems is increasing and the severity of problems is also increasing [24, 64-68], but, there is limited reliable data on the rate of mental health problems among the university student population.

There was a lack of information about the understanding of mental health problems among university students in Malaysia [69] as research was focused on medical school students rather than the general student population [65,70].

Recently, a survey conducted in five public universities in Malaysia showed that 34.4% of the Malaysian undergraduate students reported experiencing anxiety and worry [69]. In comparison to that of the general student population, the proportion of medical school students who were suffering more psychological stress or emotional disorders associated with depression or stress was greater at 40% [70-72]. In comparison it was reported that about 10%-30% Mainland Chinese students experience different severity of psychological problems [73, 74], mainly obsessive-compulsive disorder, depression, anxiety, and interpersonal sensitivity [75].

First year students in Malaysian campuses were found to be facing adjustment difficulties caused by academic problems, health problems, financial crisis and social or personal problems. Financial issues were the major problem experienced by majority of the students, followed by academic problems and health problems [76]. Male students showed better adjustment than female students [77].
In Britain, deliberate self-harm (DSH) is identified as one of the key mental health problems affecting students [78]. A study of Oxford University students revealed problems such as academic work, relationships with family, partners and friends were most likely to contribute to self-harm among students [78]. However, the students in higher education are at no higher risk of suicide than the general population [79] and the proportion of UK students reporting suicidal ideation was smaller than those found in other countries such as USA, Switzerland and Australia [79].

In Malaysia, there is some debate about the differences of mental health status among the various ethnic student groups. Some researchers claimed that there was no difference in emotional disorder among Indian, Malay and Chinese medical students despite their different beliefs [65, 70, 80], but Indian undergraduates displayed better mental health in comparison to their Malay, Sabahan or Sarawakian and Chinese counterparts in another study [81], while Malays medical students presented with more pressure than other ethnics groups [71].

There are very few studies about suicide among university students in Malaysia. The biggest population in Malaysia is ethnic Malays, whose main religion is Islam, which strictly prohibits suicide. Suicide in Malaysia is illegal and a criminal act. Therefore, although the Malay and Indian ethnic adolescent are more likely than Chinese to feel sad or hopeless, Malay youth reported the lowest rate in suicidal ideation and attempting suicide [82].

### 3.2.1 Mental health issues with particular regard to Chinese students

In China, mental health of only children students and suicide are major issues on campus.

**One-child policy** has controlled the growth of Chinese population effectively. Consequently, it also brought a huge change in Chinese family structure and parenting patterns. With high psychological attachment, Chinese parents make every effort to
meet the needs of their children and also make considerable demands on their academic performance with high future expectations. Compared with students who are not only children, students from one child families are perceived widely as less able to adjust to the outside world, have poorer self-care ability and lower tolerance of frustration [83-85]. Improving their abilities to cope with stress and frustration is one of the most important tasks of mental health education on Chinese campuses [85]. Moreover, they are more likely to ask for help, but this is perceived negatively in the wider population in the context of Chinese culture [86], probably related to stigma.

**Suicide** is the number one cause of death in Chinese youth [87-89], accounting for 19% of all deaths [87]. The suicide rate of females is higher than that of males and rural rates are threefold as urban rates [88,90].

There is limited published research and no reliable epidemiological data of suicide among university students, however, the concerns about student suicide are increasing. In early 2007, there were five deaths by suicide in Beijing University within 8 days [91]. A provincial educational department showed that at least one student in every university in the province committed suicide in any given year and the figure appeared to be on the rise [92].

There are various factors affecting student suicide such as academic pressure and frustration of relationships, however, the gap between pursuit of academic achievement attached with high expectations and the reality of the economic climate creates considerable pressure and anxiety for students.

### 3.2.2 Help seeking behaviours of university students

Academic-related problems are major stressors for the majority of university students [93] and students are more likely to seek help from those they already know, their friends or families, rather than use any of the university support services [94, 95].
In the UK, the number of students seeking help is increasing [79, 94], which may reflect the raising awareness of seeking help for psychological problems among university students [79].

A survey conducted in four Chinese universities found 13.6% students sought help from mental health services and 37.2% students did not go for help when needed [96]. The effectiveness of mental health services is listed at the top of students’ concerns when deciding whether to access a professional support service rather than the stigma attached to mental health problems [96-98]. 65.8% of the Chinese students showed an interest in seeking help from professional services, while 16.7% of them would not seek help because of fears of discrimination [96], which could affect their employment and further studies.

Only 9.3% of Malaysian students expressed a positive attitude toward seeking professional help, in spite of increased counselling services in universities and the high level of need of students experiencing academic, personal, vocational, social or psychological problems [99]. Female students were more inclined to access alternative treatments and traditional medicines [100].

The underutilization of mental health services among Malaysian students was associated with limited knowledge of services available, lack of awareness regarding the severity of problems, cultural beliefs, stigma associated with mental health problems and negative attitudes towards seeking psychological help [101].

Compared to European American values, Asian cultural values hold a more negative attitude toward seeking psychological help [102], and there was no significant difference in the attitudes among ethnic Malay, Chinese and Indian university students [99].

Perceived barriers to help-seeking behaviours among the university students are stigma attached with mental illness, fears about confidentiality and concerns about seeming weak or feeling embarrassed [95]. Stigma is the major barrier to students seeking help at times of stress [95].
4. Student population in the University of Nottingham

The University of Nottingham is a leading world ranked university with a reputation for world-class research and teaching. With the successful launch of two campuses in China and Malaysia, the UoN has established a new model of globalization of Higher Education and opportunities for student exchanges increased.

Chinese and Malaysian students make up a significant proportion of international students in the University of Nottingham.

Figure 2 Students based in Nottingham (2009/10)

<table>
<thead>
<tr>
<th></th>
<th>No. Home &amp; Island</th>
<th>No. EU &amp; Other International</th>
<th>No. TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>19,387</td>
<td>4,014</td>
<td>23,401</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>3,506</td>
<td>3768</td>
<td>7,274</td>
</tr>
<tr>
<td>No award</td>
<td>792</td>
<td>577</td>
<td>1,369</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23,685</td>
<td>8,359</td>
<td>32,044</td>
</tr>
</tbody>
</table>

(Source from [http://www.nottingham.ac.uk/planning/statistics/Summary%202009.html](http://www.nottingham.ac.uk/planning/statistics/Summary%202009.html))

26% of students based in Nottingham in 2009/2010 were international students and they made up 52% of postgraduate students.

Figure 3 Students based in China and Malaysia (2009/2010)

<table>
<thead>
<tr>
<th></th>
<th>China</th>
<th>Malaysia</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Chinese</td>
<td>Non Chinese</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>3,586</td>
<td>94</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>378</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>3,964</td>
<td>127</td>
</tr>
<tr>
<td></td>
<td>4,091</td>
<td>3,224</td>
</tr>
</tbody>
</table>

(Source from [http://www.nottingham.ac.uk/planning/statistics/Summary%202009.html](http://www.nottingham.ac.uk/planning/statistics/Summary%202009.html))

Increasing number of Chinese and Malaysian students based in China and Malaysia are now also studying at Nottingham.
In the year 2009/10, the number of all Chinese students (from PRC China, Hong Kong and Taiwan) studying at Nottingham was 1694, which made up 20% of international students and 7% of international students were Malaysian. Over 48% of Chinese PRC students were studying postgraduate course.

5. Methodology

5.1 Population

'Students' is taken to mean all those individuals studying full or part time, undergraduate or postgraduate, at the University of Nottingham.

In this project, we focused on the following groups of students at the University of Nottingham.

- Chinese international students
  - Chinese PRC students
  - Students from Hong Kong
  - Students from Taiwan
- British Chinese students
- Malaysian international students
5.2 Health Needs Assessment

Health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities [103].

5.3 Approaches to mental health assessment

Three approaches contributed to MHNA, namely, epidemiological, corporate and comparative approaches.

5.3.1 Epidemiological approach

This approach focused on identifying the number and range of issues of students. Data was collected from the University Health Centre, University Counselling Service and Mental Health Advisor.

5.3.2 Corporate approach

In this part, perspectives and perceptions from stakeholders and students were examined.

Views of stakeholders were collected through formal and informal discussions based on a questionnaire.

Perceptions of students were investigated through a student well-being survey and four discussion groups: Home students, Chinese students, Malaysian students and Mixed Groups students.

5.3.3 Comparative approach

The comparative approach compared mental health services among China, Malaysia and Britain. Meanwhile examples of good practice in other universities were explored.
6. Epidemiological approach

A major barrier was the difficulty in collecting data within University, the local community and health care services where no available data could be used to compare mental health needs of Chinese and Malaysian students. This is because data is recorded in terms of ethnicity, but not nationality.

6.1 The size of the problem

Data sources: data was provided by the University Health Centre, the University Counselling Service and the Mental Health Advisor at the UoN.

6.1.1 Data from the University Counselling Service (UCS)

Statistical data within the University Counselling Service includes the one-to-one provision and the Workshop and Group Programme. Data recorded did not differentiate by nationality. Data for Malaysian international students was not available.

⚠️ One-to-one support

From Figure 5 in the year 2009/10, 4.1% of the whole student population, 4.2% of the home students, 3.6% of the international students and less than 1.9% of the Chinese students used the one-to-one services of UCS. Compared to British students, utilization of UCS for one-to-one support among international students and Chinese students was relatively lower. Chinese students underutilize the Counselling Service for one-to-one support.
Figure 5 Students’ utilization of UCS (09/10) (one-to-one)

<table>
<thead>
<tr>
<th></th>
<th>No. students seen</th>
<th>No. Male</th>
<th>No. Female</th>
<th>No. undergraduate</th>
<th>No. postgraduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese Students</td>
<td>33</td>
<td>10</td>
<td>23</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>International Students</td>
<td>301</td>
<td>97</td>
<td>204</td>
<td>148</td>
<td>153</td>
</tr>
<tr>
<td>Home Students</td>
<td>1005</td>
<td>344</td>
<td>661</td>
<td>868</td>
<td>137</td>
</tr>
<tr>
<td>Total</td>
<td>1306</td>
<td>447</td>
<td>859</td>
<td>1016</td>
<td>290</td>
</tr>
</tbody>
</table>

Figure 6 Mental health issues of students (one-to-one 2009/10 UCS)

<table>
<thead>
<tr>
<th></th>
<th>No. of Chinese students</th>
<th>No. of international students</th>
<th>No. of home students</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>3</td>
<td>17</td>
<td>136</td>
<td>153</td>
</tr>
<tr>
<td>Anxiety management</td>
<td>3</td>
<td>31</td>
<td>112</td>
<td>143</td>
</tr>
<tr>
<td>Low mood</td>
<td>2</td>
<td>24</td>
<td>92</td>
<td>116</td>
</tr>
<tr>
<td>Stress</td>
<td>3</td>
<td>24</td>
<td>62</td>
<td>86</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>0</td>
<td>4</td>
<td>42</td>
<td>46</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>1</td>
<td>3</td>
<td>32</td>
<td>35</td>
</tr>
<tr>
<td>Self harm</td>
<td>1</td>
<td>3</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Serious mental health</td>
<td>2</td>
<td>4</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol/drugs</td>
<td>0</td>
<td>1</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>PTSD</td>
<td>1</td>
<td>1</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Phobic/obsessional</td>
<td>0</td>
<td>1</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Suicidal attempt</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>OCD</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Figure 6 shows the top mental health issues presented by students studying at the UoN were depression, anxiety management, low mood and stress. There were a significantly greater number of British students who reported experiencing alcohol or drugs issues, eating disorders, suicidal thoughts, self harm, PTSD and phobic or obsessional issues, than Chinese students.
**Figure 7** Presenting problems of students (one-to-one 09/10 UCS)

<table>
<thead>
<tr>
<th>Problem</th>
<th>No. of Chinese students</th>
<th>No. of Malaysian students</th>
<th>No. of international students</th>
<th>No. of Home students</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic/work related</td>
<td>10</td>
<td>98</td>
<td>203</td>
<td>301</td>
<td></td>
</tr>
<tr>
<td>Relationships</td>
<td>6</td>
<td>51</td>
<td>165</td>
<td>216</td>
<td></td>
</tr>
<tr>
<td>Language problems</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Adjustment to university life</td>
<td>1</td>
<td>15</td>
<td>27</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Cultural/faith issues</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td>0</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7 shows academic work and relationships were the top issues among the students and the proportion of international students who were concerned about academic work, their financial situation and adjustment to university life was relatively higher than that of home students.

**Figure 8** Sources of referral and contact with other agencies (one-to-one 09/10 UCS)

<table>
<thead>
<tr>
<th>Source</th>
<th>No. self</th>
<th>No. friends/family</th>
<th>No. academic staff</th>
<th>No. health centre</th>
<th>No. mental health advisor</th>
<th>No. others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese students</td>
<td>18</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Malaysian students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International students</td>
<td>158</td>
<td>24</td>
<td>79</td>
<td>31</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Home students</td>
<td>555</td>
<td>77</td>
<td>204</td>
<td>118</td>
<td>5</td>
<td>39</td>
</tr>
</tbody>
</table>

Figure 8 indicates (1) The majority of the students who sought help from the counselling service were self referred; (2) Academic staff are very important referrers for international students in accessing professional support.

### Groups and workshops

**Figure 9** Attendance of Groups and workshops programme of international students

<table>
<thead>
<tr>
<th>Year</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/2009</td>
<td>29.4%</td>
</tr>
<tr>
<td>2009/2010</td>
<td>24.7%</td>
</tr>
</tbody>
</table>
Compared to one-to-one support, international students attended in higher numbers at groups and workshops.

