

Responding to Mental Health for International Students

ISANA/ANZSSA Annual Conference , Adelaide, 2 December 2014



Dr Jim Elliott, Past President , ANZSSA
Dr Sean Murray, Head, Counselling, Disability & Multi-faith Services

Specific Goals for Today:

- **Demographic data for International students**
- **“Culture Shock” vs Mental Health**
- **Presenting Issues**
- **Best Practice Model**
- **Case Study: Helping a Student in Distress**

Disclaimer

- A brief workshop can only provide an overview and stimulus to seek further information and skills. The goals of this workshop are to:
 - Introduce and describe some common mental health issues
 - Focus on issues which are of special significance to International students
 - Develop a good practice model for early identification and intervention with both acute and chronic cases

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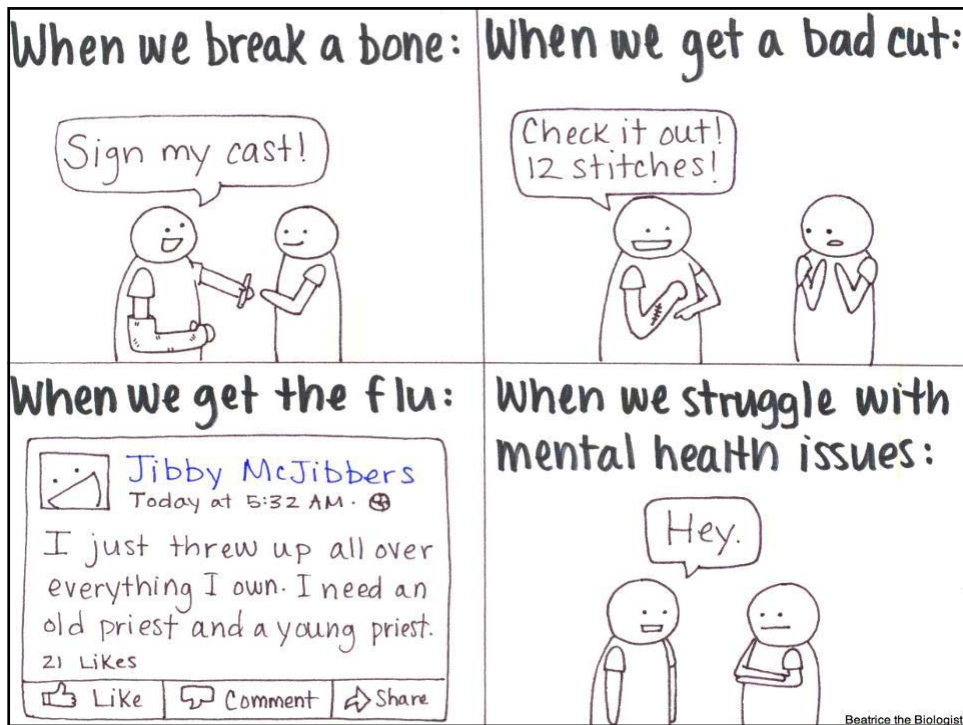


Activity: In small groups

- Brainstorm as many colloquial terms as you can which refer to mental health issues – e.g. “Bonkers”, “mad as a cut snake”. (1 min)
- Brainstorm as many colloquial terms as you can for cancer

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Julia Gillard, Speech 29 May 2009

'International students enrich our society. They help to provide a diverse and rich education experience for Australians... People coming to Australia to study and Australians studying abroad promote cross cultural experiences that benefit us both now and in the future, building understanding that underpins tolerance and stability here and abroad'

