

THE UNIVERSITY OF CHICAGO

**International Student's Mental Health at  
University of Chicago**

**By**

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**ABSTRACT**

Mental health problems have increased among college students in the past decades, especially after COVID-19 epidemic, and the researchers usually ignore the distinctive impact on international students all over the world. The difficulties including language barriers, acculturation, and frequent change of relationships put international student populations at risk when dealing with mental health issues. This paper focuses on international students at University of Chicago and how they are interacting with school mental health programs. One of the proposed methods (Resource Outreach Workshop) was found to be effective in raising their mental health awareness and increasing their program-participating motivation.

**Keywords**

mental health, international students, help-seeking barriers, school programs

## INTRODUCTION

Mental health has been discussed by many scholars for a long time and its concept interpretation is also argued. World Health Organization (WHO) explains mental health as a state that is “more than the absence of mental disorders.” Schilderman et al. (2023) introduced several authors' opinions toward mental health and found three common needs: 1) to face challenges and grow in the physical and social worlds; 2) to build various types of connections with other people; 3) and to form self-regulation and inward communication. As mental health is related to physical and social worlds, its problems are usually space-sensitive, and surroundings have a large impact on people in a specific area where they interact with other human beings and the environment itself (i.e., community, school and workplace). Life at higher education (i.e., college, university) is an important stage for students, and it usually lasts for about four to ten years depending on degrees of student's pursuit. Why does college mental health matter? Oswald et al. (2018) studied the trends of students' mental health diagnoses from 2009 to 2015 at college, where she concluded an increase of self-reported diagnosis for this time period. Other researchers studying college students at Norwegian college also found increase in self-reported psychological distress during the overlapped period, 2010-2018, as Oswald et al's study did (Knapstad et al., 2021). A national study of US college students, between 2007 and 2017, also showed mental health services visits increasing from 19 percent to 34 percent (N. King et al., 2023). Researchers in this study emphasized the growing proportion of related concerns as well as the complication of mental health problems for students from different countries and institutions. The increasing prevalence of mental illness, like anxiety and depression, not only negatively influences students' academic performance, but it also correlates to worsening physical health outcomes, like poorer immune systems (Stein et al., 1982). This trend in turn

impacts students' classroom and learning experience that exacerbates mental problems. In a study conducted by Eisenberg, Golberstein, and Hunt (2009), they found a strong association between academic performance and the combination of depression and anxiety symptoms. Depression alone was very likely contributing to lower GPAs and higher drop out rates. By exploring mental health as a complication found on college campuses and institutions of higher education, researchers could find better ways to promote student mental health through providing tailored wellness services and resources and therefore contribute to student's wellbeing and academic success.

## **LITERATURE REVIEW**

While many research studies have focused on student's mental health at college in general, less studies consider the international student group as a particular subject. The United States is one of the top study abroad countries in the world because of its abundant resources. According to a study in 2019, the international student population reached 1.09 million (5.5% of all college students) in America which multiplied about 30 times since the mid twentieth century (Yeung et al., 2022; Han et al., 2013). The increase in the international student population leads to the disclosure of their unique mental health concerns, and its importance should not be underestimated. Compared to domestic students, international students have a higher risk of experiencing mental illness due to different stressors, like language difficulty, financial difficulties, and acculturation challenges, and many of them will endure it for a longer time through false coping strategies and/or lack of ability to solve their psychological problems (Han et al, 2013). The following three sections will discuss the language, cultural-related, relationship concerns that exacerbate international student's wellbeing at colleges from foreign countries.

## **Language Difficulties**

The language barrier is a typical factor that does not impact domestic students or native speakers, but imposes a large burden on many students who are studying abroad. The international students' self-perception of their language proficiency and anxiety upon departure for studying abroad have been found to be associated with the anxiety level during the time of studying offshore (Dewey et al., 2018). International students with lower proficiency with foreign language before departure express their studying abroad experience as more stressful than those with higher proficiency. Dewey and his colleagues (2018) also interpret the concern toward stressors and anxiety, as additional stressors separated from the stressor itself, which is that worrying over the low language proficiency and stressful events directly caused by poor language skills (for example, improper communication causes misunderstanding which takes extra efforts to make up) altogether negatively affects international students' mental health. Besides the high vulnerability of developing mental problems for international students, Lu et al. (2013) researched about the language barriers for Chinese-speaking international students to seek mental health service, and they found out international students have insufficient information about available resources and mental health knowledge which may be associated to language difficulties. Another study underlines that international students utilize much less mental health services than domestic students— 32% compared to 49.8% respectively (Zhou, Zhou & Sun, 2021). The difficulties of English-speaking and lack of knowledge of mental health and services caused by language barriers largely prevent students from seeking appropriate professional mental health support. Chinese international students with lower proficiency of local language, for instance, might be less likely to read and watch related mental health materials in English that help understand mental disease and take proactive steps for its treatment.