### 6.1.2 Data from Mental Health Advisor

**Figure 10 Students’ utilization of by Mental Health Advisor**

<table>
<thead>
<tr>
<th>Year</th>
<th>Nationality</th>
<th>No. of Seen</th>
<th>Main mental health problems</th>
<th>Main referrers</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08</td>
<td>White British</td>
<td>41</td>
<td>Depression/Anxiety/Psychosis</td>
<td>AS /GP</td>
</tr>
<tr>
<td></td>
<td>Taiwan</td>
<td>2</td>
<td>Depression/Anxiety</td>
<td>AS/School</td>
</tr>
<tr>
<td></td>
<td>Malaysian</td>
<td>2</td>
<td>Depression</td>
<td>School</td>
</tr>
<tr>
<td></td>
<td>Chinese (PRC)</td>
<td>1</td>
<td>Depression</td>
<td>GP</td>
</tr>
<tr>
<td>09/11</td>
<td>Chinese (PRC)</td>
<td>6</td>
<td>Depression/Attempt suicide/Psychosis</td>
<td>CS /GP</td>
</tr>
<tr>
<td>10/11</td>
<td>White British</td>
<td>136</td>
<td>Depression/Anxiety/Eating Disorder</td>
<td>GP/School/DS /Hall</td>
</tr>
<tr>
<td></td>
<td>Chinese (PRC)</td>
<td>5</td>
<td>Depression/Anxiety</td>
<td>GP/Student Service</td>
</tr>
<tr>
<td></td>
<td>Malaysian</td>
<td>3</td>
<td>Anxiety/Depression</td>
<td>School/GP</td>
</tr>
<tr>
<td></td>
<td>British Chinese</td>
<td>5</td>
<td>Depression/ Aspergers Syndrome</td>
<td>GP/CS</td>
</tr>
</tbody>
</table>

(*AS: Academic Support; CS: Counselling Service; DS: Disability Support*)

Figure 10 presents that depression and anxiety are the most common mental health problems among university students. More white British students are experiencing eating disorders than Chinese and Malaysian students, while suicidal ideation of Chinese students should not be overlooked.

Additionally, it also can be seen that GPs and schools are playing a vital role in identifying students’ crisis risk. Particularly, for Malaysian and Chinese students, school or personal tutors are very important referrers.

### 6.1.3 Data from the University Health Centre (UHC)

**Figure 11 Patients registered with UHC aged 18-28 currently**

<table>
<thead>
<tr>
<th>Nationality</th>
<th>No. of total</th>
<th>No. of with mental health code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>3587</td>
<td>27</td>
</tr>
<tr>
<td>Malaysian</td>
<td>409</td>
<td>0</td>
</tr>
<tr>
<td>British</td>
<td>13238</td>
<td>643</td>
</tr>
</tbody>
</table>

10 This group of students were seen by the mandarin speaking Mental Health Project Worker working along the University Mental Health Advisor.
Patients who registered with UHC can be current students in the UoN, university staff and their families and students who have left the UoN. The groups were categorized by their ethnicity. Data held by the Health Centre was therefore difficult to incorporate.

6.2 Current services

6.2.1 Mental health support services on-campus

![Mental health support services on-campus diagram]

Figure 12 Mental health support services on-campus

6.2.2 Mental health services off campus

| Hospital In-patient Care                        |
| Department of Psychological Medicine            |
| Crisis/Home treatment Team                      |
| Community Mental Health Team                    |
| Early Intervention Service                      |
| Other Specialist services                       |
6.3 Case studies

Jun, a female Chinese PHD student, started hearing other people’s voices in her head, making comments about what she was doing, after having an unhappy experience with her friends. She was isolated and under pressure from her studies and was trying to manage this on her own. She was able to sometimes tell her mother about the other people’s comments. After delaying for over 1 year, she eventually went to the University Counselling Service after her mother realised she may have a mental health problem and advised her to see a psychologist. She was referred to her GP by the Counselling Service, then on to a psychiatrist in the Early Intervention Team. The Early Intervention Team contacted the University Mental Health Advisor (MHA) who then involved a mandarin-speaking mental health support worker who supported, and worked with Jun, to establish effective treatment.

The psychiatrist and the care co-ordinator valued and respected the support from the Chinese worker which helped them to understand and work positively with the cultural differences and communication issues.

Jun was advised to suspend her studies and returned back home with ongoing medication. She was also given the contact details for a psychiatrist in China. Her parents, however, did not want to take her to see a psychiatrist at home, which delayed contact with professional support in China. After Jun returned to her studies, the University academic supervisor, was supported by the Chinese project worker in establishing a more effective working relationship with Jun.

Jun was able to eventually gain good insight into her mental health enabling her to manage herself effectively and was able to complete her doctorate.
Lin was a Chinese male Masters student. He felt isolated after arriving in Nottingham and found a girl friend to keep him company but unfortunately the relationship did not last long. After the relationship ended, he started getting depressed but pretended he was ok. Finally, he locked himself in his room without any social contact and attempted suicide. After a few months' struggle and hesitation, he decided to seek help. He presented to his GP in crisis after a suicide attempt and was referred to the Crisis Team who admitted him to the assessment ward in the local hospital. The Crisis Team nurse referred him to the Mental Health Advisor who involved the mandarin-speaking mental health support worker.

He felt ashamed of his mental illness. ‘If I were not well physically, I could tell my parents and my friends, but now, I got a mental problem, which is a huge shame. I can't tell anybody including my parents.’ The mental health support worker helped him understand mental illness and challenge the stigma, and introduced him to the Chaplaincy in the University and Chinese society where he could meet friends and become more socially active. He recovered quickly with the medical treatment and social support, especially from the chaplaincy with its volunteer network which offered him more flexible support, such as home visits, hospital visits, taking him to see doctor or shopping and motivating him to socialize.

However when Lin returned to China on holiday, his parents persuaded him to stop his medication because they did not accept their son had a mental illness and sent him to see a Traditional Chinese Medicine doctor who explained his depression as ‘weakness of physical body function’ and prescribed him herbal medicine.

After six weeks, he returned to the UK where he disengaged from all the support and his mental health deteriorated, resulting in his re-admission to hospital for depression.

Tong was a Chinese male undergraduate student from a rich family, who was under considerable pressure from his parents’ high expectations for his academic performance.
He became depressed and was absent from his course and escaped the reality of his situation via internet gaming. A few months after, he was introduced to the Counselling Service by his personal tutor and referred to the mental health support worker who was a mandarin speaker. ‘I couldn’t understand the counsellor because of the differences of the language and culture.’ ‘The suggestion she gave to me may be more suitable for British students, but not for Chinese. We have different culture and different understanding.’ He was also worried about that he could be labelled as a ‘mental person’ when he went to see the counsellor. ‘Before walking into the counselling service, I have to think about how to answer the questions the counsellor is going to ask me; after leaving the room, I am worried how I will be labelled.’

With his permission, the mental health support worker contacted his mother and was able to explain his worry and concerns. Finally, understanding and communication between parents and the son were very much improved.

Xiao a Chinese female undergraduate student, was very anxious about her coursework and felt insecure after experiencing a racist attack during the University holiday period. She did not report the incident to the police and did not know where she could seek help and went to the hospital, but was told she should go to see a doctor for her mental health problem. She was very upset with the response from the hospital. She went to see her GP in the University Health Centre and was referred to Mental Health Advisor and was also introduced to the Off Campus Liaison Officer who advised and supported her with regard to the attack. Her school delayed the deadline of her course after discussion with the Mental Health Advisor. After a few weeks, she recovered and was able to catch up with her study.

Ahmad was a Malaysian male undergraduate who was referred to the University MHA by his school who were concerned that he was struggling with problems connected to harassment by a friend. Ahmad was supported in using the University dignity process to resolve the issues with his friend. He felt a strong responsibility to his friend
and found the process difficult but was able to use the support offered to manage the situation.

Ahmad was re-referred to the MHA by the school after he began to struggle increasingly with his work. He became avoidant and was difficult to see and support. This was partly due to the pressure to succeed in his studies, which was to some degree due to the sponsorship he received from his government.

Ahmad had a good network of friends within his community and was well supported socially but became increasingly avoidant of the school. The MHA tried to help him to progress with his studies and he welcomed the support but found it difficult to stay engaged. This led the MHA and Chinese Project worker to eventually visit his home to ensure he was safe and prevent him from failing his studies. With on-going pro-active support Ahmad was able to eventually complete his degree.

6.4 Effectiveness and cost effectiveness of services

There is very limited information available about the cost of services for Chinese and Malaysian international students.

As we have noted, the number of international students in UK higher education is increasing and they account for over 40% of UK postgraduate students[104], with Chinese international students representing the largest group. Meanwhile, Malaysia, Hong Kong and Taiwan are also among the top sending countries of international students to the UK[105]. However, despite this, there is very little information directly related to the Chinese and Malaysian student population. We reviewed some literature from overseas, where international students are in a non-UK environment, such as America, Australia and New Zealand and we found more studies available in America.

Many studies have shown that although international students are experiencing more difficulties, they are less likely to use counselling services than home students[106, 107] and tend to present physical symptoms, such as tiredness, or inability to sleep[108, 109].
Students from a country with more dependence on alternative, non-western approaches to health care show less inclination to use professional support [110]. Furthermore, students from PR China were found to significantly seek less help than students from Malaysia, Singapore and Indonesia[106].

In the UK, online information for Chinese international students about the British health care system is provided by some universities, e.g. Queen Mary University of London, UoN. The Wah Sun helpline, promoted by some Universities in England [111], run by the Chinese Mental Health Association, is a voluntary organisation which Chinese international students can access to receive culturally appropriate mental health support but there is a charge for the counselling service [112].

7. Corporate approach

7.1 Views of stakeholders

7.1.1 Methods

Views of stakeholders were collected by questionnaires and semi-structured interviews.

- One-to-one interviews
- Questionnaires were distributed to: doctors via the BAHSHE\textsuperscript{12} conference, Nottingham Early Intervention Team and the Crisis/Home Treatment Team.
- Regular meetings of the steering group.
- Contact with networks via email.

Stakeholders included mental health professionals, doctors, social workers and University staff working with international students.

\textsuperscript{11} See Appendix 4 for Stakeholders’ questionnaire
\textsuperscript{12} BAHSHE: British Association of Healthcare Services for Students in Higher Education
7.1.2 Views from stakeholders

I. Use of support services by Chinese and Malaysian students

- The majority of stakeholders identified Chinese or Malaysian students they had had contact with who they felt had mental health problems. However they also said that these groups of students rarely present with these problems, especially, Malaysian students.

- Chinese students are identified by stakeholders as more likely to delay seeking help until they are in crisis.

II. Main mental health problems experienced by Chinese and Malaysian students

- Anxiety, depression and feeling stressed were most commonly identified.

- Less common problems including alcohol use, gambling and illegal drug use, were also found among Chinese and Malaysian students.

III. Main causes of mental health problems among Chinese and Malaysian students

- Cultural transition, pressure from academic work, high expectations of family or parents were identified as main causes of students’ mental health problems.
• Language barriers, financial pressure, social isolation, loneliness, or relationships with other people, and an unfamiliar support network could be triggers causing student stress.

• It was emphasised that there were complex reasons, not only academic work, that contributed to students’ mental health problems. The reasons for each student’s problems are individual, but a common issue is not knowing how to deal with difficult situations.

• Conflicts between family members were also a stressor for some Chinese students.

IV. Challenges and barriers

Most of the stakeholders recognized that Chinese and Malaysian students are facing various barriers to accessing support services. Inevitably, these barriers also lead to great challenges when delivering mental health support to these groups of students.

Challenges and barriers identified by stakeholders were:

• Cultural differences in understanding of mental ill-health and behaviours;
• Language and communication difficulties, particularly in the process of talking therapy treatment, as emotions need to be expressed accurately;
• Stigma associated with mental illness;
• A family’s reputation and fear of disgrace;
• Lack of knowledge of the NHS system and not sharing the western medical model;
• Fears that academic work would be affected and fears of being reported to family or authorities;
• Lack of knowledge of counselling or confidentiality;
• Lack of ability to own up to difficulties and non-engagement of students;
• The appointment system could deter some Chinese students.

V. Suggestions for improving support services
Stakeholders addressed priority issues to improve support services:

- Breaking down stigma;
- Increasing awareness of services available;
- Raising awareness of mental health wellbeing to all international students from different health care systems;
- Developing communication channels and understanding between western professionals and students via:
  - Staff training course regarding (1) cultural beliefs or mental health care practices in China and Malaysia, (2) how to identify mental health problems in the culture context, (3) how to help students understand the western approach to mental health issues (4) how to communicate with Chinese students.
  - Employing mental health care professionals who are bilingual and can understand cultural issues
  - Providing clear information about services in the UK in Chinese
- Providing pre-arrival information and introductory resources, particularly designed and targeted for Chinese students;
- Other suggestions included creative ideas to engage students, information in Mandarin provided in hospitals, providing information via videos.

VI. Other issues raised by stakeholders

- Worries about accidentally offending international students were raised.
- The accessibility to some services can be limited by funding constraints for these groups of students.
- More consideration should be given to foreign students, who often find themselves marginalised in group discussion, including poor eye contact. Inclusion is vital because it will increase self-worth and sustain confidence and eliminate mental health difficulties.
7.2 Students well-being survey

7.2.1 Introduction and respondent profile

Student Services commissioned the Survey Unit to conduct a survey of students’ views about accessing support at times of stress, especially mental health services, which evidence suggests are underused by some groups of international students.

All students studying in the UoN were invited to respond to a web based questionnaire via email.

The survey was live between 1st November and 1st December 2010. A total of 2,400 responses were received, a response rate of 9% (Figure 14) and over 70% of the respondents were undergraduate students and 64% of them were female (Figure 15).

