



Australia's
Global
University



Connecting with Community

fostering favourable engagement with families of international students!

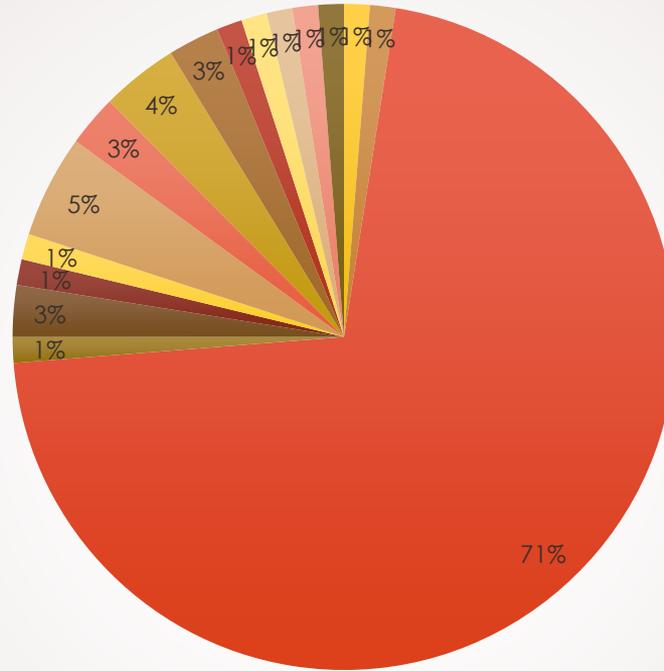
Emily Tzu-Ping Ou & Semra Tastan



Fast facts

- ▶ UNSW Sydney, a metropolitan university in NSW Australia
- ▶ 14,392 International Students (2018), 25%-30% of student population
- ▶ Top 5 Countries – China, Malaysia, Indonesia, India, Singapore
- ▶ International Student Experience Unit
- ▶ 5 International Student Advisors (majority social workers)
- ▶ Individual face to face consultation, case management, critical incident, program/project management, ESOS Compliance, U18 students monitoring, AAS students support

