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An interpretative phenomenological analysis of the experiences of Chinese international students seeking mental health support at UK universities

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Abstract

Mental health issues for Chinese international students in the UK higher education system is increasingly an important topic. Research shows that Chinese international students have a low utilisation rate of mental health services, and they do not engage with mental health services often until their problems are more severe. There is little research on Chinese international students' mental health conditions and their experiences with professional mental health services in the UK. The aim of the study was to examine the experience of Chinese international students searching for and communicating with professional mental health support services. The study took on a critical realist stance, using an IPA methodology with eight semi-structured interviews to look at the subjective experiences and meaning making processes of the participants. The research found that shame and stigma around mental health issues, the belief in self-sufficiency, and a range of cultural as well as language factors were notable barriers in help-seeking. The research also found that positive peer-modelling, proactive mental health screening and culturally competent therapeutic practice may help to reduce shame and stigmatisation and mitigate low utilisation. Finally, this research offered recommendations to further research and implications for training institutes and education providers on areas of considerations to provide more effective care for the Chinese international student group.

Contents

1. INTRODUCTION

1.1 Chinese international student mental health conditions at UK universities

With increasing global mobility and the availability of transportation and communication networks in the past few decades, an increasing number of international students choose to undertake their higher education in the UK (HESA, 2020). The total number of international students in 2018/2019 was close to half a million, or approximately 20% of all students in higher education institutes (HEIs) in the UK (HESA, 2020). Amongst the diverse population of international students, Chinese students from the People's Republic of China (PRC), also commonly called mainland China, form the largest group of international students in the UK HEIs at 120,385 in 2018/2019. In 2018/2019, they represented 35% of all non-EU students, or 25% of all the international students in the UK HEIs (HESA, 2020). The number of students from China was also 34% higher in 2018/19 than in 2014/15, in a five-year span (HESA, 2020).

The large and increasing number of mainland Chinese international students in the UK has happened through a mixture of push and pull factors (Edwards & Ran, 2006). The pull factors include a strategy to supplement revenue through attracting and recruiting international students by the HEIs, relative ease of communication compared to studying in other European countries and growing economic connections between UK and China. The push factors include the economic success of China to afford overseas studies, the fierce competition of educational and employment opportunities in China, and the perception of UK universities to be prestigious and providing a solid education (Wilkins & Huisman, 2011). Edwards and Ran (2006) also argued that because of the one-child policy that was enforced since the 1980s, families are often prepared to make significant sacrifices in order to invest in their only child's future.

The transition from secondary schools to higher education can be a challenge for many university students as they adjust to the new academic environment and move out of the family home (RCP, 2011). International students face all the general adjustments without being able to access the usual support structure of family and friends regularly, as it is often expensive to travel home. Also, Chinese international students face additional strain due to language and cultural differences. The challenges include academic and acculturative adjustments as well as personal issues such as finance and accommodation, and there are overlaps in these different types of stresses.

Regarding the academic side, Tan and Yates (2011) argued that there is significant pressure for Chinese students to do well because education is highly valued in Confucian Heritage Culture (CHC) countries such as China. In Confucian tradition, education is perceived to be essential for both personal and societal advancement. Academic achievement is closely linked to filial piety which is another central aspect of Confucianism because high achievement will bring honour to the family (Yuen et al., 2017). The high expectations set by teachers and parents - as well as students themselves - to achieve academically can be particularly demanding. Also, over 75% of international students are self-funded (RCP, 2011) and part-time work to supplement living expenses is hard to find (McMahon, 2011). The financial sacrifices the family made for the student to study in the UK would further add to the pressure. Some express resentment about the amount the international students must pay. Sadly, it is shown in research that Chinese international students persistently achieve lower academic performance compared to their UK counterparts (Crawford & Wang, 2015; Iannelli & Huang, 2014). The academic-related pressure does not just stay in the academic area, but also raises considerable emotional difficulties for international students (Gbadamosi, 2018). The pressure to succeed and the fear of failure can be very threatening and shaming.

Research has explored why Chinese international students do not perform as well in the UK HE system (Crawford & Wang, 2015; Edward & Ran, 2006; McMahon, 2011). The first problem is related to language proficiency. For example, Edwards and Ran (2006) found that although Chinese international students meet the minimum requirement on IELTS (International English Language Testing System), they are not always equipped to deal with the academic demands of their courses. Chinese students often learn through memorisation, which means that they can test well in an exam, yet not be able to use English proficiently. Furthermore, the learning strategies used in China and the UK are generally different (Edwards & Ran, 2006; McMahon, 2011; Crawford & Wang, 2015). Chinese style of learning emphasises memorisation and learning through repetition, whereas British education considers thinking critically and forming arguments in essays and reports to be necessary, which means that Chinese international students face an additional challenge in adapting to the requirements in UK higher education.

McMahon (2011) found that Chinese international students are often criticised for not speaking up in class or getting involved in class participation. Participants explained that in their home country, students do not ask questions in class as there is a hierarchical structure in place. Instead, Chinese students in China enjoy a close personal relationship with their teachers outside of class and can seek both academic and emotional support that way. In the UK system, they seem to perceive lecturers to be too busy and uncaring to support them (Edwards & Ran, 2006).

In addition to these above-mentioned academic demands, Chinese international students also experience a range of acculturative tensions. A majority report experiences of loneliness, psychological vulnerability and homesickness (Edwards & Ran, 2006; Yu, 2011). Many seem to experience arriving in a new culture with a different language as unsettling and overwhelming. Chinese students are often criticised for staying in their small groups speaking Chinese and not mixing with the broader community (Edward & Ran, 2006). However, one

may explain this given the difficulty in engaging with a new culture and seeking comfort in the familiar.

Cultural differences also bring about barriers to engaging with the broader culture. For example, alcohol plays a vital role in students' social activities in UK universities. Chinese international students who do not enjoy drinking may find it difficult to participate fully and feel involved and integrated into the university community (RCP, 2011). Instead, the consumption and cooking of ethnic food play an important role for Chinese students to maintain their ethnic identity (Cappellini & Yen, 2013). Yet the use of the shared kitchen space can sometimes be a tension point in dormitories shared by home and international students (Edwards & Ran, 2006). In a report on Chinese learners' experience in the UK, McMahon (2011) suggested that one of the main issues for them is the difficulty in meeting and connecting with British students. The existence of the large Chinese international student community means they can have ample social connections without integrating into the mainstream community. This as well as the differences in social practices, both act as barriers to engage with the broader culture.

On a broader level, there is the suggestion that racism is endemic and detrimental in the UK society including educational institutes (Warren, 2007; Lago, 2005). A study of perceived discrimination of international visitors to universities in Germany and the UK found that only one fifth of respondents in the UK felt 'no discrimination' (Krahe et al., 2005). One study of the traumatic effect among Chinese international students caused by perceived racial discrimination in the US found that perceived racial discrimination positively predicted post-traumatic distress symptoms after controlling for perceived general stress (Wei et al., 2012). Another study examined different coping mechanisms Chinese international students used when faced with racism. The coping mechanisms included internalizing (attributing the responsibilities of racial discrimination to oneself) as well as resistance (confronting others for their dis-

criminatory behaviour), and the research found a gender divide in terms of the coping strategies used (Tsai & Wei, 2018). No similar studies on Chinese students in the UK have been found, but the findings on discrimination and racism experienced by Chinese international students in the US provided some insight to understand Chinese students' psychological well-being in the UK.

With such a large number of Chinese international students, UK universities have a duty of care in supporting both the academic needs and emotional needs of these students. However, there is a dearth of recent research that explores the experience of Chinese international students in the UK higher education system, particularly qualitative research that would give an insight into the process in which the students interact with the mental health support services that are available on campus.

1.2 Key terms

In this report, the term "mental health support services" is used to encompass all kinds of professional psychological, wellbeing and counselling services from either or both private and public services but excluding crisis support. This includes, but not limited to, one-on-one psychological counselling, psychotherapy, General Practitioner (GP), psychiatry, mental health and wellbeing support.

1.3 Personal relationship to the research

My interest in this research topic initially came from my own experiences of being an international student from China. In 1999, I left my native home in Beijing, at the age of 16, to study at an American all-girls boarding school. I found the experience overwhelming and isolating. As the only Chinese international student, and speaking little English, I did not have anyone to talk to, to make sense of my new surroundings and experiences. Looking back, I had a

case of ‘culture shock’, which was described by Oberg (1960) as ‘precipitated by the anxiety that results from losing all familiar signs and symbols of social intercourse’, though I was not aware of it at the time. I also felt pressure to excel in school, as my parents emphasised their financial and personal sacrifices to allow me this educational opportunity. In order to do well in my academic studies as well as extra-curricular activities, I was sleeping little and under lots of pressure. Reflecting on my experiences growing up, it was clear to see that the challenging situation was a precipitating factor to the onset of my mental health issues: cultural shock, language barrier and academic pressure exacerbated the effect of personal and intergenerational trauma as well as attachment difficulties developed in my childhood; combining the above with developmental challenges as a teenager, I was vulnerable to mental health issues. I became depressed and anxious, developed eating difficulties amongst other self-harming behaviours, and had suicidal thoughts.

At the time, I had little idea what I was experiencing or that I could ask for help. Growing up in a post-Cultural Revolution China that had just started to warm up to a market economy, the idea of counselling was foreign to me - the concept of mental health was nearly non-existent in the 80s communist/traditional Chinese culture I grew up in. I knew there was a counsellor at school but did not know what her function was. My family taught me to control my emotions, to be strong and independent. However, under the immense pressure, repressing my emotions became untenable and I felt like I was on the brink of a breakdown. One day I gathered up my courage to talk to the school counsellor for advice. She sat me down and listened to me very reluctantly tell the story about my cycle of binge eating and self-imposed starvation in disjointed English. I remember expecting her to tell me what to do, but she made sympathetic noises and did not say much. I felt so ashamed, that soon after telling her about my eating problems, I said I was okay after all and left her office. That was my only encounter with counselling until about ten years later.

When it came to university, the large urban setting of my university allowed me to feel like less of an outsider. The vibrant and friendly Chinese community helped me settling in, providing both emotional and practical help. For a while, I was in a much better place in terms of mental health. However, academic demands and relationship problems intensified towards the last year of university, and I suffered from depression and anxieties again. My GPA dropped from 3.9 to 2.9 in one semester as I engaged in self-harming and self-defeating behaviour as ways of coping. Despite such difficulties, I had no awareness to seek emotional support from the University Health Centre or any counselling services.

The Chinese international students from mainland China today have grown up with the internet in a much more globalised and open environment, with much better awareness concerning mental health issues, but the difficulties with accessing counselling services continue to exist. From 2015 to 2017, I worked as a trainee university counsellor. I came across several Chinese students who approached the service with different expectations from what the service was able to offer. For example, some only contacted the service in crisis mode but withdrew when the service was not able to offer an appointment immediately. It was frustrating for both the clients as well as the counsellors. More recently in my capacity as a psychotherapist in private practice, as well as a psychoeducation blogger on Chinese social media, I have spoken to many current Chinese international students. The students today still have many misconceptions about mental health issues; many still do not seek professional help for a variety of reasons, when the signs of distress were present. My personal interest, therefore, is to explore this area, to understand how Chinese international students studying in UK universities can be better supported.

My personal experiences both as an insider and as a practitioner not only helped me in the selection of my research topic, but also helped me in selecting the focus of the research and interview questions, and possibly in understanding and interpreting the findings from the interviews. At the same time, I am aware of my potential bias as an insider-researcher (Breen,

2007), and I use multiple ways to triangulate my research which I will elaborate later (Yardley, 2000).

2. LITERATURE REVIEW

2.1 Considering the social and developmental context of Chinese students

There are many overlapping contexts in which to review the literature of help-seeking experiences among Chinese international students at UK universities. First, what are the general mental health conditions of university students who are in the young adult age range? Secondly, how are international students' help-seeking experiences similar or dissimilar to home students? Thirdly, how do Chinese international students' help-seeking experiences concur or differ from the experiences of international students from other cultures? All these themes address the broader issues of what affects the help-seeking experiences of Chinese international students in the UK.

With the above questions in mind, I conducted a literature review on these studies by searching in EBSCO and Google Scholar using the keywords ‘Chinese students’ OR ‘Chinese international students’ AND ‘UK’, with the time period 2010 - 2020 to focus on recent studies. I found that there was scant research on this population with a few exceptions, and even fewer that are focused on mental health. I then modified the search terms to ‘university student counselling’, ‘international student counselling’, expanded the time period as well as geographical areas to include more studies to have an overview of the field. As a systemic review of the literature goes beyond the scope this dissertation, I will share the general picture that has emerged.