<table>
<thead>
<tr>
<th>Number of emails sent</th>
<th>Emails returned as undeliverable</th>
<th>Number of returns completed</th>
<th>Response Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27,212</td>
<td>60</td>
<td>2400</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondents by gender and student status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
</tr>
<tr>
<td>n</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Findings are presented in the form of tables or chats. Where percentages are quoted, these are rounded to the nearest whole number and so may not always total exactly 100%.

See Appendix 5 for Student Well-being Questionnaire
The 30% of respondents saying that English was not their first language represented more than 25 languages other than English, and 45 Schools or Department within the UoN. Nearly two thirds of respondents were ‘home’ students, a further 10% were EU students and 27% had international (non-EU) status.

For the purpose of the project, we examined the data of the whole student population, White British students, Chinese (PRC)\(^\text{14}\) students, Malaysian students and non-mainland Chinese students (students from Hong Kong, Taiwan and British Chinese students). Data for all ethnicity groups is also available.

**Figure 16 Response ethnicity**

<table>
<thead>
<tr>
<th>Ethnic group (self identified)</th>
<th>n</th>
<th>% of the total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>1334</td>
<td>56</td>
</tr>
<tr>
<td>Chinese (PRC)</td>
<td>200</td>
<td>8</td>
</tr>
<tr>
<td>Chinese (British, Hong Kong, Taiwan)</td>
<td>73</td>
<td>3</td>
</tr>
<tr>
<td>Malaysian</td>
<td>68</td>
<td>3</td>
</tr>
<tr>
<td>All students</td>
<td>2400</td>
<td>100</td>
</tr>
</tbody>
</table>

7.2.2 Results

**Section A: Students’ contact with GP or a counsellor during the past 12 month**

**Figure 17 Students’ contact with GP or a counsellor**

<table>
<thead>
<tr>
<th>% Registered with GP</th>
<th>% Consulted a GP</th>
<th>% Contact with a counsellor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHC Off campus</td>
<td>CHC Off campus</td>
</tr>
<tr>
<td>All students</td>
<td>63</td>
<td>24</td>
</tr>
<tr>
<td>Chinese (non-mainland)(^\text{15})</td>
<td>73</td>
<td>10</td>
</tr>
<tr>
<td>Chinese (PRC)</td>
<td>48</td>
<td>4</td>
</tr>
<tr>
<td>Malaysian</td>
<td>75</td>
<td>16</td>
</tr>
<tr>
<td>White British</td>
<td>65</td>
<td>31</td>
</tr>
</tbody>
</table>

Figure 17 shows students from mainland China appear to have least contact with services while Malaysian students and non-mainland Chinese students made less use of counselling services than other groups.

\(^{14}\) Chinese (PRC) students refer students from People Republic of China (mainland China).

\(^{15}\) Chinese (non-mainland) refers students from Hong Kong, Taiwan and British Chinese students in this study.
Section B: Sources of pressure

Figure 18 Sources of pressure during time at Nottingham

Figure 18 indicates that:

1. Major pressures for university students are academic work, financial concerns, worries about their future. University students have more concerns about relationships with their friends than relationships with academic staff or their families.

2. Interestingly, PRC Chinese students expressed the least worry about academic work among all student groups.

3. The majority of the students identified the future as a source of anxiety, while white British students have much less concern about this than Chinese and Malaysian students.

4. Chinese and Malaysian students have more concerns about their relationships with academic staff than white British students.
5. In comparison with Malaysian students and White British students, students from mainland China are less likely to see social friendships as important.

Section c: Strategies to cope with stress

Figure 19 Strategies to cope with pressure

Figure 19 shows:

1. The majority of the students are most likely to do something to distract themselves from pressure at times of stress.
2. Talking to someone is perceived a very common strategy adopted by university students to deal with stress.
3. Comparing to White British students and Chinese PRC students, students from Malaysia and non-mainland China are more likely to talk to someone to deal with stress, while White British students have more tendency to use alcohol or drugs to cope with pressure than Chinese and Malaysian students.
4. Additional comments made by students about the strategies to cope with stress include doing exercise and socialising with friends.

Section D: Reasons for non-engagement of support services

Figure 20 Reasons for non-engagement

<table>
<thead>
<tr>
<th>Reason</th>
<th>All</th>
<th>Chinese (British, Hong Kong, Taiwan)</th>
<th>Chinese (PRC)</th>
<th>Malaysian</th>
<th>White British</th>
</tr>
</thead>
<tbody>
<tr>
<td>They think that they should be able to deal with this by themselves</td>
<td>85</td>
<td>80</td>
<td>70</td>
<td>80</td>
<td>85</td>
</tr>
<tr>
<td>They don't think that the services will be helpful</td>
<td>70</td>
<td>70</td>
<td>70</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>They don't think that they have a problem</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>They think that other people will have a negative opinion of them</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>They don't know about the services available</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>They think that they wouldn't be understood because of differences in language or culture</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>They don't trust the service to keep information about them confidential</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Figure 20 suggests:

1. A strong belief that people should be able to ‘deal with problems by themselves’ was expressed across all of the ethnic groups.
2. The majority of students were worried as to whether services would be helpful. This was greater than concerns about confidentiality.
3. Chinese and Malaysian students showed significantly more concern about differences of language and culture than White British students.
Section E: Getting help - sources of potential personal support

Figure 21 Sources of potential personal support (I would be likely to do this)

From figure 21, we can see:

1. University students perceived friends as the first potential source to seek help, followed by family members, while Chinese PRC students would be less likely to use these two sources than other student groups.

2. PRC Chinese students showed more concern about using other services, such as GPs, counsellors, tutors, International Office and internet discussion groups than other groups, but these were still low percentages.

3. Internet discussion groups were seen as the last place to go when students felt stressed though students from mainland China showed much more interest in Internet discussion groups than other student groups.
4. The largest proportion of students who would be likely to ask a church or Faith advisor for support is non-mainland Chinese students, of whom 30% would take this course of action.

5. Malaysian students are the least likely to seek support from services, among all the groups.

Section F: Students’ awareness of support services in UoN

Figure 22 Awareness of support services

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>Chinese Non-mainland</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>Chinese PRC</td>
<td>47</td>
<td>43</td>
</tr>
<tr>
<td>Malaysian</td>
<td>69</td>
<td>31</td>
</tr>
<tr>
<td>White British</td>
<td>70</td>
<td>30</td>
</tr>
</tbody>
</table>

Figure 21 indicates that White British students and Malaysian students are significantly better aware of the existence of support services than Chinese students (both, non-mainland and mainland).

Section G: Students’ use of support services

Figure 23 shows that

1. The Tutor and academic staff support system is the most used by students, while the University Health Centre was the second place where students seek help at times of stress.

2. Chinese PRC students are more likely to seek help from their tutors or academic staff and the International Office than other groups of students.
3. Chinese and Malaysian students have used more Church and Faith support services than White British students. In contrast, White British students made more use of GPs and Counselling Services than Chinese and Malaysian students.

4. Overall, Malaysian students showed the least use of university support services, except for tutors and academic staff.

5. Other services used for personal support by the University students include several off campus organizations, such as specialist mental health services, and on campus support including the Student Union run Nightline (which was also mentioned very positively by participants in the discussion groups).

**Figure 23 Utilization of UoN support services of students (used)**

**Section H: Students’ willingness to accept a workshop or one-to-one support from The Counselling Service**

Figure 24 indicates that compared to workshops and group programmes, students prefer face to face individual support from the Counselling Service, while mainland Chinese
students and Malaysian students showed significant interest in workshops compared to other student groups.

Figure 24 Students' willingness to accept a workshop or one-to-one support

![Figure 24 Students' willingness to accept a workshop or one-to-one support](image)

Section I: Information of the support services in UoN

Figure 25 How students find out the services in the UoN? (%)

<table>
<thead>
<tr>
<th></th>
<th>University Welcome Week</th>
<th>University Website</th>
<th>Brochures</th>
<th>Friends</th>
<th>Tutors or other academic staff</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>32</td>
<td>25</td>
<td>16</td>
<td>8</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Chinese (Non-mainland)</td>
<td>25</td>
<td>33</td>
<td>25</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Chinese PRC</td>
<td>28</td>
<td>31</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Malaysia</td>
<td>19</td>
<td>50</td>
<td>6</td>
<td>6</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>White British</td>
<td>32</td>
<td>21</td>
<td>15</td>
<td>6</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>

Figure 25 shows that University Website is a vital source for Chinese and Malaysian students to know about support services around the University and Welcome Week organized by International Office is also a main source of information.
Section J: Students’ overall feeling of wellbeing

Figure 26 shows Malaysian and White British students have the highest wellbeing scores whilst Chinese students show the lowest (both from mainland and non-mainland of China).

![Figure 26 The Short Depression-Happiness Scale (SDHS)\(^{16}\)](image)

7.3 Focus groups\(^ {17}\)

Four discussion groups took place in the Survey Unit with UK ‘Home’ students; Malaysian students; Chinese students, and a ‘mixed’ group of students (Figure 27). Participants were presented with a scenario that might be experienced by an international student.

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\(^{16}\) See Appendix 8 for the results of the analysis of the Short Depression-Happiness Scale (SDHS)

\(^{17}\) See Appendix 6 for the full report and Appendix 7 for Scenario of discussion groups.
during their first term at Nottingham, and invited to comment on the scenario and discuss the issues that each group raised, or identified as important.

| Figure 27 Composition of the discussion groups |
|-----------------|---|---|---|---|
|                | Year 1 | Year 2 | Year 3 | All |
| China          | 4      | 3      | 2      | 9   |
| UK Home        | 2      | 4      | 2      | 8   |
| Malaysian students | 2  | 2      | 6      | 10  |
| Other (mixed group) | 3 | 6      | 2      | 11  |
| **Total**      | 11     | 15     | 12     | 38  |

7.3.1 The experience of loneliness and isolation

- Students raised issues about a sense of feeling lost and disconnected from the rest of the community, particularly those arriving alone.

- Chinese students presented difficulties in adapting to English student life, described as the "pub and drink" culture.

7.3.2 The importance of expectations for international students coming to Nottingham

- Some Chinese and Malaysian students expressed disappointment that some of their expectations about coming to Nottingham were not met, such as no free hot water supplied on campuses and too high a fee to join the University Gym.

- Anxiety about meeting the required standard for university was raised as a significant issue in the discussion groups.

- A more generalised anxiety about how to behave in different situations was reflected, such as concerns about not knowing what to do if 'something goes wrong'.

7.3.3 Finding solutions to problems as a new comer to the Nottingham University
- Going to the doctor was suggested by several participants as a possible route to take for students who are new to Nottingham and are experiencing problems.

- Malaysian students appeared to be least likely to avoid social contact when dealing with stress. Support networks that encourage social contact may be one way to address problems of stress and isolation.

- It is worth noting that students from the mainland of China (PRC) are less likely to regard family members as potential sources of support, compared with other ethnic groups.

### 7.3.4 Awareness of avenues of support

- Home students have a better understanding of support services available on campus than Chinese students.

### 7.3.5 Barriers to students seeking help

- Language barriers were cited in the discussion groups as a significant reason why an international student might not seek help for the way that they feel. Students may feel awkward in situations where conversations are difficult to follow, and this problem may be compounded in a learning situation (classes and seminars, for example.)

- Support services for mental health issues were perceived as ‘last resort’ by students. Malaysian students said they ‘don’t trust’ the counselling service.

- Stigma attached to mental illness was discussed as a barrier to accessing support services amongst the four groups.

- Malaysian students cited a cultural value of not discussing issues relating to mental health.
• Chinese participants appeared to be more uncomfortable with the topic than the other groups.

• Issues around confidentiality and anonymity were raised as potential barriers to students seeking help.

7.4 Issues raised by other student groups

• Dual heritage students identified concerns about academic work and financial issues as sources of stress among all the students groups.

• Dual heritage students are considerably more concerned about relationships with their families than other group of students.

• UK students are more likely to use alcohol or drugs to deal with stress than international students, particularly than non-EU international students.

• Dual heritage students are most likely to cite lack of knowledge of services as a reason for non-engagement with services.

• Over half of Asian or Asian British, Black or Black British, Other Asian background and other ethnic background students are concerned about differences in language or culture when they seek professional help, with a highest rate, 65%, of other Asian background.

• Dual heritage students have the greatest doubts about how to access an appropriate service.

• Black or Black respondents are most likely to say they perceived Church and Faith advisors as a source of personal support.

8. Comparative approach

8.1 Mental health care in Chinese Universities

The lack of mental health services is an urgent problem on Chinese University campuses. The shortage of mental health professionals leads to a higher risk of under detection and inadequate intervention[113]. There is still debate as to whether mental health support
should be a part of political education or not. However, mental health support networks that are comprised of professionals, political tutors, academic staff or trained student peer groups, have been established in most universities.

Currently the main content of mental health education in HE in China has been set up around four approaches based on the psychological health of university students.

- To improve knowledge, and raise awareness of, mental health via compulsory mental health courses and seminars or networks;
- To improve university students’ psychological adjustment skills and their frustration tolerance;
- Political tutors should play a positive role in promoting mental health and establish close connection with counselling services (also called Mental Health Education Centres).
- To establish students’ mental health files and mental health screening for freshers and refer students with serious mental illness to the professional health institutions or hospitals[114].
8.2 Mental health care in Malaysian Universities

In Malaysia, school counsellors can be dated back to 1960s, when they were called ‘guidance teachers’ or ‘guidance and counselling teachers’, the major focuses being on students’ academic-related issues, discipline and career development. After 1996, students’ psychological and mental-health-related issues were added into the scope of school counsellors[115]. As a relatively new profession, there is a lack of theoretical input and a lack of multicultural counselling training programmes [115].

