




Exploring Mental Health Awareness and Obstacles Among Chinese International Students



 Wednesday, October 19

 10:15 am to 11:45 am

 Rose Island II

Presenters



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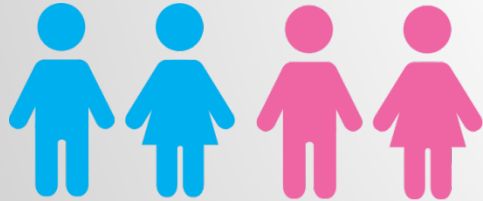
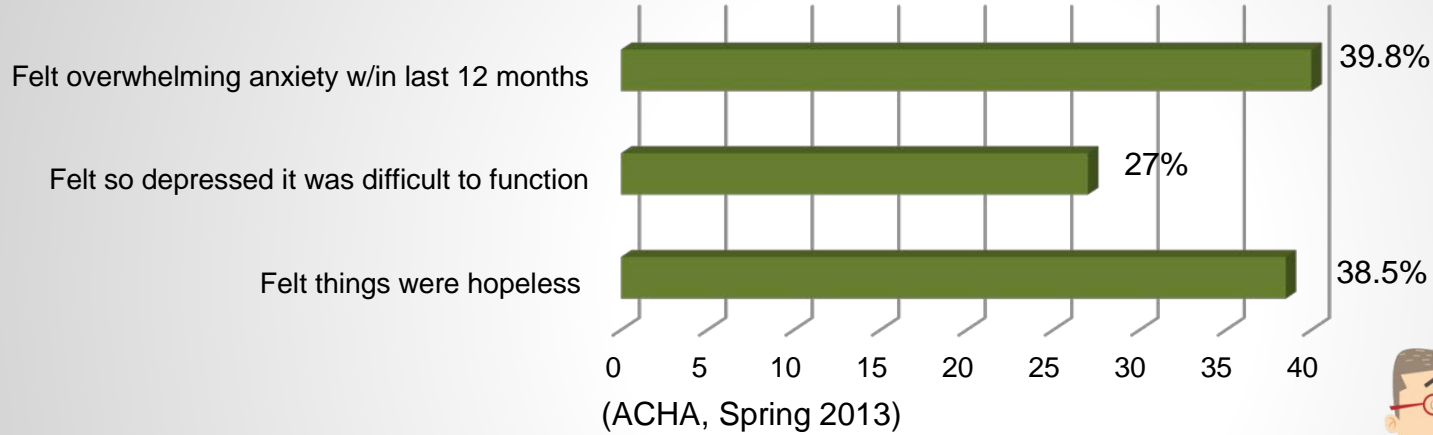
Xuhua Qin, PhD

Psychologist, Multicultural Specialist
Counseling and Mental Health Services
Tufts University

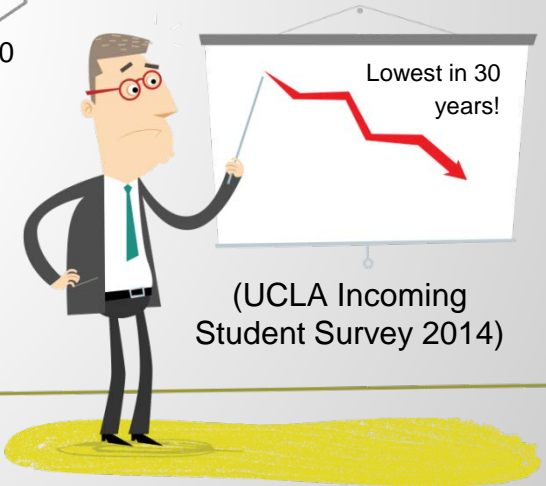
Agenda

- What's Going On With Our Students
- Understanding the Challenges
- Seeking Care
- Programming That Works
- Resources
- Discussion & Questions

What's Going On?

