Abstract

Mental Health Access Among International College Students

Linda Bett, MSN, RN, PMHNP-BC

The University of Texas at Arlington College of Nursing

In partial fulfillment of the requirements of

N6621 DNP Practicum II

Dr. Diane Snow, PhD, PhD, APRN, PMHNP-BC, FAANP, FIAAN

May 3, 2015
Abstract

The International student population is steadily rising in various campuses across the United States (U.S). Mental health concerns such as mood, anxiety, adjustment disorders, relationship problems, and academic struggles are significant among this population (Mitchell, Greenwood, and Guglielmi, 2007; Yorgason, Linville, and Zitzman, 2008). Lack of knowledge, fear, stigma, poor support resources, unawareness of service availability, beliefs, culture, and mental health experiences have been voiced as reasons that impact help seeking attitudes. Early mental health interventions are therefore warranted; if mental health concerns are left unaddressed they could result in a decreased ability to function or more fatal consequences such as suicide.

This pilot study was conducted using a descriptive study design over a 12-week period during the spring 2015 semester at the University of Texas Arlington, campus. The purpose of the study was to examine how international students perceived their support and access to mental health services. The study also inquired into the challenges that international students encountered in accessing mental health services on campuses and how colleges can mitigate such challenges. Findings: Knowledge deficiency on mental health and resources, perceptions and beliefs, mental health challenges, poor support, negative help seeking attitudes, and awareness are still of concern. Conclusion: Alternative mental health awareness strategies and ensuring appropriate supportive programs and resources that address international student’s specific concerns need to be considered.
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The International Student (IS) population is steadily rising in various campuses across the United States (U.S). It is estimated that as of 2012 there were 764,495 international students enrolled in colleges across the U.S. (Marklein, 2012). International students come from various ethnic backgrounds, are more likely to have fewer social support networks, and reside temporarily in the U.S. with intentions of immigrating back to their countries hence distinct from other American students (Mori, 2000). Many international students are first generation college students and have high expectations placed upon them (Mori, 2000). Additionally, while transitioning into new environments they are faced with multiple challenges such as educational adjustments, establishing of social networks, cultural difficulties, communication, financial worries, homesickness, and loneliness (Komiya and Eells, 2001). As a result of various interconnecting challenges many are faced with escalating stressors leading to the development or exacerbation of incapacitating mental health problems (Lee, Chan, Ditchman and Feigon, 2014).

Along with the increasing growth of international students is a significant change in the face of mental health in college campuses requiring provisions for psychotherapy, substance abuse management, and use of psychotropic medications (Kraft, 2009). Mental health concerns have continued to evolve increasing in severity and complexity among college students beyond adjustment or developmental issues (Byrd and McKinney, 2012). It is also reported that nearly one-half of mental disorders account for the total disease burden among young adults in the United States thus the significance of early intervention (Hunt and Eisenberg, 2010).
International students faced with challenges seek care only when symptoms have exacerbated despite knowledge of existence of such services (Mori, 2000). Issues of inadequate support resources, unavailability or limited mental health services across campuses further increases the difficulty in accessing care for international students (Yorgason, Linville, and Zitzman, 2008). Moreover, representation of students from various cultural backgrounds with diverse beliefs and needs adds to the complexity of caring for this population thus warranting addressing their concerns. Lack of knowledge about mental health resources, gender, prior counseling experience, degree of emotional openness, perceived social stigma, and shame have also been found to impact use of mental health services among this population group (Yorgason, Linville, and Zitzman, 2008). Evidently, due to the increased challenges and need for supportive services, international students are vulnerable to poor physical and psychological health, thus warranting an understanding of their mental health concerns in order to improve access.

Research Problem

Although differences exist in accessing care, research suggests that IS as well as American college students experience similar concerns such as mood, anxiety, adjustment disorders, relationship problems, and academic struggles (Mitchell, Greenwood, and Guglielmi, 2007). Knowledge of service availability or lack thereof, plays a critical role in the actions students take, whether to seek help in crisis situations or not. Of concern is the fact that despite having adequate health services, health care coverage, and counseling support resources on campus, IS continue to underutilize mental health services in comparison to American college students’ counterparts (Hyun, Quinn, Madon, and Lustig, 2007). Consequently, an understanding of the major causative
factors that create challenges in accessing mental health services are crucial in ensuring provision of appropriate support resources and meeting the needs of this population. Therefore to achieve this objective, the study will be guided by the following research questions:

1. How do international college students perceive their support and access to mental health services on college campuses?
2. What challenges do international college students experience in accessing mental health services?
3. How can colleges improve access to mental health services among international college students?

**Research Purpose**

This study purposes to establish the perspectives of IS on their support and access to mental health services on campuses. The study will also inquire into the challenges that IS encounter in accessing mental health services on campuses and how colleges can mitigate such challenges. This is an effort to enhance support and access to mental health services among IS.

**Literature Review**

In review of literature, most studies on college IS were focused on acculturation stressors with a limited number of studies addressing their mental health concerns. In a study to evaluate the perceived needs and experiences among IS enrolled at a West Coast University, Tidwell and Hanassab (2007) determined that understanding their needs and experiences provide a framework for developing viable counseling services and programs. Additionally, understanding international students’ needs based on knowledge
of their various geographical regions or backgrounds allow for mental health professionals to address their concerns appropriately.

As a result of underutilization of counseling services among college international students, Nilsson, Berkel, Flores and Lucas (2004) conducted a one-year study to determine utilization of services and presenting concerns among international students who sought counseling services. The findings suggested that international students presented with a variety of concerns such as depression, anxiety, assertiveness, and academic concerns. The students were also found to underutilize counseling services compared to other minority students and had lower return rates.

Mitchell, Greenwood, and Guglielmi (2007) compared actual counseling utilization patterns among international students with U.S college students who sought such services at a university counseling center during a 2-year period. Findings suggested that the international students who sought treatment were older, more likely referred by staff or faculty, had prior psychiatric hospitalization and counseling experience, and utilized counseling services mostly during crisis. Anxiety and depression were determined to be the top presenting concerns among both groups. Additionally U.S college students were found more likely to seek care and presented with similar concerns in comparison with international students during treatment.

In a 5-year study examining the use of counseling services among international students, Yakushko, Davidson, and Sanford-Martens (2008) found that international students utilized services briefly, had poor return rates and most presented with concerns about relationships, depression, isolation, loneliness, anxiety, self-esteem, academic, culture adjustment, war trauma PTSD, career and stress. It was also determined that most
international students were likely to seek care when referred by friends, student health practitioners or physicians, academic advisors, or obtained information from counseling brochures. Students with prior counseling experience were also found to stay in treatment for shorter periods in comparison to those without prior experience.

Overall, the findings suggest IS present mostly with similar concerns in comparison to U.S college students although disparities exist in accessing of mental health service. Support resources, culture, referral sources, and mental health experiences are significant challenges among this population. In addition, campuses may offer unique mental health service opportunities such as free services and immediate counseling services not readily available in the general population (Eisenberg, Hunt, Speer and Zivin, 2011). Therefore, ensuring appropriate supportive programs and resources that address international student’s specific concerns and needs is a significant requirement for this population and the mental health providers who provide care to them.

**Project Framework**

A recovery oriented system model was utilized to guide further understanding on the challenges experienced in accessing care among international students. The model emphasizes the ideas of planning and providing care based on the knowledge that individuals can recover from mental illness (Baird, 2012). “Recovery” in this context is associated with internal conditions: attitudes, experiences, and change process as well as external factors: circumstances, events, policies, and practices that promote recovery (Jacobson, 2001). Using the recovery oriented system model in evaluation of internal and external factors that create challenges in accessing mental health services provides ways of connecting tailored strategies to address major concerns. For example, by improving
access to mental health services, students will be able to acquire knowledge, education, and treatment resulting in decreased stress, fear, and stigma. Addressing external factors such as clinician practices by ensuring they are culturally aware and knowledgeable of providing culturally specific care may impact attitudes, and experiences (internal factors) positively therefore creating a welcoming environment.

**Methodology**

**Project Design**

A descriptive study design was utilized to examine the IS support resources and networks that are currently in place and to identify major barriers that inhibit access to mental health care. Descriptive research offers a way to further explore phenomena with limited information, discover new meaning, describe what exists, determine the frequency and occurrence of events, thus generating new knowledge (Burns, Grove, and Gray, 2013).

**Population and Setting**

The study population consisted of IS currently enrolled at the University of Texas at Arlington (UTA) a large public university, located in Arlington, Texas. The UTA population is comprised of 3,000 IS with a total enrollment of more than 48,000 students in Texas and 120 countries represented in this body (UTA, 2015). UTA campus facility has a long established health clinic with a variety of health departments that offer specialized services that include: medical, psychiatric, psychological, pharmacological, and gynecological (University of Texas Arlington Health Service [UTAHS], 2015). The IS were defined as any self-described foreign student without permanent residency status in the United States.
Subjects

Following appropriate approval from the UTA Institution Review Board (IRB #2014-0797 Refer to Appendix A), the student presidents of various UTA international student organizations were contacted to assist in releasing invitation letters (Refer to Appendix B) to IS members within their organization for participation in the study. The open invitation letters included contact information of the primary investigator and were sent out via e-mail to UTA graduate or undergraduate international students enrolled in the Spring 2015 semester. The organizations contacted included the UTA international Student Associations from: Africa, Asia, Bangladesh, Caribbean, Russia, Taiwan, Nepal, Sri Lanka, and Korea.