2.2 University student mental health conditions

A review of mental health problems and help-seeking behaviour in college students in the US (Hunt & Eisenberg, 2010) observed that university years are developmentally challenging years during which young people transition into adulthood. This transition could bring up

many previously unknown mental health issues from childhood (Pedrelli, et al., 2015). These problems, if left untreated, can have a detrimental impact on young people's academic success, substance use and social relationships, to name a few. Also, those from a lower socioeconomic background, with low social support and previous trauma, to name a few risk factors, were especially vulnerable (Hunt & Eisenberg, 2010). However, many mental health disorders were left untreated. One study reported that almost half of the US college students met the criteria for mental health disorders but less than 25% sought treatment (Blanco et al., 2008). While at first it appeared that the low utilisation did not seem to be a unique problem with college students, as it was consistent with the general US population, further examination of the study revealed that the sample consisted of 70% whites and about 7% Asians. Since there was no breakdown of utilisation by ethnicity, or home versus international student status, this research painted a general picture of US college students but likely missed nuanced differences across ethnicities. The differences will be explored in the latter part of the literature review. Nevertheless, some barriers to help-seeking in the college student population were identified in this review, including lack of time, concerns about privacy or finance, lack of emotional openness, lack of perceived need for help, lack of awareness of mental health services and scepticism about the effectiveness of psychological therapies.

It would also be useful to consider the mental health conditions of students at UK universities. Macaskill's (2012) study on this subject found that the prevalence of mental illness in UK university students was around the same as the general population at around 17% (McManus et al., 2016), which was significantly lower than the US study at nearly 50% (Blanco et al., 2008). Only 5.1% or about one in every three cases of mental illness in Macaskill’s (2012) study were receiving treatments. The treatment utilisation of students was slightly lower than, but mostly consistent with the UK general population, which was about one in every three cases of mental health conditions reported (McManus et al., 2016). The

risk factors listed were similar to the ones in the US study, including developmental challenges, transitional challenges of moving away from home and into university, making friends, dealing with finances, and adjusting to a new identity as a university student.

The UK Royal College of Psychiatrists (RCP, 2011) reported that funding for mental health services in the NHS narrowed over the years to cater towards mental health issues on the severe end of the spectrum, so that students with moderate mental health issues do not always fit the criteria to receive treatment, although this issue was acknowledged and IAPT (Improving Access to Psychological Therapies) was part of the solution put forward in England. As a result of the narrowing services provided by NHS, university counselling services picked up some of the students who perhaps should seek treatment in the NHS (RCP, 2011), which may have contributed to the increasing number of students going to university counselling with severe mental health issues (BACP, 2017). Macaskill (2012) argued that the funding to support services such as counselling had not kept up pace with the growth in student numbers. Consequently, there is increasing pressure on university counselling services' resources to deal with students' mental health support demands. These various aspects all negatively affected the provision of mental health support for students who did develop mental health conditions.

2.3 International student mental health conditions

In addition to the common challenges all university students might face, international students may experience additional acculturation stress due to 'culture shock' (Oberg, 1960) and language difficulties. Berry's (1997) acculturation model for immigrants helped to understand the four modes of adjusting, which include integration (adopting the receiving culture and retaining the heritage culture), assimilation (adopting the receiving culture but discarding the heritage culture), separation (retaining the heritage culture while rejecting the receiving culture) and marginalisation (rejecting both the receiving culture and the heritage culture).

Berry (1997) argued that people who were in the integration category were the least stressed, whereas those who were in the marginalisation category experienced the most amount of mental distress. However, even those who used the 'integration' strategy experienced hardship. The acculturation stress international students commonly experience suggested that many could potentially benefit from psychological support to help them have smoother transitions and acculturation processes.

Despite the rationally obvious need for mental health support for this group from a mental health professional's perspective, many international students came from a different point of view. In one rare recent study on the helping-seeking experience of international students at UK universities (Conn, 2016), it was found that because most of the international students were from developing countries, their cultural conventions had more emphasis and pride on toughness, while harbouring scepticism, reluctance and even contempt for seeking help. Although China was categorised as an upper-middle income country and the world's second largest economy, its per capita income was only about a quarter of the high-income countries (The World Bank, 2021). High income inequality in China as well as the rapid and recent economic rise meant that culturally many people still held a more traditional mindset that was adaptive in a tougher economic environment. Consequently, Chinese international students' help-seeking patterns were mostly consistent with those of general international students. The barriers to help-seeking for Chinese international students will be explored in more detail in section 2.5.

2.4 Underutilisation of mental health services by Chinese international students

It is well documented that mental health services are significantly underutilised by Chinese people regardless of their country of residence (e.g., Mo & Mak, 2009; Sue & Sue, 2016; Cowan, 2001; Huang & Spurgeon, 2006; Yu et al., 2010). According to Wong and Li (2014), 173 million adults have a mental disorder in China, and 91.3 per cent of them never receive

any professional help. Chinese people, compared to their European counterparts, are thought by some researchers to be more reluctant to approach mental health services until the problem is much more severe (Li & Logan, 1999; Yip, 2005).

Despite the need for mental health support, studies found that Chinese international students also underutilise mental health services (e.g., Yu, 2011; Wu, 2012; Han et al., 2013). One study in the US surveyed Chinese international students at Yale University on their mental health (Han et al., 2013). The survey found that 45% reported symptoms of depression, 29% reported symptoms of anxiety. The prevalence of depression and anxiety is significantly higher than the proportion of depression and anxiety which are 12.8% and 13% respectively for the general student population of US universities in a similar period (Han et al., 2013). In addition, 27% of the Chinese international students surveyed were not aware of the availability of counselling services on campus.

A report on the mental health needs of Chinese international students in the University of Nottingham was conducted in 2011 (Yu, 2011), which provides valuable insight into the UK scenario. The report found that only 1.9% of the Chinese students used the one-to-one counselling service offered by the university counselling service, in comparison to 4.1% of the whole student population. Interestingly, the report found that the students preferred to use tutor and academic staff as support rather than contacting the counselling service.

2.5 Reasons for Chinese students' underutilisation of mental health services

Underutilisation can be further divided into two parts: access and engagement. Out of those who need the mental health support but have not used the services, some have never known or contacted the mental health services, but others have accessed the services but have not got what they needed before dropping out. There are various factors at play for both the accessing stage and the engagement stage of interacting with mental health services.

2.5.1 Cultural factors

From the existing literature which are mostly from the US, I tried to get a sense of what might the experiences are like for Chinese international students who seek mental health support from university counselling services. The studies available are mostly focused on understanding why Chinese international students do not engage with mental health services or engage too late. Many of these studies contribute Chinese culture as one of the main reasons for the underutilisation of mental health services by Chinese students (e.g., Mo & Mok, 2009; Busiol, 2016; Wei et al., 2012; Li et al., 2016; Wong & Li, 2014; Boey, 1999; Hunt, 2016). Li et al. (2016) found that a stronger Chinese ethnic identity is linked to a lower likelihood to seek professional mental health help. Similarly, Zhang and Dixon (2003) found that more acculturation to the host culture is linked to more positive help-seeking behaviour with regards to counselling. This research has provided some evidence to establish the link between Chinese culture and the underutilisation phenomenon. However, these studies have a strong positivist and western-centric assumption and are narrowly focused on the causal link between culture and help-seeking behaviour. For example, 'positive help-seeking behaviour' may differ in different cultures, and it can be quite subjective to define. Further details on the 'how' and 'why' of Chinese cultural beliefs influencing the thinking and experience of Chinese international students using UK university mental health services also need to be illuminated.

Other studies started to explore the nuances in the link. Mo and Mak (2009) suggested that Chinese communities value harmony and the collective good more than individual rights, so Chinese people often refrain from raising concerns for fear of disrupting the harmony of the group. Some go as far as to say that the values of counselling and psychotherapy may be incompatible with Chinese values which prevents them from seeking professional help. For example, Busiol (2016) argued that Chinese values see looking for external help on psychological issues as a sign of lacking in self-control and a weakness in character, while self-reliance is highly valued. So instead of raising concerns and showing vulnerability, Chinese

teaching focuses on repression rather than expression, with somatisation as a consequence of personal problems.

According to Ngai et al. (2014), Chinese people hold strongly unfavourable views of mental health problems resulting in stigmatisation of mental illnesses, as well as feeling shame and loss of face when found to have mental health issues. Stigma is singled out as the primary barrier for most international students in the University of Nottingham report (Yu, 2011). Such stigma and shame are related to how Chinese identities are constructed, and the conceptualisation of mental illness as moral issues.

It is useful to examine the collective nature of Chinese culture versus individualist cultures as modelled by Hofstede (2011). In Chinese Confucian culture, identities are collective, and the boundary of the self includes family members and significant others. In an individualistic culture, the self has both personal freedom and responsibility of making choices for oneself. In collectivist cultures, members of the same family group bear the responsibilities of looking out for each other, defending the family unit against an outside threat. A Chinese person's identity is defined by the system of relationships that one is involved in (Bedford & Hwang, 2003). One can make demands based on their contributions to the family system; there would also be expectations made to each member to maximise one's value to the group. If one is unable to meet the expectations set up by the group, then one's status is lowered: she/he will lose 'face'. Consequently, a person's identity, status and self-esteem are all very much dependent on her/his relationships within the group.

In addition to the inherent social contract within cultures, Dwokin (1977) proposes that all cultures have moral codes that include personal rights, personal duties and social goals. Whereas Western individualism emphasises personal rights, Confucian ethics accentuates the importance of personal duties and social goals in favour of personal rights. Chinese peo-

ple tend to see maintaining social order as a moral duty. Studies in Asia on residents' perceptions of people with mental illnesses reported that many respondents perceived people with mental illnesses to be dangerous, disruptive, quick-tempered, unpredictable with poor control of themselves (Yang, 2007). These perceived attributes of the 'mentally ill' threaten the harmony of the collectivist society. In this sense, being mentally ill can be seen as a moral defect, because those who are mentally ill are perceived to be unable to live up to the moral duty of being a contributing member of the harmonious society.

Furthermore, there are aetiological beliefs about mental illnesses that suggest mental illness is a punishment for ancestors' misconduct, or that mental illness can be hereditary, so one person's illness can indicate that the whole family is pathological (Yang, 2007). One family member's 'moral defect' can then be 'contagious' and pass on to the rest of the family, which further explains the stigmatisation of mental illness within family units.

Shame is an essential aspect of Chinese Confucian culture. Shame is different from guilt. Guilt is about doing something wrong, whereas shame is about the feeling that oneself is wrong (Bedford & Hwang, 2003). Since shame is about feeling oneself is fundamentally defective, which can be a distressing feeling, people can often try to avoid feeling shame by trying to alter aspects of the self (DeYoung, 2015). This could be relevant to help-seeking patterns because people who feel ashamed may avoid help-seeking, fearing that his/her fundamental defectiveness may be exposed. Alternatively, someone who felt ashamed may believe that their fundamental defectiveness could not be changed, therefore seeking external support would not be helpful.

Although shame is present in many cultures, research suggested that people from different cultural backgrounds may experience shame to a different degree and for different reasons (Bedford & Hwang, 2003). In one study, Asian Americans were found to be more shame-

prone than their Caucasian counterparts (Szeto-Wong, 1997). Therefore, shame as a concept is essential to address separately in order to understand Chinese students' conceptualisation of mental health issues especially in relation to the receiving culture's levels of shame.

From a relational, neurobiological perspective, DeYoung (2015, p.18) defined shame as "an experience of one's felt sense of self disintegrating in relation to a dysregulating other". Her emphasis on the intersubjective, relational aspect of shame fit with the intersubjective, relational emphasis of collective cultures, where relationships are defining signifiers of one's identity, self-worth and social status. The subjective feeling of shame is, therefore, the feeling of letting others down; falling short of other people's expectations *feels* equivalent to feeling inherently not good enough. In a culture of shame, one's self-worth has an external locus of control (Rotter, 1954), which contrasts with a sense of self-worth that has an internal locus of control in an individualist culture.

In order not to fail other people's expectations, secrecy became a dominant coping strategy (Yang, 2007). The subjective experience of shaming is often described as wanting to hide. Its body language representation can often be covering one's face with one's hands, hanging head low in shame, and avoiding eye contacts (DeYoung, 2015). Because it is such a painful feeling, secrecy acts as an avoidant strategy to not face up to the disappointment or anger of others. As a result of the shame, Chinese people often choose to self-conceal rather than sharing problems (Masuda & Boone, 2011). These values and beliefs will affect Chinese students' decisions in accessing mental health services, but also the shame and stigmatisation will affect treatment at the initial stage of engagement with mental health practitioners. They can quickly lose the trust and motivation to continue if not treated sensitively.