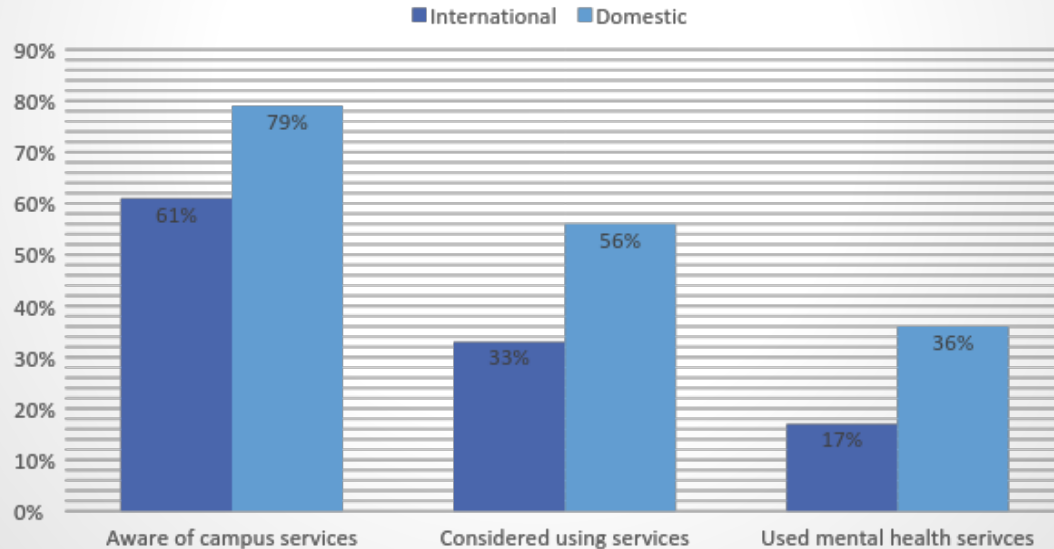


46% Diagnosed
(NIMH, 2013)

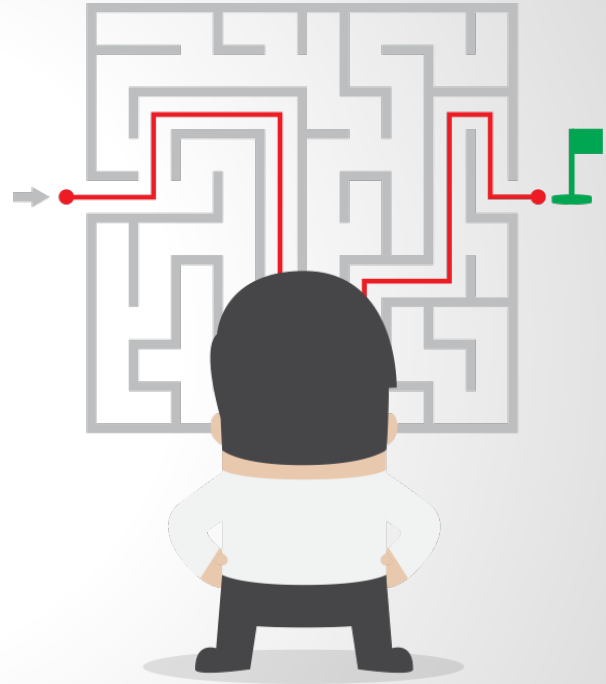


Mental Health Care – Underutilized

Mental Health Need, Awareness, and Use of Counseling Services Among International Graduate Students, *Journal of American College Health*



Understanding the Challenges



Common Issues

Communication styles

Verbal v. non-verbal
High-context vs. low-context

Second language anxiety

Daily routine
Communicating with professors and classmates
Coordinating a living situation
Asking for help