Procedure

Informed consents were obtained with the understanding that the interviews would be voice-recorded, transcribed verbatim, and reported in an anonymous fashion. Prior to the beginning of the interviews, each interviewed participant was provided with information about the project details and asked to fill out a demographic questionnaire. Participants received a $10 Starbucks gift card once they completed the interview.

Sampling

Purposive nonrandom sampling was utilized to obtain (N=9) IS included in the final sample of the study. (N=200) were contacted for participation in the study (N=15) IS responded however (N=9) were able to participate as the rest could not make it due to schedule conflicts or did not provide sufficient information to be utilized in the study. Only those meeting eligibility criteria were included in the selection process. These
included self-described graduate and undergraduate IS who were currently enrolled in the Spring 2015 semester at the university and over 18 years of age.

**Data Collection**

The data was collected from face-to-face individual interviews carried out over a period of 3 months averaging about 15 minutes. This was determined to be a more convenient method considering the different student schedules, living situations, and time conflict. The interviews were recorded over a voice-recording application device and participants were assigned subject numbers to protect their identity and provide ease in sharing of information. Demographic data was obtained from a questionnaire provided to the participants (Refer to Appendix C) prior to the start of the individual interviews and included information regarding: gender, age, current educational level, race classification, marital status, length of time in the US, and nationality.

Following completion of demographic information participants were asked to respond in their own words and thoughts to a set of sample questions carefully predetermined by the researcher that aimed to address the research questions (Refer to Appendix D). Slight modification of the interview questions were made to include questions regarding understanding or familiarity on mental illness, perceptions on mental illness, and experiences in dealing with or managing any mental health concerns that might have arose upon their arrival to the US. These interview questions were added in an effort to gauge how the participants defined mental health, their knowledge on mental health, and to ease transitions into subsequent questions given the sensitivity of this topic voiced by the first four interviewed subjects. However, despite probing by the interviewer on particular issues that arose during questioning and addition of interview questions, the
baseline interview questions remained consistent with progression of the interviews and each of the subsequent interviews that followed.

**Data Analysis**

In total (N=9) interviews were utilized for the final data analysis and thematically analyzed in a word processing package (MS word). Qualitative data from the recorded interviews was transcribed verbatim and identification, examination, and interpretation of patterns and themes carried out. The interview transcript (Refer to Appendix E) was read multiple times and identified themes, words, and phrases that pertained to the research questions placed into categories that served as a baseline for evaluating subsequent interviews. An experienced researcher then repeated this validation process and a comparison of themes identified by the second reviewer was made to come up with the final themes utilized in the study. The following themes (see Table 1 below) were identified and included: Knowledge, perception and beliefs, mental health challenges, support adequacy, attitudes towards help seeking, and awareness.

An analysis of the demographics for descriptive statistics percentage, mean, standard deviation, and frequency of data was obtained (See Table 2). More than 2/3 of the sample interviewed were female with the majority of the subjects aging between 30-39 and all graduate students. Most of those interviewed (N=6 of N=9) had stayed in the US between 5-9 years. Countries represented in the sample included Barbados, Cameroon, Ethiopia, Ghana, India, Jamaica, Kenya, and South Africa each with one subject interviewed.
### Table 2. Demographic Statistics

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#### Gender

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#### Age

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#### Education level

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Findings of the Study

Table 1: Categories of Identified Themes

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<th>Knowledge</th>
<th>Perceptions and Beliefs</th>
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<th>Support Adequacy</th>
<th>Help Seeking Attitudes</th>
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* = theme present in interviewee’s account

Table 1 represents a visual snapshot of the themes identified in the study with a further breakdown of themes present in each interviewee’s account. A detailed discussion of the finding follows.

Knowledge

Most of the interviewed subjects knowledge and understanding of mental illness varied based on their personal experiences growing up. A lack of understanding on mental illness was noted as there were misconceptions that seeking help for mental health issues was like declaring oneself as mad. One of the subjects thought of mental health as unmanageable and brought about by witchcraft. Some did not consider stress and
depression as mental health problems. Others were not as familiar as this was not spoken of growing up in their home countries or had very little contact with people suffering from mental illnesses. However for most, their opinions changed after immigrating to the US and realizing that mental illnesses were treatable and had good prognosis.

"I am familiar with mental illness because my father suffers from it, he started acting strange or funny to me I would say schizophrenic when I was 12 years old I walked into the living room and he was talking to the radio, when I was living in Kenya it was embarrassing, I have become open-minded being in this country, now I am glad to have a father" (Subject 5).

"back home in Kenya we had very little contact with people who have mental illness, we could just see people roaming on the streets, in the market half naked, or begging but there was no real understanding of mental illness" (Subject 7).

"I was not familiar with mental illness prior to my arrival to the US my understanding was that they were crazy people" (Subject 8) “When I think of mental health one thought comes to my mind, that is the mad men I saw growing up, they were depressed and acted differently, one also that comes to my mind is alcoholism (Subject 9).

**Perception and Beliefs**

Majority of the subjects’ beliefs on mental illness changed as they became acculturated in the US, worked in the US health care system, or learned about mental illness in college. The experiences that the subjects had gone through shaped their perception and attitudes towards mental health issues. Contact with different cultures in the university and experiences with mental health patients had shaped their general
outlook on mental health issues. It also appears that those subjects who had positive perceptions on mental illness realized the validity of such concerns and were favorable towards seeking mental health services.

“There was an article I was reading that said mental illness can be genetic, it is in the genes, I don’t think it is something to be embarrassed about, it is something that cannot be avoided, I work with special needs clients with schizophrenia, and some have Bipolar on medications and we are able to manage them” (Subject 5).

“We don’t have all the treatments that are available here so it is totally different here but I have seen that people can be managed on medications, they can be productive, go to work, and live basically a normal life, once they are educated well about their disease and if they are managed well, now my perception is totally different” (Subject 6).

“My perception has changed since I came the US 3 years now, mental illness actually exists, before I believed that mental health was witchcraft” (Subject 8).

“My belief now is that mental health is something that can be managed and it has nothing to do with evil spirits and if someone is well medicated they can live very long and productive life” (Subject 9).

**Mental Health Challenges**

All the participants reported challenges that they considered to affect their mental health. Some of the participants reported experiencing feelings of depression and anxiety. Stress was considered to be the biggest challenge. This was related to: different environment, cultural adjustments, differences in school systems from originating countries, academic work loads, financial obligations in the US and their home countries,
peer pressure, family obligations, lack of social support, and understanding from individuals in the US community.

It is of importance to note that despite expressed reports of depression, anxiety, stress, adjustment problems, and alcoholism, majority of the participants did not seek help at the mental health clinic on campus. Some voiced concerns of unfamiliarity with such services while others preferred speaking with friends or seeking help from members within their communities. Additionally, some admitted that they did not realize they were going through depression or anxiety although admitted to feeling stressed. When one subject was asked if they ever experienced depression or anxiety the response was, “I would not call it depression but it is more pressure and stress related to assignments” (subject 4). Another subject stated “we didn’t call it depression, I said that I was depressed because now I know it was depression but then I didn’t know it was depression” (Subject 6). “When I learnt of mental illnesses that’s when I actually knew that I may have been suffering from mental health illness for example, stress and also adjustment disorder” (Subject 8).

Support Adequacy

Despite the reported mental health challenges among participants, there were varied reports in terms of support, as some felt that they lacked a good support system while others felt this was sufficient. Lack of support was attributed to being misunderstood, an unawareness of available support services, and lack of mental health understanding. Those who reported having enough support had family members (spouse, siblings) already present in the US, were involved in international support groups, involved in church, or had friends.
“I don’t think I have enough support, being an international student unless you have an international background people don’t understand the struggle, they don’t understand where you are coming from” (subject 1).

“I was not aware of support services, it may have been there but I wasn’t aware about that and the counselor that I was seeing was an academic counselor she was not a counselor to help me with the type of anxiety I was going through” (Subject 7).

No, I don’t think I have enough support. All I mostly rely on is my church community, friends, and loved ones but I don’t know much about the resources out there” (subject 8).

“I don’t think I have enough help, people don’t understand mental health as much this makes it difficult for individuals to seek appropriate help or know where to get help from” (subject 9).

**Help Seeking Attitudes**

Although the majority of the participants reported mental health concerns most would consider seeking psychiatric help, as they are now familiar with challenges that would cause them to seek help. However, the majority reported that they would consider seeking help from outside facilities, friends, church, or family prior to seeking help at the university health center. On the other hand, some had negative attitudes towards seeking psychiatric help for various reasons. Most of the students thought that even if they sought help, the clinic would not have the capacity to assist them. One participant reported of going for psychiatric counseling from friends, or parents and if no relief would consider psychiatric services but not follow up stating “I don’t want to be a person named as
having mental health problems” (subject 2). Another subject stated, “I would seek help but not on campus, I don’t want my friends to see me as crazy” (subject 8). “I don’t think I have reached to that level where I may need psychiatric help, but I don’t think I can tell my friends as this will just give them a reason to mock me” (subject 9).

In terms of recommending psychiatric help to peers, all the subjects indicated that they would be able to refer their friends to the campus clinic or any other facility if they perceived them to have mental health issues. All participants felt that this would be appropriate as they did not want them to go through similar challenges and were now much more aware of how to get help. Therefore, this indicates that when the campus creates awareness about the clinic, international students would be able to support each other in accessing it.