### **Culture and Resulting Stigma**

The language and cultural difference concerns disproportionately apply to international students from Asian countries, especially those from China, compared to students originating from European countries (Han et al., 2013). Han's team concluded three major causes of stigma for Chinese international students: 1) they usually bear the high expectations from their parents due to the special "family planning policy" which extremely lowers the chance of a child that will have siblings and make them the only child in a family; 2) in the culture that is lacking religious affiliations (partly due to the dominance of communist ideology), Chinese students are more likely exposed to psychological problems without spiritual support; and 3) the complications of overly choosing "useful" majors (e.g., science, technology, engineering, mathematics, etc.) rather than their interested or matched areas results from the past political repression on art and humanity (Han et al., 2013, p. 1). The cultural difference not only creates unique situations that cause more stressful events to students at college, but also it largely influences how international students view themselves and the process of seeking professional mental health support. Cogan et al. concluded that a important value embedded within traditional Asian culture is self-regulation of their emotions whereas seeking mental health professionals, which is seen as using external force, weakens their self-control ability (Cogan et al., 2023). People pretend to show no psychological symptoms or mental disorders to defend their "mianzi (face in Chinese pinyin)"--reputation (Lam et al., 2010). This complication is supported in Lian, Wallace and Fullilove's (2013) research that Chinese immigrants are afraid of "losing *face*" or causing shame to themselves and even to family if they disclose their mental health disorders or struggles. The stigma in response to mental illness also hinders the support exploration process for people coming from Asian and, especially, Chinese cultures; many people in these countries

express fear and discrimination toward patients with mental disorders (Lam et al., 2010). Hiding emotions inward without external expression is encouraged by Asian traditional culture, and the *opposite* value can prevent psychological professionals born in Western culture from getting to know Asian international students' problems clearly during a clinical interview.

“The perception that symptoms were not severe enough to warrant treatment” also acts as an important obstacle hindering the treatment-seeking process in the research study (Lu et al., 2013, p. 96). Since self-perception is quite subjective, Chinese-speaking international students may perceive their own illness in lower severity as an excuse for not getting help. Given the vulnerability of international students and their underuse of mental health support, further research can test the efficiency of practitioners who can speak the native language of international students and grasp a greater understanding of their cultures to improve international students' well-being.

### **Loneliness and Relationship Concerns**

The quality of relationships is an important indicator of people's mental health and life-satisfaction, but the association between mental health and relationships among international students is under-explored. Baumeister and Leary (1995) proposed “the need to belong theory” and emphasized the importance of maintaining several long-term, positive relationships as a fundamental human motivation. People innately resist breaking their existing social-bond as the consequence of relationship dissolution inevitably causes considerable emotional distress. International students, however, are more susceptible to frequent relationship changes (breaking old relationships and forming new bonds) when they move to different countries and study overseas. The deprivation of consistent relationships could be divided into two major parts: 1) infrequent interactions with the closed partner or family members, and 2) having frequent

interactions with non-relatives or non-close friends (Baumeister & Leary, 1995), and international students faced both conditions when they come to unfamiliar countries. Though family bonds cannot be easily broken even if people are living separately (in this case, in different areas around the globe), students may encounter challenges maintaining frequent, effective connections with their parents and other important connections. Different time zones force them to find common spare time free from work or study. Furthermore, online video calls seem to be the only way to communicate with each other, when the distance is too long to have in-person chats. International students are forced to exert more effort to maintain relationships virtually as compared to when they physically live at the same place or can easily travel back to home (different cities but in the same country).

Continuing with previous research, Baumeister and Leary (1995) observed people form relationships easily, and it applies to international students when they actively search and form less in-depth social bonds in a short period of time. Superficial interactions can hardly satisfy humans' basic belongingness while high-quality and stable relationships can provide various types of support, like social, esteem, and emotional support which is significant in alleviating cultural-related psychological problems. The process of adapting to an unfamiliar culture sometimes creates emotional discomfort which is called acculturative stress (Gómez Carlier & Salom, 2012). A study about Korean international students in the Pittsburgh area shows subjects with less social support are more likely to report symptoms regarding stress of adapting to a new culture, and the social support received is proven to have buffering effects to overcome high levels of acculturation stress (Lee, Koeske & Sales, 2004).

Valuable relationships are so important to people, especially to students, and lack of these relationships are sometimes associated with death by suicide (Servaty-Seib et al., 2015).