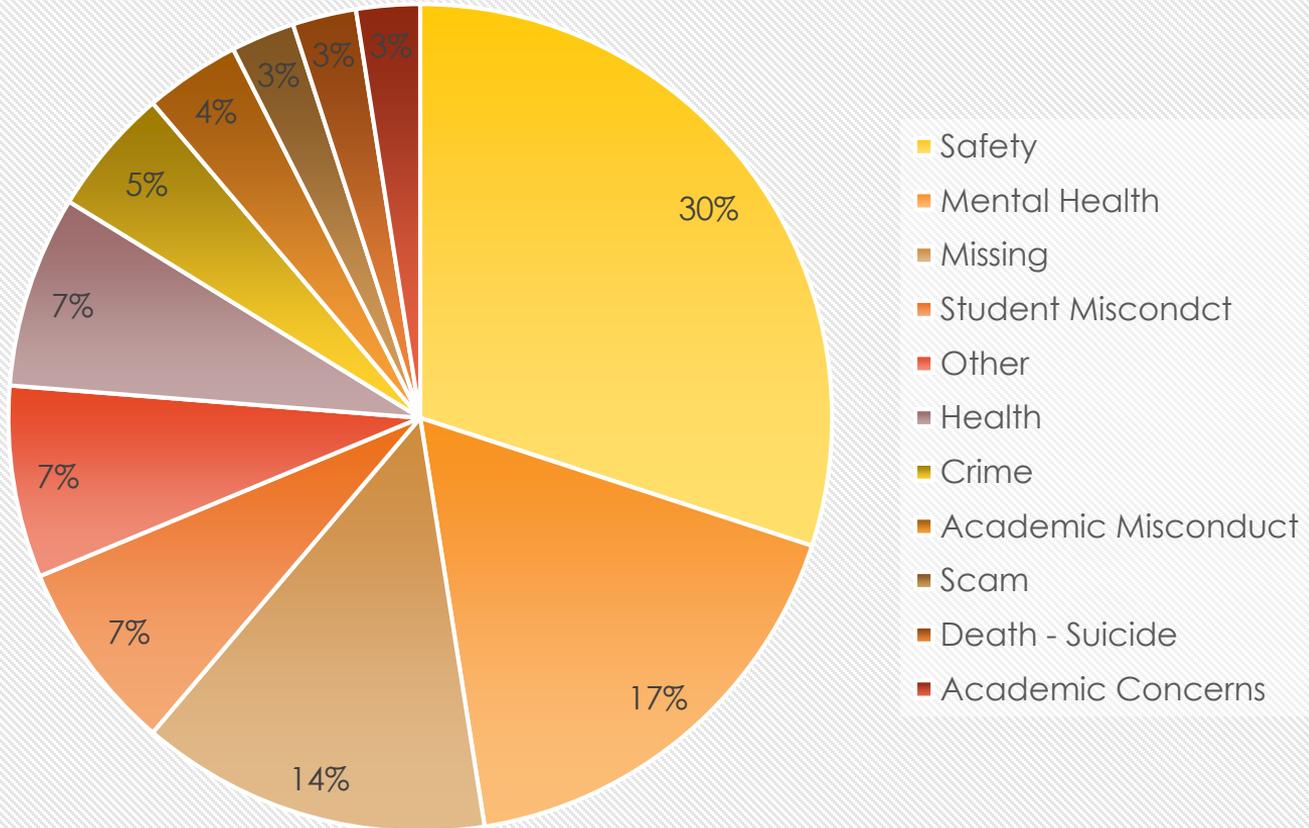
Student by Nationality



- Cambodia
- Canada
- China**
- Hong Kong
- India
- Indonesia
- Laos
- Malaysia
- Pakistan
- Saudi Arabia
- Singapore
- Sri Lanka
- Taiwan
- Thailand
- Turkey
- USA