Awareness

Most of the participants felt that more could be done to improve access to mental health and create awareness. The majority expressed that the university had not made sufficient awareness efforts in regards to the mental health services provided by the campus clinic. Most of the subjects except subject 2 and 4 were not aware of the mental health services offered by the campus. Most were seeking help from friends, relatives, and church communities. Only subject 4 had sought services from the campus clinic.

Several suggestions were made in terms of improving awareness of services hence access to mental health. Most felt detailed information on mental health concerns and the signs and symptoms to look for should be provided during initial orientation and reminders sent halfway through the course of the semester. Some felt that this information should be offered by a mental health professional, as they would be able to
explain better on the services provided and how to deal with arising mental health concerns. In addition, the information could also be provided on the main campus websites homepage, flyers or posters placed on the hallways, as well as bathroom banter.

Discussion

The findings support the various mental health challenges faced among IS reported in other studies (Mori, 2000; Yorgason, Linville, and Zitzman, 2008; Thurber, and Walton, 2012) as they adopt into the US educational systems and culture. It also supports the fact that more needs to be done in addressing mental health challenges and concerns among IS. With the growing numbers of IS and American college student populations facing similar concerns, alternative strategies to improve mental health awareness need to be considered in order to keep up with the growth demands.

In addressing the research question on IS perceived support and access to mental health services on college campus, majority of the subjects interviewed felt that this was lacking. Issues regarding unawareness of the services availability, deficient knowledge on mental health, stigma and fear of being labeled by friends, personal upbringing and beliefs, mental health experience, and poor social support networks hindered the IS ability to seek support or access mental health services. This highlights a big concern of insufficiency in the university’s current efforts of improving mental health awareness. It also raises questions as to the aggressiveness and persistence in raising awareness or keeping up with the IS student population as they progress through college.

According to Yorgason, Linville, and Zitzman (2008), there were concerns raised of intuitive expectations suggesting that IS needing mental health services would know their availability and when to use them. Such concerns were noted in reported accounts of
some of the IS interviewed. Most of the subjects felt that mental health information was provided during the orientation process with no follow-up of information as the semesters progressed or during the course of their program. Others felt that that information provided during orientation was not detailed enough for them to comprehend what mental health issues really meant. However, only with the realization of the mental health challenges they were experiencing once they became acculturated into the system did they voice consideration in seeking psychiatric help or support from other sources. Therefore, significant educational efforts informing them of what to expect as well as the challenges should be made prior to arrival of IS and during progression in the system as this may help shape their attitudes and impact coping skills. When more is known of what to expect, the availability of support and resources, and where to find them the less anxious students may feel (Thurber and Walton, 2012).

In regards to the challenges experienced in accessing mental health services among IS, mental health issues among most of the subjects were treated as taboo from where they came from. This resulted in a reluctance of the students in seeking help since they had the perception that it was not treatable and was supernatural. Majority of the subjects also suffered from culture shock since what they met here was different from what they were used to. Some voiced concerns that the orientation process was not deep enough to enable them to reconcile what they had experienced and what they met. This led to panic attacks, anxiety, stress, adjustment problems, alcoholism, and depression.

Further more, the subjects felt that none of their student peers understood them besides members within the international community going through the similar experiences. Others reported concern that the health care professional would not
understand their culture hence the hesitance in seeking psychiatric help. There were also reported feelings of fear and stigma surrounding seeking help with mental health issues thus being labeled by peers. Therefore, strategies geared towards increasing access should be focused on addressing the negative attitudes, thus boosting confidence in the IS abilities in seeking help for arising mental health concerns. This is supported by the possibility that such attitudes may be influenced by preconceived information on mental health and the stigma that surrounds it. Encouraging early access to mental health care to address issues such as panic attacks, anxiety, stress, adjustment problems, alcoholism, and depression should be a priority. This is simply due to the fact that if such concerns are left unaddressed, they could lead to significant crisis, break down of functionality, or more fatal consequences such as suicide. According to Downs and Eisenberg (2012) factors related to attitudes, beliefs, and social networks are associated with help seeking and offer promising points towards suicide prevention strategies.

The question regarding improved access to mental health services among the IS interviewed was answered with overwhelming need for improved access and awareness on mental health issues. All those interviewed felt that education on mental health should be a priority as most had struggled with mental health challenges upon arrival to the US. Lack of knowledge or insufficient provision of information was reported to be among the most pressing concerns hindering access to care. Suggestions to increase educational efforts during orientation, posters, brochures, and flyers were mentioned as possible ways of addressing mental health concerns. Awareness of mental health challenges among IS should not stop after the orientation process as IS are more likely to report financial problems and less likely to report having emotional or relationship problems (Hyun et al.,
Mental Health Access among International College Students

2007). With continued efforts to address mental health concerns head on, the impact on overall well-being, academic success, and successful transitions among future students will be significant.

Limitations

Given the nonrandomized sample selection and small sample size of participants, the findings could have been limited to those particular subjects interviewed rather than the representative of the IS population at the university. Thus, the findings may also not be generalizable to IS in other campuses. The subjects interviewed varied understanding of mental health challenges, perceptions, and voiced concerns of sensitivity on mental health topics may have limited the information provided. As a result, this could have also impacted the participants' true thoughts or opinions on the subject matter. Another challenge is that face to face interviews may have played a role in determining the amount of information provided as it was noted the length of the interviews depended on the participant's comfort level. Nevertheless, since the primary purpose was to establish the perspectives of IS support and access to mental health services, this was deemed an appropriate approach for the study. Finally, gender differences have been found significant in impacting attitudes towards seeking professional help. Therefore rephrasing of recruitment campaigns to target the male population should be considered (Nam et al., 2010). It is difficult to tell if gender differences impacted the findings of the study because out of all interviewed participants (N=9), only (N=2) were male.

Conclusions

Due to the limited amount of studies done on the IS population, the study approach helped to answer the posed research questions. Findings support that there is
need for mental health education and continued improvement on how we approach transition of IS into the educational systems and culture in general. Mental health professionals who provide services to IS can learn from their shared concerns and vice-versa. Hopefully, this can help to mitigate problems in accessing care, trust concerns, and attitudes towards seeking help for mental health concerns. Continued educational efforts by the office of international student affairs as well as the mental health department should be encouraged. These departments are major stakeholders in the success of IS as they are best placed and well suited in shedding awareness and having an influence, due to their ease in reaching out to the IS population.
References


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Appendix A

IRB Approval Letter

November 26, 2014

OFFICE OF RESEARCH ADMINISTRATION REGULATORY SERVICES

Linda Bett Dr. Diane Snow Nursing The University of Texas at Arlington Box 19407
IRB No.: 2014-0797 Title: Mental Health Access Among International Students

EXPEDITED PROTOCOL MODIFICATION APPROVAL

The UT Arlington Institutional Review Board (UTA IRB) Chair (or designee) reviewed and approved the modification(s) to this protocol on November 25, 2014 in accordance with Title 45 CFR 46.110(b)(2). Therefore, you are authorized to conduct your research. The modification approval will additionally be presented to the convened board on December 9, 2014 for full IRB acknowledgment [45 CFR 46.110(c)]. The modification(s), indicated below, was/were deemed minor and appropriate for expedited review.

• Change the method of data collection from focus group meetings to one on one interviews

MODIFICATION TO AN APPROVED PROTOCOL:
Pursuant to Title 45 CFR 46.103(b)(4)(iii), investigators are required to, “promptly report to the IRB any proposed changes in the research activity, and to ensure that such changes in approved research, during the period for which IRB approval has already been given, are not initiated without prior IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject.” Modifications include but are not limited to: Changes in protocol personnel, number of approved participants, and/or updates to the protocol procedures or instruments and must be submitted via the electronic submission system. Failure to obtain approval for modifications is considered an issue of non-compliance and will be subject to review and deliberation by the IRB which could result in the suspension/termination of the protocol.

INFORMED CONSENT DOCUMENT:
The IRB approved informed consent document (ICD), showing the stamped approval and expiration date of the article must be used when prospectively enrolling volunteer participants into the study. The use of a copy of any consent form on which the IRB-stamped approval and expiration dates are not visible, or are replaced by typescript or handwriting, is prohibited. The signed consent forms must be securely maintained on the UTA campus for the duration of the study plus three years. The complete study record is subject to inspection and/or audit during this time period by entities including but not limited to the UT Arlington IRB, Regulatory Services staff, OHRP/FDA and by study sponsors (if the study is funded).
ADVERSE EVENTS:
OFFICE OF RESEARCH ADMINISTRATION REGULATORY SERVICES
Please be advised that as the principal investigator, you are required to report local adverse (unanticipated) events to The UT Arlington Office of Research Administration; Regulatory Services within 24 hours of the occurrence or upon acknowledgement of the occurrence.

TRAINING
All investigators and key personnel identified in the protocol must have filed an annual Conflict of Interest Disclosure (COI) and have documented Human Subjects Protection (HSP) training on file with this office prior to protocol approval. HSP training certificates are valid for 2 years from completion date.