Interpersonal

Boundaries
Peer pressure
Parental expectations

Identity

Acculturation
Social class
Race
Discrimination

Career Planning

Finances
Area of study
Planning

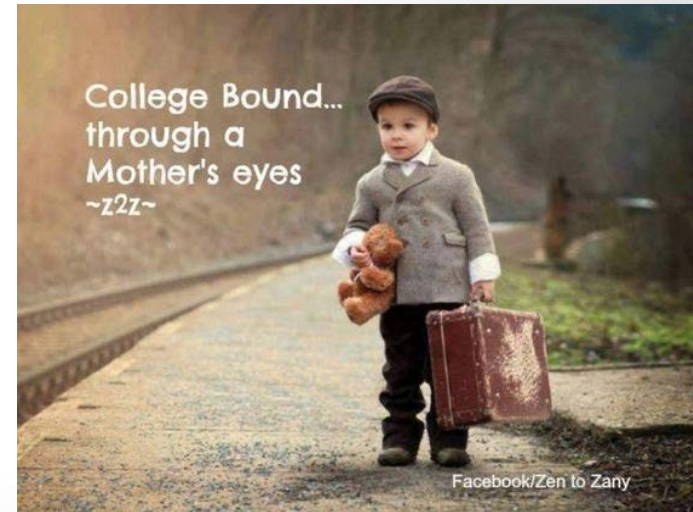
Academic

Formal vs. informal classroom
Presentation styles
Outcome vs. process oriented



East Meets West On Campus

- 1978: China's economic opening to the West
- Pedagogical difference
- Communication styles
- Social norms
- Vulnerable transition period for individuals of all cultures



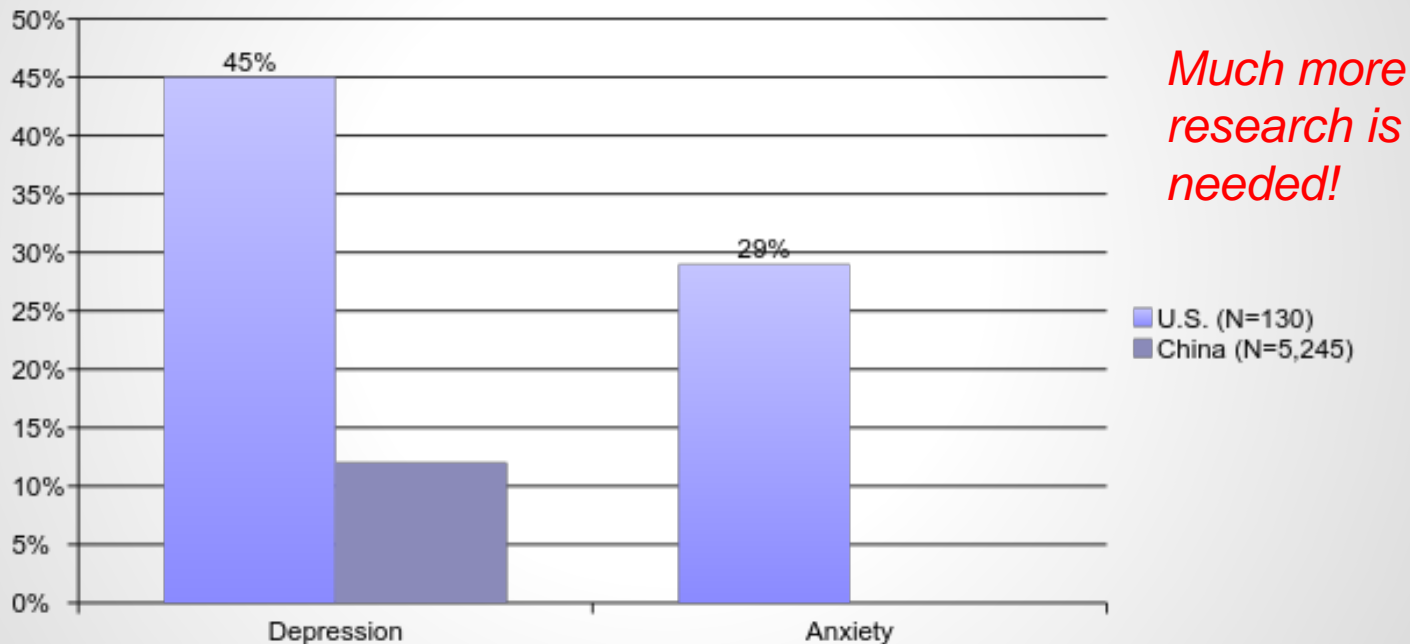
“All decent parents want to do what's best for their children. **The Chinese just have a totally different idea of how to do that.**”



– Amy Chua

Battle Hymn of the Tiger Mother

What are the Data?