Servaty-Seib et al. (2015) asked students to report their campus belongingness, and tested the relationship between belongingness and suicide ideation for both domestic students and international students. They found out the inverse association between suicidal ideation and relationship quality that a prediction of low rate of suicidal ideation by a higher level of belongingness on campus for international students, but no significant relations for domestic students. This study again highlights the importance of bonds for international students specifically at college (the need to belong) where domestic students, besides on-campus relationships, have more opportunities to maintain high-quality relationships outside of school.

Using drugs and alcohol, and perform unhealthy behaviors instead of seeking professional treatment could be the problematic coping strategy for international students at college. Elizabeth N. Hunt and her team (2017) examined the association between acculturative stress and *alcohol use consequence*—including “legal, physiological, and relational issues that greatly affect the quality of life of college students”—and the result reflects a positive and direct relationship. Researchers of the study infer that international students as a vulnerable population may use maladaptive coping strategies, such as abusing alcohol, when there is lack of social support to alleviate stress response and buffer negative effects (Hunt et al., 2017; Lee, Koeske & Sales, 2004). Whether seeking out relational help (i.e., social and emotional support) or mental health services are best choices for international students when they encounter stressful events, international students need more proactive programming that teaches adaptive coping approaches.

### **Practical Considerations**

As a Chinese international student who is growing up in an environment with potential mental health issues, as discussed above, I naturally concentrate on the help-seeking barriers and

mental health stigma concerns among international populations in the university. There are several events driving me to decide the final research question and how to better address it in a practical way. Once I talked with my international classmates about a Student Wellness program (Let's Talk) that I attended a day before, I surprisingly found that they never heard about mental health related programs. They expressed their interest in the content of the program and asked how helpful it is, but they showed no sign of actually participating in it. I later found that many international students share the same situations as them, so I embedded myself into conversations as a participant observer and conducted informal interviews with my peers to get a clearer image about the gap and their problems. I used more casual conversation to collect my peers' needs, and finally figured out a proper way to address their concerns and provide informative help. Different from formal interviews and school-conducted surveys, day-to-day communications, which usually takes place between classes on campus, enable students to have actual, real responses in a comfortable environment. The casual conversation approach enables me to extract more accurate answers and expression of emotions from my peers that helps my understanding about international student's mental health concerns, and we can have soft and safe communication compared to those led by school officials. By having casual talk, many international students indicated that they have no ideas about mental health and health promotion programs at University of Chicago (UChicago). One student who just had her second meeting with school counselor tells: “心理諮詢是我唯一知道的, 你一說我才看到海報上貼著兩個workshops, 別的我也不知道了。”(translation: “I only know about mental health counseling, and there are two workshop flyers on the board, which I just realized when you asked. I don't know any other workshops.”) Another student revealed that: “我們這個項目感覺每天都好累, 最近幾週都睡不了幾個小時。(she felt overwhelmed by the academic workload in the MA

program in Social Sciences, and had low quality of sleep for weeks.),” but she denied the need for mental health services when I encouraged her to try such programs. It seems that she would only seek professional mental health services when her case is extremely “severe.” There are plenty of beneficial programs at University of Chicago, and to fill the knowledge gap experienced by international students and to get rid of their worries of participating in these programs, a specific workshop designed for the international student population is necessary. (More conversation notes can be found in [appendix A](#))

**Research Question:**

What types of programs should be implemented to increase mental health awareness and knowledge and the participation rates of international students at University of Chicago surrounding mental health services?

**METHODOLOGY**

Kumaraswamy (2013) proposes delivering different workshops and seminars to faculty, staff, and students as an effective way to promote college student mental health.. For administrators, the purpose is to educate them to better recognize students’ signs of mental illness and refer students to get professional help as proactive intervention. Kumaraswamy’s recommendation highlights the functional roles of mentors and teachers as supporters that students are getting services passively (directed by faculty members). The solution to student’s unawareness and insufficient knowledge about school mental health programs, it is very straightforward to conduct an informative workshop that introduces UChicago Student Wellness programs for international students who want to learn more about them. However, the problem

will not be resolved easily by printing the program titles with the introduction of each of them and handing it to every attending student. We may consider combining cultural differences, motivation and stigma reduction into the workshop practices.

Cultural difference consideration is important to be included in the workshop. When international students move from one place to another, especially abroad, it is likely they will experience the challenges of cultural difference. Castro-Abad (1995) mentions in their report of human development workshop that cultural identity has a large impact on various areas, so the workshop should not basically talk about mental health alienated from cultures. Additionally, students are encouraged to evolve to a new way of interpreting mental health based on their own culture and western psychological approaches. In a study conducted in Hong Kong, researchers found that the mental health promotion workshop led by peers on mental health knowledge not only increases student's awareness of mental health, but also it facilitates their help-seeking behavior by reducing stigma (Ahorsu, 2021). Besides alleviating stigma caused by cultures, a more practical form of workshop like art therapy has been found to be beneficial to students with acculturative stress, helping them discover cultural identity, and facilitating the acculturation process (Jung, 2016). As discussed earlier, for Asian international students, their cultures encourage them to internalize their feelings and emotions, whereas art becomes an ideal way for students to express their thoughts and address their emotional problems through a non-verbal technique without the difficulties faced by Western-based therapeutic communication (Jung, 2016).