COLLABORATION:
If applicable, approval by the appropriate authority at a collaborating facility is required prior to subject enrollment. If the collaborating facility is engaged in the research, an OHRP approved Federalwide Assurance (FWA) may be required for the facility (prior to their participation in research-related activities). To determine whether the collaborating facility is engaged in research, go to: http://www.hhs.gov/ohrp/humansubjects/assurance/engage.htm

CONTACT FOR QUESTIONS:
The UT Arlington Office of Research Administration; Regulatory Services appreciates your continuing commitment to the protection of human research subjects. Should you have questions or require further assistance, please contact Alyson Stearns at astearns@uta.edu or Regulatory Services at regulatoryservices@uta.edu or 817-272-2105.

Sincerely,

Maria Martinez-Cosio, Ph.D. Associate Professor UT Arlington IRB Chair
Appendix B

Invitation Letter

Dear International Student,

This letter is an invitation to consider participating in a study I am conducting as part of my Doctoral degree at the University of Texas at Arlington. I am seeking participants to be interviewed as part of a research study to investigate the current state of mental health among college international students. As an international student you are in an ideal position to provide valuable information on the current challenges and barriers.

Your participation is voluntary and the feedback provided could be beneficial toward improving mental health access among college students. If you agree to participate in my research, it will involve a face-to-face interview of up to 30 minutes with you at a time and location of your choice on campus. You will receive a $10 gift card for complete participation. Additional information and answers to your questions will be provided if you decide to become a part of this project.

If interested in participating, please contact me at the email below. Thank you in advance for participation in this project and I look forward to speaking with you.

Sincerely,

Linda Bett
RN, MSN, PMHNP-BC, DNP Student
Email: linda.bett@mavs.uta.edu
Appendix C

Demographic Questionnaire: Mental Health Access Among International Students

Please Circle your choice

1. What is your gender?
   • Male
   • Female

2. What is your age?
   • Between age 18-19
   • Age 20-29
   • Age 30-39
   • Age 40-49
   • Age 50-59
   • Over 60 years old

3. What is your current education level?
   • Undergraduate
   • Graduate

4. How would you classify yourself?
   • White
   • Hispanic or Latino
   • Black or African American
   • Native American or American Indian
   • Asian or Pacific Islander
   • Other

5. What is your marital status?
   • Single or Never married
   • Married or domestic partner
   • Widowed
   • Divorced
   • Separated

6. How long have you live in the United States?
   • 0-4 years
   • 5-9 years
   • 10-14 years
   • 15-19 years
   • Over 20 years

7. Please identify your nationality ____________________________________________
Appendix D

Interview Questionnaire

1. What is your understanding or familiarity with mental illness?

2. How do you perceive mental illness or what are your perceptions on mental illness?

3. What was your experience in dealing with or managing stress, anxiety, depression and any other mental health concerns that you might have experienced as an international student upon arrival to the US?

4. What are some of the mental health challenges that you experience while on campus?

5. If you needed psychiatric help, would you consider seeking psychiatric services, confide in a friend, or where else would you go to seek help?

6. If you had a friend in need of psychiatric help could you tell them where to seek services?

7. Would you say you have enough support in dealing with and managing mental health problems?

8. How does the university create awareness of mental health services available to students?

9. In your own view, are the current approaches towards improving mental health access among international students sufficient?

10. What do you think should be done to improve your awareness of the services available, the efficacy of the services, and the support provided to international students?
Transcribed Interviews

Mental Health Access Among International College Students

Linda Bett, MSN, RN, PMHNP-BC

The University of Texas at Arlington College of Nursing

In partial fulfilment of the requirements of

N6621 DNP Practicum II

Dr. Diane Snow, PhD, PhD, APRN, PMHNP-BC, FAANP, FIAAN

May 3, 2015
Mental Health Access Among International Students

Subject 1
Demographics: Female, Age 30-39, Graduate, Black or African American, Married or domestic partner, lived in the US 5-9 years, Jamaica

Interviewer: What are some of the mental health challenges that you have experienced while on campus?

Subject: Some of the mental health challenges have been stress, some form of depression and a lot of anxiety. A lot of stress because this is a different environment, school system is different you are in a different country, stress really because of finances because you are having to pay international student fees, you are barely working, barely making money you have to take care of your family back home and so you couple that with trying to do your studies it is very stressful and with that stress comes a lot of anxiety and with that comes depression because you get sad, lonely, you start feeling helpless so those are a lot of things that I would consider as challenges that I have experienced while on campus.

Interviewer: Would you say you have support in dealing with those challenges and managing mental health problems?

Subject: I don't think I have support and the reason I say that is because being as an international student, unless you have an international background people don't understand the struggle, they don't understand where you are coming from and so when you start talking to people they just look at you and so I don't think I do have that support because people just don't understand.

Interviewer: How does the university create awareness of the mental health services available to students?

Subject: I don't think there is truly any type of awareness. There is a lot of awareness in regards to regular awareness because they always have health fairs but I have never seen anything related to mental health unless you know somebody that is going through mental health issues, you wouldn't really know.

Interviewer: If you needed psychiatric help would you consider seeking those services?

Subject: Absolutely, I think talking about it having people that are able to relate, having someone to discuss issues with having that reassurance definitely would help with stress and knowing that you have that support I think that support is the biggest thing when it comes to mental health and if you feel like you have that you have those services you can definitely feel at least at home and at ease.

Interviewer: In your own view, are the current efforts towards improving mental health access among international students sufficient?

Subject: No, and the reason is there is not enough awareness and so if you don't know that the resources are available then of course you would not seek those resources, so no I don't think there is enough approaches or access.
Interviewer: What do you think should be done to improve the awareness of those services, the availability, the quality, and the support provided for international students?

Subject: The first thing that I think would be beneficial would be incorporating information in the orientation process. They go through all these resource that are available to you during the orientation process, they give you tours of the school, they show you the health centre, but nothing related to mental. They know that these are international students that are going through changes, transitions in life. Incorporating that information during the orientation process, having that information even on websites, homepage, having flyers in the health centre that would be great in getting that information out there.

Interviewer: If you had a friend who needed psychiatric help could you tell them where to seek help and other related concerns?

Subject: Absolutely because no one wants to be alone especially when you are in school, you are in a different country.

Interviewer: Would you know where they could go them for help?

Subject: Yes, I know now

Interviewer: All right. That concludes the interview. Thank you so much for agreeing to interview.
Subject 2  
**Demographics:** Female, Age 30-39, Graduate, Asian or Pacific Islander, Married or domestic partner, lived in the US 5-9 years, Indian nationality.

**Interviewer:** What are some of the mental health challenges that you experience while on campus?

**Subject:** Of course, when I am in the campus, stress regarding my homework, classes, if I will make good grades. I become anxious before exams, sometimes I feel depressed if I don’t make a good grade after I have put in all my effort. Keeping my classes and if am working part-time all that together. Sometimes, talking to my professor about my problems and presentations.

**Interviewer:** when you experience those challenges in terms of feeling depressed, sad, stressed out. Have you sought help, or do you ever consider seeking help?

**Subject:** No, I have not. I think probably I don’t know if I will be going to a psych for seeking help. But sometime I talk to my friends, parents or relatives. I don’t know if I will go to the campus to seek help, because I may not feel right doing that. I may feel that I am sick or it will make me more depressed I think.

**Interviewer:** Would you say you have enough support here in campus in terms of managing your mental health problems?

**Subject:** I mean I know, they have a health clinic but I have never been there. They say that provide counselling for depression and anxiety or any other challenges but I have never been there. I think there are services but I have never used any.

**Interviewer:** Do you have any idea of how this university creates awareness of mental health services among students?

**Subject:** we see in our curriculum that if we need any medical or mental support there is a clinic on campus and we can go and see them. That’s how we know, but otherwise there is no other way of knowing.

**Interviewer:** If you needed psychiatric help would you consider psychiatric services?

**Subject:** Well, if I had any psychiatric problems, like if I am depressed and I am not able to come out of it, maybe even getting counselling from my friends or from my parents doesn’t help, I may go and get psychiatric service but if I feel all right I may not go for a follow up. I don’t want to put myself as mental health. I don’t want to be a person named as I have mental health problems. So I may or may not make a follow-up I don’t know.

**Interviewer:** So if you had a friend in need of psychiatric help, could you tell them where to seek help or other related services?

**Subject:** Yes, I can tell them, but I cannot force them. That will be their own decision; I know where the clinic is on campus but it will be their choice to go or not.
Interviewer: In your own view are the current approaches towards improving mental health access among international students sufficient?

Subject: I don’t even think that many international students know of the availability of these mental health services, so I don’t think it’s enough. And most of the time they think they will be labelled something if they go there. I don’t think they are aware that they can get help like counselling or something. Even I wouldn’t go.

Interviewer: What are your concerns about going?

Subject: Well, you think if you go everyone will think you have mental problems, or it’s only for people who cannot think right or for those who are insane. So I don’t want to be associated with that.

Interviewer: What do you think should be done to improve your awareness of the services available, quality of the service provided and the support provided?

Subject: Maybe they could tell us what are the services provided, what kind of help we can get form them. For example if we have problems in writing exams, or other fears how they can help us, not like if it’s only for psychiatric problems. If we can get help in counselling or how to deal with anxiety, I don’t think they have done that we think that it’s only for people who have problems and cannot even think straight.

Interviewer: All right, that concludes our interview. Thank you.
Subject 3

Demographics: Female, Age 30-39, Graduate, Black or African American, Married or domestic partner, lived in the US 5-9 years, Barbados.

Interviewer: What are some of the mental health challenges that you have experienced while on campus?