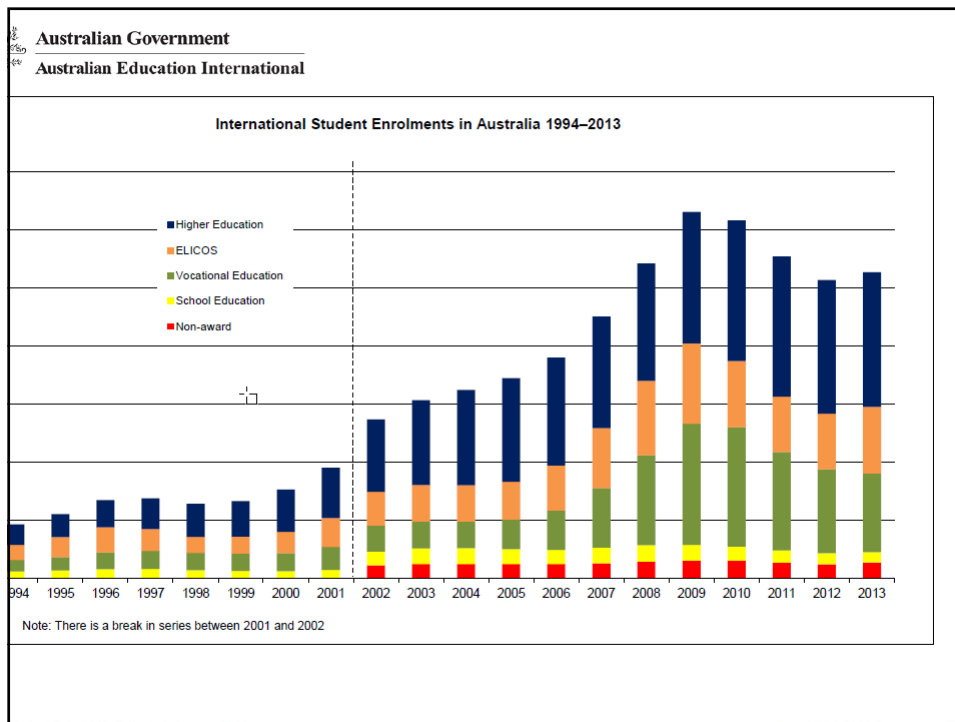
Benefits of International Students

- Increases campus diversity.
- Fosters new perspectives to the classroom conversations and awareness and appreciation for other countries and cultures (Lee, 2013).
- Helps globalize the learning community (Lee, 2013).
- Increases enrollment and generate revenue for the institution (Lee & Rice, 2007).

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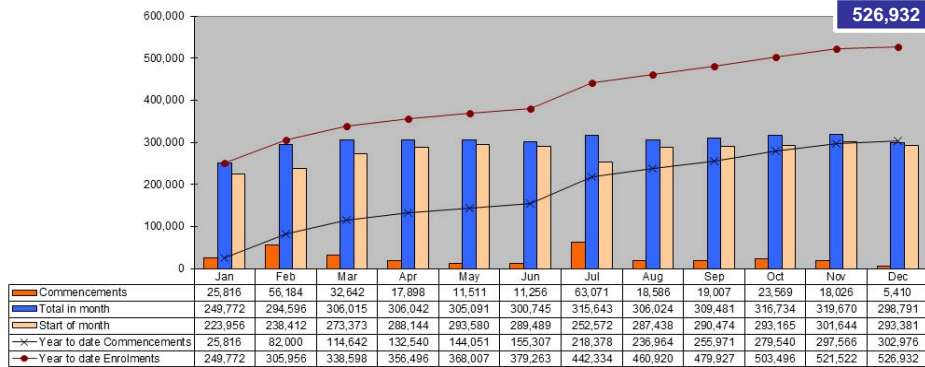


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Totals Number of Enrolments 2013

Table 1: Monthly time series of Stock, Flow and Year to Date of Student Enrolments - All Sectors