In the University of Malaya, The Counselling and Guidance Unit is under the Student Affairs and Alumni Division, which emphasises that learning opportunities for personal growth and expanding students’ potential are provided by the service. There are three main aspects of services provided individually or by groups. They are academic related issues, career issues and personal problems. Support programs in the University of Malaya include Interpersonal Self-Management Counselling, Academic Counselling, Career Counselling, Career Exploration Workshop, Academic Skills Workshop, Group
Counselling, Resource Room, Student Welfare Fund Scheme, E-Counselling on UMSIS Web and PRS (Pembimbing Rakan Siswa- ‘Student Mentor Partners’) Workshop, which appoints students to help and assist their fellow peers[116].

The UoN Malaysia Campus provides services comparable to the UoN UK.

### 8.3 Good practice

#### 8.3.1 The University of Nottingham

With awareness of the importance of students’ health and wellbeing, the UoN is providing high-quality, supportive services to their students.

‘Students and staff from different backgrounds and with different circumstances may have particular needs and we will embed in all our practice particular regard for these needs.’  

‘We aim to offer the best possible student experience, at all levels of study and, as a result, produce the best possible graduates.’

‘Expand the Healthy Campus programme, encouraging health promotion and adoption of healthier lifestyles among students and staff.’

*The University of Nottingham Strategic Plan 2010-2015*

**International Office**

The International Office plays a key role in helping international students adjust to a new life in the UK and to integrate into British Culture.

Examples of best practice in terms of services offered by the International Office include:

- A free residential Welcome Programme for all new international students immediately before the start of term (including a coach pick up service from the airport)
- A mailing list used to keep international students connected and engaged with what is happening on and off campus

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18 117. Strategic Plan 2010-2015, The University of Nottingham.
19 117. Ibid.
20 117. Ibid.
• A co-ordinated programme of trips and events to encourage students to enjoy their time in the UK

• Schemes designed to promote integration with the wider UK community, the local community and across the University (Host, Family Link and Culture Vulture). ‘Culture Vulture’ is being developed to promote contact between current international students and home applicants with a view to information sharing between the two groups in the hope that links will be developed, and friendships formed, upon the arrival of the home students at the University

• Free language classes for spouses and partners of students and special events for students and dependant family members are offered, to ensure that family members are also integrated and develop support networks.

**Counselling Service - Groups and Workshops programmes**

The Counselling Service provides mental health professional support to all the university students and staff via one-to-one counselling and workshops.

A significant part of the University’s Counselling Service provision is the annual programme of workshops and groups. For many students, joining a group or taking part in a workshop is the most appropriate way for them to resolve their difficulties. It is helpful to appreciate that others experience similar problems, and students gain self confidence by supporting one another. Studying at University requires students to participate in many different group situations and the skills required are used as a basis for future life.

According to the student statistics for 2010/2011 within the University Counselling Service, international students were well represented at workshops programmes.

Workshops for students included Assertiveness, Staying Calm, Life skills for handling stress and pressure, Mindfulness, Perfectionism and Procrastination, and Self-Esteem.

**Chaplaincy and Faith Support** organizes a number of activities specifically for international students, regardless of their beliefs, such as Global Café, trips, Bible Study,
CAMEO (Come And Meet Each Other) and Mosaic, aiming to creating opportunities to help international students socialise and practise English. Compared with other support services, the chaplaincy with its volunteer network provides more flexible support for the international students who need help individually, for example, home visits, hospital visits, socializing, shopping......

**Professional Development Department** organize various training courses for university staff and students to gain better understanding about cultural difference and raising cultural awareness, for example ‘Communicating with people from different cultures’ and ‘UK Culture & Society for International Staff & Students’.

### 8.3.2 Projects to support Chinese students and Chinese communities in Nottingham

Joint projects are being established by the School of Contemporary Chinese studies and NoWe Community International. With broad themes such as global citizenship, cross-cultural communication and university students’ engagement with Chinese communities, the projects are targeting new-arrival Chinese international students and Chinese communities in the UK to help them integrate into the British culture.

(Source: https://sites.google.com/site/nowecommunityinternational/)

### 8.3.3 Portsmouth Counselling Service (PCS)—Cross Culture Counselling Project

This project is funded by the Big Lottery for 5 years from their Reaching Communities fund from 2007 to 2012. It is aiming to improve the accessibility of Portsmouth Counselling Services to all communities and developing a cross culture counselling service through recruiting a fully diverse, local, volunteer counselling team, training people from black and minority ethnic communities as interpreters and active listeners, and integrating them at service delivery level.

(Source: http://www.pocounsellingservice.org.uk/)
8.3.4  SOAS

‗Home away from home‘ Project- A student centred support model and project for newly arrived international students

The project, focusing on newly arrived international students, was set up from Oct 2009 to March 2010, and aimed to develop an international student-centred support model. At the beginning of the academic year, new international students were recruited to attend weekly meetings in the first term, in which they could share experience and feelings. Isolated students were identified and targeted via the University ‘Wellbeing Week’ events and emails. Furthermore, under the banner of ‘International Student Wellbeing workshops’, a series of three sessions was held in the second term.

Although there were some challenges in this project, such as timescales, delivery of the plan, it was much appreciated by international students and isolated international students with unawareness of, and unwillingness to access services, were ‘picked up’ successfully.

International students were also able to develop into a resource for each other, through sharing their own experience and difficulties, especially former international students, rather than being a group to be ‘helped’.

8.3.5  The University of Melbourne - Crossing Culture Counselling

With high sensitivity of cultural understanding, at the University Counselling Services in the University of Melbourne, Crossing Culture Counselling is provided by a group of professionals who are from a wide range of backgrounds. This multicultural team consists of counsellors, psychologists and social workers who are divided into three groups: Counsellors team, Locum counsellor team and Student counsellor team.

The large multi-cultural team of counsellors provide individual counselling, group counselling and workshops; the Locum counsellor team provides for home visits. When
making appointments, students can request help from someone from a similar cultural, religious or identity group background. There is an international counsellor is to help students to adjust to the Australian culture[118].

"For instance, an international student from China might like to meet with a person who speaks Mandarin, who has lived or visited China, and understands the values of their community." 21

"For students who are making the transition from another country to study temporarily or to settle permanently in Australia, there is an International Counsellor, who is particularly familiar with issues of cultural adaptation." 22

Information, and a video about mental health and counselling services, are provided on counselling services websites.

(Source: http://cms.unimelb.edu.au/studentservices/counsel/individual/cross_culture)

8.3.6 Okanagan College- Mandatory Cultural Liaison Program

Okanagan College in Canada keeps in close contact with students through a team of cultural liaison officers who can speak Cantonese, Mandarin, Spanish, Korean and Japanese[119]. They check on the students to see if they are making friends, eating properly and settling in[119]. Cultural Liaison staff help students by bridging the language gap. They assist students during orientation at the beginning of the semester and provide ongoing help and consultation throughout their time at Okanagan College (Fine, 2008). Meanwhile, Student Life Coordinators have strong link with the team of Cultural Liaison to facilitate contact with International students.

The Cultural Liaisons have regular office hours (4 + hours per week). They also assist with Orientation for new students (in their mother tongue). During the first two months of classes, all new students meet with the Cultural Liaisons twice. The Cultural Liaisons are also available to all students for general meetings, in emergencies, medical visits, etc.

21 http://cms.unimelb.edu.au/studentservices/counsel/individual/cross_culture
22 http://cms.unimelb.edu.au/studentservices/counsel/individual/cross_culture
The Cultural Liaisons are workers who were born and raised in other countries, who have moved to Canada. They therefore have a good understanding of both countries; their cultures, language and education systems and can help students settle to study in Canada.

9. Discussion

9.1 Mental health issues of Chinese and Malaysian international students

9.1.1 Students’ overall feeling of wellbeing when studying at Nottingham

The scores of SDHS\(^{23}\) showed that Malaysian international students’ overall feelings of wellbeing are the best among all groups of students, while Chinese students (both mainland and non-mainland China) presented less positive statement of their feelings of wellbeing. Chinese students (both mainland and non-mainland China) are more concerned about their future than Malaysian and White British students. This could be a reflection of social issues in China, for instance, a national feeling of uncertainty amongst Chinese people and an increasingly competitive job market for graduates.

9.1.2 Chinese students are experiencing less pressure from academic work than other student groups?

For the majority of university students, academic work is the major pressure, but students from mainland China presented as less worried about their academic work than White British students and Malaysian students in this survey, which is a contrast to the views of stakeholders and to what we expected to find.

\(^{23}\) SDHS: The Short Depression-Happiness Scale (SDHS)
The time of the survey was a period when students were busy preparing for exams. Students from mainland China are educated in a highly competitive, examination-oriented education system with a strong focus on study and academic performance, involving continual assessment. Chinese students are encouraged to prioritise their studies by school and home, with little emphasis being given to free time or leisure. These experiences are likely to give Chinese students (mainland) greater tolerance of study and examination pressure than White British students.

9.1.3 Mental health problems of Chinese and Malaysian students

As with all international students, Chinese and Malaysian students are likely to experience loneliness and isolation when they arrive in Nottingham. Anxiety, depression and feeling stressed are the most common mental health problems among Chinese and Malaysian international students. While it has been found that cultural transition, language barriers and the new support network contribute to these mental health problems, for Chinese students a significant trigger is the high expectation of family or parents which is increased by the only child policy implemented in China.

Interestingly, obsessive-compulsive disorders have a high prevalence on Chinese campuses [73, 74], but only few stakeholders mentioned they have worked with Chinese students with OCD and they did not present to the UoN Counselling Service with this in the past year. The lack of students presenting with OCD may be linked to the barriers to services in the UK already discussed.

Other less common mental health problems among Chinese and Malaysian international students were found, including internet addiction, gambling, alcohol use and illegal drug use.

9.2 Help seeking behaviours of Chinese and Malaysian students

As with the majority of the university students, Chinese and Malaysian students are the most likely to do something to distract themselves from pressure at the time of stress.
Malaysian students and non-mainland Chinese students perceive talking to somebody they know or somebody they trust as a more common strategy to deal with pressure than mainland Chinese students. Therefore, in comparison with mainland Chinese students, Malaysian students and non-mainland Chinese students are more likely to consider social friendships as an important support source and tend to seek help from family and friends rather than professionals.

Mainland Chinese students showed less involvement with their friends and families than Malaysian students and non-mainland Chinese students. Instead, they would like to seek help from support services or they may talk to somebody they do not know on internet.

This could be one of the impacts of the only child policy on Chinese families. The structure of Chinese families has changed from a traditional big family to the core family. Most mainland Chinese students are from only child families in which they have less opportunity to build up social relationships and skills with their peer groups, through interaction with brothers and sisters, than students who have siblings. The heavy focus on study also results in limited peer social contact for young Chinese students who have been found to lack social skills and confidence in Chinese Universities. Family support for most Chinese students means help from their parents, but not from their peers. The gap between the two generations and parent-child relationship could deter some of them from seeking help from their families.

Additionally, Chinese and Malaysian students have less inclination to use alcohol or drugs when they are stressed than British students.

### 9.3 Utilization of mental health support services among Chinese and Malaysian international students

Chinese and Malaysian international students were found to underutilise support services in comparison with UK students by our investigation. This result is in line with other
studies on international students[106, 107]. Furthermore, we found that Chinese students are more likely to delay seeking help until they are in crisis and Malaysian students used professional support services least, even though they have much better understanding of the NHS than Chinese students.

9.3.1 Contact with GP

Our survey showed Malaysian students are significantly more aware of the existence of support services than Chinese students (both, non-mainland and mainland China) and 91% of them registered with GP when studying at Nottingham, but only 52% of Chinese students from mainland China registered with GP after they arrived at Nottingham. Students from mainland China appear to have least contact with health services.

This could be a reflection of Chinese students’ lacking understanding of NHS system due to the differences of health care system between China and Britain, for example, there is no GP system in China.

Although Malaysian students showed better knowledge and awareness of British health care system, they sought help less from health services at time of stress. They are more likely to see GPs for physical health issues than Chinese students.

9.3.2 Contact with the Counselling Service

Compared with White British students, Chinese students and Malaysian students have considerably less contact with the Counselling Service, although the majority of them (over 70%) expressed their willingness to seek help from one-to-one support.

Mainland Chinese students are more likely to attend workshops and group programmes than non-mainland Chinese students, Malaysian students and White British students.

‘I have been to workshops. It is very helpful to meet other students and practice my English.’ A Chinese student
For some Chinese students, workshops are more similar to some educational course where they are educated and get some social contact. They feel less embarrassed to talk about it than individual support.

9.3.3 Contact with Tutors or members of academic staff
At time of stress, the most used service by students is the Tutor and Academic staff support services. Particularly, students from mainland China made the most use of these services among all student groups.

It is also worth noticing that Malaysian students will use the Tutor and Academic staff support systems.

9.3.4 Contact with International Office
Few Malaysian international students had contact with International Office. However there were considerably more mainland Chinese students who have sought help from International Office than students from non-mainland China. Meanwhile, Malaysian students do not consider seeking help from International Office when they are feeling stressed.

We could explain this result as a students’ understanding of the International Office which is less likely to deal with students’ academic-related problems. Accordingly, mainland Chinese students may have more concerns about their visa issues that cause pressure.

9.3.5 Contact with Church and Faith advisors
Comparing to other support services, Church and Faith advisor support services have been more used by Malaysian students during the time of survey. Students from non-mainland China may consider chaplaincy as a very important potential source to seek help.
This could be in part because a Malaysian chaplaincy assistant was working at the University last year. That could encourage more Malaysian students to seek help from somebody they can trust due to the similar background.

9.4 Major barriers to accessing mental health support services

Chinese and Malaysian students generally do not seek help from professionals at the time of stress and underutilize the mental health services not only in the UK, but also in their home countries.

Understanding of the gap between mental health needs and action of these groups of students is vital to developing mental health services. The usage rate of the health centre and counselling services among Chinese and Malaysian students is much lower than UK home students, which is consistent with other studies [106].