Subject: I was stressed because I was not used to the environment it was creating a lot of anxiety and because of the stress level and anxiety level I felt depressed I didn’t feel like there was anybody to talk to so it was very depressing for me.

Interviewer: did you try to seek help whenever you were feeling like that or did you know where to go?

Subject: I had no idea because I didn’t have those kind of things in my country so I didn’t know where to go where to turn to I didn’t have any information available to me so I just dealt with it on my own.

Interviewer: Would you say you have enough support in managing or dealing with mental health problems?

Subject: No. Information was not available, I did not have any resources on campus I didn’t see nothing nobody told me about anything so there was no way I could manage it I didn’t have any information readily available to me, so I just dealt with it on my own.

Interviewer: How does the university create awareness of the mental health services available to students?

Subject: I don’t think there was any awareness and if there was I was not aware of it there were no resources available for me to reach to nobody spoke to me about it and I thought I had an issue because I was dealing with this thing I didn’t hear nobody talking about it so I just kept quiet about it I couldn’t find no help there was nobody I could talk to no one brought about that issue up nobody brought that topic up so I never addressed it. I didn’t see anything around campus that was related to mental health that could help me.

Interviewer: So how did you deal with it?

Subject: I just dealt with it on my own, I just spoke with friends but I don’t think they had more knowledge on it either but I spoke with close friends. I just dealt with it more on my own.

Interviewer: if you needed psychiatric help would you consider seeking psychiatric services?

Subject: yes what I know now yes I think I can. I would like to address the issue onset because I know what it means for me because I know when I first came it was very stressful for me and all the anxiety it created I was very depressing and now that I know all this mental health thing I would definitely seek help and address the issue from onset.
Interviewer: In your own view are the current approaches towards improving mental health among international students sufficient?

Subject: I don't think it is still very sufficient because I am still not seeing posters, information on the internet, I don't think they are still sufficient to help anyone I think other international students like me are still dealing with the same issue they might just be bury it in and thinking they are the ones with the problems issues if they hear other people talking about it or seeing posters may be it could encourage them but I don't think there is sufficient information on campus for these mental health issues.

Interviewer: So if you had a friend in need of psychiatric help could you tell them where to seek help and other related concerns?

Subject: Yes definitely because I don't want them to deal with the same issues I dealt with. Would definitely recommend for them to seek help and it would really improve their ability to function effectively as a student, a person, as a whole individual. Yes I think I would definitely recommend it.

Interviewer: What do you think should be done to improve the awareness of the services available, the quality of the services, and the support provided?

Subject: I think they have to put effective posters and let it be clear that these people do not have a disease or some kind of thing that would label them negatively, I think they have to put very good attractive labels and let people know. Bathroom banters where they could be seen or hallways or classroom in my view this would be more effective for people to see all around them and let it be attractive too.

Interviewer: Thank you for participating in the interview. This concludes the interview. Thank you.
**Subject 4**

**Demographics:** Female, Age 30-39, Graduate, Black or African American, Married or domestic partner, lived in the US 5-9 years, South Africa

**Interviewer:** What are some of the mental health challenges that you have experienced while on campus?

**Subject:** Sometimes I am so stressed because of when I think of the load work that I have before I have to go to class, how much I have to cover, the length of time of time I need to be on campus, what I have to accomplish for the day and I would say that sometimes I am just stressed because of the load work that I have.

**Interviewer:** Have you experience depression or anxiety or anything like that?

**Subject:** Not really. Would not call it depression but it is more pressure and stress related to the assignments and how long I have to be in school and the things I have to accomplish of course I also have to think about my other part of life.

**Interviewer:** Would you say you have enough support in dealing with and managing mental health problems?

**Subject:** Yes I think, because I have my family that I come and share with what goes on in my life, I have classmates and friends that I meet with in church and sometimes when I talk with them I get more relief so I would say I have big support.

**Interviewer:** Do you know how the university creates awareness of mental health services available to students?

**Subject:** Yes, I have gone to the health care centre and I understand that they provide mental health services for the students but I have never gone there because I did not feel like I needed help but I know that there is one and if I need to I can go there and voice my needs and in case of anything else I know that I can call the UTA police just because of any emergency so I think I am aware of that.

**Interviewer:** So do you know of any other ways the university creates awareness of mental health besides the college health department?

**Subject:** Yeah, I think sometimes they have stuff they post on the website, sometimes its not particularly related to mental health because they give some posters at the healthcare centre so I think that I count that they create awareness in that way because they have information that you can go there and read regarding whatever you want.

**Interviewer:** If you needed psychiatric help would you consider seeking psychiatric services?

**Subject:** Sure, I would consider doing that as I have support but in case of any signs of depression I would definitely consider going for help.
Interviewer: In your own view, are the current approaches towards improving mental health outcomes among international students sufficient?

Subject: I have friends, but I am not sure about that because I just assume they would be able to get the same services like anybody else who is on campus so they can still have access through the school at the health care centre. Although, I have not had any friends that needed the services who is close to me but I think they have access because they can still go to the same place where everybody goes because it is for the UTA community.

Interviewer: So, are the current approaches towards improving mental health access among international students sufficient?

Subject: There is always a room for improvement because when you come you are not in your own country you may feel like you not entitled to everything that is where you are I think there is need for them to be informed that this something that is to serve everybody in the community so my suggestion would be to let them know that the services that are there could also benefit them because at times they think those services are for those who are raised in this country so I don’t think it is still sufficient.

Interviewer: What do you think should be done to improve the awareness of services available, the quality of services, and the support provided?

Subject: I would think like we need to be informed more of the services that are available because most of us, most of the students they may not be aware of those services that are there, they might have problems maybe stress, depression, or anxiety. But I would think like doing the posters, this would enlighten most of the students, maybe we can give hand outs or we can hang some posters at the entrance of the lecture halls and this would enlighten even the international students to know that those services are also available to them, they are welcome to go and get the services and where particularly they need to go and get them.

Interviewer: All right this concludes the interview. Thank you so much for agreeing to participate.
Subject 5

Demographics: Female, Age 30-39, Graduate, Black or African America, Married or domestic partner, lived in the US 0-4 years, Kenya nationality.

Interviewer: This is an interview on mental health access among international students first of all I would like to thank you for agreeing to participate in the interview and I will begin

Interviewer: what is your understanding or familiarity with mental illness?

Subject: I am familiar with mental illness because my father suffers from it and he started acting strange or funny to me I would say schizophrenic when I was 12 years old when I went into the living room and he was talking to the radio and it got worse so he left and currently he lives in the countryside we visit and when we do it just depends on his mood. When I was living in Kenya it was just embarrassing, as I have grown up I have become exposed to. I guess I have become more open minded being in this country I really don’t feel embarrassed I am happy to happy to have a father because there are people who really don’t know who their father is. But I have to say at the same time I get scared because I think there was an article I was reading that said that mental illness can be genetic, its in the genes. So Sometimes I get scared and I wonder if I have kids God forbid if yes maybe something might happen to my kids, and I have two brothers and there is a brother of mine to me I don’t know he just acts like he is depression he hasn’t been diagnosed but to me I think maybe he is depressed as a Christian I believe that some curses can be broken so I pray for my kids so I have faith that that’s not going to happen because even on my fathers side there is one brother. You know they try to keep it a secret there is one brother that I later found out that had committed suicide because he was depressed and he was an alcoholic so sometimes this things come up I think about them. There was a work mate I was working with she had bipolar and because the medications were so expensive for her to buy she wasn’t taking her medications so she became so manic to be able to work and eventually she got fired. So yes, I have had exposure with mental illness.

Interviewer: so, what is your perception now on mental illness?

Subject: I don’t think its something to be embarrassed about I guess it is something that cannot be avoided in fact, I work with special needs clients and there is a client I dealt with who had schizophrenia and this client was on medications but we could not manage her with medications even with medications she was trying to harm herself so every time I see someone with schizophrenia it scares me.

Interviewer: Is this based on your experience growing up or is it based on your perceptions of mental illness in terms of the stigma associated with it?

Subject: In fact the diagnosis of schizophrenia that I gave my father, that is my diagnosis later on because you know it is always a secret, parents hide paperwork, my mother died and I was able to see the paperwork they said he had bipolar because he had been taken to Mathare hospital and also due to my experience with people with mental illness maybe it is moulded the way I think about them because some of the clients have bipolar and yes we are able to manage them so it just depends on the kind of mental illness someone has.
Interviewer: What was your experience in dealing with or managing stress, anxiety, depression, and any other mental health concerns that you might have experienced as an international student upon arrival to the US?

Subject: I don’t think I experienced as much stress as other students because I had a good support system my mother and my two brothers and so I got used to it and coped with it I did not think just because of stress I needed to see a specialist and even from the place I come from most of these mental illnesses is considered as demon possession so people are taken to church and prayed for I remember my father being prayed for and yeah it didn’t help but I believe God is able to heal him. Did I answer your question?

Interviewer: Yes, and In terms of adjusting to the culture over here, in terms of adjusting to the stress in school, how did you manage to cope with it besides your moms support?

Subject: Sorry repeat that?

Interviewer: Besides managing your mother providing support to you upon arrival, how did you manage to deal with stress and any anxiety issues that you might have experienced?

