




## Addressing Mental Health Concerns in the International Student Population



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## Background

- Rapidly growing numbers of international students in American colleges and universities
- Open Doors 2012 report:
  - 2011-2012- Academic year had 6% increase in international student enrollment
  - 2011-2012- International undergraduates outnumbered graduate students
- International Students comprise ~4% of total student enrollment
- This is a trend over the past 20+ years

## Major countries of origin

- **China** (by far outnumbering students from other countries of origin in recent years), **India, South Korea, Saudi Arabia and Canada**
- Students from these 5 countries comprise **56%** of all international students



Open Doors, 2012



## “The China Phenomenon”

- Data from International Students and Scholars Office (ISSO) at Boston University
  - Top 10 countries represented among international students at BU: China, Korea, India, Canada, Taiwan, Saudi Arabia, Japan, Turkey, Spain, Thailand
  - 31 % of these students in entering class of Fall, 2012 from China; 49% of these students from East Asia
  - Many of the students from China are the first in their families to get a college education

## Characteristics of International Student Population

- 44% are women
- 22% study Business and Management
- 41% study STEM (Science, Technology, Engineering, Math)
- 64% (84% of undergraduates) rely on personal and family funds to pay for education

• Open Doors, 2012



## First Generation and Newly Immigrated Students

- Family Structure
- High responsibility in family
- Language: may be only member of family who speaks English
- Lack of understanding of mental illness and lack of vocabulary for mental illness
- Bicultural confusion



## Why Are International Students Coming?

- Prestige and value of education and language
- Lack of infrastructure and opportunities in home country
- History
- Trendiness



## Changing Face of Mental Health on College Campuses

- Increased acuity
- More hospitalizations
- Stress due to economic changes and unemployment
- Policies of inclusion (ADA)
- Impact of technology and characteristics of the Millennial generation



## Impact of International Student Presence

- Changing culture of the university
- Insularity of students from the same country
- Professors: may struggle with how to adapt curriculum to students who may not be proficient in English
- Students: may struggle with international educators (American and international)
- Backlash from American students? Or others?



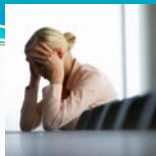
## Special Challenges for International Students

- Language impacting educational and social experience
- Lack of familiarity with the American educational and medical systems
  - May need education regarding plagiarism
  - May have unrealistic academic performance expectations (Wei, et al 2007)
- Homesickness & loneliness



## Special Challenges

- Pressure from home
  - Pressure may feel worse given high financial investment
- Feeling caught between cultures
- Trauma
- Visa Issues / Lack of flexibility to take a break from school
- School breaks
  - Problems with staying on campus or going back home
  - Isolation and loneliness



## Difficulty with Acculturation

- Discrimination
- Language barrier
- American concept of “friendship”
- Closest friendships are often those from their home country: these interactions can feel forced

Mori, 2000



## Cultural Considerations

- Lack of awareness of American medical services
  - Lack of familiarity with mental health treatment/counseling
  - May desire a more directive approach in counseling
- Distrust of American medical practice
- Different personal experience of mental health issues
  - Feel that these issues are not to be shared with those outside of the family
- Different presentation of mental illness



## What We Are Seeing at BU:

- For 2012-2013 academic year (9/1/12-5/31/13)

International Students made up 20% of the student body, but only accounted for 8% of Mental Health check-ins (with F1 visa status)



## Case Example




- 29 yo single female of Korean descent first goes to Primary Care for symptoms of panic attack
- Referred to Behavioral Health clinician who diagnosed Anxiety disorder, explained in detail, and prescribed SSRI
- Client returned to followup appointment not understanding why she was prescribed a *psychiatric* medication and requesting further *medical* workup (eg MRI, neurology consult)
- Student combined medication with Korean "diet drink"
- Student attributed her somatic symptoms of anxiety to a single dose of medication taken several days earlier



What cultural factors are at play in this example?