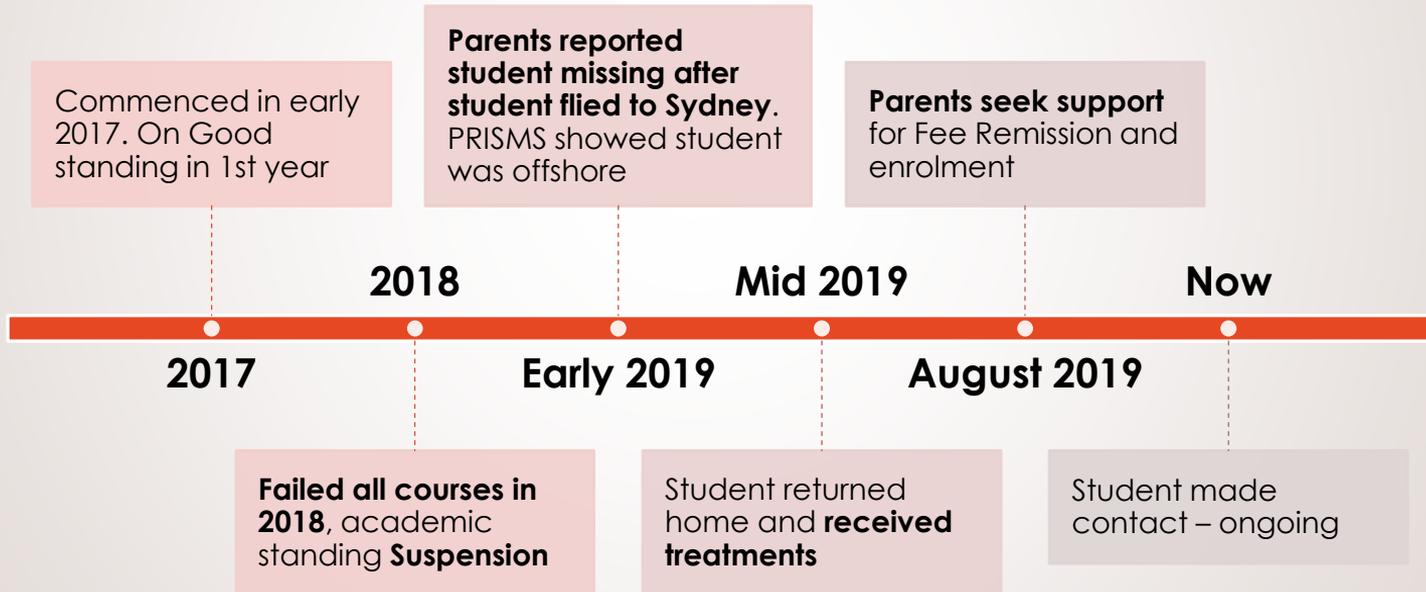
July 2016 – May 2019

Student by Type of Incident



Student Case

Pam, Chinese female 21 years old, UG Built Environment



- Hospital based treatment
- Discharge report written by a clinical psychologist
- Reasons for Admission: Unusual behavior; arguing with parents; refused to answer questions; instable emotions; easy to lose temper; nervous; don't care about work or life; lack of self-awareness
- Diagnosis – Depression (medium)
- Treatment: medication, behavioral therapy
- Reasons for Discharge: Patient and parents requested discharge

出院记录

第 1 次住院 入院日期:2019年07月31日 出院日期:2019年08月26日 住院天数: 26 天

入院情况: 患者因“行为异常7月余。”第1次非自愿入院。体格检查: T:36.5℃, P: 90次/分, R: 20次/分, BP:120/90 mmHg。心肺腹检查未见明显异常。神经系统检查未见阳性体征。精神检查: 意识清, 步态平稳, 仪表整洁, 定向力完整。接触不合作, 拒绝住院, 与父母争吵, 交谈不配合, 一会讲粤语、一会讲国语、一会讲英语、一会又讲家乡话等, 而拒绝回答问题, 常用双手捂住耳朵, 若他人靠近她, 即表现紧张, 诉不给男人碰到她, 否认凭空听到声音, 否认被害体验, 注意力尚能集中。记忆力及智能粗查基本正常。情绪不稳, 易发脾气, 稍显紧张, 无情感高涨、情绪低落。意志行为减退, 对其工作、生活不关心。自知力缺乏, 违物。

入院诊断: 中度抑郁发作

诊疗经过: 入院后完善相关检查, 查血常规示: RDW-CV 14.5%; 生化示: GLU 3.52mmol/L HDL-C 1.74mmol/L; 尿常规示: GLU 17(3+) BLD 50(3+) URO 68(2+) KET 0.5(1+) LEU 25(1+) 予抗抑郁、抗焦虑、抗精神病及稳定情绪为主的治疗, 并予行为矫正治疗、行为观察与治疗等治疗, 监测用药反应。经治疗后, 患者病情缓解, 复查血常规示: RDW-CV 14.8%; 生化示: HDL-C 1.66mmol/L APOB 0.54g/L 尿常规示: LEU 25(1+)。患者及家属要求出院, 予办理出院手续。

出院情况: 患者睡眠及饮食尚可, 焦虑及抑郁情绪明显缓解, 情绪较前平稳, 否认存幻觉及妄想内容, 否认存自杀观念, 自知力部分存在, 患者及家属自觉病情好转, 要求出院继续服药治疗, 请示上级医师后同意出院, 予出院。

出院诊断: 中度抑郁发作

出院疗效: 痊愈 好转 未治 转院 自动出院 死亡 其他

出院医嘱: 1、维持治疗: 按医嘱服药, 请勿自行停药或减药, 定期门诊复诊。建议家属多关心患者, 帮患者保管药物, 做好看护工作, 督促患者服药及复诊, 注意病情变化, 如有病情波动, 请及时就诊。