The workshop format takes motivation training as an important factor to help international students make changes in habits that may contribute to poor mental health. It is a driving force of goal-achievement. Motivation is divided into extrinsic- and intrinsic-motivation,

where extrinsic uses external rewards or punishments to force people perform a particular task or behavior (Seifert, 2012). According to the study on extrinsic motivation, people who are reinforced by rewards can hardly maintain the incentive-supported behavior while intrinsic motivation, which usually includes internal interest, will support people's behavior even though the external incentive has expired (Seifert, 2012, p. 4-5). Hence, a more in-depth design is needed to improve student's awareness of mental health support programs and enhance their motivation to participate in and enjoy it.

The following discussed workshops mainly focus on addressing international students' stigma (originated from cultural difference) of talking about mental health and engaging in mental health related activities/interventions, an experience-based (story-telling) introduction of useful school mental health programs, plus a direct, moderate mental health promotion practice.

#### **1A. Resource Outreach Workshop (English Version) (source B')**

It is suggested that there are more practical workshops to offer students as a way to introduce them to mental health services including, like "stress management, time management, and assertive training and communication skills" (Kumaraswamy, 2013, p. 140). I will introduce this type of workshop as my second approach (see Visualization Workshop). The workshop I designed concentrates on helping international students to distinguish between different services provided by University of Chicago and find one best fit their situation in a more culturally-tailored way (a safer way to talk about mental health topics with sufficient support). Throughout this approach, international students do not need only depend on staff and faculty to notice their issues before seeking help, they are enabled to actively participate in mental health programs finding out their stress and addressing their mental health concerns.

The first half of the workshop discloses the complications of student's mental health concern at college throughout the United States, and the trend of increasing mental programs among students, especially after the pandemic. Showing the prevalence of mental problems among students, it normalizes the conditions of struggle such as stress, anxiety, depression, loneliness, etc. Although international students are 38.5% of all graduate students at University of Chicago, they usually underestimate the data about the proportion of international students in the US colleges and worry about being part of the minority in education. Additionally, they fear that being perceived as mentally ill will intensify the exclusion they have already experienced, but gaining knowledge and awareness of national data serves as a proof that they are not alone or different from society; mental health concerns are just like common physical health issues, and it is urgent to seek treatment as soon as possible. Moreover, many students exercise regularly and have nutrient-sufficient food to keep themselves physically healthy, and they will be learning that they could practice mental wellness by attending UChicago mental health programs and developing good mental well-being habits.

By choosing a story-telling approach to introduce various mental health programs at college, I expect to avoid the formal tone that is usually used by the school officials and program administrators, and make sense of the real benefits that students can enjoy by participating in. Students learn about what other international students experienced during the activity and conduct their own subjective evaluations which are not available from the school wellness website. Although we are not utilizing one-time gift cards or boba tea as an incentive, international students themselves will find meaningful programs and are motivated by internal values that they feel.

The wellness workshop, a mental health resource presentation, was delivered on April 9, 2024 from 1-2pm in 289A, 1155 E. 60th Street. at the University of Chicago ([Figure B1](#)). The purpose of providing this workshop is to support international students from the Master of Arts in Computational Social Science (MACSS), Master of Arts Program in Social Sciences (MAPSS), and Committee on International Relations (CIR), and normalize their stress and psychological discomforts caused by the fast pace of the quarter system, daily life issues, thesis writing and job/PhD applications. They can also get to know more about on-going Student Wellness programs at the university by having more insights about what they provide and how to participate from a peer's perspective (not mentioned on Student Wellness website). For instance, I talk about my own and my classmates' experiences engaging in the mental health services (given their permission to share), and how we feel about it based on the environment (comfortableness), the content (helpful or not), and time flexibility (scheduling required or drop-in friendly). Those are subjective feedback by students and are targeting for prospective students who want to participate in the future.

The workshop was promoted through emails, MA Connect (an event and career management system for students in the MA programs), and through visual flyers in student lounges and other common areas. Students who opt to participate should register and the online platform and/or recorded version will be considered when the amount of students exceeds the room capacity. Free snacks and drinks are available to all attending students.