In a study in the UK, Tang et al. (2012) compared the attitude towards seeking psychological help between Chinese international students and British home students. They found that no significant group differences were found regarding recognition of the need for psychological

help, confidence in mental health practitioner or stigma tolerance. Instead, the Chinese students reported significantly less interpersonal openness. The finding implies that the underutilisation of mental health services by this group is mostly due to interpersonal openness, measured using the Attitudes toward seeking professional psychological help scale (ATSPPHS; Fischer & Turner, 1970). This research contradicts many previous studies on Chinese people's help-seeking attitudes, that Chinese people held a less positive view of help-seeking (e.g., Ma & Wong, 1997). From my understanding about shame in Chinese culture, the secrecy of shame is the antithesis of interpersonal openness. It can be argued that Chinese people are positive about the benefit of mental health support, but shame might be preventing them from actively accessing the services, so shame might act as a key cause of the underutilisation by Chinese international students.

Yu (2011) and Hunt (2016) synthesised some of these findings and made helpful suggestions toward overcoming cultural barriers for Chinese students to use the counselling services. Yu (2011) noted that international students have greater needs in mental health support and that they need targeted information to help them access and engage with counselling services. One way around to overcome some of the initial stigmas is to be explicitly directed by tutors and friends, and it is much easier for the students to attend a workshop on, for example, perfectionism which can open conversations and potentially lead to one-on-one support.

Further to the cultural barriers in accessing professional mental health support services, there are also some contentions that Eurocentric psychotherapy will need to develop culturally sensitive modifications to cater to non-Western clients such as Chinese people (Pedersen et al., 2015). The debates around whether western therapies are suitable for Chinese clients are related to the barriers and mitigating factors that influence Chinese client's help-seeking decisions but are also very different subjects. The important questions 'What cultural adaptions are appropriate?' and 'How should these be made?' involve important complex

discussions that are beyond the scope of this research project, which was focused on engagement with services. This literature review aimed to illuminate some of the factors affecting the help-seeking experiences of Chinese students, rather than the factors relevant to the actual therapeutic processes experienced by Chinese students, so I will briefly summarise some of the main points. Some researchers (e.g., Guo & Hanley, 2015) suggested that conventional psychological interventions will need to be adapted to meet the preferences and needs of Chinese clients, because these interventions were initially developed in western cultural contexts (e.g., Thomason & Qiong, 2008) and are not suitable for Chinese clients from Confucian cultures. In fact, there is a general trend towards multicultural practice that is at the centre of the development of model psychology (Iwamas et al., 2019). The main idea is to develop modifications of popular therapeutic interventions to meet the needs of different client groups without altering the fundamental principles of the therapeutic models (Benish et al., 2011).

Hwang (2009) suggested some major themes that were important in considering adapting Western psychology to Chinese clients. These included conflicts between Confucian value system and Western individualism in the age of globalisation, differences between mind-body dualism versus holistic approaches. Others such as Markus and Kitayama (1991) proposed that Chinese people experience interpersonal conflicts as a psychological struggle between the relational self and the independent self in an increasing internationalised world. Consequently, Hwang (2009) proposed ‘bottom-up’ approaches to develop indigenous psychotherapeutic interventions that would draw resources from Chinese cultural heritages to empathise, conceptualise and develop instruments to resolve local phenomena.

As a practitioner, I recognise that working with Chinese clients requires a culturally sensitive approach; I also agree with Sun (2011) that the suggestion of modification of therapeutic interventions for specific client groups based on cultural conventions is far from enough – not only we need to modify our approach on a cultural level, but for therapy to be effective, it

needs to be adapted on the individual level. As Yalom had wisely said that we must strive to create a new therapy for each client (2011). There is value in understanding the cultural, philosophical underpinnings of a specific cultural group, but practitioners work with individuals who are the product of intersectionality that influences them. The practitioner would need to adapt to working with each individual client based on their unique identities and value systems. For example, in additional to cultural backgrounds, gender, class, education, sexuality, physical appearance, age and so on could all have bearing on one client's presentation and suitable therapeutic interventions. As it will become clear in the research interviews, some participants strongly opposed being seen as just a Chinese client and wanted to be seen as an individual.

As an integrative therapist, I work in the here-and-now of what the client presents; the intersubjectivity and relationship in the therapeutic encounter is at the core of my work, rather than applying a manualised set of psychological intervention to a client. On the other hand, I recognise that many popular psychological interventions are indeed manualised and may require cultural modifications. Overall, I would argue that the philosophy or approach of 'indigenisation' very much depends on the psychotherapeutic models of the specific practitioner, whether their modality is adaptable on an individual level or applied step-by-step.

2.5.2 Language factors

For Chinese immigrants as well as Chinese international students, the issue of language barrier is an essential issue in terms of understanding the health care system, being aware of mental illnesses and accessing professional psychological help (e.g., Cowan, 2001; Sue & Sue, 2016; McMahon, 2011; Shi et al, 2009; Li et al, 2016). Chinese immigrants in the UK have minimal contact with the host society (Huang & Spurgeon, 2006) and Chinese international students are often not integrated with home students (Edwards & Ran, 2006), which is

part of the reason for the lack of access to mainstream information, including healthcare information (McMahon, 2011). Shi et al. (2009) found that individuals who have less good English proficiency tend to rely more on complementary and alternative health care, rather than accessing Western health care. However, this does not necessarily mean that the lack of language fluency is the only barrier to psychological help, since Chinese people in Hong Kong who have no language issues are also thought to have a lack of understanding of the different roles and functions of the various types of mental health professionals (Yu et al., 2010).

In addition to being a barrier in seeking psychological help, language can also affect the effectiveness in engaging with mental health professionals. For immigrants and international students, speaking English as a second language can have a powerful effect of feeling like the loss of self as one loses the range and ability in expressing oneself (Lago, 2011). Poor language affects effective communications, and particularly in counselling where talking is the centre of the therapeutic process, it increases the potential for misunderstanding. Sue and Sue (2016) suggested that a language barrier can put Chinese clients at risk to be seen as uncooperative, repressed and negative based on language. This is unfortunate because both sides have a lack of understanding and trust towards the other. Boey's (1999) research on Chinese students' help-seeking preference supported a view that the mistrust of the credibility of mental health professionals is a barrier even more so than negative stigmatisation. This would imply that the language barrier is not just about communication, but the mistrust due to the difficulties in communications can further strengthen the barrier in effective mental health treatment.

Since language can be an unfortunate barrier, Wilton and Constatine (2003) suggested that universities will benefit from recruiting Chinese counsellors to speak to Chinese international students during orientation. Research done on the preference of mental health professionals for Hong Kong Chinese people (Ip et al., 2016) supported this suggestion as they found that Chinese clients prefer counsellors/therapists that are from the same racial/ethnic background

who are culturally similar, as well as similar in gender and age. Based on such research, more Chinese counsellors in British universities would be a good start in addressing the underutilisation issue. However, Hunt (2016) pointed out that international students come from so many different countries, it is not possible to cater to everyone. This is indeed an organisational, financial difficulty. She argued instead that the strategy is to allow extra sessions to focus on adapting them to the culture of counselling/therapy, and to pay extra attention in nurturing a therapeutic alliance to develop a shared and mutually understood language. Also, rather than reading extensively about Chinese culture, it is more useful to stay open and curious and to have the capacity to engage with the student's individual experience.

These considerations are thoughtful and likely to improve the effectiveness in working with Chinese international students by any mental health professionals. On the other hand, as mentioned earlier, Chinese international students make up 25% of all international students in UK Higher Education (HESA, 2020), and at the postgraduate level, the proportion of Chinese students is similar to that of British home students (Hunt, 2016). The fact remains that despite being similar to a large group of students with special needs such as students with disabilities or students with learning difficulties, Chinese international students are not specifically being catered for. It may be argued that there are some structural reasons behind it, which will be explored in section 2.7.

2.6 Development over time and space

According to Macaskill (2012), there has been a general, global trend of higher prevalence of mental health issues in universities over time, including in the UK. The RCP (2011) has provided some explanations for this phenomenon, noting that it was related to the trend of more diversity in the socioeconomic background of students attending higher education, encouraged by the British government. As a result, a higher proportion of students face the financial pressures of university education, while government funding was reduced. The RCP (2011)

suggested that students from better socioeconomic backgrounds were more supported financially and therefore had lower risk of developing mental health issues. Research in US college students also suggested that students from lower socioeconomic backgrounds were at a higher risk for depressive and anxiety symptoms than those from higher socioeconomic backgrounds (Hunt & Eisenberg, 2010). Higher prevalence of mental health issues in university students has been reported in other countries too: Canada, Australia and Turkey have all shown similar trends (Macaskill, 2012).

In accordance with the global trend, Chinese society itself also experienced seismic cultural changes (Leung & Chen, 2009; Yang, 2017). According to a study on counselling psychology in Chinese communities in Asia (Leung & Chen, 2009), the rapid shifts in social, economic and cultural changes, brought on by the forces of globalisation, have accelerated the influences of western culture in Asian societies. In families where parents grew up in traditional Chinese context, but the children received some education in western context, there were not only generational clashes but also cultural clashes. The influence of mixed cultural forces created many potential conflicts, in societies, families, interpersonally as well as intrapersonally. The shifts in values also led to demands for psychological support to assist the processes of negotiations and integration of different ideas and values. Many would need to find a compromise where both individual fulfilments, as well as some level of cultural adherence to the collective communities, can be achieved.

2.7 A critical perspective of the main body of research

So far, the mainstream research on Chinese international students' attitudes toward mental health and help-seeking behaviour has focused on their cultural identity, language barrier and lack of understanding of healthcare systems. It is more focused on understanding the characteristics of Chinese international students as reasons to why they underutilise mental health support services. One critic of such a western-centric perspective argued that there is

a lack of interest in host institutions to understand the systems that the international students come from and making the mental health support system more accommodating for international students (Liu & Lin, 2016).

Liu and Lin (2016) described the Chinese home system to have a vertical style where the same students stay in the same class and have the same staff member who is responsible for the whole class on a spectrum of issues, including moral education, day-to-day education and mental health. In the same spirit, the counselling service's style has a guardian or paternalistic style, which contrasts with the customer service-style counselling services offered by UK universities (Hunt, 2016). The University of Nottingham's report (Yu, 2011) found that students prefer to seek support from tutors and lecturers rather than the counselling service, which fits in with this insight about Chinese home system. It would be useful for UK universities to take into consideration what Chinese international students are more likely to respond to when considering policies and targeted information to improve mental health provisions for this group.

To address the needs of Chinese international students, it is important to understand the power relations within the British society. Chinese international students are a small and voiceless group. Chinese immigrants as a small ethnic minority, experience structural inequalities (Tang & Pilgrim, 2017), and struggle to make themselves visible to receive adequate care in mental health (Huang & Spurgeon, 2006). It is therefore reasonable to argue that Chinese international students, as an even smaller and more transient group may be even more powerless to voice their needs. For example, Zhang (2017) questioned whether international students are visitors or stakeholders, pointing out the low involvement of international students in policy-making processes in higher education institutes. This may help to explain why so few studies are available in the UK on the mental health conditions of Chinese international students, and why the historical focus has been on the service users, rather than improving the counselling services themselves.

2.8 Gaps in the field

Overall, much more research is needed to understand Chinese international students' experience with mental health services while attending UK universities. There is a lack of research in the UK in general, but also the current relevant research is more quantitative (Tang et al., 2012; Yu, 2011). Bertram et al. (2014) looked at Chinese international student studies in the US and noted the lack of research in specific countries and more so in qualitative research. The literature so far focused more on the thoughts and behaviour of the help-seeking experience and instead ignored the emotional quality as well as meaning-making of their experiences. My research aim was to bring their experience to life by exploring and examining what their experiences were, when they searched for and contacted professional mental health services. While I would have liked to investigate their experiences both in accessing and engaging with mental health services, due to the limited scope of this research I focused on access only. I hoped to build an inside-out and much more holistic picture of Chinese international students' experiences in searching for and communicating with professional mental health services in the pre-treatment stage.

3 RESEARCH AIMS AND QUESTIONS

In the literature review section, I discussed some of the views in understanding the underutilisation issues in accessing mental health services. In an ideal world, it might have been most insightful to directly ask people who had mental health support needs but never obtained any services. However, there were several problems with that. One was the apparent problem that if they had not accessed any services, how can we be aware of and contact this population? Another problem was that ethically, what if this population did not want contact? Even if we did manage to contact them by mass advertisements, can we ensure that it was ethically safe to speak to them and opening up emotional difficulties for which they had not approached mental health professionals? As such, I had to take a less direct route of understanding some of the issues of underutilisation.

