Mental Health of Chinese International Students: An Emerging Challenge to Counsellors

The international student population in UK higher education institutions (HEIs) has continued to expand in recent years, and students from the People's Republic of China (PRC) form the largest overseas country group. According to the Higher Education Statistics Agency (HESA, 2018), in the 2017-18 academic year over 23% of all international students were from China, and for first year students this percentage reaches 31%. This trend has also been observed in Scotland. In 2017/2018, China was the number one source of international students at Scottish HEIs (9425 students), followed by the USA with 4865 students (HESA, 2018). Chinese international students significantly contribute to the income of UK HEIs, but the challenges and stressors faced by them are often overlooked.

Chinese international students are of various age groups, yet most of them move to the UK during the transition from adolescence to adulthood. Studies have shown that young adults are particularly susceptible to mental health issues, and higher education students are in some ways more vulnerable (Royal College of Psychiatrists, 2011). International students face additional challenges, and the cultural distance between the students' culture of origin and the host culture is particularly important to their socio-cultural and psychological adaptation (Tang, Reilly, & Dickson, 2012; Ward, Bochner, & Furnham, 2001). Chinese international students in the UK often perceive significant cultural distance (Spencer-Oatey, Dauber, Jing, & Wang, 2017), which may contribute to the adaptation difficulties experienced by them, such as social isolation, culture shock, perceived discrimination, homesickness, language difficulties, etc. Consequently, it is reasonable to assume that Chinese international students, especially those who fail to manage the difficulties, are more likely to experience greater psychological distress and report lower subjective well-being compared to home students. However, although a number of studies conducted in the US and Australia have identified Chinese international students as a high risk group for developing psychological distress (e.g., Han, Han, Luo, Jacobs, & Jean-Baptiste, 2013; Lu, Dear, Johnston, Wootton, & Titov, 2014), there is a dearth of research examining the mental health status of Chinese international students studying in UK/Scottish HEIs.

It is inappropriate to simply extrapolate studies on native Chinese or British born Chinese to Chinese international students. However, these groups appear to share some similarities. For instance, it has been well documented that Chinese people are reluctant to seek professional psychological help and tend to be more self-reliant in dealing with their problems (e.g., Hsu & Alden, 2008; Tang, et.al, 2012; Yip, 2005). Researchers have identified a number of factors that might contribute to this, including unwillingness for self-disclosure, lack of awareness about mental health problems and the need for help, stigma attached to seeking psychological help, lack of confidence in mental health services, etc. (Lu, et al., 2014; Tang, et al., 2012). Some of these factors can be interpreted from a cultural perspective. For example, the traditional Confucian culture may influence Chinese people's attitudes toward

mental health difficulties, making them attribute their problems to inadequacy in self-cultivation (Yip, 2005). Researchers also find that Chinese people have a tendency to report their mental health problems somatically, such as having sleep disturbances, fatigue, headache, etc. (e.g., Ryder, Yang, Zhu, Yao, Heine, & Bagby, 2008). This tendency may also be due to cultural beliefs. For instance, the traditional Chinese medicine takes a holistic approach to health; from this perspective, there is no distinction between the mind and the body (Yip, 2005). Therefore, Chinese people may only seek medical help for their physical symptoms and do not consider whether the symptoms are caused by emotional and psychological difficulties. However, it should be noted that Western approaches to mental health have been introduced to China for decades and there has been an increasing awareness of the importance of mental health in the country. The generational, regional and individual differences in adherence to traditional cultural norms and beliefs cannot be neglected, and the extent to which an individual's help-seeking attitudes and behaviours is influenced by the culture should be analysed on an individual basis.

For Chinese international students studying in a foreign country, the barriers to help seeking may also include language difficulties, lack of knowledge of available services, concerns about the cultural appropriateness of the services, etc. (Blignault, Ponzio, Rong, & Eisenbruch, 2008; Lu et al., 2014). However, scant research exists on help seeking and barriers to help seeking of Chinese international students in UK/Scottish HEIs. To the best of the author's knowledge, the only existing study on this topic was conducted by Tang et.al. (2012). They compared Chinese international and British home students' help-seeking attitudes using the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970), which comprises four subscales: recognition of need for psychological help; stigma tolerance; interpersonal openness; and confidence in mental health practitioners. The researchers found that compared to their British counterparts Chinese international students reported significantly less interpersonal openness, but there were no significant group differences in any other subscale of the ATSPPHS. Their findings challenge the previous views that Chinese people view seeking psychological help less positively than people in western cultures (e.g., Miller, Yang, Hui, Choi, & Lim, 2011), but using quantitative method only prevents this study from developing a more in-depth analysis of Chinese international students' helping-seeking attitudes and the barriers they perceive. It is evident that further investigation of this area is urgently needed.