Students are expected to take pre- and post-workshop surveys ([Figure D1](#)) answering several basic questions including knowledge about student wellness. 1) They will first check *whether they are international students or not*, so that the difference of feedback can be better assessed. 2) Students will give *numerical answers to how many mental health and wellness*

*programs they know*. It will be asked again after the workshop to see if the workshop successfully introduces more helpful resources to students. 3) *Any comments about their favorite programs* (whether they have taken place in or not) or why they are not thinking about attending any of it. 4) *how many programs are they familiar with after attending the workshop?* 5) Open questions: i.e., new understandings regarding student wellness programs, thoughts about participating in the future, feedback about the experience of having this workshop, and ideas of further improvement.

### **Presentation Design**

The presentation (figure B2) is divided into three major parts: 1) background information about mental health; 2) several small discussions about mental health problems faced by students at UChicago and cultural and practical concerns regarding seeking professional support; and 3) recommendations and narratives of experiencing mental health and health promotion programs at UChicago.

It starts with why we are choosing and talking about mental health as the workshop topic and how important it is (figures B3). There is a trend of increasing percentage of students who struggle with or deal with or encounter mental health problems at college and the data for international students is also presented, like “In a study conducted in an elite private university in New England, about half of all Chinese international students showed they had depressive symptoms in the past two weeks (Yeung et al., 2022).” Then, more data and background information is provided. As Letitia Bennett, a supervisor from UChicago Student Wellness, said, “I want to give students a sense that they are not completely alone”, though elaborate on the escalating diagnosis case among international and domestic students across the US does not bring direct comfort to them, international students are more likely to face their mental health

issues and feel that they are not alone being troubled by mental illness. They can naturally seek professional mental support without any biases, as the way that they use to treat common colds.

In half of the workshop, I start a discussion during which students can form small groups to talk about thoughts about their daily hassles and stressors in groups and share cultural-specific ideas related to mental health. Discussion is usually complementary to the instruction to encourage students to share different ideas and benefit reciprocally. The discussion between peers also provides a potential opportunity for international students who have no experience in mental health services to chat with those who received related mental health support. For those who may have negative evaluations about mental health issues, they are more likely change their thoughts and generate more positive impressions toward it (Yau, 2011). Interacting and finding people recovered from mental illness that are normal and kind as other people is an exploration for international students to understand mental health better and it can facilitate self-understanding, which effectively avoids self-stigma once they have psychological concerns (Yau, 2011).

The last section covers multiple programs provided by Student Wellness, and some may be unfamiliar to international students or they never have a chance to participate. The information shared in this part emphasizes the high accessibility of these programs and they are designed for different demands. For instance, for students who have sleep problems, a “Refresh Sleep” program may be helpful while mental health counseling appointments can target more severe mental problems. At the conclusion of the presentation, we expect students to know more about their options for improving their mental health and get knowledgeable about selecting the suitable resources for help.

### **1B. Resources Outreach Workshop of Chinese Version (Source C)**

Considering the language as another barrier of understanding mental health materials and engaging help-seeking, a Chinese version of the workshop was delivered to Chinese international students, given the high percentage of Chinese students in the MA Programs in the Social Sciences. The workshop content is very similar to the English version (**1A**). Furthermore, several typical characteristics rooted from Chinese culture are not expressing emotions outwardly (high standard of emotional regulation), negative impression of mental health services, and stigma of having psychological disorders (Cogan et al., 2023; Lam et al., 2010). Verbal wordings and those on slides should be adjusted to better fit Chinese students' cultural mental health sensitivity. Workshop focuses more on mental health services that require less direct communications encouraged by Western cultures, and shares more information about Chinese-speaking advisors and counselors for those who want to talk over their concerns in a more language-comfortable way.

## **2. Visualization (drawing) Workshop**

Different from directly instructing students about how to manage their stress, the visualization workshop is a practical approach to experience the relaxation and release of emotion free from the awkwardness of speaking them out. Students are encouraged to draw their emotional issues, encountered in the past few weeks either from academic stress or anything that is not going well in daily life, as a safe and personal way to express emotion. Sumin Kim, who is an UChicago Student Wellness Health Promotion Coordinator, also highlights the success of addressing student's unknowing stress by utilizing art. She mentioned that one student uses flower and bee metaphor to better understand and express their struggles about family relationships. Drawing is an effective way to let go of people's inner concerns and achieve

emotional catharsis. Studies prove that drawing is an effective way of improving sadness, as a typical negative emotion, and turning it to be a more positive emotion (Yan et al., 2021).

The preparation is paper and markers with various colors, and snacks are also available to participating students.