Subject: Oh Just trying to live within my means because I use to notice the people who were really stressed are people who work a lot because I came from Boston and people over there work a lot it is like a competition because they want to have the best cars, the best houses, live in the best places but for me I just got used to living within my means just taking a car that could move it didn’t have to be the most expensive car just working hours that I could manage when I went to work also trying to do hobbies, spending time with friends on the weekends, not studying too hard just tried to balance everything. Did I answer your question?

Interviewer: Yes, so your stressors were mostly from peers that were around you more so than the educational adjustments?

Subject: Yes

Interviewer: ok. What are some of the mental health challenges that you experienced while on campus? Were there any?

Subject: No, for me I believe that stress is a part of life so we just have to adjust and find ways to relieve it. I know some people say jogging, exercising, I like watching movies that is how I distress.

Interviewer: so you did not feel like you experienced any mental health challenges initially when you were first trying to adjust to the campus?

Subject: No

Interviewer: so if you needed psychiatric help, would you consider seeking psychiatric services, confide in a friend, or where else would you go to seek help?

Subject: This time I would try the school, would go to the school clinic and see if they could help me out if I need, and it also depends on the initial there are some friends who I could tell and some who I wouldn’t be able to tell and of course because I did that would confide In my husband
Interviewer: And if you had a friend in need of psychiatric help could you tell them where to seek psychiatric services?

Subject: Yes, since I am going to UTA it’s only a matter of going online and looking and where they could go. I would tell them to go to the clinic and the school clinic would direct them to where they should go.

Interviewer: Would you say you have enough support in dealing with and managing mental health problems?

Subject: I am not sure because I haven’t heard to deal with mental health issues.

Interviewer: And so do you have any support system right now?

Subject: Yes I do, I have my husband and younger brother.

Interviewer: How does the university create awareness of mental health services available to students?

Subject: Your asking how they do it?

Interviewer: yes, are you familiar with how the university creates awareness of mental health service?

Subject: I remember during orientation they mentioned something and the gave us a pamphlet you know paperwork that stated that if we needed assistance the number to call or where to go.

Interviewer: and in your own view to feel the current approaches towards managing mental health sufficient or do you think more improvement needs to be done?

Subject: I don’t think I can say anything is sufficient because there is always room for improvement. So yes, I think some improvement is needed.

Interviewer: so what do you think should be done to improve the awareness of the services available, the efficacy of the services, and the support provided to international students?

Subject: maybe every time we start a new course I think the professor should be mentioning something because people who come to class some of them are stressed they have families so I think it would be nice that every time a course begins for the professors to be reminding people that they can get help.

Interviewer: So you feel that more should be done in terms of making the students aware that there certain services that provide mental health in terms of counselling if need in college.

Subject: Yes.

Interviewer: What else besides that do you think should be done?

Subject: Maybe send emails to students in the middle of the semester reminding them there are such services that are provided by the university because at that time people get really stressed and
because I check my emails and what we have been getting a lot are job fairs it would also help if got information about mental health

Interviewer: and referring back to where you mentioned, in regards to support systems and in terms of having stressors from peer pressure, were you involved in international support groups or churches where you could get any kind of help?

Subject: Yes, I used to attend a Kenyan church and that helps a lot, because we are foreigners, once someone finds out something they come and tell others and it really helps to know that the struggles we were going through when we came to this country, are the same struggles that other people have also gone through that way someone feelings are not left out and currently I go to any American church and the bible study I go to every week is a Kenyan bible study because I think there are some things that maybe Kenyans understand more than the Americans would. Like last week we had gone to a fund raiser for someone who had died the persons body needed to be shipped back home so, I don’t think for Americans that is a concept that they would understand and the amount of money that is needed so I think that just being part of a Kenyan community has helped me to be able to cope

Interviewer: Thank you so much for agreeing to participate in the interview, this concludes the interview. Thank you
Subject 6:
Demographics: Female, Age 20-29, Graduate, Black or African American, single or never married, lived in the US 5-9 years, Ethiopian nationality.

Interviewer: Thank you for agreeing to participate on the interview concerning mental health access among international students and I will begin.

Interviewer: First I would like to thank you for agreeing to participate and I would like to find out what is your understanding or familiarity with mental illness?

Subject: well, coming here I wasn’t familiar, I didn’t know much about mental illness because it is not very well known where I was from even though it is everywhere it is not very common but since I came here definitely but since I started doing the nurse practitioner program I was able to understand how prevalent the problem is and that it is treatable and that we don’t have to send everyone to a mental institution we can treat most of the problems so I am more familiar now than I had been before.

Interviewer: was is similar to your concerns from back home in your country or was it any different?

Subject: it is different because first of all there is stigma that if you have a mental disorder people will think that you are crazy we don’t have all the treatments that are available here so it is totally different but here I have seen that people can be managed with medications and they can be productive they can go to work and live basically a normal life that doesn’t happen a lot over there. Some people may be treated as they get the chance but more towards luck so it is a totally different experience

Interviewer: so how do you perceive mental illness or what are your perceptions now on mental illness?

Subject: my perception now is that it is very common, that it is treatable, and that people can function well in the society once they are educated well about their disease and if they are managed well, if they are given the proper treatment. Now my perception is totally different

Interviewer: So What was your experience in dealing with or managing stress, anxiety, depression and any other mental health concerns that you might have experienced as an international student upon arrival to the US?

Subject: when I came here the culture shock, it is totally different totally unexpected so yes there was confusion, there was depression. I didn’t know that I was depressed but later on I found out that I was so I didn’t even know that the schools that I went to that there were people that you can go to and get help from so I did not do that so the good thing is that I had family here so would talk to them about my experience and they would tell me that I would get used to it and that things would change once I got used to the culture and the system and that is really what happened but in the beginning it was really hard especially if live most of your life back home and you came her a little bit later it is totally different, so it is much easier for someone who came here very young it is easier for them to adapt than someone who came late, it have seen that it is very difficult especially if you don’t know what you are going through you wouldn’t consider it as depression because you have never heard of that back home but when you come here and experience it and you don’t know how to treat it then that is the problem but for me it was easier I had family so I was able to get over it
Interviewer: How old were you when you first came to the United States?

Subject: I was around 28 years old

Interviewer: So you were 28 and when your family was here did you tell them you were struggling with depression symptoms, did they find you help?

Subject: We didn’t call it depression, I said that I was depressed because now I know it was depression but then I didn’t know it was depression but I would just talk about it. I would say this and this happened in school, I was unable to communicate in a way when I say communicate its not like a language barrier but its people not understanding where you are coming from what you are trying to say things like that. I would talk about that but we wouldn’t call it depression.

Interviewer: So your stressors were mainly from adjusting to the culture and?

Subject: Yes, it was adjusting to the culture and how to communicate with people like I said communication is not only about language but you know when people are not accepting where you came from when they are not willing listen to you, you feel those things maybe they didn’t mean to do that but that is how you feel.

Interviewer: And so what are some of the mental health challenges that you experienced while you were on campus?

Subject: You mean for myself? Like I said it was depression and the other thing was anxiety like I went to school and I had to keep up with the school work and as an international student you don’t get to work as much, you don’t know if you are going to finish school and get employment and things like that so that would keep me anxious so that was another mental problem that I had.

Interviewer: And so know what you know right now would you consider seeking psychiatric services, confide in a friend, or where else would you go to seek help?

Subject: Knowing what I know now I wouldn’t still go for counselling because I still think that they would not understand my situation whoever who will be doing the counselling. Just is just my perception but it might not be true maybe those people are qualified and they know where we are coming from and maybe they have that experience and education but for me I would prefer friends or people from the same background or people who would understand me. I would talk to them and make friends. One of my problems is that I was not very sociable I don’t want to say lonely so I would make more friends I would call more people and maybe be more active in the international student community and do stuff with them. I am sure that would have helped. Knowing what I know now those are the things that I would do.

Interviewer: And if you had a friend who needed psychiatric help could you tell them where to seek for services?

Subject: Yes, I would tell them that the school has those services that they can get help from there it doesn’t mean that because I don’t use it that other people wouldn’t benefit from it so I would tell them, I would encourage them to go and seek help it is really hard it is really difficult to go through this on your own so would suggest that and I would tell them to go seek help.
Interviewer: so would you say you have enough support in dealing with and managing mental health problems?

Subject: yes, for me I would because now I have lived here for some years now I know where to go if I need help, I have more friends now, I have more people that I associate with and I also have my family as I told you. I would say have enough support now, I am good.

Interviewer: how long have you lived in the United States now?

Subject: around 8 years now

Interviewer: And in terms of the university, how does the university create awareness of the mental health services available to students?

Subject: I am not sure about that but I think they have that department where they try to get international students to get together I am sure they have some services and programs but I am just not aware of it but I am sure they do have that

Interviewer: and when you say they department you mean the health department?

Subject: yes, the health department and the international student office I believe they have resources because when they do orientation they tell you about these things they just don’t leave you by yourself. They tell students you will find these services here and there they also give resources for students to go if they need.

Interviewer: Do they provide any additional information once you are a student on campus or this is only during orientation?

Subject: Its mostly during orientation, you mentioned the health department, I used that service at one time, If you go to for one reason or another to seek help and if you tell them that you have this problem I am sure they would refer you and they have that service in the health department.

Interviewer: In your own view are the current approaches towards improving mental health access among international students sufficient?

Subject: I would say yes it is sufficient from little that I know I would say yes it is sufficient.