The factors affecting use of professional mental health services are various. The main barriers that should be taken into account are (1) Lack of knowledge of the NHS and not sharing the western medical model; (2) Culture differences in understanding mental health behaviours; (3) Language barriers; (4) Different communication between Chinese and English; (5) Stigma - impact of the Confucious Culture and the role of family support; (6) Professionals’ lacking understanding of Chinese and Malaysian students.

9.4.1 Lack of knowledge of the NHS and not sharing the western medical model

On the whole, Chinese students have very little knowledge about the NHS before they arrive in the UK due to differences in health care systems between China and Britain. There is no GP system in China and patients can go to pop in hospitals whenever they need. Potentially, this is a more accessible system. However, some patients who are not covered by social medical insurance could struggle with the huge cost of treatment. We understand most of Chinese international students who are self-funded and from middle
social class families or above can access instant medical treatment with no GP referral and appointments in China. Therefore, it is inevitable that some students feel distressed, disappointed, worried and frustrated when feeling unwell with no families or friends around.

‘GP? What’s that? I’ve never heard of it? What for? How can I register with GP? If I am not well, where can I go to see doctor?’ These questions are always asked by Chinese students who have just arrived in the UK.

‘It is so frustrating that I got to make an appointment to see a doctor, but I want to see doctor now.’ __ A Chinese student

‘I have filled a form and hand in to Cripps Health Centre, but what is for? Have I registered with GP?’ __ A Chinese student

‘I feel so bad, but I can’t see doctor now and I have no family, friends here. It is terrible.’ __ A Chinese student

Compared with Chinese students, Malaysian students have better knowledge about the NHS and support services available on campus, as we expected, however, their perceptions of mental health and mental health care still belong to Asian culture.

The lack of understanding of western approaches to mental health illness has been identified as a major barrier to accessing professional support services, for instance, the Counselling Service and GPs.

Increasing awareness of services available and improving understanding of the western medical model with Chinese and Malaysian students were suggested strongly by our stakeholders in this project.

9.4.2 Culture differences in understanding mental health and behaviours

Both in China and Malaysia, traditional medicine is widely used and has a strong impact on help seeking behaviours of Chinese and Malaysians. Chinese immigrants in the UK
have been found to be greatly under-presented in the Western mental health system[120] and they tend to choose not to access Western mental health system.

There are various factors affecting Chinese people’s seeking treatment, while cultural beliefs play a potential role.

**Impact of Traditional Chinese Medicine***

Traditional Chinese Medicine can be dated back over 3000 years and still plays an important role in health care in China. In most mainstream hospitals, there are TCM departments. Likewise, there are countless TCM hospitals and clinics across the country.

With its unique concept of health and complete theoretical system overlapping with folk remedies, it is still influencing the lifestyle of Chinese people profoundly. Therefore, understanding Chinese beliefs of mental illness is a key to delivering mental health services to the Chinese community and Chinese international students.

- **Basic conceptions of health and wellness**

  Compared to Western Medicine, TCM\(^{24}\) focuses primarily on the body’s functions and seeks out dynamic functional activities, rather than anatomical structure, and disease is perceived as an imbalance between yin and yang, and/or of the interaction between the human body and the environment [121] based on the a holistic view of the human body which emphasises being part of the environment and the harmony between the human being and nature[121].

  According to Traditional Chinese Medicine, each emotion connects with its corresponding organ and they are interacting. Emotional disorders directly affect the body’s function. For example, too much fury could harm liver function and too much fear could harm kidney function, therefore, treating physical illness should start from psychological treatment [121].

\(^{24}\) TCM: Traditional Chinese Medicine
Long-term adverse, or over strong stimulation, could cause psychotic illness which is considered as the only type of mental illness by Traditional Chinese Medicine. Non-psychotic illness is regarded as physical illness. This perception may result in Chinese people delaying accessing Western mental health treatment[120, 122].

Chinese doctors tend to explain mental illness as a weakness of the body’s function, which is more acceptable.

‘My Chinese doctor told me I have to take Chinese medicine to enhance ‘qi’ in my body and don’t need western medicine.’ — A Chinese student

‘My parents stopped me from the western medicine because they are worried about the side effects of the western medicine. Now, I am taking herbs that the Chinese doctor gave me.’ — A Chinese student

‘I have been to see a Chinese doctor who diagnosed my kidney’ function is weak, which caused my emotional unstable.’ — A Chinese student

9.4.3 Language barriers

The language barrier was identified as significant reason deterring students from seeking help from support services by both students and professionals.

International students are required to reach an English level on listening, speaking, reading and writing. One of the most common tests is IELTS (International English Language Testing System). The minimum requirement in Nottingham University is an average IELTS score of 6.0 which is the basic standard for academic study.

Chinese students still experience difficulty in understanding key concepts taken for granted by native speakers. Meanwhile, the language barrier also reflects on their social interaction and access to services.

English is mostly used in English lessons in China, which causes difficulty in learning English for daily use. Generally, Malaysian students demonstrate more confidence in using the English language than Chinese students because English is widely used in Malaysia. Although some Malaysian students presented English as their native language, they are still concerned about accents in the UK.
‘I have got 7.0 score in IETS and can deal with my academic work, but I still feel very hard to describe my feeling. It is very hard to pick up a right word to express my emotion accurately.’ __ A Chinese student

‘Even I speak English in my country, but I still have some problems to understand the locals after I arrived in Nottingham.’ __ A Malaysian student

‘I didn’t know the name of medicine prescribed until I have looked at its effect and side effects on internet.’ __ A Chinese student

The lack of confidence in English language is an explanation for low take up of the Counselling Service.

‘I don’t want to go to the counselling service because I can’t speak English very well. I may feel more stressed and embarrassed.’ __ A Chinese student

‘Regarding international students who struggle with their English language and can’t find the right word to describe what they are wanting to say, they often describe this as very frustrating, and particularly in a counselling setting when words to describe how we feel can be difficult in our first language!’ __ A counsellor

Language barriers also cause difficulties for professionals when working with non-native speakers, which have been presented by stakeholders in this project.

‘Difficulty I experienced when working with Chinese students is trying to explain concepts around mental health difficulties, treatment and the need for medication.’ __ A doctor

‘It will be helpful if we employ a mandarin speaker or an interpreter working in the counselling services.’ __ A counsellor

‘To improve accessibility to mental health care for Chinese, translation in hospital during ward rounds with students and parents, and employment of Chinese and Malaysian mental health workers.’ __ A doctor

‘It will be interesting and helpful if a counsellor can learn some basic words in mandarin about how to express emotion.’ __ A counsellor

The lack of English language proficiency of international students is identified as a major barrier to accessing mental health services for many international students, particularly, for Chinese international students.
Studies have found that those with better English language proficiency are more inclined to access mental health services [123] and those whose GPs spoke Chinese or who were provided with interpreters had more a positive experience[42].

9.4.4 Different Communication between Chinese and English

As the project progressed, differences with communication between Chinese and English were identified as a barrier and challenge for stakeholders working with Chinese students. Communication is the activity of exchanging information. As a primarily tool of communication, language plays a vital role in the conveyance of mental health support. It is not only a matter of vocabulary and rules of grammar, but is a cultural phenomenon. The lack of understanding of culture between the sender and recipients will cause misunderstanding or ineffective communication.

If a student does not understand the cultural schemata, or a professional doesn't know how to send their message to a student who is from a different culture, it inevitably will reduce the effectiveness of the treatment.

Compared with western approaches, eastern cultures are more often perceived as high context cultures where collectivism is very important and people use more indirect communication to get their point across to keep harmonious relationships with others who are not close family or friends.

On the other hand, perceptions of power and power distance lead a very hierarchical structure in eastern societies, which expects those who are in low positions to show respect and obedience to those who are in higher positions.

A Chinese student will perceive himself to be in the low position in the hierarchical structure of the academic environment. They are used to being told, or demanded, or directed by their tutors or parents or doctors. The words, for instance, ‘may’, ‘might’ or
‘could be helpful’, can be heard as ‘sounds-like-uncertainty’ and will confuse some Chinese students.

‘I am not sure if I must take the medicine or not, because the doctor suggests it would be a good idea.’ _ A Chinese student

‘... a Chinese student said to the reception I want to see doctor now. It sounds a bit rude....’ _ A doctor

‘The Chinese student had said ‘yes’ and nod his head, but I don’t think he has understood.’ _ A university staff

### 9.4.5 Impact of Confucius Culture and the role of family support

Mental illness is stigmatized in every society, particularly in Asian countries. As a dominant ideology, Confucius culture has influenced profoundly every aspect of Chinese society, in some Asian countries for over 2000 years, in which thoughts of holding in stress or dissatisfaction, and the importance of forbearance and harmony, advocate that direct-feeling-expression and conflicts should be avoided. Compared to westerners, Chinese people are more likely to suppress their emotions and needs. It will inevitably cause somatisation within Chinese society. We can understand that somatisation is an acceptable way to seek help, or vent negative emotion, and avoids exploring internal emotional conflicts for Chinese and some other easterners.

Accompanying the forbearance culture, ‘face culture’ is another core ideology of Chinese culture, which originated in the ‘Rites’ of Confucius culture. The ‘Rites’ was one of the most important norms dictating the behaviour of Chinese people. ‘Face culture’, with its perception of ‘losing face’, ‘saving face’, ‘giving somebody face’, ‘having face’, ‘earning face’, has deeply affected Chinese people in every aspect part of their life. ‘Face’ is somewhat similar to the concept of ‘honour’ in western culture, but of higher importance.

In a traditional family, success of a member of the family would mean ‘having face’ or ‘grace’ for the whole family; conversely, if a family member is ill mentally, that would mean ‘shame’, ‘disgrace’ or ‘loss of face’ for the whole family.
‘Don’t wash your dirty linen in public’ and keeping family affairs ‘inside’ is important. ‘Inside’ could be family members, relatives, friends or the local community depending on the person’s relationships. Members within ‘inside’ may support each other strongly and refuse any help from ‘outsiders’.

Based on this, help seeking behaviours are more likely to start within core family members, then extending to relatives, or close friends. Unless it is necessary, the secret will be kept within the family.

It is very import for western mental health providers to understand that intact family cohesion plays a vital role in supporting people with mental health problems in Asian culture.

In this project, Malaysian students have been found to be more likely to seek help from their friends and refuse help from ‘outsiders’ such as university support services.

9.4.6 Professionals’ lacking understanding of Chinese and Malaysian students

As the project progressed, it became clear that an awareness of the difference in culture and health systems is critical in providing effective services. The lack of knowledge of where the students come from could cause massive difficulties, or misunderstanding of, their behaviours during assessment, diagnosis and treatment. This issue was commented on by a few stakeholders and the majority of Chinese and Malaysian students.

One of the top reasons for not accessing support services given by students was the strong belief that people should be able to ‘deal with problems by themselves’. However, there were a significant proportion of Chinese students (both from mainland and non-mainland China) and Malaysian students who expressed doubts about whether services would be helpful, because the majority of them had concerns about whether they could be understood by professionals due to the difference of language and culture.
'I have been to see my GP, but I don't think he really understood me. From his tone, I can tell he annoyed with me because he thought nothing is wrong with me and I wasted resource of NHS. It is very upsetting.'__ A Chinese student

'Some Chinese students are rude. They come to the clinic and want to see doctor straightaway.' __ A doctor

'I have been to see a counsellor, but the suggestion she gave to me may more suitable for British students, but not for me.'__ A Chinese student

Staff training courses on cultural awareness were advocated by our stakeholders during interviews, BAHSHE conference and International Students Mental Health Needs Seminar.

'Improving education for health care professionals regarding cultural beliefs and practice in Chinese and Malaysian societies....'__ A doctor

'...education regarding religious, spiritual beliefs and practices...'__ A doctor

'I don’t feel I know enough about the culture differences. I worry about accidentally offending...'__ A doctor

'... a very interesting session that I will change my practice and approach to Chinese students.'

9.5 Understanding of help-seeking behaviours of Malaysian international students

In this project, Malaysian international students were found to underutilize support services, even though they described better awareness of the existence of services, which is in line with the study conducted in Malaysian universities[99]. They stated that 'they don't trust' the counselling services and only 3% of Malaysian international students expressed positive attitudes towards seeking help from the counselling service in our survey, which was much lower than 9.3% of students in Malaysian universities[99]. However, Malaysian students also presented the highest score in their overall wellbeing statement, highlighting their strong friendship and family support in our survey.
As in most Asian countries, there is a huge stigma towards mental illness in Malaysian culture. Seeking help from professionals is a Western approach often at odds with Malaysian beliefs. It has been argued that in Malaysia the counselling services provided in institutions are not needed but simply copy western provision models [102].

10. Key findings and conclusions

- International students have greater support needs and need more targeted information in comparison to UK students.
- Students from mainland China have significant additional barriers to accessing mental health support compared with Malaysian and home students.
- The project identified a complex range of cultural differences. Differences of culture and language are Chinese and Malaysian students’ major concern when seeking professional help.
- Chinese and Malaysian students are experiencing common challenges faced by all international students.
  - Different culture
  - Different language
  - Different teaching and learning styles
  - Unfamiliarity with health and support systems
  - Distance from normal support structures
- Barriers to seeking help among Chinese students are particularly affected by:
  - Impact of one child policy
  - High expectation from their families and themselves
  - Relationships with their families
  - Relationship with authority structures
  - Less westernized social political system
  - Stigma attached to mental health
  - Unfamiliarity in describing feelings, mental health issues
- Understanding the way in which UK language is used
- Concerns around confidentiality
- Importance of traditional Chinese Medicine
- Somatisation

- Barriers to seeking help among Malaysian students particularly affected by:
  - Mixture of westernised approaches to mental health with traditional attitudes and interventions
  - Tendency to not access services but to look to friendship groups for support
  - Stigma attached to mental health
  - Somatisation
  - Religious beliefs of mental health

- The Tutor and Academic staff support system is perceived as the most important source of help and students made the most use of these services in comparison with other support services on campus.