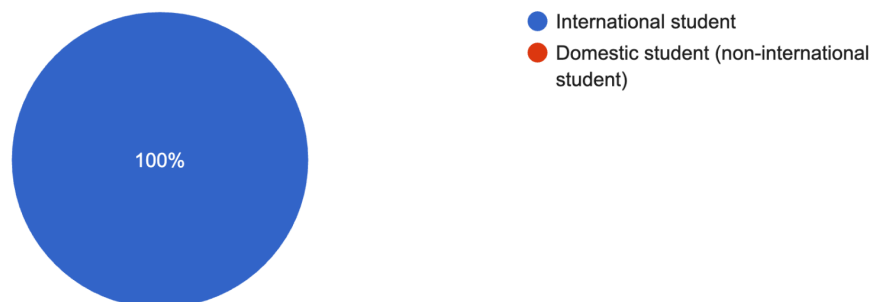
Due to the time issue, the workshop is not conducted within the period of MAPSS academic year (2023-2024), but the effectiveness is proved by the literature. Further organization of the drawing workshop is considered at the Social Science building at University of Chicago.

## RESULTS

For the Resource Outreach Workshop (English Version) only, there were 6 people that registered through a sign-up sheet in the advertising email, 6 people registered through the QR code on the advertising flier, and there were a total 15 people that attended the workshop. According to the questionnaire filled out during the workshop, there are 9 out of 15 responses (all responders represent themselves as international students).

1. Are you international student or domestic student?

9 responses

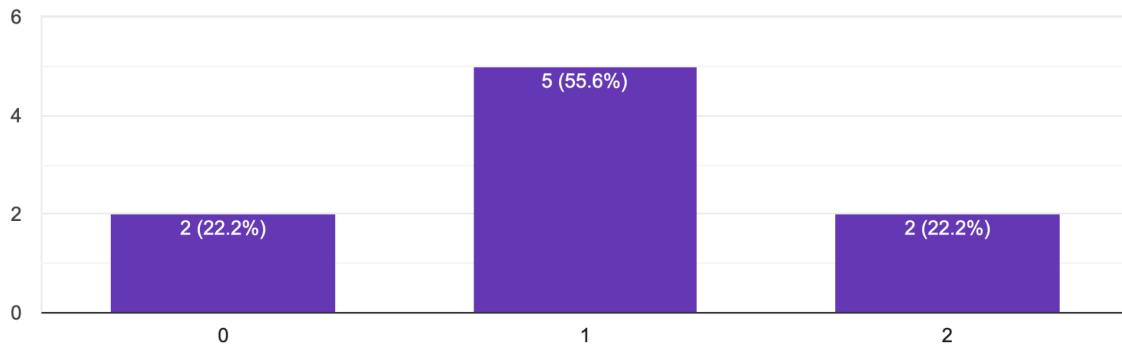


**Figure 1.** Percentage of attendees for international students v.s. domestic student.

About 55.6% (5 students) of all responses showed they only know 1 program at UChicago before taking the informative workshop, while after attending the workshop, 66.7% (6 students) of all responses expressed that they are familiar with 3 programs at UChicago.

2. How many school mental health-related programs do you know? (please indicate numerical answer, i.e., 1, 2, 3...)

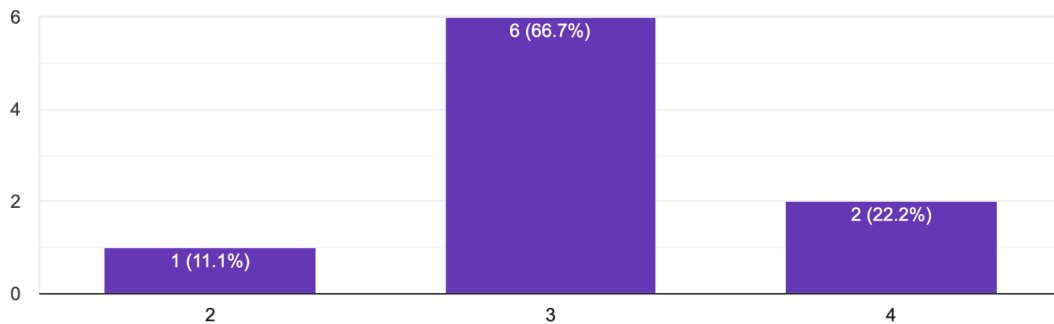
9 responses



**Figure 2.** Responses for pre-workshop knowledge about school mental health programs.

3. How many programs are you familiar with after attending the workshop? (please indicate numerical answer, i.e., 1, 2, 3...)

9 responses



**Figure 3.** Responses for post-workshop knowledge about school mental health programs.

When answering their favorite program (favorite program means: the program they know well and are more willing to attend) in the pre-survey, three students responded to the Student Wellness Center, two students responded to school counseling, and two students provided unrelated responses (Figure D2). The reasons for two people who know almost nothing about school mental health programs are “I’m mentally healthy” and “No time and did not get to know the programs” respectively. In the post-survey regarding their favorite programs, four students preferred Art Therapy, three students liked the Let's Talk program, one student enjoyed school counseling, and one response was missing (Figure D3).