[Han X, Han X, Luo Q, Jacobs S, Jean-Baptiste M. *J Am Coll Health*. 2013;61:1-8.](#)

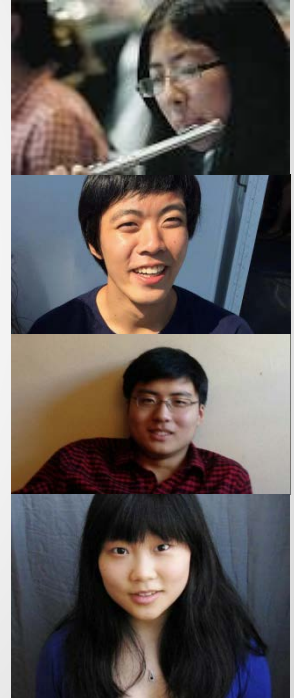
[Chen L, Wang L, Qiu XH, et al. *PLoS One*. 2013;8.](#)

AAPI College Mental Health

- Suicide is a leading cause of death for all Americans age 18-24
- Asian Americans more likely to have suicidal thoughts and to attempt suicide than Whites
- Asian American women age 15-24 have the second-highest rate of completed suicide of any race/ethnicity in that age group

AAPI suicides

- Cornell University
 - Of 21 on-campus suicides from 1999 to 2006, 13 were Asian
- Massachusetts Institute of Technology
 - 16 percent of students are Asian
 - Asians accounted for 42 percent of student suicides in the last 15 years



Top 4 Psychological Challenges

1. Separation from parents
2. Face and shame
3. Clash of cultures
4. Identity formation



1. Separation From Parents

- Parental expectations
- “Compensation syndrome”
- Boundaries/separation
- Vision does not always match reality



2. Face and Shame

- “Face” (面子/臉)
- “Men cannot live without shame. A sense of shame is the beginning of integrity.”– Mencius (孟子)
- Comparisons
- Focus on external
- Shame linked to suicide



Chinese Cultural Narrative

勤能補拙



“Diligence can make up for lack of intelligence.”

不能輸在起跑線上



“You cannot lose at the starting line.”

3. Clash of Cultures



Chinese

- Diligence
- Obedience
- Harmony

Western

- Natural talent
- Independence
- Pursuit of individual fulfillment and happiness

4. Identity Formation

- Freshman year is first time living apart from parents for many students
- Experimentation with identity
- “Delayed adolescence”
- Self-consciousness



Barriers to Treatment

- Low mental health literacy
- Unaware of services
- Language barriers
- Role of psychiatry in many Asian countries
- Stigma

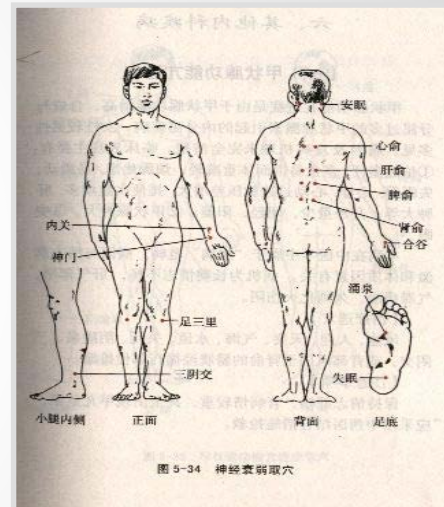


Yeung A, Kung W. *Psychiatric News*. 2004; 21(1): 34-36.

Kim BSK, Omizo MM. *Couns. Psychol.* 2003; 31:343-46.

Culture and Stigma

- Mental illness is highly stigmatized in Chinese culture (~ psychosis)
- Implications for marriage
- “Neurasthenia”(神经衰弱)
- “Physical complaints as a legitimated metaphor to indirectly express personal/interpersonal problems”



Cupping points for treating neurasthenia.

[Kleinman A. Soc Sci Med. 1977; 11:3-10.](#)

[Chen JA, Hung GC, Parkin S, Fava M, Yeung AS. Asian J Psychiatry. 2015 Feb;13:16-22.](#)

Common Myths

Only someone from my home country will understand my problem.

Counseling is for crazy people.

I can handle my own mental health problems. If I can't, that means I'm weak.

I could lose my visa status.

"Everyone will know I saw a counselor."