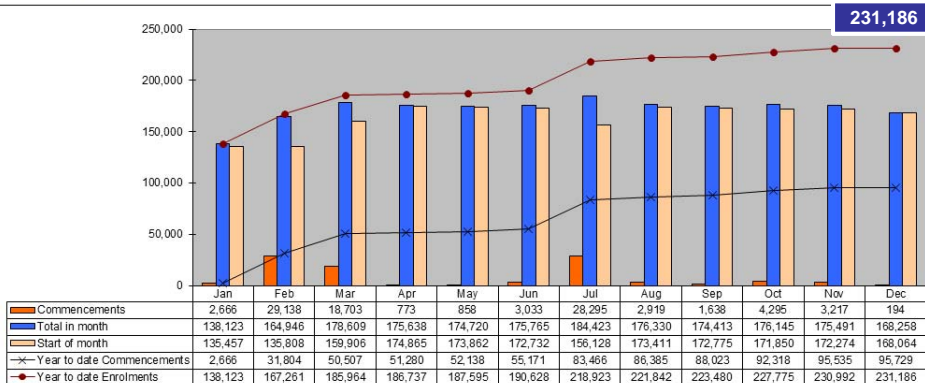


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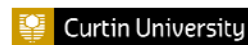


Totals Number of Enrolments 2013 Higher Education

Table 3: Monthly time series of Stock, Flow and Year to Date of Student Enrolments - Higher Education



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Top 5 Source Regions & Emerging Markets

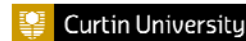
The Top 5 nationalities contributed 52.1% of Australia's total enrolments					Double-digit increases & decreases for nationalities with over 5,000 enrolments (outside top 5)			
Nationality	2012	2013	Growth on 2012	Share of all nationalities	Nationality	2013	Growth on 2012	Rank
China	149,577	150,116	0.4%	28.5%	Brazil	17,554	16.3%	7
India	53,929	49,265	-8.6%	9.3%	Pakistan	12,869	15.2%	10
Republic of Korea	27,562	27,580	0.1%	5.2%	Colombia	12,030	18.8%	11
Vietnam	22,423	26,015	16.0%	4.9%	Philippines	8,830	27.3%	15
Thailand	20,142	21,762	8.0%	4.1%	Taiwan	8,228	14.3%	17
Other nationalities	240,119	252,194	5.0%	47.9%	Italy	5,377	37.1%	20
All nationalities	513,752	526,932	2.6%	100.0%				

For more information: <http://www.aei.gov.au/research/International-Student-Data/Pages/default.aspx>

1 AEI data on enrolments and commencements (including the data in this update) relate only to international students in Australia on a student visa.

2 Commencements in schools for the current reference period are not strictly comparable to earlier years due to recent changes to secondary school level courses at a single large provider.

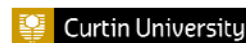
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Acculturation: A Framework For Understanding International Student Adjustment

- *Acculturation* refers to changes in values, beliefs, and behaviors that result from sustained contact with a second culture (Berry, 1998).
- *Psychological acculturation* refers to psychological changes occurring at the individual level rather than from changes resulting at the group level encounter (Berry, 1997). Involves changes across a number of domains, including language, cognitive style, attitudes, style of relating, and identity (Berry & Kim, 1988).

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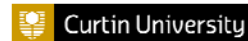
Acculturative Stress/Culture Shock

Stress resulting from the process of acculturation referring to mildly pathological and disruptive behaviors (Berry, Kim, Minde, & Mok, 1987).

An alternative to and extension of earlier notions of *culture shock*.

Culture shock: implies sudden and acute;
acculturative stress: chronic stressors with gradual and longer-term process

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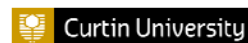
Preliminary Caution: Acculturative Stress/Culture Shock vs. Serious Mental Health Concerns

Acculturative Stress/Culture Shock:

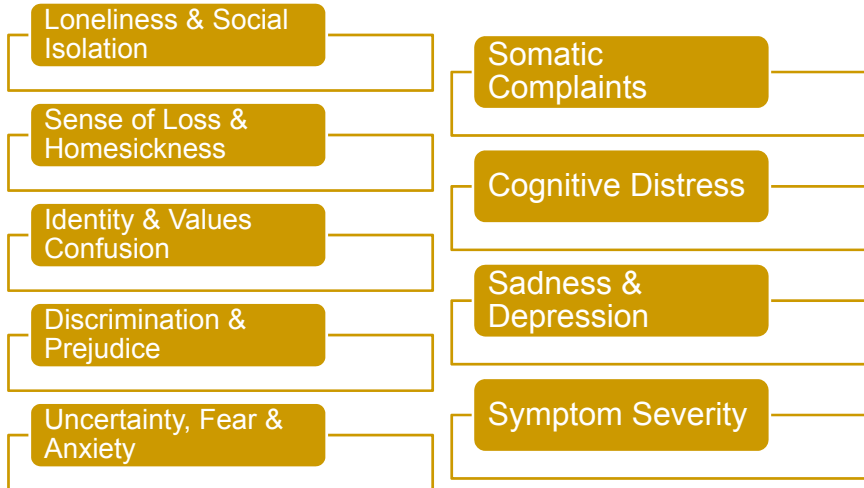
- A Normal Developmental Phase of Adjustment
- Mimics more severe psychological problems such as clinical depression and anxiety ...
 - feeling helpless, out of control, vulnerable, fearful, anxious, confused, crying or sleeplessness.