At the feedback part (Figure D4), 6 out of 7 responses expressed their compliment about holding this mental health and resource workshop (i.e., “excellent”, “nice talk” and “很好 (very good in Chinese)"); three students mentioned it is helpful and they learned a lot from it; and one student would like to attend it in early September last year when they begin their study at UChicago. Additionally, one student highlighted: “...mental health programs at school are usually overlooked by students until their problems get more serious or hard to solve.”, and he or she believed this resource outreach workshop can better advocate mental health programs that prevent students from developing severe psychological problems.

## **DISCUSSION**

From the chart 1, it could be observed that international students are interested in learning more about school resources and mental health related knowledge, but it failed to make a conclusion that international students are more likely than domestic students to explore mental health and its school programs due to the insufficient data collected. Difficulty of accessing mental health services due to the stigma, language and cultural differences is a possible cause for

attracting more international students to the informative workshop. By comparing the number that students know for school mental health programs, we can easily find an increase in mean, from 1 to 3.11, which implies students averagely gain information about two more mental health workshops than they knew before coming to the workshop. It is a great improvement, and the more beneficial programs students know, the more likely they will attend one of them in the future, which ends up boosting their mental health well-being. By recommending health promotion programs (i.e., mindful meditation program) in the workshop, it helps students to explore opportunities to pursue better mental health rather than just getting rid of mental illness through direct mental health counseling.

While leading several discussion sections in the workshop, I noticed that students, especially from the psychology department, are more likely than others to talk about mental health related concerns and approaches to coping with stress (they are enthusiastic in raising their hands and answering questions). Discussion questions are not tricky that can be only answered by those who have psychological background, but they are general questions, like: why are you not talking about psychology and what do you usually do to manage stress. There are three MACSS students come to me asking questions about resources once the workshop ended. They personally feel that a two-year program is less intense than a one-year program (psychology for instance), as they observed their peers, and they are willing to attend one or two school mental health programs next academic year (they also excitedly pointed to their notes while speaking).

Art therapy and Let's Talk programs are often mentioned responding to their favorite programs after having the workshop. It is interesting to note that both programs are drop-in sessions and have more flexibility for participants. During the workshop, when I encouraged students to discuss the barriers of participating in school mental health programs, some of them

expressed the complication of the registration process and time conflict, thus programs with flexible time schedules without the requirement of signing up become their top priority.

Language difficulties involved in talking about mental health is an obstacle discussed earlier, and there are Chinese international students who said to me after the workshop that they found Let's Talk is a very useful resource because there is a Mandarin speaking counselor whom they can chat with.

In general, students' feedback proves the effectiveness of the resource outreach workshop by alleviating their concerns of talking about mental health issues, reducing their stigma of participating in mental health related activities/services, and introducing various helpful and interesting programs that were unfamiliar to the students before.

## **RECOMMENDATIONS**

I found that some groups of students, especially for MAPSS (one-year program), have less time to explore and try UChicago mental health programs as compared to other students. Recall the comment by one student that she or he expected to attend the resource outreach workshop as early as possible, and it is necessary to hold similar workshops that enable more students to get to know the useful information about on-campus resources in the first quarter. I would suggest that preceptors (significant faculty members for MAPSS students, as advisors and thesis readers) could inform students about mental health resources during orientation period, and facilitate the mental health workshop/program participation throughout the academic year. For instance, preceptors can organize visualization or mindfulness sessions for students to relax and improve mental health well-being with the program budget, which is currently used to hold Pub Night at a school bar.

A student in my workshop also mentioned the ineffective advertisement of current mental health programs, and she said: “每天學校有太多相似的郵件，很難會注意到關於心理(健康)的項目...比如說，如果是中文的標題我一定會點開看 (Translation: There are so many emails sent by school officials, and we can hardly distinguish mental health related programs from them...if there is an email with whole Chinese title, I will definitely take a look at it.)” Her idea is to have a target population and create customized email and strategic email campaigns to attract them, say emails written in Chinese version to attract Chinese international students specifically, whereas staff from Student Wellness department can come up with other creative ways to make their program advertisement more distinctive than other formal emails (i.e., UChicago News) or advertise health programs through other media (i.e., the Student Facebook group).

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## Appendix A

### Conversation Notes

“H” stands for me, and “R” represents responders.

- **H:** Do you know any mental health programs at UChicago?

**R:** umm..I know one by the email.
- **H:** 你知道我們學校有什麼心理相關的programs嗎 (Do you know any mental health related programs that we have on campus) ?

**R:** 我知道有心理專業 (I see there is psychology major)。

**H:** 不是獲取degree的項目, 是類似心理諮詢有助於心理健康的 (Not those study for the degree, it is more like school counseling that is better for mental health)。

**R:** 不知道, 我覺得我不需要 (I don't know because I don't think I need it)。
- **H:** Have ever heard about mental health programs provided by Student Wellness?