One of the assumptions I was making was that the reasons behind underutilisation affect people not in a black-or-white way, but people's experiences with mental health support services lie on a spectrum. Some may have mental health support needs but never contacted any professional services. Some may approach mental health services without hesitation. Those who are somewhere in the middle of the spectrum were those with some doubts and hesitation potentially but nevertheless chose to approach the services. I hoped that by interviewing participants who were either not hesitant or somewhat hesitant about accessing mental health services, I could gain some insights into the population who had mental health support needs but had not obtained mental health support. Hopefully, these insights would also help to increase the possibility that the non-user group was more likely to get the support they need in the future.

Therefore, my research aimed to explore the experiences of Chinese international students at UK universities who had sought help from private or public professional mental health services, including GPs, psychiatrists, university counselling services, student wellbeing services, and psychotherapists. The key research questions were:

- How did they experience their need to ask for help from a mental health service?
- What was the reason why they asked for help from a mental health service?
- What were their wishes for the type of help from a mental health service?
- What type of therapy did they wish for?
- What kind of mental health professional did they wish for?
- What were their experiences of searching for and communicating with mental health services?
- What did they see as helpful (if any) in getting the support they wish?
- What did they see as the barriers (if any) to them getting the help and support they need?

4 METHODOLOGY

The ontological standpoint of this research was that there was an enduring reality that was independent of human conceptualisation. The epistemological standpoint of this research was that although an objective reality exists, our understanding of it was always limited by our knowledge and biases. Such standpoints fit with the critical realist point of view. Since we can never really know the 'reality' as it will always be filtered by perception, people's interpretations and meaning making of what they perceive to be reality is the focus of the research. As such, qualitative methods were a natural choice. I will expand in more detail below.

4.1 Critical Realism

The leading thinker behind critical realism Bhaskar (1978) believed that there are three levels of reality: (1) the empirical level, (2) the actual level and (3) the causal level. The empirical level is what we perceive through our senses. The actual level of reality is what happened regardless of our engagement with it. Finally, the causal level is the unseen causal mechanisms that produce the empirical and actual levels of experience. People have different experiences at the empirical level, because we perceive different parts of the reality, and maybe come to different interpretations of what we perceive based on many influences such as our previous experiences and backgrounds. Our interpretations may be different from the actual level or the causal level of reality. From this perspective, the research was not able to present the reality of the actual level. Instead, the research was the researcher's interpretation of the participants' interpretation of what they experienced at the empirical level of reality. This would seem to suggest that my research was far from the truth. So how could anyone believe my research? Attempting to address this issue, Rennie (2007) argued that even though qualitative research does involve interpretation, it can be done systematically and transparently, which means that the results can be a good enough version of reality. The

idea was that, whereas there was enough procedural information on how the research was done, there could be more trustworthiness to the research rather than relying on the personal interpretations of the researcher. Some researchers had accepted Rennie's view, while others still believed that qualitative research could produce no more than a 'version' of the reality. Another view by McLeod (2011) which I was inclined to agree with was that how true the research was to 'reality' was not as much as an issue, because any research into therapy aimed to inform practice, rather than to establish scientific laws.

4.2 Considering different methods suitable for the research question

I considered a range of research methods to best address the research question. Firstly, I chose to delve into this topic using a qualitative method because it was an under-explored area. I wanted to capture the rich experiences participants had and to explore potential insights and recommendations from such data, rather than looking at positivist associations between variables. The next question was which qualitative method to use.

4.2.1 Action Research

One method considered was Action Research (Lingard et al., 2008). Action research could be described as an approach that involves the researcher and the participants working collaboratively to develop understanding, reflection and solutions to practical concerns in a community. I was attracted to the idea of finding practical solutions and pursuing organisational changes, i.e., to improve the access to psychological support for Chinese international students. However, firstly, my participants would come from different universities, so the effort will not be centralised. Secondly, educational institutes should ideally be part of the collaboration to find solutions to this issue. Again, because the participants could be from different universities, it would be difficult to organise the collaborations.

4.2.2 Grounded Theory

The second method that I considered was grounded theory (Charmaz, 2006). Similar to IPA in its inductivist approach, grounded theory aims to understand the world in a new way and formulate a new theory or conceptualise a framework to explain the phenomenon being studied. This method appealed in the sense that it would develop a new theory and paradigm to understand the underutilisation of psychological support services by Chinese international students, and that it can offer a systematic guide for further qualitative investigations and analysis. However, I found it questionable that there could be one framework or one theory that explained the underutilisation and low access phenomena. I thought it was possible that each individual's experience was varied, and the meaning-making processes of their experiences were different resulting in different pathways for delay or no help-seeking. In addition, grounded theory asks questions that help to develop an explanatory model derived from a wider sample - or more precisely, from the integration of studies of several samples. So, a grounded theory study might focus on what factors were crucial in creating or mitigating barriers to help-seeking by analysing data from a large group of Chinese students studying in the UK alongside data from other groups of international students. Pragmatically, proper grounded theory is often a work of considerable scale that would require comparisons across multiple samples recruited sequentially, which would be beyond the scope of this doctoral project.

Furthermore, I was more interested in the nuanced, detailed experiential features in the help-seeking process of a small number of people from this group - both in the similarities and differences of the participants' experiences. In focusing on developing an explanatory model, there was also the risk of an underlying assumption that pathologises the underutilisation phenomenon from a western centric point of view of mental health and help-seeking, which I actively want to avoid – to explain something can have a flavour of assuming something is not 'normal', in contrast to observing a phenomenon as it is.

4.2.3 Narrative Analysis

The third method that I considered was narrative analysis (Riessman, 1993). Narrative analysis is derived from social constructionist theory (Bruner, 1990), and I was interested in the way the narrative method allowed participants to tell their story. Some narrative researchers are interested in the content of the stories people told (Crossley, 2000), while others were more interested in the relationships between the stories that are told in the wider cultural realm, compared to the stories we tell in our own lives and experiences (Andrews et al., 2000). Some narrative approaches are more focused on the structure of their stories, their plot shape and how the story is told in relation to their sense-making (Gergen & Gergen, 1988), which also shares some similarities with discourse analysis (Potter & Wetherell, 1987). In this research, I was interested in the experiential features and the meaning-making of the help-seeking experiences by a small group of Chinese students. I was interested less in the structure of their help-seeking stories than the feelings invoked in their stories; I was interested less in how their stories were related to the stories 'out there' in the social and cultural realm than their personal interpretations of their feelings invoked by the experiences and how similarly or differently the participants experienced and interpreted their help-seeking processes.

4.2.4 Thematic Analysis

I also considered Thematic Analysis (Gavin, 2008) which I used in my undergraduate psychology project. It is widely used and gives a clear step-by-step guide to analysis which is appealing to less experienced researchers like myself. However, for this doctorate project, I was drawn to IPA which has some similarities in analysing the data but has more depth in its theoretical underpinning in phenomenology. I will explore this further in the next section.

4.2.5 IPA (Interpretative Phenomenological Analysis)

IPA (Smith et al, 2009) is grounded in two philosophical traditions: phenomenology and hermeneutics (Eatough & Smith, 2017). Husserl's (1927) phenomenology has the intention to systematically describe the world how it is perceived/experienced by stripping away preconceptions and biases. What it ended up with is the 'whatness' of an experience. Hermeneutics means to interpret, to understand through interpretation (Grondin, 1997). Together IPA incorporates both the phenomena as they are experienced and understood by individuals and the interpretation of it by the researcher. It attempts to understand lifeworld, the experiences we have, from the perspective of the meaning-making individual (Halling and Carroll, 1999). Both the immediate experience as well as the interpretations are essential. Without the phenomenon, there would be nothing to interpret; without the hermeneutics, the phenomena and how they are situated in the world cannot be seen (Smith et al., 2009).

I chose this method because both the immediate phenomena of Chinese international students' help-seeking experience, as well as their interpretation of it was crucial. IPA can help to get up close to the immediate experiences of the participants, to get to the 'whatness' of their help-seeking experiences. Equally, the interpretation of their experiences is important, staying true to the critical realist philosophical stance of the IPA method, that the way we perceive and engage with reality is how we experience the world on the empirical level. For example, one difference between counselling services in UK universities and Chinese home universities was that the services in the UK had more of a customer-service style (Liu & Lin, 2016). A Chinese student might find himself/herself looking up the information online and contacting the service. This experience might invoke two different interpretations and two sets of feelings for the student. One may be that the customer-service style counselling service allowed for independence and self-agency, as well as being completely confidential, which was the kind of freedom that s/he did not have in China. On the other hand, s/he could interpret this system as cold and uncaring, treating him/her as one of many customers to

deal with, not somewhere s/he mattered. What kind of interpretation the student had may have something to do with his/her previous experiences with attachment, counselling, cultural background, knowledge about counselling and what friends or families may have told him/her. IPA would allow me to explore both the immediate experience of seeking for help, as well as what this experience might mean for him/her. The focus on the interpretations by the participants was particularly important in a study designed to explicate the help-seeking experience of a minority, voiceless group, which is often being understood from the outside in, rather than from inside out. IPA would allow the subjective interpretations of their experiences of the participants to shine through.

Another critical feature of IPA is that it is idiographic, which means that it attempts to understand the unique and the particular while maintaining the integrity of the whole (Eatough & Smith, 2017). IPA is committed to understanding at two levels (Smith et al., 2009). Firstly, the commitment to the sense of detail and depth of analysis, and secondly, the understanding of a particular phenomenon from the perspective of a particular group in a particular context. Digging deeper into individual's experiences case by case allows each participant's embodied, unique, personal experience to be analysed in detail. However, it does not mean losing the whole picture, but the detailed view of a single, situated case can be used to establish generalisations (Harre, 1979). From a relational perspective, a person is never a discrete individual but always exist in relations to others, so studying an individual person's experience can deepen understanding of their relationship to the whole phenomenon in question. IPA research method requires the sample to be a relatively homogenous group that has one or more key characteristics in common. Unlike other methods that pool together all the interview data to analyse together, the interviews are analysed individually for their unique qualities, before comparing and contrasting the interviews with one another to find patterns that run across the cases. This allows individuality to shine through as well as finding commonalities that would help to clarify the 'whatness' of the subject. In this piece of research, I was interested in the individual experiences of the Chinese international students, how they differ and

contrast with each other, but I was also interested in the common characteristics of this group's experiences. IPA allowed me to explore the details and the depth of each participant's experience which then allows a generalised picture of this group's experience to slowly emerge.

In order to understand the 'lifeworld' of the participants in this study, it is useful to consider a set of interrelated dimensions of the participant experiences that will help to approximate an understanding of a whole picture. These dimensions are spatiality, temporality, intersubjectivity, mood, identity and embodiment (Heidegger, 1962; Shaw et al., 2016). In terms of spatiality, the participants' experiences are contextualised in their university setting, their temporary or long-term immigration status, the fact that they are away from their familiar home environment. In terms of temporality, this is a period of their emerging adulthood when identities form; it is a period of fast growth and transitioning into full adulthood. In terms of intersubjectivity, it is important to consider their relationships with peers at home who have not left China, their relationships with their parents and families, their relationships with the other students at the UK universities and UK public, their academic relationships with tutors, advisers and staff, and even China's political relationship with the UK at the time of their studies. In terms of mood, their accounts of help-seeking experiences will be likely be affected by their mental health conditions at the time as well as their moods at the time of the interviews. In terms of identity, their cultural, gender, socioeconomic, education and other identities will influence the way they experience help-seeking. Lastly, in terms of embodiment, how their mental health conditions were experienced in the body, for example through somatisation, will influence their experiences of help-seeking. All these dimensions are important and came through in various ways in the themes and subthemes in the analysis.

Like all qualitative methods, the analysis involves interpretation and will have some subjective elements and biases. This can potentially be a limitation, but IPA uses approaches designed to minimise subjective biases by advocating a process for analysis that stays

grounded in the account and requires the researcher to justify their interpretations with references to detailed verbatim quotes. In order to stay focused on the phenomenological inquiry of the human experience, Husserl (1927) suggested that we need to “bracket” our preconceptions. However, it is questionable whether it is possible to fully bracket our preconceptions. Smith et al. (2009) argued that Husserl, as a philosopher rather than a psychologist, aimed to find the essence of experience, whereas IPA only has the modest ambition to capture ‘particular experiences as experienced for particular people’ (p. 16). In IPA, the hermeneutic circle is a key tenet of its process of analysis, with the idea of the analysis as an iterative cycle, shifting and changing perspectives that will offer different levels and parts of understanding that will form the whole picture of the phenomena.