- The University website and welcome week induction are vital information sources for Chinese and Malaysian international students to learn about support services pre-and after-arrival.

- Good awareness of cultural differences for staff working with international students was identified as a particular need.

- Training in cultural beliefs and awareness, particularly for those involved in delivering health care to international students, needs greater priority.

11. **Recommendations**
- To increase students’ awareness of services, knowledge of western health care approaches and understanding of mental health by providing clear and culturally tailored information or workshops to Chinese and Malaysian students.
  - Pre-arrival information;
- Online information about NHS and services available, particularly in Chinese;
- A quick introduction about learning, teaching, culture in the UK targeted at the Chinese and Malaysian students after they arrive in the first three months;
- Workshops to bring British students and international students together socially, particularly focusing on Chinese international students

- To increase cultural awareness and understanding of students’ mental health needs among professionals and university staff via professional training courses and online accessible information, particularly for the tutors involved in personal support.
  - Professional training courses regarding cultural differences in mental health beliefs, diagnosis, treatment and communication to mental health professionals involved in delivering mental health support to Chinese and Malaysian students;
  - Online accessible information about how to identify mental health issues of Chinese students, how to communicate with Chinese students and how to understand behaviours of Chinese students for university staff working with Chinese students.
  - Training course or online information for staff working within the Tutor and Academic support system in the University.
• To develop clear communication channels by:
  ➢ Using mental health professionals who are bilingual and can understand Chinese culture.
  ➢ Establishing cross culture mental health support teams and sharing resources with local communities;
• Rationalise the collection of data, particularly the recording of ethnicity, nationality and first language, to facilitate the analysis and development of services.

12. Limitations of this study

Poor and/or conficting methods of recording of ethnicity and nationality were found to be significant barriers to the analysis of service usage within Universities and the wider community. This has significant impact on the capacity for strategic planning and development of appropriate services.

Appendices

Appendix 1

Chinese Classification of Mental Disorder (CCMD)

CCMD, which is a diagnosis standard in China, was published by Chinese Society of Psychiatry (CSP) in 1979. Currently, the revision CCMD-3, published in 2001, is being used in clinics for diagnosis of mental disorders and as diagnostic guidelines by all psychiatrists across the country. In CCMD-3, the major mental disorders are compiled as descriptive definitions, symptomatic criteria, severity of illness, course criteria and exclusion and note [124]. ICD-10 is also used as a reference by most clinical psychiatrists.

The descriptive definitions in CCMD-3 were based on the clinical descriptions and diagnostic guidelines of ICD-10 and the diagnostic criteria referred to the Research Criteria of ICD-10 and the DSM-IV. It is integrated with ICD-10 and DSM-IV with similar structure and categorization. However, some mental disorders included in the ICD-10 are excluded by CCMD-3 because they are not suitable for China national prevalence and culture, such as Excessive sexual drive[124],Borderline personality disorders[7],
Gender identity disorder of childhood [125], some sub-types in [F66]-Psychological and behavioural disorders associated with sexual development and orientation, Elaboration of physical system for psychological reasons [F68.0], Sibling rivalry disorder [F93.3] and so on. On the other hand, based on consideration of Chinese cultural characteristics, around 40 culturally-related diagnoses are included, such as 42.1 mental disorder due to Qigong [F43.8], 42.2 Mental disorders due to witchcraft [F43.8], 42.3 Koro [F43.8] and 42.9 Other or unspecified mental disorders related to culture [F43.8; F43.9][124, 126].

Appendix 2

Impact of religion and culture on help seeking behaviours of Malaysian

1. Impact on mental health care provision

Beliefs about causes and determinants of mental illness play a vital role in the treatment and recovery of mental health illness. Culture influences the perception, labelling and explanation of mental disorders. It can be seen that religious and cultural beliefs impact on all aspects of mental health strongly and deeply, not only in the area of understanding of mental illness or help seeking, also in the service providers.

Interestingly, Community counselling services began in Malaysia more often through faith-based NGOs and some professionally trained counsellors are found in religious institutions. In Malaysia, counselling services tend to be characterized by language and religion[115]. Agencies established by Chinese Malaysian communities are more likely to provide services to Chinese clients using Chinese language, while these agencies may be further categorized by groups: faith-based (Christian or Buddhist) or politics-based (financially supported by Chinese political parties), while clients of government-linked agencies are mainly Malay, who are Muslim, due to the official use of the Malay language [115]. Some English counselling services may also be distinguished according to religion[115].

2. Co-existence of traditional healers and modern health care
It is critical to successful treatment to understand the socio-cultural dimension of an individual’s health beliefs in Malaysia, a country with its multi-ethnic population and multi-culture. It cannot be ignored that traditional illness beliefs have a strong influence and traditional healthcare systems are being used widely in Malaysia [28]. It has been found the social and religious beliefs of cause and treatment of mental illness will impact on people’s help seeking behaviours and expressions of distress [28, 29].

Despite huge development and changes in Malaysia and the greatly increased use of modern medicine, Malaysians of all race still retain many traditional characteristics [9, 29], such as beliefs that spirits or the supernatural could cause mental illness among Malays [9, 28, 29]. Each ethnic group, with their own religious and cultural perceptions of mental illness, tend to seek help from their traditional healers [9, 28, 29]. A study on help seeking behaviours among Malays and Chinese groups found that Malays are more likely to get help from prayer and doctor/pharmacy; traditional treatments and herbal medicine are used quite commonly by Chinese and Malays and no differences of illness perception between two generations were seen [29], while 45% of Indian patients were found to prefer to seek help from religious healers than from professional psychiatrists by other researchers [29, 127]. Research about the help-seeking pathway among Malay psychiatric patients found that 69% patients had visited traditional healers (bomoh) for treatment before consulting psychiatrists [27]. Especially in some rural area, modern medicine was not accepted by local villagers, therefore under-utilization should be explained as strongly influenced by religion or traditional culture, rather than the lack of facilities. It has been realised that underutilization of health care services is a major problem and cultural belief and strong stigma are the major barriers to accessing professional help in Malaysia [26-29]. Seeking help from a mental health professional is more likely to be a last resort [25].

3. Somatisation
In Asia, somatisation of psychiatric disorders is widespread[28, 128]. Like many Asians, Malaysians tend to express their emotional distress as physical symptoms to seek help from primary care practitioners (PCP) [13, 15, 28, 129, 130] in order to avoid to exploring emotion weakness and being labelled as mental disordered. Somatisation could cause PCPs to misunderstand or misdiagnose psychiatrically ill patients. The ethnic group of Chinese in Malaysia are most likely to stigmatise mental illness[28].

4. Family support

Family is a very crucial resource for support for mentally ill individuals in recovery in Malaysia[24]. As a part of Asian culture, intact family cohesion plays a vital role in supporting people with mental illness. In Malaysia, mostly, family members visit mental patients daily when admitted in hospitals and take them back home when patients are discharged[13]. It is a strength of the community care but families with mentally ill individuals are more likely to experience social disapproval and devaluation due to the stigma associate with mental illness[128].

As a result, family education programmes, which aim to promote understanding of the nature and treatment of metal disorders, to enable family members to learn how to deal with patients at home, including the management of medication[131], were launched locally and nationally. A Clinical Practice Guidelines (CPG) on Management of Schizophrenia targeted not only health professionals, but also aimed to educate patients and their families in understanding mental illness and treatment[24]. These developments could be perceived as a positive step to promote community mental health services in Malaysia, however, the involvement of family members should be a key role to develop community mental health care in most Eastern culture countries.
Appendix 3

A Critical review of the epidemiological evidence on determinants of mental health seeking behaviour among Asian university students

1. The issue to be addressed: Introduction and Rationale

Mental health is now recognised as a growing concern and major contributor to disease burden in the world[132]. The World Health Organisation has declared mental health a global public health priority, calling for action in all countries [133]towards prioritising mental health services within primary health care[132, 134].

A large number of published studies show that there has been a general increase in mental health problems among young people, many of whom do not receive treatment and help despite available psychiatric services[46, 134-136]. According to Stengård et al (2010), the well being of young people is critical as they develop through fragile stages of self identity and independence in decision making, all of which can be “overwhelming”, exacerbated by daily life pressures and challenges of growing into an adult[136]. Thus, it is estimated that 15% to 20% of young people worldwide suffer from a mental disorder that would benefit from mental health treatment[132]. For example, suicide is the 2nd leading cause of death among young people (15-34years) in European countries, and the number one cause of death among young people in China[132]. The largest number of suicides recorded is in the 20–24 year student age group at 46% for undergraduates and among graduate students at 32%[137]. It follows that mental health problems are said to first appear before the age of 24 years[136], hence seems related to factors specific to college/university populations.

This, coupled with education worries, peer pressure of leaving their parental homes in pursuit of higher education makes young people vulnerable due to high level of stress which can trigger off mental health disorders[135, 136]. Needless to say, young people are specifically vulnerable to social exclusion even after completing university during the transition stage between education and employment[57]. Foreign/international students studying away from home are also hard hit with problems of a new culture, changes in weather, social exclusion from their friends and family, all of which have major
influences on their mental health and well being[135]. For Asian students studying at British universities, this is exacerbated by the fact that they are generally less likely to seek psychological help or utilise mental health services when faced with emotional problems[45]. They are said to be more likely to prematurely terminate therapeutic relationships with mental health services[45, 46].

Epidemiological evidence shows that mental health attitudes and help seeking behaviour differ across cultures [49]. However, limited research has focused on Asian university students, yet interventions still use western psychiatric norms within non-western cultures which poses a problem of ‘category fallacy’ [47]. Thus, the applicability of current diagnoses and approaches to mental health experiences of minority ethnic groups needs re-assessment and revision[47]. This may be enhanced if health professionals recognize that there may be substantial unmet needs for treatments[138] specifically amongst the minority ethnic groups.

In light of this, it is suggested that colleges (or universities) have a unique opportunity to address mental health problems among young adults[136]; to identify, prevent, or treat mental health disorders since they encompass students’ residences, social networks and other services[57].

Effective and targeted interventions are possible only when the determinant factors to help-seeking behaviour of these vulnerable groups are understood. Thus, since Asians generally underutilise mental health services, it is important to understand their help seeking behaviours for effective interventions[48]. This process can be informed by a critical review of available literature about health seeking behaviours among university students and how they compare and contrast across ethnic groups.

Chinese students are the focus of this review, because of high enrolment rates in British universities[62]. At the University of Nottingham, they account for up to 12% of international students[139]. The purpose of this report therefore is to critically review the epidemiological evidence of the factors that influence mental health seeking behaviour amongst Asian university students.

---

25 College: Generally post secondary education including undergraduate and graduate.
It is anticipated that the review will be used to inform strategies within the UK hence tailoring mental health interventions to benefit the Asian population who constitute the majority of the international student body and the largest ethnic group in the UK[47, 135].

2. Identification of epidemiological evidence in the literature: Methodology

Two literature searches were run in PubMed Central and Ovid (Medline, Embase and PsycINFO) as summarised below. Key words and search terms used were: Mental health, <young people or student*>, <university or college or tertiary>, <help seek* or health seek*> and Asia* or Chinese. The searches were limited to journal articles in English, published in the year range 2000 to Current. A total of 77 articles were then reviewed by reading their abstracts to determine their eligibility for inclusion. Articles were included if: 1) had assessed determinants of help seeking, 2) had some participants who are Asian or Chinese, 3) sampled university or college students.

Thus a final total of 18 articles were used for this critical review, 12 with full articles, and 6 using abstracts as I could not access the full text from google scholar and was not subscribed to by UoN from the other sites.

**Table 1: Search results from Embase, Ovid Medline and PsycINFO**

<table>
<thead>
<tr>
<th>#</th>
<th>Search</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>mental health.mp. [mp=ti, ab, sh, hw, tn, ot, dm, mf, nm, an, ui, tc, id]</td>
<td>219204</td>
</tr>
<tr>
<td>2</td>
<td>(student* or young people).mp. [mp=ti, ab, sh, hw, tn, ot, dm, mf, nm, an, ui, tc, id]</td>
<td>594757</td>
</tr>
<tr>
<td>3</td>
<td>(university or college or tertiary).mp. [mp=ti, ab, sh, hw, tn, ot, dm, mf, nm, an, ui, tc, id]</td>
<td>746514</td>
</tr>
<tr>
<td>4</td>
<td>1 and 2 and 3</td>
<td>4550</td>
</tr>
<tr>
<td>5</td>
<td>(help seek* or health seek*).mp. [mp=ti, ab, sh, hw, tn, ot, dm, mf, nm, an, ui, tc, id]</td>
<td>10206</td>
</tr>
<tr>
<td>6</td>
<td>4 and 5</td>
<td>192</td>
</tr>
<tr>
<td>7</td>
<td>limit 6 to english language, journal article [Limit not valid in EMBASE; records were retained], yr=&quot;2000 -Current&quot;</td>
<td>89</td>
</tr>
<tr>
<td>8</td>
<td>remove duplicates from 7</td>
<td>64</td>
</tr>
</tbody>
</table>
Table 2: Search results from PubMed

<table>
<thead>
<tr>
<th>#</th>
<th>Most Recent Queries</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Search mental health Limits: only items with links to full text, only items with links to free full text, Humans, English</td>
<td>16239</td>
</tr>
<tr>
<td>2</td>
<td>Search mental health and (university or college or tertiary) Limits: only items with links to full text, Humans, English</td>
<td>7561</td>
</tr>
<tr>
<td>3</td>
<td>Search help seek* or health seek* Limits: only items with links to full text, Humans, English</td>
<td>424</td>
</tr>
<tr>
<td>4</td>
<td>Search young people or student* Limits: only items with links to full text, Humans, English</td>
<td>14632</td>
</tr>
<tr>
<td>5</td>
<td>Search (#1) AND #2 AND #3 Limits: only items with links to full text, Humans, English</td>
<td>79</td>
</tr>
<tr>
<td>5</td>
<td>Search (#5) AND #4 Limits: only items with links to full text, Humans, English</td>
<td>13</td>
</tr>
<tr>
<td>8</td>
<td>Select 2 Document(s)</td>
<td>2</td>
</tr>
</tbody>
</table>

3. The review and synthesis of the evidence

There is limited published research about assessment of help-seeking behaviour and determinants among Chinese or Asians [49]. Therefore, this review will add to the body of evidence by summarising the determinants of psychological help-seeking among Chinese university students. Generally, from literature, a number of determinants for help-seeking were identified, and this synthesis, has categorised them into: Social demographic characteristic, individual, cultural, and structural factors [46, 50-53]

a. Social demographic characteristics/predisposing factors

The social-demographic determinants and barriers attributed to help seeking behaviours were Age [46, 54, 55], Gender [46, 50, 54, 56] and Ethnicity [49, 50]. Research done in general populations shows age as a significant predictor of help-seeking; younger students are less likely to seek help than older students [46, 54, 57]. This could be as a
result of developmental pressures, peer & social influence, and less awareness of services [46].