2、药物不良反应监测: 患者服用氢溴酸西酞普兰、阿立哌唑、碳酸锂等药物, 可能出现口干、便秘等药物副反应, 请家属注意观察。服药期间, 请定期复查血常规、肝肾功能、血脂、血糖、心电图, 甲状腺功能等项目。

3、风险防范: 患者既往出现明显幻觉内容, 曾存自杀观念, 故在外注意防范冲动及自伤、自杀行为。患者有自行停药行为, 注意防藏药。患者病情波动时, 可能存在冲动、自伤或自杀风险, 需严密观察、加强陪护, 防自杀, 防冲动。

4、出院处方: 1、氢溴酸西酞普兰片 20mg qd; 2、碳酸锂缓释片 0.3 bid; 3、阿立哌唑片 5mg qd; 4、复合维生素B 2片 bid。

5、康复指导意见: 避免心理刺激, 作息规律, 保证充足睡眠, 适当运动。低糖、低盐、低脂饮食。服药期间, 请勿驾驶车辆、高空作业等。

Letter from Pam's mother

Hello Emily!

It was warm-hearted to receive your email yesterday. I couldn't help but shed tears, just as I first received an email from a UNSW staff telling us that we could try to apply for Fee Remission considering Pam's special circumstances. That made me feel the care, as representatives of the university, brought us. **To be honest, before this my feelings about the**

university was cold and distant". Because several contacts to University previously, I couldn't get the answers I wanted. Of course I can understand that this is due to University policies and Australian (privacy) laws. However if I recall now, Pam may not get to where she is today if she studied in China. **The Fu Dao Yuan (counselor/advisor) in Chinese universities will pay close attention to students and provide timely support/counseling or notify parents. But in Australia, due to privacy, the opportunities to support students might have been missed again and again.**

Yesterday, Pam told us for the first time that she did not take the exams in the first semester of 2018. I think if we knew this at that time, we could have been able to take appropriate actions. So she would not be skipping classes in semester 2 in 2018, left home in February 2019 and wandered around outside for more than a month. Recall that time, it was painful! **We had no news of her at all, we had no ideas where to find her, we imagined she might be living on the street, might have met bad people, these thoughts put us tortured to death. It was not until the night she got home that we had a good night's sleep.**

Emily, I'm sorry to say all these to you, I just hope that in the future the University may make some adjustments to the rules and regulations, so that students, especially those who are far away from their parents and family, can get timely help in the event of a bad situation, to avoid such situations like Pam experienced. After all, this time the University has arranged you to assist us, this has given us a lot of support, physically and psychologically. Myself and Pam's father sincerely thank you!

All the best,

Pam's mother

August 2019



Gaps & Challenges



CULTURE



FAMILY



CONFIDENTIALITY
V.S. DUTY OF CARE



MENTAL
HEALTH



TRANSITION



UNABLE TO
ACCESS SOME
EXTERNAL
SERVICES



SUPPORT
SERVICES AT
THE UNIVERSITY



Joe

Case Study

- 23-year-old male Chinese student in final year of Engineering (UG) with a good academic record.
- Referred to international student support by the Police following a suicide attempt which led to a short psychiatric admission.
- Homeless and not known to our service or any other services on campus.
- Over three months Joe had three admissions to psychiatric ward in three different hospitals across Sydney. All admissions were due to risk of harm to self.
- The first two admissions were short (3-7 days) and last one was 6 weeks.



Best Practice



CASE
MANAGEMENT
MODEL



FAMILY
INTERVENTION



CULTURALLY
INCLUSIVE
PRACTICE



EMERGENCY
FUNDING



Where
to from
here

DEVELOP A CASE MANAGEMENT
FRAMEWORK

POLICIES & PROCEDURES

CULTURALLY INCLUSIVE PRACTICE

RESEARCH INTO FAMILY ENGAGEMENT
IN HIGHER ENGAGEMENT





Reference

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Q & A