4.3 Participants and sampling

The sample consisted of 8 Chinese international students who were either current students or recent graduates from UK universities. They were all in their 20s. For this study, I recruited participants with the aim of obtaining a sample of Chinese international students that fitted the following descriptions:

1. Chinese international students from mainland China or PRC, currently studying at a UK university or had recently graduated

This criterion was specified to find Chinese international students who were currently studying at a UK university or who had recently graduated. Chinese is an ethnicity so Chinese international students would include ethnically Chinese students from many countries. However, different countries have different cultures with potentially different narratives about mental health and professional mental health services, so in order to keep the group relatively homogenous, I limited my participants to only international students from the PRC.

I had specified in my criteria that the participants needed to be currently studying or had graduated recently. The reason for choosing current students and recently graduates was because I believed that the research would have more impact with current students and recent graduates as participants, as their experiences were still relatively fresh and that they also stood to gain the most from this research's contribution to the field.

2. Who were no more than 30 years old

This criterion was specified to ensure that I avoid getting a mixed sample with participants in their 20s as well as mature students doing a PhD in their 30s or 40s like myself. Given the tremendous cultural, social and economic shifts in China in the past 30 years, different generations could have vastly different views and expectations regarding mental health (Yang, 2016). Also, older people may have developed better coping skills as a result of age and experiences, and later experiences may have influenced their views and interpretations of their university experiences.

3. Who had already sought professional mental health services from either or both private and public mental health services

This criterion was specified to find participants who had sought mental health support from some professional mental health services. The idea was to explore the various experiences people had when they were searching for and communicating with mental health support from different organisations and professional individuals. This criterion was also included to make sure that the participants already received some mental health support for their past issues, and to make sure that they had some capacity to seek help if needed. The key here was ethical concerns with participant safety, as I was aware that the interviews could potentially open up thoughts and feelings that were upsetting for them.

4. Who had sufficient English ability to be able to be interviewed in English

This criterion was specified so that the interviews were conducted in English. Conducting in Mandarin was another option I had considered - using our native language for the interview could have potentially brought out more depth for the participants. However, given that an essential aspect of IPA was to interpret what has been said, yet translating itself would require a level of interpretation, I felt that it would potentially add another level complexity that would be beyond the scope of this research project. As such, the primary interview language was English. However, I also recognised that not allowing the participants to use their native language meant potentially losing some of the richness of their expressions to describe their experiences. As such, during the interview, I encouraged the participants to use words or phrases from their native language whenever participants could not find exact words in English. We then further discussed and expanded on the meaning of the words or phrases to clarify what they meant to the participants, rather than for me to interpret the meaning of the Chinese words they used, which I think could introduce researcher biases.

I advertised on Chinese social media Weibo, which was frequented by Chinese students in UK universities, to recruit for participants. As an insider-researcher, I already had some contacts with the Chinese international student group. Some contacts forwarded my advertisement to their own social media circles on other platforms such as Wechat. I also contacted several university counselling services that already served this population. Several organisations responded that they would advertise it in their services. In planning, I was prepared to use the ‘snowballing’ method, i.e., asking existing participants to refer more participants, to reach out for more participants. However, in practice, the above channels produced enough interested participants in a short period of time.

Recruiting participants using social media was carefully considered. According to BPS (2012, 2017), it is now increasingly common to use social media to recruit participants. There are

some positive aspects, especially in reaching hard-to-reach populations, which could have been a potential challenge for this research if conducted by a non-Chinese speaker who was not familiar with Weibo and WeChat. The basis in which I operated in the social media space was the same as in any real-life public space, which was that I kept high standards of professional conduct that justified the trust that people placed in our profession. I did not behave in any way that jeopardises the confidence in me or my profession (BPS, 2012). When using social media to advertise, the advertisement was the same as the one used for recruitment in other channels. Informed consents and withdrawals were conducted in the same way as in recruitment in the traditional way. The participants were reassured that their personal identifiable information would not appear on social media.

4.4 Data Collection and Analysis

4.4.1 Data collection

For this study, I aimed to conduct interviews of up to two hours with 6-8 participants, allowing enough time for a full conversation to take place to generate 'rich data'. In practice, I interviewed eight participants and most interviews lasted around or just over an hour. IPA calls for an in-depth analysis of a homogenous sample of fewer cases, rather than a generalisation of many cases. As advised for IPA, the interviews were semi-structured, starting with open-ended questions. Although originally, I intended to conduct the interviews face-to-face, when recruiting participants, I realised that the interested participants were located all over the UK geographically. Also, Covid-19 started during my recruitment stage, so I applied for ethical approval to conduct interviews via video conferencing. The interviews were recorded on a digital recorder for voice-only and the recordings were password protected.

The initial questions for the semi-structured interviews were listed below:

- What is it like asking for help from a mental health service?

- What is the reason that you asked for help from a mental health service?
- What are your wishes for the type of help from a mental health service?
- What type of therapy do you wish for?
- What kind of mental health professional do you wish for?
- What are your experiences of searching for and communicating with mental health services?
- What do you see as helpful (if any) in getting the support you wish?
- What do you see as the barriers (if any) to you getting the help and support they need?

I also used prompts such as ‘could you tell me more about this?’ to ask the participants to elaborate so that the interviews contained as much phenomenological content as possible. During the interview, I also used paraphrasing and summarizing to check whether I had understood the participant accurately and whether this was everything s/he would like to say in response to my interview questions.

Because I interviewed people who identified a past and potentially current need for mental health help, I assumed that they could be vulnerable people and the information they shared could be potentially sensitive and painful. I conducted the interviews with the respect and warmth of a practitioner, in my usual online psychotherapy setup that ensured confidentiality and reliable internet connection. I asked my participants to find a private space that they felt comfortable in before the start of the interviews. I also provided debriefing material at the end of all interviews and made myself available to assist help-seeking processes after the interviews if needed. The debriefing document is included in the appendix.

Recordings of interviews were transcribed verbatim and all personal identifying information was replaced with pseudonyms.

4.4.2 Data analysis

The data were analysed based on the processes and principles described by Smith et al. (2009). Smith et al. (2009) suggest that IPA is not necessarily a fixed set of 'methods' to work with data, but instead, it is a hermeneutic iterative circle, guided by the principles of committing to understand the participant's point of view and a psychological focus on the meaning-making processes of the individual.

Despite emphasizing that there is no single way of doing IPA, Smith et al. (2009) offered some guiding steps which I ~~l~~argely followed with some minor differences.

Step 1: reading and re-reading the original data.

I listened to the recordings while following the transcripts, which helped to remind myself what had been exchanged during the interviews, immersing myself in the experiential world of the participants, noticing nuances and subtleties that might have been missed during the interview. I noted down some initial observations and ideas based on the literature I had read, hoping to bracket them off when I was coding the data.

Step 2: initial noting of the data, examining semantic content and language use on an exploratory phenomenological level.

A sample transcript is included in the appendix to illustrate how I coded the data. I kept an open mind and looked for any phrases or meaning units that were relevant to the questions I was asking on help-seeking experiences. I made note of emotional, experiential processes in the text, paying attention to the way language was used to express themselves on the experiential level as well as on the participant's meaning-making level. At this stage I tried to have a phenomenological focus and stay close to what I thought was the participant's explicit

meaning, rather than making my own interpretations. Smith et al. (2009) suggested that one way for this process to be done was to use a printed copy of the transcript, with left margin for comments/notes and right margin for emergent themes. In discussion with my research supervisor, I diverged from this process a bit by highlighting chunks of data within the text as a main way of noting the phenomenological segments, using left-hand margins occasionally to comment further only if needed. Then in the next step, I used the right-hand margin to give each highlighted segment the first level of interpretative codes. To increase the rigor of the coding process, my supervisor independently coded the first interview and compared his coding with mine to agree a consistent approach to analysis.

Step 3: developing emergent interpretative themes.

As mentioned in the previous step, in re-reading the transcripts, I started to note down the first level of interpretative codes on the right-hand margins. Some recurring themes started to emerge from the interpretative codes. This was noted down in the transcripts and then recorded and organised in excel sheets. An example of the excel sheet is included in the appendix. First, I listed the emergent themes, for example, “linguistic challenges”, then I also noted that it was related to mental health (“MH”). I put down the line numbers of different sections in the interview that were related to the same emergent theme. Having the line numbers of the interview listed helped writing the analysis later, with quotes ready to be found to support various themes.

Step 4: searching for connections and patterns across emergent themes.

This was developed gradually in excel sheets. To use the same segment as an example, after “MH - linguistic challenges” were recorded, I noticed that another emergent theme I recorded “Help-seeking – language as a barrier” shared many similarities. The first one was talking about the general difficulties of speaking English as a second language and how that

affected mental health; the second one was about language issues acting as a barrier to the help-seeking process. They were related emergent themes, which I then grouped together at a higher-level theme named “language as a barrier”.

In my excel sheets, I started off with the first-level interpretative codes on the right-hand side, then started adding second-level emergent themes on the left-hand side. At this stage, the emergent themes were messy, and they changed as the iterative process went on, but it was a way of organizing the hermeneutic circle of analysis. To make it easier to group together similar emergent themes, I sorted the second-level emergent themes. During this process, I started to develop a sense of the superordinate themes as the emergent themes started to appear connected in various ways. For example, after recording another emergent theme “cultural containment/understanding”, I found that participants often talked about language and culture together. They worried that they could not express themselves adequately (“language as a barrier”) and also that the counsellor would not understand their cultural backgrounds (“cultural containment/understanding”), both related to the experience of difficulties in not being understood in the help-seeking process. I tentatively grouped these themes together to be under a superordinate theme of “language and culture” and put them on the very left-hand side of the excel sheet.

Step 5: moving to the next case and repeating the above steps for the next cases.

After I coded and analysed one transcript individually, I moved on to the next interview repeating step 3 and 4 for each interview. I was aware that in order to be true to IPA’s idiographic commitment, I needed to bracket the emergent themes and superordinate themes that started to manifest from the analysis of the first case while I worked on subsequent cases.

After I coded the second transcript, I integrated the emergent themes of the first transcript to the emergent themes of the second transcript, also adjusting the superordinate themes and second-order themes, forming a new table. Then I coded the third transcript and added it to the main table, which resulted in minor adjustments in the combined table of superordinate themes and secondary or tertiary themes. So on and so forth, until all eight transcripts were incorporated into the final table. In this process, I was careful to make sure that new emergent themes from subsequent interviews were all included, trying to bracket the existing superordinate themes that started to develop in previous interviews. The themes were still quite disorganised at this point, with some new emergent themes seemingly not fitting in anywhere.

Step 6: looking for patterns and connections across the cases.

This was the step where I started to shift away from the raw data and started to conceptualise a broader view of what was common and what was unique in the different accounts, grounded in what I understood from theoretical understanding and existing research. I noticed that certain themes were present in almost all accounts, while some themes appeared only in one or two accounts, but they were still very important. For example, I only had one male participant who spoke about male identity and how it was related to mental health. Even though this only appeared in his account, it was included as an emergent theme.

At this point, I moved away from excel sheet for a while, instead using pen and paper to draw mind-maps to make sense of the themes. I experimented with different ways of organizing the emergent themes and higher-level themes, shifting perspectives and attempting to find a way of incorporating all emergent themes in a coherent, meaningful way. Sometimes in order to organise and synthesise, some themes were combined. In those cases, I also went back to the transcript to check and make sure that the label for the combined themes made sense

for the segments under the themes. This took many iterative processes. The result will be presented in the Analysis section.

4.5 Trustworthiness

The data in its raw form was subjective and interpretative accounts of participants' experience of them seeking mental health support from the university counselling service. As discussed earlier, from the critical realist perspective, these accounts were only what the participants had perceived of the reality from an empirical level (Bhaskar, 1978), with their own interpretations of their experiences, which may be very different from the 'reality'. Besides, the research result was also my interpretation of what the participants have perceived and interpreted of their experiences. In that sense, the research does not claim to be a true representation of the 'reality'. However, I aimed to increase the validity of this research by being transparent and including procedure information on the enquiry process (Rennie, 2007), which can make this research a good enough version of the reality.

The validity of qualitative studies is difficult to define (Yardley, 2000). However, there were a few ways in which I kept in mind to maintain the quality of the research. First, I adopted a reflexive approach throughout my research and kept a research journal. I aimed to make explicit my values and assumptions to help readers interpret my understanding of the data. As previously said, the fact that I may have personal assumptions or even prejudices were not necessarily good or bad, but by making them explicit, it would allow them to be bridled and revised for more useful and creative interpretations (Dahlberg, 2006). Writing down my assumptions and keeping a critical eye on my possible bias was particularly important as I held an insider-research position. While it allowed me to have a greater understanding of the culture I studied and reaching participants, my prior knowledge could also be considered a bias (Unluer, 2012).