Interviewer: Alright, Besides what is being done in terms of educating international students of the mental health services that are available during orientation do you think anything else should be done to improve the awareness of this services, the efficacy of the services and the support provided to the students?

Subject: yes, the last time I was in orientation, its been 4 years now so maybe I have totally forgotten what they do over there at the internationals students orientation but they can bring someone from the health department who deals with mental health problems and they can have a speaker and they can talk about that because I am sure this is something that is very common among international students because they are coming from different countries, they are leaving their homes and getting into a new country and new environment there is a culture shock, so this is expected students will be depression they will be anxious they will try to sleep in so anticipating these problems they should have someone from the mental health department to be there to talk to
them about the services that the health department provides or if the international student department should tell them where to find it, email, address, phone numbers someone they can talk to contact and get help from.

**Interviewer:** So you feel that if someone from the health department could explain these mental health problems in details students will be more familiar with what is happening to them in terms of depression and anxiety they could be able to explain the symptoms?

**Subject:** yes, because students depending on where they are coming from, not unless they are coming from developed countries like Europe, if these students are coming from other areas like third world countries where mental illness is considered an illness they won't have this awareness so if someone would tell that this is real, if this happens to you, we treat these problems, there is someone to talk to you there is help if someone could tell that then when they get depressed or when they get anxious or when another mental health problem arises or when they have those, they will be able to recognize that first and they will be able to seek help otherwise there is no way that they would be aware of the problem

**Interviewer:** Thank you so much for agreeing to participate, and this concludes the interview.
Subject 7

Demographics: Female, Age 40-49, Graduate, Black or African American, Married or domestic partner, lived in the US 5-9 years, Kenyan nationality

Interviewer: This is an interview on mental health access among international students, thank you for agreeing to participate and we will begin.

Interviewer: First all I would like to find out what is your understanding or familiarity with mental illness?

Subject: Before I came to the United States I was not really familiar with mental illness. Back home in Kenya we had very little contact with people who have mental illness. And we could just see people roaming on the street or in the market naked or half naked or begging but there was no really understanding of mental illness. It was just on one occasion that I had a friend who had a daughter with mental illness and this daughter was on medication and whenever she was not on medication then she was a completely different person and she could run away from home and roam the streets and then they would get her back and put her back on the medication. So I had very little experience and completely no knowledge of mental illness and that it could be treated and managed.

Interviewer: How do you perceive mental illness or what are your perceptions now on mental illness?

Subject: Well before I finished Nursing school I had an advantage of working in a mental institution for one year as a tech and I came across many people with mental illness both adults and also teenagers and then I came to understand mental illness and how wide it is because it covers all areas like anxiety, depression, schizophrenia and even like eating disorders which I did not understand. I had no idea about eating disorders before and I did not understand that it was part of mental illness. So when I was working as a tech in one of the hospitals here, for one here in a mental illness patient hospital I came to understand a lot about mental illness by just watching how the nurses were interacting and how we also had to keep an eye on the people with mental illness because there is also are very high likelihood of suicide.

Interviewer: So would you say your experience in working with mental illnesses changed your perceptions on how you view mental illness?

Subject: Yes completely. After working there for one year I came to understand that mental illness as a disease just like we have diseases that affects the body and we try to treat the body physically so that the person can get well and can join back in the community and work. The same way now and understand mental illness is also an illness but then it is not physically seen like headache and such like physical pain but I know its an illness that can be treated and people can be managed on medication and they can also be very productive in society just like the other people with physical illnesses.

Interviewer: What was your experience in dealing with or managing stress, anxiety, depression and any other mental health concerns that you might have experienced as an international student upon arrival to the US?

Subject: Upon arrival to the US first it was a culture shock and the fact that there was no system like we have in Kenya there is always a community that is always looking after you. There are
always mothers apart from your birth mother, there are always aunts and uncles and cousins and friends from childhood. So it was very difficult to come here and you find yourself all alone with nobody to talk to and no body to go to in a new place, strange behaviours, cultural, and a lot of difficulties both financial and just trying to settle in a strange country. So it was very difficult at the beginning with a lot of anxiety and frustration. So I can say but I can’t really say I was depress but there was a lot of anxiety during that time and a lot of feeling like you want to give up and you want to go back home because things seem to be very difficult and there was no support in place that I could see at that time to help with the situation.

Interviewer: Did you confide in anyone your feelings or how do you cope with that kind of stress and anxiety?

Subject: I confided to my husband mainly and I tried to explain everything to him but I also had one single lady that was from Kenya and I tried to talk to her and confide in her and share my frustrations with her and she seemed to understand and she also seemed to tell me that its always very difficult when you come from outside and what I was feeling and going through was kind of normal with international students. So I had one friend mainly that really helped me and also my husband.

Interviewer: Were there any efforts on your part or international body at UTA keeping in touch with you or in contact with you during your initial arrival or how did they try to offer any kind of support or services that you are aware of?

Subject: No at that time the services that were offered were mainly academic. So it was all to do with academic, and classes and schedules and things like that but the kind of services emotionally services trying to help you settle down trying to help you understand the culture of this place that was not available or anything to do with the emotional support. You know like to advisor or counsellor that could help you emotionally I was not aware. It may have been there but I wasn’t aware about that and the counsellor that I was seeing was a academic counsellor she was not a counsellor to help me with the type of anxiety that I was going through and just like I say it may have been there but I was not aware of it when I came and that was quiet some years back around 10 years back.

Interviewer: If you needed psychiatric help, would you consider seeking psychiatric services, confide in a friend, or where else would you go to seek help?

Subject: Yes if I felt I needed psychiatric services I would go to a facility that offers that or I will seek out a facility or a professional because now I know how easy it is to be very anxious to have panic attacks, to fall into depression very easily and also to almost give up on life when things get difficult so I y seek psychiatric help at this time and also if I had a friend would go through a very difficulty time, sometimes we can talk to this friend but we are not professionals we’re just friends. We don’t know how badly somebody could be suffering so definitely I would suggest seeking psychiatric help.

Interviewer: Would be on campus or would you know of any services that are available to the students or are you familiar with any that are on campus?

Subject: No not at UTA campus. I’m not familiar that there are any of these services on campus. Nobody has told me about them and I have not heard anybody talk about them. So I’m not aware that there is such kind of help on campus. I know that there are some hotlines that you can call but I
don’t know sometimes we are given all these paper and we don’t read them but I’m not aware there is a hotline you can call for psychiatric help.

**Interviewer:** So would you say you have enough support in dealing with and managing mental health problems?

**Subject:** For myself? Yes For myself right now yes I am and because also I’m working and I’m able to earn and I have also med insurance-medical insurance that covers such kind of help now I’m very much aware of that and my workplace also provides help during difficult times like stress during stressful times and stressful situations they provide that at my work and so I know all these services are available to me now and my family should we need it, should we need to talk to someone, or should we need that kind of assistance besides from my work providing there service I also know I’m covered by insurance should me, or my husband or my children need any kind of psychiatric help.

**Interviewer:** Are you currently involved in any support groups in terms of international student support groups from your community?

**Subject:** Yes I’m involved in my church, I have a group in my church that I’m involved with and I’m also involved with, I would call them my neighbourhood because its just all Kenyans who live around this Dallas/Fort Worth area and we always come together whenever somebody is bereaved, whenever we have birthdays, whenever we have celebrations we always come together and we know one another. So we visit with one another but we also come together during important occasion either celebrations about our independence or whenever we have a big birthday somebody is turning 50 or whenever our children are doing something and we come together so the Kenyan community here is available to support our self and through the Kenyan community so we don’t forget to know there are some students who come here to study who might be going through a difficult time and so these students are also usually coming to these events and we get to know them and we get to offer them support if they need it. And we get together and we talk and we invite them to some of these functions so that we let them know this community exist.

**Interviewer:** So how does the university create awareness of mental health services available to students?

**Subject:** I think especially to international students-I would really prefer if the university could for example try during the admission process make it available in such a way that not invisible not in some hidden corner or some list of telephone numbers but if they have it on a piece of paper or on a website there that is easily accessible and students can know that if they have any issues with depression or anxiety or settling in or things not working out to know that there is somebody there available for them and a telephone number be provided and also information that whatever that will be discuss can be private because also because of culturally differences maybe people who are from other countries may not be so forthcoming with this kind of information. But if the university can reach out to students and just make sure that all students who come in international students are aware that these services are available on campus and then we might even try to take this services instead of going into depression and thinking about suicide or leaving college all together because it has happened to some students. The frustrations have been so great that they could not continue in college.
Interviewer: So in your own views are the current approaches towards improving mental health access among international students sufficient?

Subject: I would say they are insufficient because just like I tell you I don’t feel that they are there. I know that there are international students who are even coming in for masters or bachelors in nursing and I’m not seeing that they are aware that these services are there. So I must say if the services are there they are insufficient or they’re not publicly. Students are not made aware of them publicly maybe they should have that knowledge spread out to make sure that the students know about this.

Interviewer: So what do you think should be done to improve your awareness of the services available, the efficacy of the services, and the support provided to international students?

Subject: I think during the orientation time when the international students come in during the orientation time I would really be glad if somebody if one of the professionals would stand up and give them a lecture and tell them that these services are there and just introduce themselves. Like if you have a psychiatrist or group counsellor who will be helping them during the orientation for international students if they can go and talk to them and know these services are there and tell them the room number, the telephone numbers to call. You know. I’m not aware that this was not done during my time so I don’t know whether it’s being done now, which would be one way and another way to make sure during the admission process this part of the paper work there.