**R:** Ehh..never
- **H:** 你聽說過任何關於心理健康的項目嗎, 在UChicago的 (Have ever heard about mental health programs at UChicago) ?

**R:** 可能有吧, 但你一問我想不起來了 (Perhaps..but I forget them when you asked)。

## Appendix B

**Figure B1.** The promotional flyer used to advertise Resource Outreach Workshop.



**Source B'.** Complete slides of the presentation used in the Resource Outreach Workshop and the link to the original workshop:

<https://docs.google.com/presentation/d/1tFE4NvPh6i9L-sstMPWqkK0GhQ9ShCsL4sOb1kGc9oI/edit?usp=sharing>

**Figure B2.** B2 to B3 are photos taken while I was holding the workshops.



**Figures B3.**



### Appendix C

Source C. Chinese version of the workshop:

<https://docs.google.com/presentation/d/1kQX8litTLMTTjIcdzP6dQemUq747dxyVIMweC48lyE/edit?usp=sharing>

## Appendix D

**Figure D1.** A copy of blank survey used in the Resource workshop

(original link: <https://forms.gle/H6As9ReSch3aeqMZA>)

### Short Survey about Mental Health Programs

1. Email \*

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#### Pre-survey Questions

Please complete at the beginning of the workshop :D

2. **1. Are you international student or domestic student?**

Mark only one oval.

- International student  
 Domestic student (non-international student)

3. **2. How many school mental health-related programs do you know?**

(please indicate numerical answer, i.e., 1, 2, 3...)

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4. extended to question 2.

**2.a. Which is your favorite school programs? Why?**

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5. extended to question 2.

**2.b. Only if your answer is zero, what stop you from attending any of these school programs?**

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Stop here for section 1, all your answers will be saved!



**Post-survey Questions**

Please answer **only** after done the workshop :D

6. **3. How many programs are you familiar with after attending the workshop?**  
(please indicate numerical answer, i.e., 1, 2, 3...)

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7. extended to question 3.  
**3.a. Which is your favorite? Why?**

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8. **4. Any comments!!**  
(i.e., new understandings regarding mental health; think about participating in the future; feedback about workshop; further improvement about workshop...)

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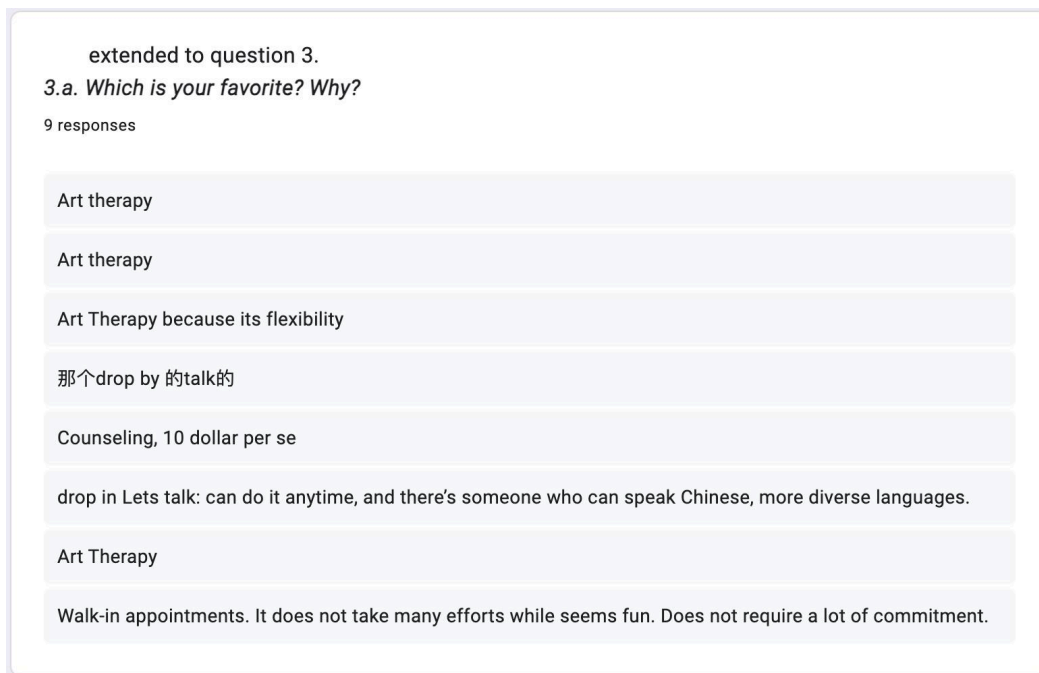
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Google Forms

**Figure D2.** Figures from D to D present full answers from the questionnaire distributed in the Resource Outreach Workshop.



**Figure D3.**



**Figure D4.**