Usually Time Limited – (e.g. 2-4 weeks)

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Psychological Impact Of Acculturative Stress



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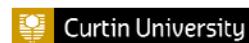
We Are All Involved in Mental Health

One out of every five Australians [about 20%] will experience some form of mental illness each year. Three out of every ten [about 30 %] will be seriously affected

Around 14% of 12-17yo and 27% of 18-25yo experience a mental illness in any given year. At least one third of young people have had an episode of mental illness by the age of 25 years

The majority of mental illnesses begin between the ages of 15-25 years

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Paranoia

Significant changes in mood


PSYCHOSIS

Hallucinations

Disorganised speech/behaviour

Delusional ideas

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Anxiety – GAD; PTSD; Phobias; OCD; Panic


Cognitive

Somatic

Affective

Behavioural

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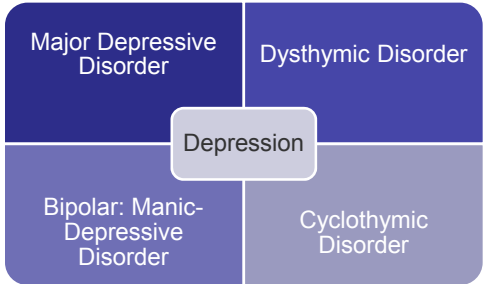
Depression



Mood

Depression

Mania



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Eating Disorders

Anorexia nervosa

Bulimia nervosa

Binge eating disorder



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Alcohol, Drugs and Gambling


Estimates suggest that up to 75 % of people presenting with alcohol and drug problems also have additional mental health problems

600% increase in gambling in post-secondary institutions between 2001 and 2005, with over 15% of students engaging in gambling each week in 2005 - Harvard School of Public Health

[International Student Report \(2011\)](#)



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Others

- Personality Disorders
- Autism Spectrum Disorders e.g. Asperger's
- ADHD, ADD
- Anger management; Domestic Violence
- Sexuality Issues
- Procrastination, Perfectionism
- Trauma, Critical Incidents and Abuse
- Insomnia/Hyposomnia
- Bullying/Cyberbullying
- Self harm

<http://www.youthbeyondblue.com/factsheets-and-info/>

http://raisingchildren.net.au/health_wellbeing/early_teens_health.html

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Top Student Presenting Problem at Universities

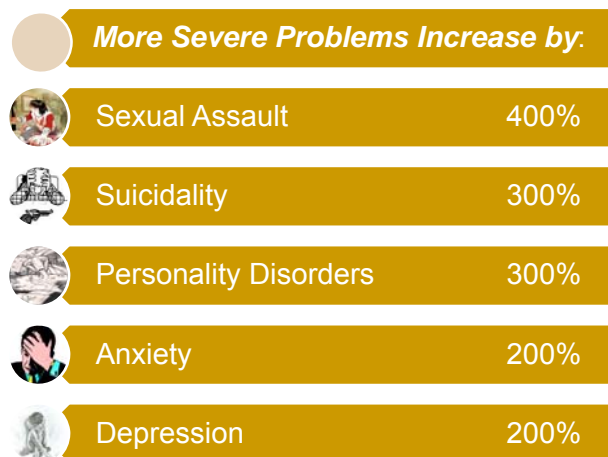
1958: *Career Concerns*

2011: *Anxiety / Depression*


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USA Trends: Last 20 Years (Benton, 2003)