Interviewer: Thank you so much for agreeing to participate, this concludes the interview.
Subject 8

Demographics: Male, Age 30-39, Graduate, Black or African American, Married or domestic partner, lived in the US 0-4 years, Cameroon nationality

Interviewer: what is your understanding or familiarity with mental illness?

Subject: I was not familiar with mental illness prior to arriving to the United States; my understanding was that they were crazy people. But since arriving here I have quite a bit of understanding of mental illness. I have come in contact with other students and other people in the community who suffer from the same illness.

Interviewer: What are your perceptions of mental illness now?

Subject: my understanding now is that there two category of mental illness. One category is of people suffers from the true mental illness, while the other category of individuals say they are ill so as to depend on the system such as getting food stamps, subsidised income from the government. Thus this makes it difficult to differentiate those who are truly suffering from mental illnesses and those who are not.

Interviewer: Since coming to United States, has your perception on mental health changed from your prior experiences or are they still the same?

Subject: my perception has changed, since I came to US 3 years now. Now mental illness actually exists, before I believed that mental health was witchcraft. But now I know that these people are suffering from actual disease.

Interviewer: What was your experience in dealing with or managing, stress, anxiety depression and any other mental health concerns that you might have experienced upon your arrival to the US as an international student.

Subject: there were a number of times I had stress but never associated it to mental health illness. Initially I thought of it a normal way of adjusting to a new society, because I never know that stress can actually reduce your performance, like I would find myself absent minded and people would pass me by even without me noticing. It was later on when I learnt of mental illnesses that I actually knew that I may have been suffering from mental health illness i.e. stress and also adjustment disorders. It was hard to get used to the school, the system, how people talk. I thought that was rude and I ended up not responding to them and also missing home was also a very big part of it.

Interviewer: Did you have any kind of support here or were you involved international students group?

Subject: I was involved in international student group; unfortunately nothing was mentioned on mental health support, in the campus and UTA. The support I got was mostly form my church community. I am catholic, I would talk with people and they would encourage me that things will get better. But I never really talked of how I felt, my symptoms.

Interviewer: what are some of the mental health challenges that you experienced while on campus?
Subject: Mine was mostly stress, being a way from my family adjusting to the different accents in class the American students and international students. Financial constraints, having to work to pay my tuition and having 6hrs of sleep per night made it difficult for my functionality.

Interviewer: were you able to seek student-counselling services due to straggling with your classes

Interviewer: Actually, I never struggle with my studies, failure was never an option, and although my performance was not great I still managed. Stress was also coming from financial constraints, but most of the places I went to like the financial aid office, student support office and the students office mots of the help given was towards the American students and since I was not a US citizen or resident thus most of the employees said there was nothing I could do about it.

Interviewer: So now that you have been here for a while, if you needed psychiatric help, would you consider seeking the services, confide in a friend or where would you seek help from?

Subject: I would seek help but not on campus. I don’t want my friends to see me as crazy. I don’t know how much information the people who work on campus are going to share with my friends or with other people who work on campus. I would prefer to seek help from off campus form say a family physician. What I heard about psychiatric medications is that people tend to get easily addicted to them that have made me very sceptical about getting help because I don’t like medication and I don’t want to be depended on medication.

Interviewer: If you had a friend in need of psychiatric help could you tell them where to seek the services?

Subject: I would tell them to seek services, but I wouldn’t know exactly where to send them. But I would urge them to talk to someone be it family, friends or otherwise.

Interviewer: Would you say you have enough support in dealing with or managing mental health problems?

Subject: No, I don’t have enough support. All I mostly rely on is mostly my church community, friends and loved ones. But I don’t know much about the resources out there.

Interviewer: How does the university create awareness of mental health services available to students?

Subject: Sincerely I don’t know, there was a brochure that talked about health service centre on campus during orientation when I stated school at UTA other than that I have no clue. I believe the health centre is the place to go when you have a cold, flu or a minor wound. If you have anything serious you have to go off campus. As of mental health I have no clue that it exist at the health centre

Interviewer: In your own view are the current approaches towards improving mental health access among international students sufficient?

Subject: No, I think its something that really needs to be discussed and the school really needs to work on it. Because many international students suffer from mental health issues especially anxiety,
stress, depression, and adjustment. Being away from their country, families can take a toll on you. And educating international students as to what really mental health means because they need to understand having mental health issues is not a bad thing.

**Interviewer:** What do you think should be done to improve your awareness of the services available, the efficacy of the services and the support provided to international students?

**Subject:** I think there should be special orientation given to international students other than the normal orientation. And the international students should be linked with similar older students, who can guide them and show them the important services available. And they should be linked with a faculty preceptor who calls and checks on them, tells them of services like psychiatric help available and tell them of the different signs and symptoms of different mental health problems as the students may not know they have mental health illness if they can not even identify the symptoms.

**Interviewer:** Thank you for your participation, this concludes the interview.
Subject 9
Demographics: Male, Age 30-39, Undergraduate, Black or African American, Married or domestic partner, lived in the US 0-4 years, Kenyan nationality

Interviewer: what is your understanding or familiarity with mental illness?

Subject: When I think of mental health one thought comes to my mind that is the mad men I was when I was growing up, they were depressed and acted differently. One also that comes to my mind is alcoholism. I grew up with allot of family members being alcoholics, sometimes I think it could be a mental health that makes them dink much.

Interviewer: What is your perception of mental illness now?

Subject: I don’t know much on mental health, but what I see now that I am here I know it is a disease that can be managed and people can lead a normal life after mental illnesses.

Interviewer: was this your experience growing up or is it your experience based on the perception of what you have experienced here?

Subject: reflecting back when I was growing up, I have realized that you go back to my clan, there certain families that are known as drunkards, or produces children who are mentally challenged. I have come to understand that this can me something that is passed down genetically. And now as I have been to the US I noticed that there were no mad men in the streets. I asked my American friends, and they told me that yes, there are mad men in America but mental illnesses are better managed with medication that back at home (Africa). This gave me hope knowing that back at home if can have better livelihoods if they are given good medication. My belief now is that mental health is something that can be managed and it has nothing to do with evil spirits and if some one is well medicated they can live a very long and productive life.

Interviewer: What was your experience in dealing with or managing, stress, anxiety depression and any other mental health concerns that you might have experienced upon your arrival to the US as an international student.

Subject: When I came I experienced phases of being stressed, anxiety, different culture and general culture sock. I had dreams of America expectations, but as I arrived here I realized that it was not what I expected. I went through periods of depression. As I had said my father was an alcoholic and with the adjustment stress, I would find myself buying beer and just drinking. But I was also raised in a Christian home and I would pray and go to church hoping that when the preacher preached I would be uplifted and sometimes it did work.

Interviewer: So did seek help when you were experiencing the depression and alcoholism problems?

Subject: I would call some people and say I am feeling a bit low; bit never went in details about my problems. But I never sought professional help.
Interviewer: Did you have any kind of support here or were you involved international students group?

Subject: yes, we had a small group of friends whom we had a few things in common and we would talk. But as I had said I never really went in to details about my problems.

Interviewer: what are some of the mental health challenges that you experienced while on campus? Did you have difficulty in adjusting in terms of your class work, the system?

Subject: That is very true I remember in my first year, my performance was not good. I really struggled to adjust the system and like when doing public speaking it would be very hard because people could not really understand what I was saying because of my accent and I felt people were not really listening. This really affected the esteem and grades.

Interviewer: So now that you have been here for a while f you needed psychiatric help, would you consider seeking the services, confide with a friend or where would you seek help from?

Subject: I have been here for 2 ½ years, and we have student health clinic but I don’t think I have reached to that level where I may need psychiatric help. But I have known at what point of my stress level or depression I need to seek professional help. But I don’t think I can tell my friends, as this will just give them a reason to mock me

Interviewer: If you had a friend in need of psychiatric help could you tell them where to seek the services?

Subject: I don’t know many places to get help from. But I had seen that it is advertised in the brochures that mental illness can be cured and managed. And I am wiser and will be able to refer them to seek professional help.

Interviewer: Would you say you have enough support in dealing with or managing mental health problems?

Subject: I don’t think I have/ we have enough help. I don’t think may people understand mental illness per say. Personally I don’t understand mental health as much and others too this makes it difficult for individuals to seek the appropriate help or might not know where to get the help from.

Interviewer: How does the university create awareness of mental health services available to students?

Subject: The fist time I saw the university has masters for mental health for nursing students that is when I read further and understood that there is availability of help for mental health issues at the university.

Interviewer: In your own view are the current approaches towards improving mental health access among international students sufficient?

Subject: I don’t think it is sufficient right now, because it is not well advertise to the students in general. And I don’t know if people really understand the new international students because they are coming from really different backgrounds. Even if we have these services but they are not well
advertised as to what services the provide in depth the new students may never really know that they can get the needed help from the university. I don’t think we have enough information.

**Interviewer:** What do you think should be done to improve your awareness of the services available, the efficacy of the services and the support provided to international students?

**Subject:** I think what should be done is increasing information of the available services. And not just brochures, I would prefer if we can have some meeting for example during orientation talk about these services, tell in details about mental health, that it does exist its not considered evil but just a condition that can be treated and managed.

**Interviewer:** Thank your for participating in the interview.