## Acculturation Patterns



<p><b>Assimilation:</b> When individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures</p>	<p><b>Separation:</b> When individuals place a value on holding on to their original culture and at the same time avoid interaction with others</p>
<p><b>Integration:</b> When there is an interest in both maintaining one's own culture, while in daily interactions with other groups</p>	<p><b>Marginalization:</b> Little possibility or interest in cultural maintenance and little interest in having relations with others</p>


Berry, 1997

## Presentation of Mental Health Issues





- Student may delay before presenting
- Often present first to Primary Care
- BU Healthy Minds Survey 2010 and 2012: International students had lower awareness of MH services and were less likely to get help if they needed it

## Lack of awareness



- Differences in services here vs. a student's home country
  - May have little context for mental health treatment
  - Somatization and wish for medical work-up
- Concerns about cost
- Concerns about confidentiality

## Distrust & Shame

- Shame revealing personal problems
- Stigma
- Prejudice in home country
- Students often delay presenting until more acute need; first contact often not by student

## Experience of Mental Health Issues

- Somatic interpretation of symptoms; often vague, inconsistent physical symptoms
- Feel they should deal with problems themselves
- Focus on
  - Concentration
  - Sleep
  - “Something is wrong with my memory.”



## Attitudes about Counseling

- Non-Westerners tend to have a more negative view of seeking professional help (Dadfar & Friedlander, 1982)
- International students from Hong Kong have strong preferences for directive counseling approach over a nondirective counseling approach (Exume & Lau, 1988)
- Chinese and Japanese culture: the family is more important and seeking outside help for psychological problems is considered shameful for the family (Braun and Browne 1998; Sue and Sue 1999)

## Language

- Different language for mental health issues for international students
- “Depression” and “Anxiety” may have no meaning
- Need to listen differently



## Acculturation

- The more “acculturated” an international student is, the more positive their attitudes are about seeking help (Ying & Miller, 1992; Zhang & Dixon, 2003)
- A consideration for counselors: level of acculturation may alter a student’s needs in treatment
- The importance of outreach in these communities
- Destigmatizing

## Changing trajectory of international students

- Will they return home?
- Bicultural confusion!



## Suggestions for Counselors

- Stress Management
- Assertiveness skills
  - Ways to access academic help
  - Include ways of showing respect to American professors
- Education about American educational system
  - Students may not understand what plagiarism is
- Career and life planning skills
  - Mori, 2000



## Suggestions for counselors

- Being “bicultural” is both a burden and a strength
- Help students see their richness of experience
- Directive approach
- Reassurance about language skills
- Education about American culture
- Knowing campus resources
- Availability of interpreter services (family contact)
  - Example: AT&T

## Psychopharmacology Considerations



- Interplay of culture and genetics
- Environmental factors: diet and the use of traditional “alternative” medicines
- Delay seeking treatment until more severe
- First consult traditional healers
- With exposure to new diets, metabolism may change
- **Alcohol intolerance**

Wong & Pi, 2012

## Psychopharmacology Considerations



- Cytochrome P450 Enzyme differences, Eg CYP 2D6 downregulated
- Use **Sertraline** or **Citalopram** when possible; Fluoxetine and Paroxetine are potent inhibitors of CYP 2D6
- Lower doses antipsychotics, Lithium (may respond to lower serum concentrations), and antidepressants
- Use lower dose Propranolol, more sensitive to blood pressure effects

Wong & Pi, 2012, Ferrell & McLeod, 2008

## Caution!

- **Tegretol**: genetic variation *HLA* allele *B\*1502* as a marker for carbamazepine-induced Stevens–Johnson syndrome.
- *Recommended practice to genotype all Asians before prescribing*
- *Or...avoid using this medication for Asian students*



## Psychopharmacology: Prescribing Practices

- Compliance may be lower
  - Fear and perception of more side effects
  - Asian students may experience more SE!
- Language: less proficiency in English = lower compliance with medications



## Suggestions



- Educate primary care – often first clinicians seen
- Foster collaboration among different organizations on campus
  - International students office
  - Disability services
  - Educational resources
  - Student health services



## Suggestions

- Outreach: Clubs, Activities, Religious Organizations and Chaplains, Athletics and Fitness
- Ways a campus can feel more friendly
  - Dining Options
  - Religious organizations and observances



## Take home points

- Individual level
  - Adjustment of academic expectations
  - Directive approach may be more effective, esp with Asian students
  - Education about American educational system
  - Support in dealing with families
- Educating university community
  - Eg, during RA training
- Outreach to students – first generation college students

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