To reflect on the implication of my insider-researcher position, I have written down some of my previous assumptions before I conducted the research interviews. These include:

- Assuming that a lot of my participants may have had arduous experiences in accessing mental health services, either because they did not know where to go or that they had to wait for a while. It is possible that the participants understood the system well and had a smooth experience securing their appointments.
- Assuming that some of them may feel ashamed to ask for help. It is possible that my participants were excited to engage in a new activity to explore their minds.
- Assuming that the participants may have worried that asking for mental health support may leave a stain on their university file, as it would in Chinese universities, which could potentially affect their academic results and even employment opportunities. However, it is possible that the participants trusted that it would be a confidential service.
- Assuming that they can be doubtful that counselling could help. It is possible that they might idealise counselling and believe that it could transform their lives in a few sessions time.
- Assuming that they might think that counselling is about getting helpful tips and advice on how to do things. It is possible that they understood that counselling works by raising self-awareness, having a different relational experience, building a different narrative and make meaning of their experiences.
- Assuming that communication in a non-native language can be a barrier to communicating effectively in therapy sessions and that many may prefer speaking their mother tongues in counselling. It is possible that a Chinese person who has complicated feelings with his/her own culture may find a sense of freedom using a different language and facing a non-Chinese person in counselling.

Secondly, Yardley's (2000) criteria for validity in qualitative research suggests that the researcher needs to be aware of their relationship with their participants, and how their research questions or even the way the questions are delivered can affect the responses. As an insider-researcher position, I need to be aware of the power relations there may be between the participants and me. They may perceive me as an 'expert', or they could also see me as a fellow countryman and assume I have the same perspectives as them, so there is no need to explain. During the interviews, I was mindful of my use of language as well as non-verbal communications that could affect the interview process. I kept clarifying and checking that my understanding was correct.

When analysing the data, I as the researcher was again aware of my assumptions when I coded the data and group them into themes. As mentioned earlier, to increase the rigour of the coding process, my research supervisor independently coded the first interview and compared his coding with mine to agree a consistent approach to analysis. He also checked coding of some of the subsequent interviews, as well as my process of synthesizing coding into superordinate themes. Comparisons of the independent coding and discussions around the superordinate themes increased the confidence in the validity of the interpretations I was making. I also conducted member checking during the interview process by summarising and paraphrasing for clarification and sending the interview transcripts to the participants for verification.

4.6 Ethical considerations and procedures

Ethical approval for the study was granted by the Metanoia Research Ethics Committee. Video interviews were conducted on a quiet room in my home with confidentiality, although only audio recordings were made. As mentioned earlier, I asked the participants to arrange a private space for the interview.

The participants were provided with the following information upon signing up for the research project: They were told that it was a study about Chinese international students' mental health and their experiences of seeking help. They were recruited for this study because they had experienced a need for mental health support when studying in a UK university and had sought out professional mental health support. They were invited to talk briefly about their experience with their mental health issues, but the focus was mainly on their thought process regarding seeking help, and their experiences with searching for and communicating with the professional mental health services while they were studying in the UK. The interview would last no more than 2 hours. Copies of the Participant Information Sheet and consent form are included in the Appendix.

Potential participants were informed that there were some benefits in participating in the research. They had an opportunity to speak about their experiences, which may help with their self-exploration and allow meaning-making processes to address past and present issues. There would be some benefits of the research in terms of informing practice for policymakers and mental health practitioners to understand this group better and serving them more appropriately. I also made clear the possible risks of participating in this research. They might experience some psychological distress in recounting their experience. I prioritised their well-being throughout the research process. At the end of the interview, I debriefed them about their interview experiences, and supported them using my counselling skills. For additional support, I offered to guide the participants towards appropriate emotional support should there be a need. I followed up with the participants a month later to see whether they needed further support.

Their interviews were recorded on a password-protected device. Participants' interviews were kept anonymised, so they are not identifiable. All the names and other identifiers used in this research were pseudonyms.

All the information above was provided before the interview as well as discussed in a conversation at the start of the interview to ensure that the participants understood the terms and allow opportunities for questions and clarifications. Once the participant was clear and still wished to proceed, I obtained a written informed consent from the participant before the interview started. The participants were also informed that they have the right to withdraw up to one month after the interview. I offered participants to review the interview transcripts for accuracy, and they can withdraw any comments that they do not want to share in the public domain. A few participants reviewed the interview transcripts; none asked to withdraw any proportion of the interviews.

During the interviews, it became obvious that for some participants, mental health issues were still ongoing struggles, so that the interview process opened some painful feelings for them. I used my therapeutic skills to support the participants as they touched on more sensitive areas. My questions were not intended to focus on the mental health issues they experience, but on their experience of searching for help from professional mental health services. This lowered the risk of triggering mental health struggles. I continued to check with my participants to make sure they were okay to proceed with the interview and watched for their non-verbal language that they were not too overwhelmed. During the interview, I kept in mind the issue of consent, asking for oral consent for unanticipated sensitive issues that emerged during the interview.

After the interview, I debriefed the participants by finding out how they felt about what they had said to me. I provided some psycho-education information about what the past research had said about counselling Chinese international students, and evidence-based information on mental health topics they touched on during the interview. I also offered information on mental health support should they intend to seek further help in the Debrief document (see Appendix).

Because the topic for me was also a parallel process since I am also a Chinese international student doing a doctorate in a UK higher education institute, it was essential for me to allow space for self-care in this process. I continued to seek support from my therapist, tutors and supervisors, and I journaled my thoughts and feelings throughout the research process.

5. ANALYSIS

The process of analysis resulted in the identification of four superordinate themes, each of which was made up of several lower-order themes (Table 1). Participant information will be presented in Table 2. In the sections that follow, each theme is described and illustrated with verbatim quotes from interviews. Since the interviewees all learned English as a second language, there were inevitably many grammatical errors in their speeches, which I had kept intact in the transcripts. Although the themes are presented as discrete, there were some overlaps between sub-themes: it will become clear that these overlaps and connections were important influences on people's experiences, and their help-seeking behaviour.

Table 1 - Themes

Superordinate themes	Subthemes	Key words
1. Self in relation to mental health	1.1 Belief in Self-sufficiency	Independence as identity, minimise difficulties
	1.2 Awareness of mental discomfort	Anxiety, stress, loneliness, isolation, loss of control, self-doubt and lack of self-confidence
	1.3 Exploration in mental health	Creative help-seeking
2. Relationship with others	2.1 Family relationships	Cause of mental health issues, supportive with mental health issues and barrier to seeking help
	2.2 Friends/partner relationships	Supportive with mental health issues, good peer modelling of help-seeking, cause of mental health issues and barrier to seeking help
	2.3 Academic relationships	Authority figure, cause of stress and anxiety
3. Perception and awareness of professional mental health support	3.1 Access to mental health support	Practicality, clinically appropriate, previous experiences of mental health support and proactive mental health screening
	3.2 Professionalism and trustworthiness	Lack of understanding of mental health services, expectations and trustworthiness of mental health professionals
4. Language and culture	4.1 Chinese identity	Distinct identity, reason for delayed help-seeking
	4.2 Language barrier	Perception of language ability and accent, language difficulties in access and treatment
	4.3 Cultural understanding and containment	Acknowledgement and acceptance of cultural differences, perception of other cultural backgrounds
	4.4 Gender identity	Chinese male identity as barrier to help-seeking

Table 2 – Participant information

Pseudonym	Gender	Educational experience in UK	Number of years in the UK
Jing'an	Female	PhD (currently enrolled)	4
Aiwen	Male	A level (complete) MSc (complete)	6
Sunny	Female	MSc (complete)	7
Eva	Female	PhD (currently enrolled)	5
Aili	Female	MSc (complete) DCPsych (currently enrolled)	6
Vivi	Female	MSc (complete)	2
Dee	Female	MSc (complete) PhD (currently enrolled)	3
Lei	Female	MSc (currently enrolled)	1

Transcript notation used in extracts

[…] non-relevant or repetitive material omitted

[*text*] researcher's comments for the purpose of explaining or protecting privacy

Superordinate Theme 1: Self in relation to mental health

The first superordinate theme was related to how interviewees saw themselves in relation to their mental health, and how this affected their tendency to seek help, or not to do so. This theme is also related to the difficulties they experienced in themselves and the self-exploratory steps they have taken to try to get better.

1.1 Belief in self-sufficiency

The second order theme "belief in self-sufficiency" reflected a key aspect of many interviewees' belief that one must be self-sufficient and deal with difficulties on one's own. Interviewees gave the impression that to seek help from other people was to bring burdens to others, which was undesirable and shameful. Most interviewees directly spoke about their attempts to ignore or minimise their difficulties. When avoiding the problem at hand no longer worked, many tried to solve their difficulties on their own, and actively suppressed the need to ask for help because of the stigmatisation attached to help-seeking. Some appeared to see self-sufficiency as a must, because bothering other people was seen as morally inferior. Some saw self-sufficiencies as an important aspect of their characters and identities – that they were strong and independent, with no need of others in difficult situations.

The quote from Jing'an illustrated the reluctance to seek help:

> I've tried to convince myself to do that [seek help] for a long time, but I didn't have the action. I think it's in December last month, I feel that I'm so low, I mean such a depressing condition, situation.

This is when Jing'an reached for help from IAPT. However, Jing'an previously said that she started feeling down due to the breakup of her relationship in the summer. When asked what made her reach out for help much later from when she first started feeling bad, she said:

> "I thought I can handle it. And it's because it gets absolutely down, so when I was getting better I thought, 'okay, I'm good enough, I don't need to get any help.' But it didn't last long so I feel bad again and I want to get help but very soon after, I feel better so that's why I didn't make the decision to go to search the information online."

In Jing'an's experience, temporary periods of better moods pushed back seeking help further. She did not want to seek help unless absolute necessary; seeking help was something to avoid at all costs until she reached a potential crisis point.

Similarly, many interviewees expressed concerns about making a big deal of their difficulties, such as what Dee said:

> "So this is the one thing that I didn't go to the counsellor immediately because I wasn't sure that ... Am I making a big deal of this thing? Or is it really something serious I need to work on?"

Dee was afraid of others' and possibly her own judgment. She did not want to make a big deal of her difficulties unnecessarily, which linked back to the idea of self-sufficiency as an important aspect of moral character. The value placed on self-sufficiency meant that if one sought other's help with small difficulties, one might be looked down upon as weak, immature, dependent and perhaps overall not good enough, which brought up feelings of shame.

Like others, Aiwen was concerned about the burden they would place on other people, and believed that not bringing trouble to other people was part of his cultural identity:

> I think that was part of being Chinese and unwilling to add trouble to other people and to cause unnecessary disturbances to other people, and I kind of felt it's a person issue.

For Aiwen, self-sufficiency was an important part of Chinese identity. To ask for help and "add trouble" would feel like a betrayal of his identity, which could potentially cause anxious feelings. The external difficulties Aiwen experienced as well as the internal effort to suppress his need for help put double pressure on Aiwen. The pressure came from the mental health struggle itself, as well as from suppressing the need to seek help, and maybe being critical of himself for not being self-sufficient enough to want help.

The emphasis on self-sufficiency directed many interviewees to look for answers and solutions themselves. It was implied that solving the problem on their own and not relying on others - including mental health professionals - was a positive, proud moment. This quote from Sunny illustrated the above point:

> "I think what helped me the first time was, I was reading a lot of self-help books, learning things, learning meditation, doing a lot of yoga and reading, writing, this kind of thing. […] You don't necessarily need to find a consultant, or doctor or therapist."

This potentially contributed to the delay in reaching out for professional help, because for Sunny the first step was to help herself. Similar to Jing'an and Aiwen, the default was to reach out for professional help only when reaching a crisis point. Of course, there was nothing inherently wrong with helping oneself, but in some cases the interviewees continued to march on with only self-help, even when self-help was no longer sufficient. When self-help was used as a substitute to avoid much-needed professional help, it can be an issue. In addition, the issue for many interviewees was the ability to judge the point which seeking professional help was 'appropriate' or 'normal'.

The value placed on self-sufficiency, combined with the potential shame caused by not being self-sufficient, was likely an important barrier to seeking help for many who need help. One protective counter to this was friends' and families' concern and encouragement in seeking help. It was as if when friends or family could accept that they were indeed having serious enough mental health issues to seek professional support, this overrode the self-critical stance on their lack of self-sufficiency. The negative side was that, if others around the interviewees were dismissive of their calls for help and minimised their difficulties, it could further delay their help-seeking.