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Presenting mental health issues for minors

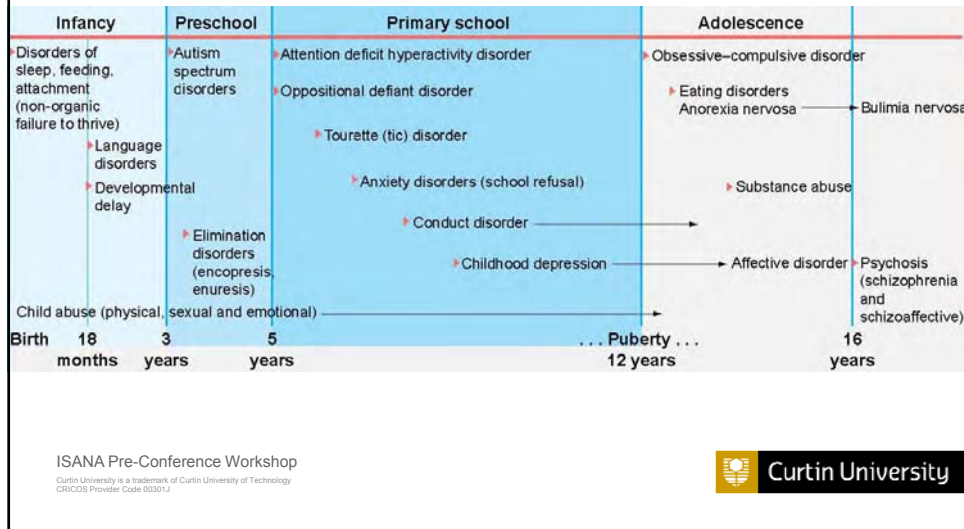


Table 2.10: Prevalence of selected mental disorders among young people aged 18–24 years, 1997

	Males		Females		Persons	
	Number ('000)	Per cent	Number ('000)	Per cent	Number ('000)	Per cent
Total anxiety disorders	76.5	8.3	123.8	13.8	200.3	11.0
Panic disorder	1.9	0.2	11.3	1.3	13.2	0.7
Agoraphobia	7.3	0.8	15.0	1.7	22.3	1.2
Social phobia	37.8	4.1	42.6	4.7	80.3	4.4
Generalised anxiety disorder	11.3	1.2	18.6	2.1	29.9	1.6
Obsessive-compulsive disorder	3.5	0.4	6.1	0.7	9.6	0.5
Post-traumatic stress disorder	30.9	3.4	61.0	6.8	91.9	5.1
Total affective disorders	26.4	2.9	97.1	10.8	123.5	6.8
Depression	24.6	2.7	91.6	10.2	116.2	6.4
Dysthymia	2.5	0.3	7.4	0.8	9.9	0.5
Total substance use disorders	194.8	21.2	94.4	10.5	289.2	15.9
Alcohol harmful use	40.4	4.4	35.6	4.0	76.0	4.2
Alcohol dependence	110.2	12.0	38.3	4.3	148.6	8.2
Drug use disorders	85.1	9.2	32.0	3.6	117.1	6.4
Total selected mental disorders^(a)	249.4	27.1	232.2	25.9	481.6	26.5
Total persons ('000)	920.6	100.0	896.5	100.0	1,817.1	100.0

(a) Total selected mental disorders include anxiety, affective and substance use disorders only. Total is not cumulative as categories are not mutually exclusive.

Source: AIHW analysis of ABS 1997 National Survey of Mental Health and Wellbeing confidentialised unit record file.

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Activity: In small groups

What Are The Expectations Of International Students' Of Mental Health Systems?

What are the common mental health services like in the countries many of our students come from?

How does that compare to services in Australia?

How are mental health issues understood, explained and/or attributed in different cultures?

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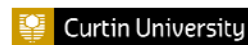
Activity: Brainstorm

What are the factors which exacerbate mental health issues for International students?

What are the differences between addressing the mental health needs of students who are over and under 18(minors)?