Whereas most researches present gender as the most significant predictor, with females more likely to seek help and utilise services for psychological distress than males [50, 54, 56, 57, 61, 140], Ting et al found no gender differences in help seeking (t=1.08, p=0.19)[46]. According to Ting and Hwang (2009), this is possibly due to similar socialisation evidenced by Asian American men and women [46] as his study was done among Asians alone. However, the small sample size (n-107) could be responsible for the non-significant p-value observed when compared with larger studies where (t=3.98, p<0.001, n=961)[56] and (p<.001 , n=518) [50]. The gender differences put men as less confident and less open about their mental health problems, possibly due to the ‘traditional gender roles / stereotypes’ characterised by limited expression of affection and restricted emotionality[46], Good and Wood in [61], p.206.

Minority ethnic groups generally exhibit lower tendencies of help-seeking compared to their white counterparts [54]. There is agreement amongst researchers on Asians having generally lower scores on help seeking for psychological problems [55, 57]. However, as Minsky et al, 2003, in Masuda et al, 2009, pg 176 [50] noted, this generalisation is prone to ‘white standard’ phenomenon. Minsky argues that there is no evidence that the measured factors associated with mental health help seeking among Europeans are relevant to other ethnic groups [50]. Also, the ATSPPH\(^\text{26}\) short form version has not been validated for use across cultures, hence might not be an appropriate test for measuring help seeking among different cultures [46].

Empirical evidence suggests other demographic factors associated with help-seeking include: being an international student, highly religious, and from a poor family [57].

b. Individual factors
The individual determinants to psychological help-seeking assessed were: need, mental health literacy (MHL), personal attitudes, stigma and stigma tolerance [46, 50-52, 57].

\(^{26}\) ATSPPH: Attitudes Towards Seeking Professional Psychological Help
There is agreement that recognition of personal need for psychological help when experiencing stress and distress [46, 50] is a vital marker of actual help seeking behaviour [53]. Acceptance of psychological causation of symptoms is associated with higher willingness in using mental health services among Asians [48, 58]. Self concealment (a person’s tendency to hide distressing personal information) depicted as ‘being shy and in denial’ of the distress impedes help-seeking [50, 51]. This is exacerbated by individual’s low self esteem, concerns over privacy and personal resistance and stoicism [51, 140].

Eisenberg, 2009, classified stigma into personal and public stigma [57]. It is agreed that, for young people, embarrassment and concern about what other people think are major barriers to help seeking [51]. Personal stigma is associated with lower help-seeking among adults and adolescents and greatly impedes mental health service utilisation [57]. This is compounded by factors like being male, of young age, and being an international student [57]. However, a longitudinal study among college students founds no significant link between perceived public stigma and help seeking [141]. Due to the use of different tools for assessing stigma and stigma tolerance, studies could not be compared.

The lack of mental health literacy, which is the lack of recognition of mental health problems, is a major filter to help seeking among young people [48, 52, 58]. It is argued that mental health awareness increases people’s recognition of psychological disorders, as with general health problems, hence increasing help-seeking behaviours [49, 54, 142].

In short, negative personal attitudes towards mental health problems contribute towards underutilisation of mental health services [56], with Chinese students more vulnerable [46, 58]. This is because they perceive mental health disorders as personal flaws, depicting them as lacking in will power, hence increased help-seeking stigma [56]. For example, in Hickie, et al (2007), perceived stigma and misconceptions were found higher among the Chinese students at 48% and 39% compared to 7% and 0% in Australian students [49].

c. Cultural factors
Chen and Mak (2007), put forward the argument that the underutilisation of mental health services among Asians is due to conflict between Asian values and western psychotherapy intervention [53]. This is in line with previous research which postulates adherence to Asian culture as a hindrance to psychiatric help seeking [50, 56, 59]. An important measure of this effect is seen in the assessment of ‘Acculturation’ where adoption of western values and beliefs shape help seeking propensities in different cultural contexts [50, 58]. Studies show significant increasing trends in help seeking with increasing acculturation to western influences [53], while adherence to Asian cultural values reduces professional help-seeking behaviours [59, 60]. Ting and Hwang (2009) however contend that:

‘neither the relinquishing of heritage culture nor the adoption of mainstream culture was related to help seeking attitudes...[possibly due to difference in measures as studies focus on ] on behavioural aspects of acculturation excluding cultural values and beliefs [46], p. 129’

However, this study sampled a very small population and therefore generalisations may not be valid.

In addition, there are high concerns of ‘shame and face saving’ among the Chinese [53], as traditional Chinese culture espouses a holistic view of body and mind, placing much value on self restraint instead of emotional expression [61]. Thus Chinese people tend to keep to themselves and shun help-seeking when faced with psychological disorders [53]. This is compounded by the problems of the language barrier across cultural groups [48, 52] leaving the Chinese vulnerable with the least means to express their need. As a result, they are likely to be isolated, least likely to receive appropriate resources and help from service providers [62, 63].

‘...professionals confronted with mental health needs compounded with linguistic and cultural barriers tend to see Chinese as difficult clients hence

27 Acculturation: adoption of western norms and practices by people from different cultures
their assessment, treatment and rehabilitation cycle takes longer than the rest, with a normal preference for medication since other interactive means of treatment or therapy are difficult to organise.’ [62]

However, the literature search did not produce any records independently assessing the language barrier as a determinant of help-seeking, hence limiting this review. Other cultural related factors include social support and social conflict, the latter which was found to positively correlate with help seeking attitudes[46].

d. Structural factors

Structural determinants considered include family, schools, community support systems, referral pathways, health system structures and payment systems [52]. Also cost, inaccessibility of services, difficulty getting an appointment, treatment side effects, lack of confidence in helper, confidentiality and privacy; all determine help-seeking among young people [48, 51, 54].

A striking determinant reported was confidence in mental health professionals which was seen to determine patient’s help seeking behaviour [50, 51, 56, 140]. A recent qualitative research echoes the perceptions of young people on GPs28 as unqualified and lacking sufficient knowledge and training to respond to people with mental health disorders [140]. This lack of confidence in professional personnel has a major effect as young people would be unwilling to consult and seek psychological help.

Biddle found that young people feel that ‘GPs do not take mental health seriously, are unbothered and unsympathetic towards those consulting with personal problems’. GPs were depicted as not providing the talking time needed for mental health problem identification [140]. This is in agreement with finding by Rickwood (2007) who postulates that ‘initial compassionate and non-judgemental reception’ [52] is vital for subsequent help seeking by young people [52, 140]. The first contact between the helper and the patient is crucial and strongly determines the person’s decision to continue [51, 52, 55, 143].

4. Limitations

28 GPs: General Practitioners
Nearly all the studies had different measures of determinants for help-seeking behaviour. However, the validity and appropriateness of these instruments was not analysed as it was not in the scope of this review.

5. Conclusions
Whereas timely help seeking for mental disorders is protective [52], the reluctance of young people to seek professional help poses major challenges to effective early intervention approaches [52, 144]

The findings from this review suggest that in designing mental health intervention for university students, especially from minority ethnic groups like Chinese, it is vital to include holistic treatment teams that consist of friends, medical doctors, mental health professionals, and alternative medical practitioners [48]. In line with the World Health Organisation which has proposed a framework for development of youth-friendly health services, acceptability of services remains the major hindering factor [145]. Thus, the need to tap into, and avail of, alternative complementary culturally based services cannot be overemphasised [48].

Multiple channels are holistic. Public health approaches are beneficial as they maximise the use of mental health services among different ethnic groups. Strategies should view mental health as a foundation for the well-being and academic success of the student, thus emphasizing not only treatment but also prevention and the promotion of positive mental health in universities [135]. Universities should engage in public education programs to enhance the visibility of mental health services, hence improving utilisation. Focus on targeted mental health interventions will alleviate the highly stressful and competitive experience of young people pursuing education at universities.

Acknowledgement.

Thanks to students on the Masters in Public Health degree for their contributions to this section.
Appendix 4

Stakeholders’ questionnaire

Mental Health Needs of International Students
(Chinese & Malaysian students)

Dear stakeholders

We have started a project investigating the mental health needs of international students, particularly focussing on Chinese and Malaysian students. An important aspect of this project is to address stakeholders’ views on where they consider there may be unmet needs. This questionnaire attempts to obtain views of professional people involved in delivering mental health services to Chinese and Malaysian students.

All views addressed will be anonymously summarized and formed a part of the project report.

Please answer the following questions and may additional space will be used if necessary.

Service or department

Role

1. Have you identified many Chinese or Malaysian students who are experiencing mental health issues?
2. What do you think, or from your experience, are the major mental health problems for these groups of students?
3. In working with these students, what difficulties have you experienced?
4. In your view, what might be the major barriers in accessing mental health services for this group?
5. What do you feel are the priority issues to be addressed in improving access to mental health care for Chinese & Malaysian students?
6. Would you like to add something else?

Many thanks for your help.
Student wellbeing survey

Your experience as a student at the University of Nottingham is important, and one of the ways in which the University tries to ensure that your experience is a good one is by providing effective support services for students. Anything that you tell us will remain confidential; if you choose to enter the prize draw and / or volunteer for a discussion group at the end of the survey, we will not link your identity with your survey responses.

Section A: Pressure and mood

During my time at Nottingham, I have felt worried about:

- Academic work
- Financial pressure
- Worries about the future
- Relationships with academic staff
- Relationships with family
- Relationships with friends
- Any other source of stress that isn't mentioned above

Below are some statements that people have made to describe how they feel. Please read each one and tick the box that best describes how frequently you felt that way in the past seven days, including today.
<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt dissatisfied with my life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt cheerless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt pleased with the way I am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that life was enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that life was meaningless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B: Coping with stress**

**When I feel stressed, I usually:**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Some of the time</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do something to distract myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to someone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Try to ignore the problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Try to avoid social contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use alcohol or drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please explain):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_Some students don't go to their GP or the Counselling Service when they are feeling stressed or unhappy. Why do you think that this is the case?_

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>They think that they should be able to deal with this by themselves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They don't know about the services available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They don't think that the services will be helpful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They think that they wouldn't be understood because of differences in language or culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They don't think that they have a problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
They think that other people will have a negative opinion of them

They don't trust the service to keep information about them confidential

Section C: Getting help

Who would you consider talking to if you felt stressed?

<table>
<thead>
<tr>
<th>I would be likely to do this</th>
<th>I would consider this</th>
<th>I would not do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>A family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A counsellor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My tutor or another member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the academic staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone from the International Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church and Faith advisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People on internet discussion groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there anyone not listed above who you would talk to in times of stress? Please tell us about them

____________________________________________________________________
____________________________________________________________________

Are you aware that the University of Nottingham offers services to support students during times of stress?

☐ Yes  ☐ No

During your time at the University of Nottingham, have you used any of the following services for help with stress?

<table>
<thead>
<tr>
<th>The University Counselling Service</th>
<th>I have used this service</th>
<th>I have not used this service, but plan to do so</th>
<th>I am unlikely to use this service</th>
<th>I prefer not to say</th>
</tr>
</thead>
</table>
The International Office | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]
Academic Support | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]
Tutors / Academic staff | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]
Church and Faith advisors | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]
Disability Support | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]
The Student Support Mental Health advisor | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]
Cripps Health Centre | ![ ] | ![ ] | ![ ] | ![ ] | ![ ]

Other services that you have used - please tell us what they are
___________________________________________________________________
___________________________________________________________________
_______________________________

How did you *first* find out about the services available?

<table>
<thead>
<tr>
<th>Service</th>
<th>University Welcome Week</th>
<th>University Website</th>
<th>Brochures</th>
<th>Friends</th>
<th>Tutors or other academic staff</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University Counselling Service</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>The International Office</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Tutors/Academic staff</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Church and Faith advisors</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>The Student Support Mental Health advisor</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

Please indicate whether you agree or disagree with the following statements about accessing University support services during times of stress:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I was stressed, I would know which support services it was appropriate to contact</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>
If I was stressed, I think that it would be easy to access support services that would help me.

If you needed help during times of stress, which of the following forms of support would you be willing to accept if you were offered them on Campus?

<table>
<thead>
<tr>
<th>Form of Support</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face individual support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A workshop with other people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone support or email support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please suggest any other forms of support you would be willing to accept if they were available on Campus:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Section D: About you

Are you?

