Abstract

The current study explored the understandings and experiences of Asian International Students (AISs) in terms of mental health, disclosure and help-seeking within Higher Education (HE) in Scotland, UK. A qualitative study using individual semi-structured interviews with AISs (n=20) was used and an inductive thematic approach to analysis was conducted. Three major themes were developed: (1) Negative beliefs, stigma and fear of judgment impacting on understandings and disclosure of mental health issues (mental health as taboo and collective pressures to succeed), (2) Adaptation and acculturation difficulties (lack of sense of belonging), and (3) Barriers in communication, social disconnection and loneliness. Supporting AISs involves challenging negative judgements surrounding mental health, increasing mental health literacy and addressing barriers in overcoming adaptation, acculturation and communication difficulties that may inhibit disclosure and help-seeking behaviour. The need for culturally sensitive mental health practitioners and awareness of diverse understandings of mental health issues is essential to improving supports and services for AISs.

Data collection

Participants were recruited through adverts for the study which were posted on mail boards around campus, social media platforms and websites including WeChat, Instagram, Facebook and Twitter. The recruitment period for the study commenced from November 2019 to February 2022. Given that data collection was conducted prior and throughout the course of the COVID-19 pandemic, the research team worked in accordance with social distancing protocols ensuring that participants were able to engage in online interviews while restrictions were in place (Lobe et al, 2020). Those who responded to study advertisements contacted the chief investigator (NC) through their university contact details to convey their interest in the study. Potential participants were offered the opportunity to ask questions about the study. An initial screening interview with one of the chief investigators (NC, XL & SK), each of whom were also trained mental health practitioners. The CORE-10 (Barkham et al, 2013), which is mental health monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self, was also conducted with each participant prior to engaging in the qualitative interview. The aim here was to ensure participants met the criteria for taking part in the study and to safeguard any concerns raised concerning mental health (e.g. risk to self) during the screening interview. In the event, all participants who were pre-screened were then interviewed for the study. With permission from participants, their contact details were forwarded on to the research interviewer. The research interviewer then contacted the participant by email to discuss the study and their participation. A participant information sheet was then sent electronically to each participant; each of whom were given a period of a week to read information and to ask any questions, to ensure informed consent. Participants were then sent a consent form to complete and a suitable time and date to conduct the interview was arranged. All one-to-one interviews were conducted either in a safe and secure office in the University during regular working hours or through an online zoom interview in accordance with social distancing regulations during the COVID-19 pandemic. Semi-structured, individual interviews were conducted with an interview schedule which consisted of 11 open-ended questions which were developed by the research team in order to address the aims of the research. The schedule questions were informed by previous research literature, and developed in partnership with an international student stakeholder group. This stakeholder group included AISs who were undertaking research concerning student mental health and also had lived experience of some of challenges associated with studying abroad. The questions developed were piloted before agreement of the final interview schedule. It included questions which aimed to explore participant’s experiences of mental health, help-seeking, disclosure and help seeking behaviour. For example, “If you were to experience mental health issues, do you feel you could talk to someone about it?” and “What do you think others might think about you going to seek help?”. Prior to commencing interviews, audio recording equipment was tested to ensure both interviewee and interviewer voices were audible. Upon conclusion of the interviews audio equipment was switched off and participants received written debriefs and an online £20 gift voucher as a thank you for their participation. Interviews ranged from 28 minutes to 1 hour and 13 minutes (mean of 59 minutes, SD = 23.55). Audio-recorded interviews were individually transcribed in full verbatim. The primary interest was in the content of the interviews, therefore it was sufficient to transcribe what was being said (the words), although selective transcription notation was found to be useful. This allowed inclusion of non-verbal communication and behaviour of the participants during the interviews that may have been relevant in the wider analysis of the research findings. Having conducted sixteen interviews, the research team engaged in reflexive meetings in order to discuss whether data saturation had occurred given that thematic analysis was resulting in common themes. The research team agreed to commence with a further two interviews in order to substantiate the themes that had been developed (Ando, et al, 2014; Braun & Clarke, 2019; Guest et al, 2006).

Quality criteria were used for the reporting of the qualitative data (Shaw, 2019) to improve the transparency, trustworthiness, quality and credibility of the data collection and analytical process (Nowell et al, 2017). The research team maintained an audit trail of the research process logging details of methodological decisions and the daily logistics of the research. The data were analysed in accordance with an inductive thematic analysis (Braun and Clarke, 2006; 2012; 2021; Braun, Clarke & Rance, 2014) in order to address the exploratory nature of the study. This approach is a useful method for identifying, analysing and reporting patterns within data through the use of an in-depth, description of themes. First, this involved becoming closely familiar with the data by reading and re-reading the interview transcripts. Following this close reading, initial codes were generated through focusing on what the participants were saying in relation to their understandings and experiences of mental health, disclosure and help-seeking behaviour. This consisted of identifying meaningful extracts and codes accordingly. At the end of this step, the codes were organised into preliminary themes that seemed to say something specific in relation to the research questions. The data associated with each preliminary theme was read and re-read and considered as to whether it really did support it. The themes were then examined in order to ascertain whether they worked in the context of the entire data set. The themes were then refined; all the data relevant to each theme were extracted and a process of defining and naming the master themes commenced (Clarke & Braun, 2018). Each master theme and associated sub-theme was actively created by the lead qualitative researcher. Each theme unites data that, captured implicit meaning beneath the data surface (Braun et al, 2014, Braun & Clarke, 2020). The final strategy adopted was cross-checking of preliminary themes developed by the lead researcher by the co-researchers who also had expertise in qualitative research. Themes were discussed among the research team and the wider student stakeholder group until a consensus had been met on the definitions of each theme. Reflexivity throughout the research process was adopted through the lead researcher maintaining reflective journals (Braun and Clarke, 2019) and by the research team holding regular reflexive meetings to help manage pre-assumptions and identify ‘blind spots’ in the interpretation of the themes (MacIntyre et al, 2018). This procedure resulted in three master themes and associated sub-themes that addressed the aims of the study and were present within all twenty interviews.