Who are the people most likely to first observe there is an apparent problem?

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What are our goals?

- Goal One: Enable the student to succeed with his/her program OR enable the student to return home with as much dignity as possible
- Goal Two: Connect the student to the most appropriate source of professional help in the most timely way
- **SYSTEM SUCCESS OCCURS WHEN:**
 - A new case is rapidly identified and brought to the attention of professional staff as rapidly as possible
 - An on-going case is managed in a manner that is respectful of the interests of the student

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Small group discussion

- At your institution, what is the current status of:
 - Early identification
 - Early Intervention
 - Appropriate psycho-education of International Students and staff
 - Communication channels between key people – front-line staff, mental health professionals and external sources of help
 - Case management systems and recognition of role boundaries
 - Who else may need support besides the client?

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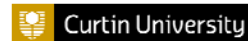
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Good Practice

Mental health training for Staff and Students

- ***Learn to spot signs of distress early.***
- ***Know how to offer support.***
- ***Connect student to help.***

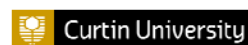
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MH: Impact on others

- Peers
- Parent/significant others
- Teachers/other staff
- People in residents
- Witnesses of incident/behaviour
- Victims
- Media/reputation
- Connection in the home country
- Others???

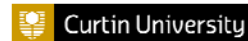
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Safer Community

- safe and secure environment
- proactive and preventative approach to address threats and other troubling behaviours
- that relevant bodies are aware of a situation as it develops and that an appropriate campus wide management response plan is in place
- Students and staff who are perceived to have a higher risk of concerning behaviour, and those who are affected by this behaviour, are identified, assessed, and provided with appropriate, preventative, support.

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Best Practice

- Internationally students underutilize counseling services and are more likely to terminate counseling prematurely (Yakushko, Davidson, & Sanford-Martens, 2008).
- Assess for coping resources and level of acculturation.
- Provide a support group for international students (see Dipeolu, Kang, & Cooper, 2007; Yakunina, Weigold, & McCarthy, 2011)
- Train other professionals who work with international students
- Provide opportunities for social contacts
- Create informational literature that targets the needs of international students:
 - Australian culture
 - Culture-specific social skills

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Signs of Distress

Student feeling overwhelmed

Crying excessively

Feeling hopeless worthless

Looking dirty and disheveled

Hearing voices/ Paranoid

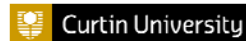
Intoxicated/high during appointments

Excessive response to small incidents ... "the last straw".

Lack of response to empathic contact – the individual who just doesn't seem reachable.

Anything that makes you very uncomfortable and/or worried.

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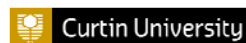


Academic Signs of Distress

Look for clusters – Not isolated symptoms

- Poor academic performance
- Not attending class
- Odd or unusual thought processes in written work in class
- Interpersonal withdrawal/isolation

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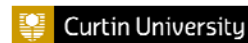


When to Refer to Counselling

Know your limits. Refer when...

- Signs of distress are **disrupting** student's progress
- Problem is more serious than you are **comfortable** handling
- You are worried about student's **safety**

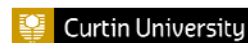
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Challenges Faced by International Students

- Like all groups, there is a great deal of diversity within the international student population so don't over generalize or stereotype.
- Typical stressors associated with university life
- Stress associated with government regulations and financial concerns

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Challenges (con't)

- Adapting to a new culture (personal).
 - Acculturative stress
 - Culture shock
 - Loss of social support; social isolation
 - Discrimination
 - Confusion about role expectations
 - Lack of support from peers and faculty
- Adapting to a new academic culture.
 - Language proficiency
 - New educational systems
 - Academic isolation

(Coppi, 2007; Heggins & Jackson, 2003; Johnson & Sandhu, 2007; Olivas & Li, 2006)

Multicultural Considerations in Making a Referral

A student's cultural background may affect their attitude toward professional counselling

FACTORS THAT MAKE IT DIFFICULT TO SEEK HELP:

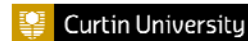
- Stigma
- Lack of information about counselling
- Fears of family knowing
- Fear of being misunderstood
- Fear of being discriminated

Multicultural Considerations in Making a Referral (cont)

Tune in to multicultural issues:

- Acknowledge family or cultural norms that make it difficult to share personal information.
- Discuss what counselling involves and how it operates in the host country.
- Remind student about confidentiality.
- Assure student you will help find a counsellor who speaks their native language (if possible)
- Reiterate the value that can be gained

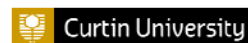
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How to Suggest Counselling

- *Set a time to talk privately*
- *Communicate your concern*
- *Ask and listen*
- *Bring up idea of counselling as resource*
- *Avoid a power struggle*
- *Don't diagnose or be judgmental*
- *Remain calm*

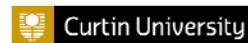
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If student is reluctant..

- *Normalize counselling*
- *Stress confidentiality*
- *Describe the counselling service and how to access, in detail.*
- *Recommend a specific counsellor*
- *Look for leverage: e.g. career or health focus*
- *Check back with student; allow some time*

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How to Make a Referral

Suggest local counselling options

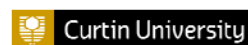
Share psycho-educational web sites

Describe how confidentiality works

If urgent, walk student to counselling

Get consultation for yourself

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What is not helpful?

Over-reacting

Under-reacting

Downplaying

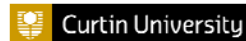
Fearful Responses

Super Rescuer

Personalising

Others??

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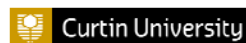


Suicide: the most challenging problem..

- **Suicide** = second leading cause of death for uni students
- **9.5%** of uni students had considered suicide
- **1.5%** had attempted suicide within the past year.

[*ACHA: Safeguarding Your Students Against Suicide,2008](#)

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Some facts about suicide

You will not make someone suicidal by asking straightforward and caring questions about whether they have considered suicide.

Take any mention of death or suicide seriously.

Suicidal people don't want to end their life; they just want to end their suffering and unfortunately see death as the only option.

Early recognition and treatment of depression and other mental illnesses is the best way to prevent suicide.

Source: [SPAN USA](#) and [DBSA, AFSP](#)

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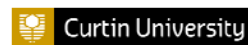


Assessing: Is the Student Suicidal?

Risk Factors:

- *Depression*
- *Past Suicide Attempt*
- *Impulsivity*
- *Demographics (men: 3-5 times more likely)*

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Suicide Risk Factors

Hopelessness

Easy access to lethal means (e.g., a gun)

History (previous attempt, past trauma or abuse, family suicide)

Recent major loss (social, academic, etc.)

Impulsive or aggressive tendencies

Alcohol and other substance abuse

Untreated mental illness, especially depression

Lack of social support (international students and graduate students are often at higher risk)

Resistance to seeking help

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Some Tips for Dealing with a Suicidal Student

Take the student seriously

Ask directly if student has been thinking about suicide, and if so, how detailed?

Show interest, support, availability

Provide 24-hour crisis information

Don't be sworn to secrecy

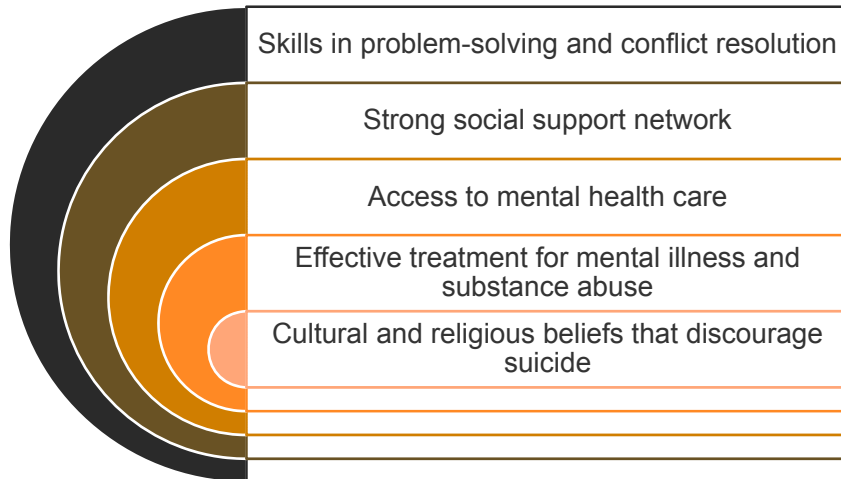
Seek support and consultation for yourself

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Protective factors that reduce suicide



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How can you help?