Observe and Approach

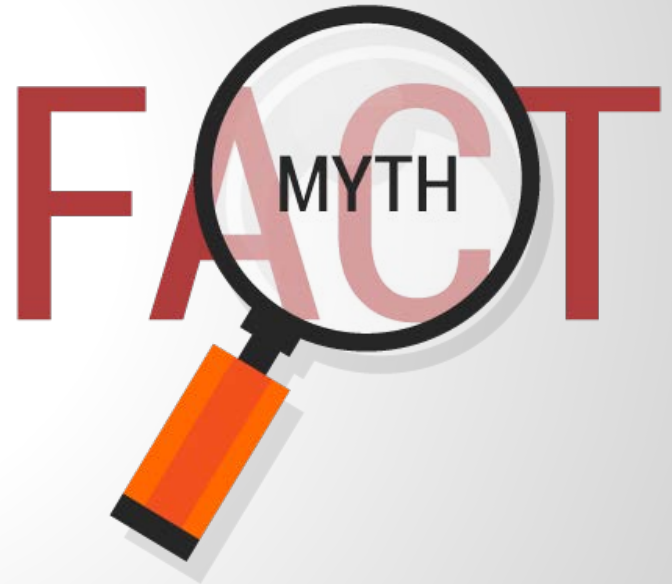
- Noticing difficulties
- Acknowledging and asking
- Being patient and being willing to listen
- Paying attention to non-verbal clues
- Somatic vs. psychological focus
- Academic, medical, or/and psychological interventions
- Seeking consultation

When to Refer

- Build a baseline
- Notice the changes
- Things to watch for:
 - Deterioration in Personal Hygiene or Dress
 - Dramatic Weight Loss or Gain
 - Noticeable Changes in Mood
 - Excessive Absences
 - Academic Problems
 - Social Isolation and Unusual Behaviors
 - Drug and Alcohol Abuse
 - Threat of Harm to Themselves or Others

Addressing Myths

- Emphasizing it is a sign of strength
- Explaining confidentiality
 - Not on school record/transcript
 - Friends, family and sponsor will not know
- Won't affect visa status
- Cultural competency – counselors are trained to be open, knowledgeable, and skillful



How to Refer

- Introducing counseling
 - As building a relationship
 - As gaining knowledge about oneself, learning skills, connecting to resources
- Make the call, walk in together, or invite the counselor to your office
- Make no assumptions and ask their provider preference
- Build a relationship with the Counseling Center



After the Counseling Center

- Set a reminder to follow-up with the student
- Ask questions:
 - How did the visit go?
 - Do you have a follow-up appointment?
- Be sure to listen, and see if any barriers
- Encourage to go consistently
- Counseling is voluntary

Programming That Works



Building the Trust – Creating the Connection

- Include mental health and counseling information in pre-departure materials (especially video and hotlinks)
- Introduction materials about the Counseling/Wellness initiatives available on campus with pictures and phone numbers/emails
- Testimonials from current students about homesickness, culture shock, stress, anxiety, and depression (perhaps in video format)
- Quotes about acceptance of mental health and counseling (like “Common Myths”)

Mental Health in Orientation

- Inform students of challenges and cultural adjustment
 - Help create support system by discussing events and organization involvement
- Invite Counseling Center or other mental health professionals to introduce mental health service
- Educate students about campus/community resources
- Parent and Partner programs
- Train your peer leaders and mentors to be knowledgeable enough about these issues to help guide students

Programming That Helps

- Buddy/Peer mentor programs
- Workshops (e.g., “Decoding U.S. Culture”, “Lost in Translation”, “Culture Shock”)
- “Let’s Talk” Drop-in Hours
- University 101-type courses
- Social organizations/student clubs
- Summer/Holiday programs
- Friendship family programs
- Discussion/Support Groups
- Creative initiatives (e.g., “Welcome to My World Photo Exhibition”)

How to Reduce Stigma

- Dispel the myths:
 - Clearly define/describe what mental health is and what counseling is
- Know the facts about cultural differences around counseling
- Invite on-campus counselors/psychologists to orientation and meet & greet opportunities
- Educate counselors/psychologists on how to communicate across cultures
- Give testimonials even anonymously, and perhaps in their native language
- Normalize students' concerns and stress
- Creative ways of introducing counseling

Culture of Care in the International Office

Advisors can support students with counseling skills, including:

- Demonstrating Empathy
- Reflecting and Paraphrasing
- Asking Open Questions & Building rapport
- Keep a Professional Code of Public Silence
- Learn How To Pronounce Names Correctly

Culture of Care in the Int'l Office

In difficult conversations:

- Consider student's reaction v. discomfort delivering news
- Don't avoid because it's uncomfortable (ex: suicide)
- Be positive

Planning Ahead: know whom to call and how to behave

Training:

- Step Up Bystander Intervention Trainings
- Campus Connect Training for Suicide Prevention

Building Bridges

Mental Health outside of the Mental Health sphere

- Depression Screening at Student Health Center
- Establishing a knowledge-sharing community (know your partners)
- Highlight Counseling Center events through newsletters, social media, etc.
- Know the services offered around campus, and form connections
 - Chapel
 - Ombudsperson Office
 - Dean of Students
 - Child and Family Studies on campus





Resources & Hotlines

Pre-departure, Orientation, Online, Case Studies

Resources

NAFSA Resources

Health and Wellness for International Students

Best Practices in Addressing Mental Health Issues
Affecting Education Abroad Participants

www.nafsa.org/Find_Resources/

Crisis Management in a Cross Cultural Setting: ISSS

http://www.nafsa.org/wcm/Cust/Custom_Cart/Product_Detail.aspx?prodid=450

MGH Center for Cross Cultural Student
Emotional Wellness

massgeneral.org/psychiatry/services/ccsew_home.aspx

Mental Health Awareness Video



[www.internationalstudentinsurance.com/explained/
mental-health-video.php](http://www.internationalstudentinsurance.com/explained/mental-health-video.php)

Services & Hotlines

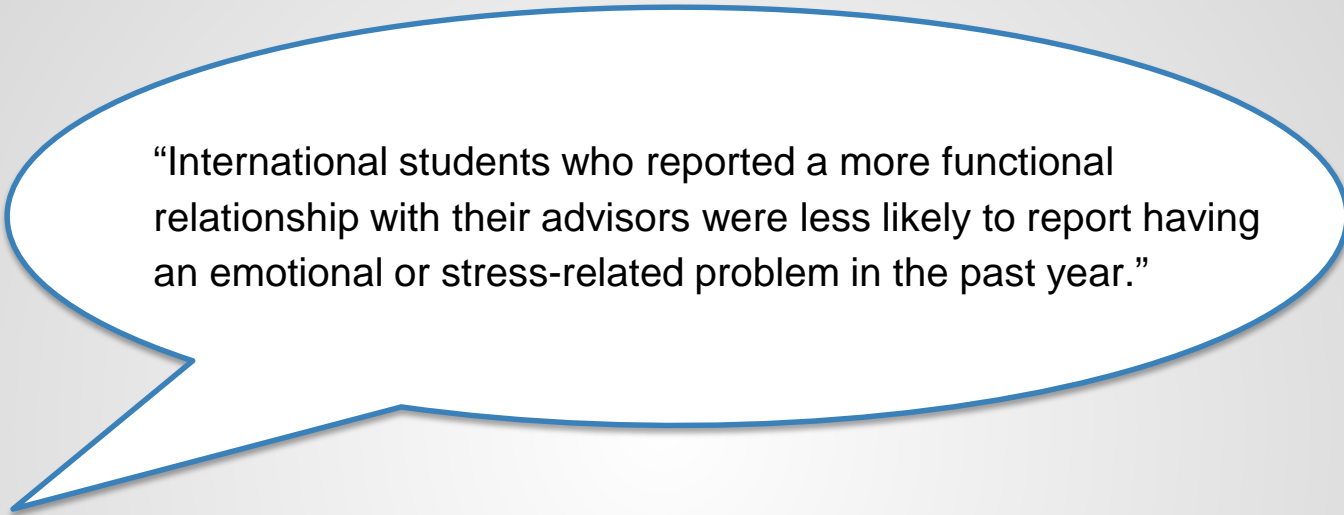
Services

- Crisis Text Line
<http://www.crisistextline.org/>
Text 741-741

Hotlines

- National Suicide Prevention
1-800-273-TALK
www.suicidepreventionlifeline.org
- The National Domestic Violence Hotline
1-800-799-SAFE
<http://www.thehotline.org/>
- It Gets Better Project (LGBTQ)
1-866-4-U-TREVOR
www.itgetsbetter.org/pages/get-help





“International students who reported a more functional relationship with their advisors were less likely to report having an emotional or stress-related problem in the past year.”

Questions?