1.2 Awareness of mental discomfort

The subtheme "awareness of mental discomfort" reflected the various ways that the interviewees ran into a challenging part of their journey, and became aware of uncomfortable, difficult experiences. Some interviewees described these discomforts as reasons why they eventually sought help.

1.2.1 Anxiety and stress

Amongst the different types of psychological discomforts they experienced, anxiety and low moods were most frequently mentioned. Often the stress and anxiety were partly related to academic pressure. The quote from Eva illustrated the stress:

> "I did both my master's and PhD at the [*an elite university*]. It's elite. It's a very prestigious university so of course I feel very lucky to have the opportunity to study here, but at the same time there is a lot of pressure from your fellow students, from the expectations of your supervisor, from examiners."

Eva further said that because of the tight academic schedules, she delayed seeking psychological help in order to focus on her academic work:

> “[...] I don’t have time for that. I need to focus on my academic work first, get it passed and then think about dealing with my psychological issues.”

From the way Eva described her anxiety and stress, it came across that she saw stress and pressure as an unavoidable part of student life because of her chosen place of study. Also, even though she was aware of anxiety and stress, these were considered as inconvenient issues that she was only going to deal with when there was enough space in her life – they certainly were not her priority. She implied that academic results came first, and her mental health was only a subject of interest if it interfered with her goal of academic success.

Other interviewees mentioned anxiety as a reason for their delay in seeking help, despite experiencing discomfort in their mental health, because speaking to a mental health professional felt like a stressful task in itself. Sunny illustrated the above point:

> “The thing is, I mean if people are really anxious, they are not going to self-help. Because I have very supportive family, they will help me make a referral. I don’t want to make a phone call. At that time, I feel very worried even making a phone call to talk about these things.

The experience of contacting the mental health professionals caused considerable anxiety. Some of it was due to speaking English as a second language and perhaps not knowing if they were approaching the right mental health professionals for their needs, which will be discussed in Theme 4. It also linked with the idea of self-sufficiency and questioning whether she had made too much of a big deal out of her issues. Overall, for many participants, the first time approaching for help could be a daunting, anxiety-provoking task without the added pressure of language and cultural barriers, but more so when there were cultural and language differences.

1.2.2 Loneliness and isolation

In addition to anxiety, stress and low moods, interviewees also spoke about their loneliness and isolation, which was not hard to imagine since for many of them it was their first time studying abroad. For some it was because they experienced a “totally different culture” that was ‘really hard to connect with” (Aili). Some found that they felt “unlike some of my friends, who have a lot of Chinese friends in their college, I feel sort of isolated in mine” (Eva). In addition to the disconnection due to dislocation and cultural disconnection, being put on the waiting list after contacting mental health professionals also exacerbated the sense of loneliness, as it meant ‘processing my difficulties by myself” (Aili).

1.2.3 Loss of control, self-doubt and lack of self-confidence

Feeling like losing control, confusion, self-doubt and low self-esteem appeared likely to set in when students started to realise that they were not coping, either academically, or psychologically. Some of the reluctance of not wanting to seek help was based on the value of self-sufficiency. Interviewees noted that it could be upsetting when they eventually faced their difficulties and acknowledged the state of their mental health. The quote from Sunny illustrated this point:

> “I received the result I have severe anxiety and depression from a letter. I remember I cried a lot. I know I had problems, but I didn’t know my problem is severe. It’s quite difficult to accept that you are the kind of person that you have to get this kind of support, because, yeah, I am always a quite outgoing person. And I don’t think I hide my emotion too much. I like to talk to people. So I didn’t know what caused me to that degree and level of anxiety.”

It appeared that the diagnosis did not fit with her identity as an independent person, and her perception of herself as being open and outgoing. It had a sense of her losing her grounding,

not knowing who she was in this world and what she could rely on. The way Sunny talked about getting help also implied that getting help was a bad, maybe shameful thing. On top of the anxious feelings she had, it appeared that the diagnostic label exacerbated her anxiety of not being good enough and perhaps as a failure.

1.3 Exploration in mental health

The subtheme “exploration in mental health” reflected the experiences of the interviewees’ self-exploration of psychological awareness. Some of them started to develop some awareness of potential mental health concerns. Even though it remained a relatively taboo topic, the interviewees were creative in their ways of seeking help in their self-discovery journey. Some had gone into psychology-related fields which provided an opportunity for self-reflection. The quote from Aili illustrated this:

> “I like counselling very much. I think it’s very attractive to me, the way that actually to communicated with people in a genuine way. And there is opportunity to give voice to people that probably feel difficulty towards themselves. […] But it’s very challenging as well, because there’s lots of reflection, like reflective time. I have to face myself, face my old fear.”

By studying counselling, Aili was able to give legitimacy to her self-exploration without the shame and stigma attached to it. When she described giving voice to people who had difficulties, she was also reflecting about her own struggle about expressing her difficulties and her needs. This difficulty of expressing her struggles perhaps tied into the belief in self-sufficiency. Studying in psychology and counselling gave Aili a way of exploring her self-awareness without feeling like she had failed to be self-sufficient.

Not everyone who struggled with mental health issues went into the counselling or psychology field via their choice of course. Some used volunteer training and workshops to explore their interests. Aiwen illustrated this:

> "I'm interested in this topic in general. I did a similar module as well in my post grad study, and I attended trainings for school-based counselling. Well I'm just in general are interested in the mental health of adolescents and people of quite a young age."

Aiwen went on later to describe what eventually led to him seeking help from the university counselling service, by attending a painting and psychology workshop:

> "In my freshman year, […] I went to an activity which is painting and psychology. The idea of the activities is that they will teach you a way to paint, and the painting will manifest the anger stage on oneself. And in my painting caused some understanding alarm to the host of the activity, that college dean was informed and had a one-on-one conversation with me inquiring on my mental state."

Aiwen was previously unsure about his need for help, but this activity allowed others to have a glimpse of his mental state in a non-intrusive way, which led to his awareness of his need for help, and eventually to his own help-seeking. Similar to Aili, it appeared that asking for professional mental health support may have been too much of a contrast against the value placed in self-sufficiency. However, attending workshops allowed him to explore his mental health concerns creatively. Perhaps unconsciously he wanted to be seen, which led to the participation of the workshop, but was also not sure what would happen if his anger was acknowledged. By expressing himself in the painting, he was able to express his anger safely. He came across pleased that the host of the activity took Aiwen's disturbed mental state seriously enough to raise it with the college dean. His experience of being acknowledged and accepted at the art workshop likely positively contributed to his further engagement with the counselling service later, as can be seen by the positive way as spoke about the art workshop experience.

Some others benefited from being participants or volunteers in peer support activities. Forming connections with others with similar struggles normalised some of their own struggles and helped them to cope. It gives them a sense of helping others in the process, as illustrated by Sunny:

> "[…] a friend of mine, she told me there is a peer support group near my home in a church. And she was doing volunteer[ing] there, so she recommended me to go. And then, I went there, but all of them are older people. […] So they were very supportive. I mean, I do feel, because at that time, I feel like everyone in their own age have their own problems. My problem is very small. So it actually helps share with someone whose experience is very different from you. […] I can't imagine myself share my experience with my peers. I don't know. I don't feel like having a space to share with other student is helpful, but I feel sharing with older people helps me, because I feel like I was helping them, as well".

For Sunny, having the peer support group with older people gave her a space to express her feelings without worrying about feeling judged by people in her age group. Even though it was not professional mental health support, it was beneficial in her self-discovery and help-seeking journey. Again, it showed how creative the interviewees were in getting the support they need.

Superordinate Theme 2: Relationship with others

The second superordinate theme is related to how the interviewees' relationships with their families, friends and academic supervisors could have both positive and negative influences on their mental health conditions. From the interviewees' accounts, families and friends' support could often be a source of strength in dealing with mental health issues. On the other hand, relationship issues or difficulties at home could sometimes be a source of worry and

stress. Several participants also mentioned perceived strained relationships with their academic supervisors as sources of pressure.

2.1 Family relationships

The family relationships subtheme presented emerging ideas related to interviewees' relationships with their family members. Interviewees mentioned that family relationships were an important influence on the development, onset, and progression of their psychological distress and help-seeking.

2.1.1 Cause of mental health issues

Relationships with family members were presented in several accounts as sources of stress and unhappiness in interviewees' lives. Aiwen's account illustrated this:

> "Basically I have had this argument, it was my dad, since a year before I came to England, before my A-levels about which subjects should I choose, and then it led to a debate and arguments on various things, ranging from what views are to the values of people. And a lot of the arguments were irrational, but I have to take them seriously because it came from authority, and somebody who was very important to me. It somehow formed a voice in mind that whatever I think up, this voice will come up, and have a debate with me, and it made my life quite hard. This would go on, because the constant pressure of this voice hinders me to function as an individual."

Aiwen's account described his strained relationship with his father. Because of his father's interference about his choices, he was frequently conflicted and torn between his wishes and his father's. The process of growing into adulthood for a young person is a challenging process, especially in a foreign country. It added further stress and pressure for Aiwen to try to figure out his direction in life while attempting to please his father too.

It was also interesting to note that Aiwen recognised that he saw his father as an authority. In Confucius culture, parents and elders, particularly male figures, were often looked up to as authoritative figures - to disagree or disobey on even small matters would have been seen as a sign of disrespect (Ho, 1986). As such, Aiwen's disagreement with his father might have been particularly problematic for both and caused a great deal of mental distress.

In other cases, there were no direct conflicts with family members. However, there was an undercurrent of pressure, especially around the topic of money. Aili's account illustrated this:

> "Because of studying in the UK for five years already, I need like four more years to complete my study. And my family need to pay all of them, but I do some part-time job, but it's not enough to cover every cost. So I do feel like financial challenge, and feel quite, not guilty, but probably I feel like I need to earn some money and pay back to my family. Or I need to buy my parents something good. Obviously, I don't have the financial ability to buy them. So I do feel, yeah, quite difficult financially, yeah. "

Aili relied on her family financially, but she did not explicitly mention her family giving her pressure. Also, her situation was not uncommon, as many Chinese parents were willing to sacrifice and invest in children's education (Leung and Shek, 2011). However, the keyword was 'invest' because despite not having an explicit agreement and not openly putting on pressure, for many families, the implicit social contract was that the educational investment would require an inevitable return. Precisely what might this return be, whether it could be financial, or children's obedience and loyalty, was not explicit. The fact that it was not explicit exacerbated Aili's anxiety and guilt. She did not have a clear idea of how and what she should 'payback' to her parents, and she clearly did not have the means to be financially independent, let alone paying back financially. She felt indebted to her parents as a result, which created stress and burden.

Financial considerations in relation to families could be a source of stress but could also be a source of pride. One interviewee Vivi struggled and worked hard by “getting up at 4 am to do online tutoring with some kids in China” in addition to her busy academic schedule. However, she felt incredibly proud when she was able to pay for everything herself:

> “Finally I got a degree and with a great score, I will say I got to pay for everything. And when I graduated I used my own money to pay for my mum’s flights ... My mum was so proud of, especially when we went to graduation ceremony before together, and then she would cry because, well it’s proud because William and Kate, they also graduated from [*a well-known university*]”

For Vivi, the pressure to not burden her family financially for her academic pursuits was a great source of motivation to work hard. When she did achieve her goals by graduating with a good result and even being able to pay for her mum to attend graduation, she was extremely proud of her achievement.

Aili and Vivi’s different experiences around the financial aspects of their relationships with their families also made me think back to Superordinate Theme One when I reflected on the importance of self-sufficiency in many interviewees’ value systems. The value of self-sufficiency was not only about emotional independence but also about financial autonomy. The fact that one was not able to be financially self-sufficient was also a shaming experience, which strained the family relationships, whereas being self-sufficient and even being able to give, was conducive to positive family relationships.

2.1.2 Supportive with mental health issues

Relationships with family members were presented in several accounts as sources of support in interviewees' lives, particularly when they had experienced emotional difficulties. It was also interesting to note that in some cases, parental relationships could be both sources of stress as well as sources of support. This quote from Jing'an illustrated the sense of support:

> "Because I, I think my mum's family, I think they have the issue and depression history. […] they went to hospital and diagnosed as depression, so my mum acknowledged that it might have an impact on me, so she was okay. She thought if I was really unhappy and in such bad situation, I should ask for help. My mum was supporting me for that."