For counsellors and other mental health practitioners, another interesting and important question is when the students do seek help, whether the available services are culturally appropriate and can meet their needs. The provision of culturally appropriate and sensitive services requires counsellors to have a good level of cultural competence, which was defined by Sue and Sue (2012, p.46) as having three major domains:

> *(a) attitudes/beliefs component—an understanding of one's own cultural conditioning that affects the personal beliefs, values, and attitudes of a culturally diverse population; (b) knowledge component—understanding and knowledge of the worldviews of culturally diverse individuals and groups; and (c) skills*

> *component—an ability to determine and use culturally appropriate intervention strategies when working with different groups in our society.*

Empirical studies have shown that a higher level of cultural competence leads to improved counselling processes and outcomes (Constantine, 2002, Fuertes & Brobst, 2002). In order to work more effectively with Chinese clients/Chinese international students, counsellors can use Sue and Sue's (2012) conceptual framework to assess and further develop their cultural competence. For example, the first component of culture competence (attitudes/beliefs) may be enhanced by reflecting on one's own cultural background and assumptions, biases, values and beliefs. For the second component (knowledge), perhaps the most obvious option is to develop an awareness of the main characteristics of Chinese culture. Traditional Chinese culture is influenced by Taoism, Buddhism, and Confucianism. It is collectivistic and interdependent in nature, emphasising on balance, harmony, filial piety and the collective good of society. However, it is noteworthy that China is a huge and diverse country, with 1.38 billion people and a wide range of ethnic communities. Since the government implemented its "reform and opening-up" policy in 1978, Chinese people, especially the younger generations and those from the more developed regions, have been heavily influenced by Western culture. Besides, urban families in China were only allowed to have one child from 1979 (One-Child-Policy [OCP]), until the "Two-Child Policy" was launched in 2016. Although the effects of the OCP on the psychosocial development of those "only children" is still in debate, there is increasing evidence on its negative effects. For example, based on their experiments and surveys, Cameron, Erkal, Gangadharan and Meng (2013, p.953) concluded that China's One-Child-Policy "has produced significantly less trusting, less trustworthy, more risk-averse, less competitive, more pessimistic, and less conscientious individuals." Hence, it is helpful to have some knowledge and understanding of not only the traditional cultural beliefs, but also the contemporary social and cultural context of China. It is also extremely important for the counsellor to treat the client as an individual and avoid stereotyping. Careful consideration must be given to the extent to which cultural values and beliefs are relevant to the client's problems.

The third component of culture competence is about the ability to design and deliver culturally appropriate interventions. Counselling and psychotherapy were originally developed in Western countries and a majority of therapeutic approaches were initially designed for and validated in Western populations. When applying such therapeutic approaches (e.g., CBT) to a different population group, considering cultural factors is imperative (Iwamasa, Hsia, & Hinton, 2006). In addition, it might be helpful for counsellors to gain an understanding of the approaches to mental health that have their origins outside the Western world of counselling and psychotherapy, and integrate them into practice. There are a large number of non-Western approaches, and many of which had been used by people to deal with mental health problems long before counselling and psychotherapy were formalised and professionalised. Over the last few decades, a range of intervention programmes based on non-Western approaches have been developed and implemented in Western countries (e.g., mindfulness-based interventions), and there is a growing body of evidence supporting the effectiveness of these interventions. For example, Mindfulness-Based Stress Reduction (MBSR) has been found to be effective in helping people with stress, anxiety, depression and chronic pain (Hayes, Villatte, Levin, & Hildebrandt, 2011). Many therapeutic approaches derived from eastern traditions (e.g., Yoga, Qigong, Taichi) are also included as

complementary practices in traditional Western counselling and psychotherapy, providing distinct benefits for clients. For people from eastern cultures, these practices might be especially beneficial (Tang et al., 2012). The effectiveness of these approaches and practices in helping Chinese international students is another research area that is well worth exploring.

To sum up, the growth of Chinese international students studying in UK/Scotland HEIs is an emerging challenge to counsellors and other mental health practitioners. The underutilisation of mental health services among this student group is a complex issue that requires further research and action at different levels, and enhancing cultural competence may help counsellors to better understand Chinese international students' problems and work more effectively with them.

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