- Female
- Male

What is your fee status?

- Home student
- EU student
- International (non-EU) student

Are you?

- Undergraduate
- Postgraduate (Taught)
- Postgraduate (Research)

What is your current year of study?

- First or only year of course
Final year of course
Other (not in your first or final year)

Which school/department are you in?
(If your course involves more than one, please select the name of your lead or home school / department)

- American & Canadian Studies
- Archaeology
- Art History
- Biology
- Biomedical Sciences
- Biosciences
- Built Environment
- Business School
- Centre for English Language Education
- Chemical & Environmental Engineering
- Chemistry
- Civil Engineering
- Classics
- Clinical Sciences
- Community Health Sciences
- Computer Science
- Contemporary Chinese Studies
- Cultural Studies
- Economics
- Education
- Electrical & Electronic Engineering
- English Studies
- French & Francophone Studies
- Geography
- German Studies
- Graduate Entry Medicine & Health
- History
- Law
- Mathematical Sciences
- Mechanical, Materials & Manufacturing Engineering
- Medical course
- Molecular Medical Sciences
- Music
- Nursing, Midwifery and Physiotherapy
- Pharmacy
- Philosophy
Please indicate which of the following best describes your ethnic origin:

- White - British
- White - Irish
- Other White background
- Black or Black British - Caribbean
- Black or Black British - African
- Other Black background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Chinese (PRC)
- Chinese (British)
- Chinese (Hong Kong)
- Chinese (Taiwan)
- British Malaysian
- Malaysian
- Other Asian background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Other Mixed background
- Other Ethnic background
- Prefer not to answer

Please indicate which of the following is your first language:

- English
- Albanian/Kosovan
- Arabic
Are you registered with a GP?
- Yes, registered at Cripps Health Centre
- Yes, registered with a GP off campus
- No
- Prefer not to say

Have you consulted your GP during the last 12 months?
- Yes, at Cripps Health Centre
- Yes, off campus
- No
- Prefer not to say

Have you contacted a counsellor during the last 12 months?
- Yes, a University of Nottingham counsellor
- Yes, a counsellor from outside the University
- No, I have not had contact with a counsellor during the last 12 months
You now have the opportunity to register your interest in taking part in a focus group and / or to enter our prize draw.
If you would prefer not to do either, please leave the boxes below blank, scroll down and click 'submit' to send your survey responses

Register your interest in discussion groups (optional)

We will be running some discussion groups soon to give people a chance to talk to us about their time at the University of Nottingham. The groups will be held in confidence, and participants will be paid £20 as a 'thank you' for their help.
If you would like to take part in the discussions, please complete the form below and we will contact you if you are selected to participate.

Name:
________________________________________________________________________
________________________________________________________________________

Email address:
________________________________________________________________________
________________________________________________________________________

Telephone number:
________________________________________________________________________
________________________________________________________________________

Preferred method of contact:
Enter the prize draw (optional)

If you would like to enter the prize draw for one of three prizes of £50 cash, please complete your details below. The prize draw will take place on 29th November 2010 and winners will be notified by 3rd December 2010.

Name:
______________________________________________________________
______________________________________________________________

Email address:
______________________________________________________________
______________________________________________________________

Telephone number:
______________________________________________________________
______________________________________________________________

Please click 'submit' below to send your responses

Appendix 6

Discussion Groups Report

Four discussion groups took place in the Survey Unit with UK ‘Home’ students; Malaysian students; Chinese students, and a ‘mixed’ group of students (Table 1). Participants were presented with a scenario that might be experienced by an international student during their first term at Nottingham (Appendix 3), and invited to comment on the scenario and discuss the issues that each group raised, or identified as important.
Table 1 Composition of the discussion groups

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>UK Home</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Malaysian Students</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Other (mixed group)</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>15</td>
<td>12</td>
<td>38</td>
</tr>
</tbody>
</table>

Discussion group themes

The experience of loneliness and isolation

9. In the discussion groups, students raised issues about a sense of feeling lost on campuses and disconnected from the rest of the community, particularly for international students arriving alone. This perception reflected the comments that students made in the online survey about the sources of the stress that many students experience.

- Some international student participants described difficulties that they had experienced in adapting to English student life. Organized activities for students were a recurring theme in the discussions; one student described this as the “pub and drink” culture. These comments reflected the overall survey results - international students indicated in their responses to this that they are somewhat less likely than their UK peers to use alcohol.

The importance of expectations for international students coming to Nottingham

- Some students from China and Malaysia expressed disappointment that some of their expectations about coming to Nottingham were not met. One example that was given by participants was that there are numerous free outdoor gym facilities...
on campuses in China and Malaysia, while there is only one facility on University Park campus, and its use can be costly.

• Several students, across all four groups, mentioned concerns about meeting the academic standards required for degree level study. While students for whom English is not their first language may experience specific challenges associated with this, the issue was raised by each discussion group – although not the greatest worry, anxiety about meeting the required standard for university was raised as a significant issue in the discussion groups. This reflects the issues about which respondents to the survey said that they were worried – particularly our students from the Chinese mainland.

• Another feature of students’ expectations about university life was reflected in comments about a more generalised anxiety about how to behave in different situations. Other students expressed concerns about not knowing what to do if ‘something goes wrong’.

• More than half of the discussion group participants agreed that social isolation and anxieties about academic work may adversely affect student’s emotional, academic and psychological well being.

Finding solutions to problems as a newcomer to the University of Nottingham

• The discussion groups explored the possible solutions to the issues raised by participants. A number of respondents in each group suggested that it is the responsibility of the individual who experiences personal distress or unhappiness to ‘keep to themselves’, and not to ‘burden’ others with their problems. This perspective was raised by one or more students in all of the groups, and it did not appear that international students were more likely to have this perspective than others – UK students also made this observation. The perspective taken by students in the discussion groups reflects the survey findings, where almost all
respondents gave this as a key reason for students’ non-engagement with University of Nottingham Support Services.

- Going to the doctor was suggested by several participants as a possible route to take for students who are new to Nottingham and are experiencing problems. However, as the results of the online survey showed, almost half of respondents from the Chinese mainland (PRC) were not registered with a GP either on or off campus, and so this may be a less likely path for our Chinese students compared with other international groups.

- One solution that was suggested in discussion was that international students that are experiencing difficulties should talk to other students and friends from their home country. It is interesting to note that the Malaysian students (who scored highest on the SDHS) also appear to be least likely to avoid social contact when they are dealing with stress (Figure 17). Support networks that encourage social contact may be one way to address problems of stress and isolation.

- Contact with family members by telephone was suggested by several group participants – although again, it is worth noting that students from the Chinese mainland (PRC) are less likely to regard family members as a potential source of support than other ethnic groups (Figure 38).

- Student services or counselling were both suggested as possible solutions to the problems that international students might face when coming to Nottingham for the first time.

**Awareness of avenues of support**

- We asked participants in the discussion groups to tell us what sources of support are available to students on campus. Participants suggested many of the sources that were mentioned in the online survey including: friends, GPs, the
International Office, Student Support Services, personal tutors, and lecturers (if problems were related to academic studies).

**What reasons may prevent a student seeking help for how they feel?**

- Language barriers were cited in the discussion groups as a significant reason why an international student might not seek help for the way that they feel. More than one participant said that they feel awkward in situations where conversations are difficult to follow, and this problem may be compounded in a learning situation (classes and seminars, for example).

- Group members expressed their feeling that support services for psychological issues would be the used only as a ‘last resort’ or when there is something ‘majorly wrong’ with you; problems may, for example, be seen as trivial or not important enough to seek this type of help. Some participants observed that support services may be seen by some students as not useful, or unlikely to solve ones problems, which suggests resistance to the use of these services. This topic links with responses to questions in the online survey that show respondents saying that they would, for example, consider seeing a counsellor, or intend to see one in the future, although very low proportions said that they have actually sought this support for their worries.

- Participants cited a lack of awareness that such services exist, particularly on Sutton Bonnington campus. The extent to which such services might actually be available on campus was the topic of some discussion – even though responses to the online survey suggest that students feel very confident on the whole about which support service would be appropriate to contact in times of stress.

- Vietnamese and Malaysian students cited a cultural value of not discussing issues relating to mental health. This is a valuable insight, but it is also of interest to note that Malaysian and Vietnamese students did not express this attitude in their
survey responses, and so the group discussions do appear to have added to the findings from the online survey.

- Some participants discussed a general perspective that it is "weird" to seek counselling. 'Shame and embarrassment’ if friends find out that you have been receiving counselling was also cited as a reason to avoid the process. Although the discussion group for which we recruited Chinese participants appeared to be more uncomfortable with this topic than the other groups, Chinese (PRC) students who responded to the online survey are not the lowest users of the counselling service, and much greater proportion of Chinese students than other ethnic groups said that they planned to use the service (Figure 41).

- Issues around confidentiality and anonymity were raised as a potential barrier to students seeking help. This may be a result of the lack of information that was cited in the discussion groups, and that was also expressed in responses to the web survey.

Appendix 7

Scenario of discussion groups

Scenario 1

An international student is in their first term at Nottingham.

What issues might they face?

What might they be feeling?

Scenario 2

An international student has been at the university for several months. The student is working hard, but feels isolated

What might they be feeling?
What effect might their feelings have on them?

What could they do?

Scenario 3

An international student decides to seek support for the way that they are feeling.

Where could they get help?

How would they go about getting help?

Would it be easy or difficult to find support?

What barriers might there be to accessing support?
Appendix 8

Results of the analysis of the Short Depression-Happiness Scale (SDHS)

The scale was used at QA2 in the questionnaire, and is reproduced below. Categories in our original questionnaire of ‘Often’ and ‘Most of the time’ were collapsed to create the ‘Often’ category for SDHS. Responses were each given a ‘score’ of 1(low) – 4 (high). Items 1, 3 and 6 are reverse scored.

Table 2 The Short Depression-Happiness Scale (SDHS)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt dissatisfied with my life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt cheerless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt pleased with the way I am</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that life was enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that life was meaningless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(©Stephen Joseph, 2000, used with permission).

Results of the analysis of the SDHS show that most respondents achieved scores that were well above the cut-off point (a score of 10 or less) for ‘mild but clinically relevant’ depression; the total median score was 20 ($SD=3.40$). Of the 23 individuals achieving a score of 9 or less, 19 were White British.

Table 3 Respondents with an SDHS score of 9 or less

<table>
<thead>
<tr>
<th>Score &lt;10 on SDHS</th>
<th>White British</th>
<th>White Irish/other White background</th>
<th>Black or Black British</th>
<th>Chinese (PRC)</th>
<th>Other Asian background</th>
<th>Other ethnic background/prefer not to answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total SDHS</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Total N</th>
<th>Median</th>
</tr>
</thead>
</table>

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A significant part of the University’s Counselling Service provision is the annual programme of workshops and groups. For many students joining a group or taking part in a workshop is the most appropriate way for them to resolve their difficulties. It is helpful to appreciate that others experience similar problems and students gain self confidence by supporting one another. Studying at University requires students to participate in many different group situations and the skills required are used as a basis for future life.

According to student statistics for 2010/2011 international students make up approximately 26.63% of the student population. The counselling service started to keep statistics on group and workshops attendance in 2008/9. The following table is a comparison of the last two years of the percentage of international students using the programme.

<table>
<thead>
<tr>
<th>Groups and workshops programme</th>
<th>08/09</th>
<th>29.4%</th>
<th>International students</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10</td>
<td>24.7%</td>
<td>International students</td>
<td></td>
</tr>
</tbody>
</table>

Their % attendance figures are therefore similar to the % of numbers studying at the University.

In contrast fewer international students come for individual counselling then their percentage numbers would suggest.

<table>
<thead>
<tr>
<th>Individual counselling</th>
<th>08/09</th>
<th>19.5%</th>
<th>International students</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10</td>
<td>20.4%</td>
<td>International students</td>
<td></td>
</tr>
</tbody>
</table>

Unfortunately we do not differentiate nationalities within our statistics. However it would appear that Chinese students are underrepresented. There are approximately 1500 Chinese students at the University and less than 190 attend the groups and workshop programme.

International students face significant challenges when studying so far from home. There are wide cultural variations on how experiencing difficulties is understood and dealt with. Many of the international students who attend our workshops and groups are
enthusiastic to make use of everything the University has to offer. They are keen to learn new skills to help their personal development in a positive way. If however a sense of shame is attached to experiencing difficulties then students find it difficult to attend.

It is important not to assume that groups of students who do not attend the service do not have needs. It is more likely that these needs are either being met elsewhere or are not being met. The groups and workshop programme has developed as a direct result of the difficulties that client’s most frequently present with. It is therefore subject led rather than developed to meet the needs of individual groups of students.
Reference

11. Malcolm, M., China has 100 million people with mental illness The Telegraph Shanghai, Telegraph Media Group Ltd, 2009.
17. DHRRA. Doc: Mental health problems on the rise. 2009 [cited 2010 10 August]; Available from:


34. Cathy Street, C.S., Emily Taylor, Mhemooda Malek, Zarrina Kurtz, Young Minds: Minority voice Research into the access and acceptability of services for the mental health of young people from Black and minority ethnic group. 2005.


68. Fan, F., Study On University Students Mental Health Education. 2002, Beijing: Tsinghua University Press. 96-104


79. The Mental Health of Students in Higher Education. 2003 (Review by: 2006), Royal College of Psychiatrists.


116


85. *Implementation Outline of Mental Health Education in Higher Education (Trial)*. 2002, Ministry of Education PRC.


104. *International students in the UK: facts, figures--and fiction*, UK Council for International Student Affair (Sep.2010).


111. Student Health Centre. [cited 2010 12 August]; Available from: http://www.exeterstudenthealthcentre.co.uk/useful_websites_p4204.html?a=0.