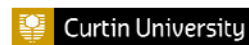
Express your concern directly and offer to help

Use a team approach

Confidentiality Policy

- Information may be disclosed without the consent of a client when:
 - there exists a clear danger to the client or to others, or
 - there exists a legal obligation to do so

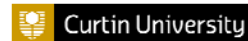
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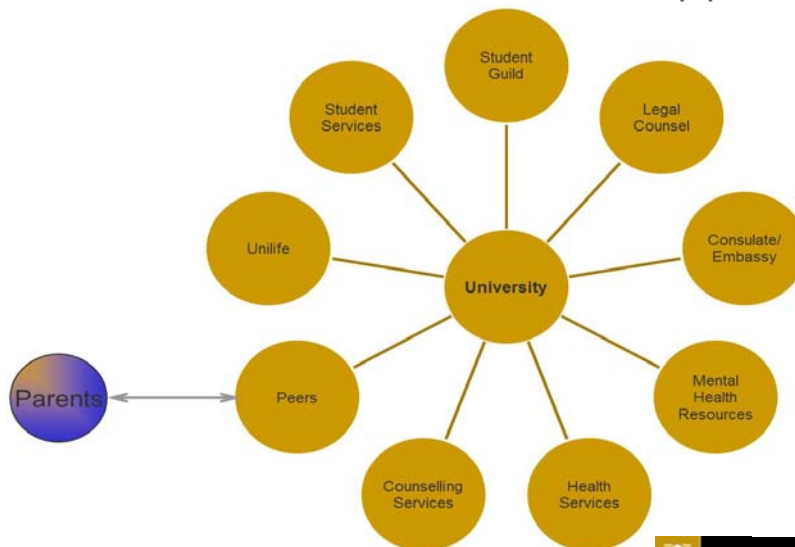
Useful Questions (Potter, S. 2010)

- This might be difficult to say but how are you feeling about it just now?
- What's been happening, what is happening?
- What have you been doing about it?
- How does that make you feel?
- How can I help you, I wonder if there are some ways I can help you?
- What would be most helpful right now?
- Are you expecting me to tell you what to do?
- Can we just name it?
- If you were going through this what would you expect to happen?
- Who else have you talked to?
- What do you expect from this meeting?
- Is there something I need to be worried about here?
- What does that mean in other words?
- Is there something we are not talking about?

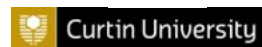
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You are not Alone: A Team Approach



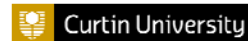
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Internal sources of help

- Course co-ordinators, supervisors, tutors
- Housing managers and assistant
- All Student Services
- Counselling Service
- Occupational Health and Safety
- Health Services
- Disability Services
- Multi-Faith Services/chaplaincy
- Student Union Advisors

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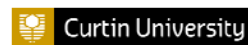


External sources of help

- General Practitioner
- National Community Mental Health Care Database (NCMHCD)
- Mental Health Response Line
- Health Direct
- Crisis Care
- Primary care and secondary psychological and specialist services (e.g. Eating Disorders, Alcohol)
- Voluntary Organisations (help lines, support groups, advocacy, counselling and specialist services)
- Web resources

BeyondBlue.org.au; ReachOut.com; raisingchildren.net.au; thedesk.org.au

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Conclusion

- **Next steps**

This has been a brief intro to many things

Let's share –

1. What is one thing you have learned today that you did not know much about before?
2. Do you have a good practice model in your work place? Or do you need to go away and review your practices?
3. What do you need to do next to build on this workshop?

- **Thank you for your participation**

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