Jing'an's mother's previous experiences with depression in the family had helped her to be more empathetic and understanding for Jing'an when she had similar difficulties. From Jing'an's perspective, her mother's acknowledgement and validation of her unhappiness allowed her to acknowledge and accept her difficulties. I discussed in Superordinate Theme One about the value in self-sufficiency and how parents' encouragement of the interviewees' help-seeking was particularly powerful. It takes away some of the shame and stigma of asking for help when a close one is supportive of one's help-seeking journey.

The importance of authority figure in the help-seeking process surfaced again here. Whereas in the previous section, Aiwen's conflict with his authority figure – his father – caused him a great deal of stress, in this example, Jing'an's parental and potentially authority figure's acceptance of her emotional difficult was particularly significant to her. She spoke extensively about her mother's view on her thought processes around help-seeking, placing her mother's opinions as important in her decision to seek professional help.

In addition to being emotionally supportive of the interviewees, families were also identified as playing a functional role in getting professional help. Earlier I quoted Sunny's experience of having her family making a referral phone call for her because she was in such an anxious state that making a phone call was too demanding for her at the time.

However, not everyone had the same support from their families. Some interviewees said they did not feel comfortable discussing seeking professional mental health support with them. The quote from Eva illustrated this point:

> "I think my parents have been giving a lot of emotional support for me, but I didn't discuss specifically about this professional kind of counselling with them. In fact, they still don't know about me going to counselling. I chose not to share with them because I think this might make them worry about me more than necessarily."

Although Eva was close to her parents, and felt supported by them, she did not discuss counselling with them because she thought it would worry them. Eva recognised the negative perception that her parents might have about counselling, so she did not want to make them upset. The stigmatising beliefs about counselling that her parents held meant that Eva had to navigate between two views. One view shared with her parents was an understanding that professional psychological intervention was only for severe mental illnesses in traditional Chinese society. The other one view was that there was no shame in discussing mental health issues. In order to navigate these contrary views while maintaining relationships and integrity of her values and identities, Eva thought about them critically and discussed with friends to get different perspectives. In other instances, which I will discuss in the next section, parents' view of counselling or of interviewees' emotional difficulties acted as a barrier for accessing professional mental health support in a timely manner.

2.1.3 Barrier to seeking help

As mentioned above, sometimes parents' perceptions of the interviewees' emotional issues became barriers to their help-seeking. This was illustrated in Dee's quote:

> "Dee: I didn't told her [Dee's mother] the first time, but then I told her the second time […] my mum and I just like friend. We talk almost everything. Normally. I have also discussed this issue, my relationship issues with my best friend to my mum. She told me that I may be too sensitive and make it into a big deal. So that's why I didn't ... so I was hesitated about finding a counsellor."

From Dee's perspective, she and her mother were very close, like "friends". Dee disclosed her issues and trusted her mother's opinions. However, Dee's mother's view was that Dee might be "too sensitive" and made it "a big deal". Dee's mother's comments invalidated Dee's feelings and minimised the emotional disstress Dee was experiencing. I wondered about how Dee might have felt at that time: not only was she experiencing emotional difficulties due to her friendship issues, but she was then advised by someone she trusted that her feelings were exaggerated or misplaced. The emotional invalidation did not encourage healthy help-seeking behaviour in the future, hence Dee "hesitated about finding a counsellor". The idea of her being "too sensitive" also had a flavour of criticism, perhaps implying that she was not emotionally mature, independent, and self-sufficient enough.

In other cases, parents did not actively discourage the use of professional counselling or minimise the interviewees' feelings, but their comments encouraged avoiding issues rather than proactively seeking support to overcome difficulties. The quote from Sunny illustrated this:

> "Yeah my family is very supportive, as well. They just told me, 'oh, if you are so worried and unsure and don't feel happy in the UK, you should just come back. It doesn't matter if you finish your degree or not. We don't care. It's fine.' But later, I discovered

> my dad has anxiety. So my mum just say, ‘oh maybe you got this from your dad.’ Yeah, they are very supportive but not in a way that’s helpful. I mean, it’s okay. Someone say to you, ‘Come back if you don’t want to stay there. We will support you anyway’, is quite good. Yeah but I think while your anxiety is at certain level, self-recovery is very difficult. You do need to have some kind of professional support.”

On the surface, Sunny’s parents came across very supportive of her to do whatever she wished. However, from Sunny’s perspective, it was not the kind of support she wanted. To return to China because things got hard would help to avoid dealing with her emotional difficulties and understanding the reasons behind them, by removing herself from a challenging situation. It was not the path she wanted to take.

It was also interesting to note how Sunny’s mother commented that maybe she got her anxiety from Sunny’s father. It was a way for Sunny’s mother to make sense of both her husband’s and her daughter’s mental health struggles, but it did not serve as a useful comment for Sunny. Her mother’s comment implied genetic determinism and fixed mindset, in the sense that if Sunny’s father had anxiety, she would have it too – there was not much she could do about it, so professional help was not going to be necessary. Then she should simply avoid the issues, return home to a more relaxing environment.

The further interesting point was, Sunny was quoted in the self-sufficiency section talking about how proud she was not to use professional mental health support and preferring self-help instead. Yet here she was talking about self-help being not enough. It was not surprising as most people would contradict themselves at different points in their speeches, which potentially represented their internal conflicts (Billig, 2003). Sunny faced an ideological dilemma: on one hand she did not agree with her parents’ fixed mindset and avoidance when faced with mental health issues; on the other hand, their opinions influenced her to see

seeking help as useless, which led to her initially only trying out self-help and delaying professional help seeking.

2.2 Friends/partner relationships

The friends/partner relationships subtheme presented emerging ideas related to interviewees' relationships with their friends and occasionally partners. Interviewees mentioned that these relationships, particularly friendships were important influences on the development, onset, and progression of their psychological distress and help-seeking.

2.2.1 Supportive with mental health issues

For most interviewees, friends' and partners' support played an important part in their recovery journeys. Most interviewees mentioned speaking to their friends about their difficulties, and they were often supported and encouraged by their friends to seek professional help. Vivi's quote was an example of this:

> "I think I talked to a few friends, and then they also felt like it's a good idea if I can get some help from them, from the therapist. But in terms of my parents, I didn't tell them because I felt like ... So from their understanding they would have felt ... So basically when I picked psychology as my major, they were like, 'oh do you want to talk to a lot of those people who have psychological or mental illness or something?'"

Vivi not only sought support from her friends but also intentionally sought support from her friends *instead of* from her parents. In Section 2.1.3 I discussed how speaking to parents can sometimes act as barriers to seeking help from professional services. Vivi knew the misconceptions her parents held about counselling from previous conversations, so deliberately avoided discussing this issue with them, and instead looked for help from friends who were more open-minded and understanding.

In addition to close friends' and partners' direct support, interviewees also benefited from studying or working in a more relaxed and sociable environment than a strictly work-oriented and hectic academic environment. Many mentioned that having connections and social events with colleagues were beneficial for their mental health. Jing'an talked about how moving to a different school had made a difference:

> "I suppose one of the reasons that can explain the difference, might be that I've moved from a master's student to a PhD student, which means I have more contact with my supervisors and staff at the department because of research activities and my PhD progress. And the other one I think it's because now I have an office. I have a desk, office. I have students around me. During the study we can talk, we can go for lunch together and we can celebrate some events together. And we have more connection with students from different departments, of course different countries as well."

Jing'an also spoke about her master's experience in a London university which in contrast to her PhD experience had a much more independent lifestyle, where each student was busy on their own. Jing'an enjoyed the more stable and close-knit academic community she had in her PhD experience, which fitted the idea that more contact and more human connections brought happiness (Hari, 2018). Having a community was particularly important to many Chinese students who grew up in a collective society, where people socialised more closely (Hofstede, 2011).

2.2.2 Good peer-modelling of help-seeking

Good peer-modelling of help-seeking is closely related to the previous section, since it is an aspect of friends' support. However, I decided to create a separate section for it, as it was a significant element that enabled some ambivalent interviewees to seek help. There were two types of situations observed in interviewees' accounts. One was when the interviewees were

pursuing a degree in mental or social health care. The other one was to be friends with someone with such a background.

In the first type of situation, the interviewee was surrounded by psychologically minded counselling trainees. Counselling was a part of the training requirement, and there was little stigmatisation attached to seeking professional counselling as a result. Aili's quote illustrated this:

> "I did talk to friends, especially some of the Chinese friends doing the same programme. And she helped me to do the counselling shopping together. But not my family. I don't think they really understand what I'm talking about and what I'm looking for, so that's not really helpful to me."

Even though Aili's parents were financially supporting her to do the counselling training, Aili still did not feel comfortable speaking to her family about seeing a counsellor. Instead, she felt much more comfortable with friends. Since she and her friends were counselling students, they were able to discuss the details of looking for a counsellor that she liked (i.e., 'counselling shopping'). Aili's help-seeking journey was a much less daunting – even exciting in the way she talked about it excitedly - process when it was a shared experience with psychologically-minded friends.

Being a counselling student allowed the professional help-seeking experience to be relatively easy. Moreover, many others benefited from being friends with someone with a mental or social care background and therefore familiar with the process and benefits of counselling. It was an aspect that stood out as a turning point for many interviewees' experiences. In quite a few cases, it was a friend's insider knowledge that helped to ease the interviewee's anxiety and uncertainty about seeking professional help. Eva's experience illustrated this:

> "I chose not to share this [counselling] with them [parents], because I think this might make them worry about me more than necessarily. But I did ask a lot of questions

> about counselling with the friend I just talked about, because she had relevant training, relevant backgrounds. For example, before I went to my first session I have a lot of questions, I don't know what will happen, so I ask her, 'What shall I expect for my first meeting with my counsellor?' I think she gave me a lot of confidence to do it. She gave me an insider perspective."

Like many others, Eva also spoke about not telling parents her problems, but instead spoke to her friend about them. Luckily for Eva, her friend had relevant training that allowed her to be knowledgeable and open-minded about Eva's mental health struggles. For many interviewees, lack of understanding of how counselling worked and not trusting mental health professionals were significant barriers of believing that counselling would help them, which I will discuss in Theme Three. However, having a friend who studied in a relevant profession probably meant that mental health professionals came across less abstract and unfamiliar - it could make one see mental health professionals as real human beings like the friend. In addition, Eva was able to assuage her anxieties about seeking help by asking her friend detailed questions about how to start and how it would work, thus giving her the confidence to attend the sessions.

Another aspect that was relevant was that many interviewees have trouble knowing at what point was 'appropriate' for them to seek help, due to experiences of their feelings being minimised. To have a friend with relevant background, encouraging them to seek professional help, was reassuring and validating. The 'insider' friend served a similar function to an authority figure or health-care expert, giving them instructions about what to do to get better, which furthermore took some of the shame of help-seeking away. Overall, friends and sometimes partners encouragement and support played a significant role in the interviewees help-seeking journey.

2.2.3 Cause of mental health issues

In contrast to the previous section, where friendships were significant sources of support, in some other cases, friendship issues were mentioned by the interviewees as causes of mental health issues. Some had said that they felt “judged by their peers” (Sunny), while others went through friendship shifts and felt confused and upset.

Dee’s story was about her relationship difficulties with her friend. They both started a health and fitness routine due to Dee’s diagnosis in type II diabetes, and Dee lost a significant amount of weight while her best friend did not. Their friendship ran into difficulties around that:

> “But, then I do feel that she treated me a little bit different. But, she did get bigger, actually she gained a lot of weight but I didn’t want to express too much about that. But actually, other friends, they would notice that, so when we go to friends’ party together, I can feel she’s not happy. So literally I was not like ... I didn’t wear, I always wear very overweight clothes for almost half a year. So they didn’t pay too much attention to my change because I was keep losing weight at that time.”

Dee’s mental health suffered as she and her friend drifted apart emotionally. Her friend was uncomfortable with Dee’s success in reducing her weight which was motivated by treating her Type II diabetes. Dee felt guilty about her success and felt obligated to hide her success, so as not to make her friend feel bad, which was detrimental to her mental health.

Given how many interviewees talked about friendships as significant sources of support that were much preferable than speaking with parents, it would be very difficult for Dee to have a troubled friendship which added to her source of mental distress. Not only did she have complicated feelings around her friend, but she also lost her source of support and companionship in her journey to feeling better and healthier.

2.2.4 Barrier to seeking help

In addition to sometimes being a reason for mental health problems, friends were sometimes seen to stigmatise mental health issues, similar to how many interviewees viewed their parents. Lei's quote illustrated this point above when asked about whether she spoke to anyone about her help-seeking process:

> "No, I did it on my own. I don't want to talk to my parents or my friends because normal people, especially for Chinese people, they don't really understand why people have mental health problems. Maybe they just, 'oh you're just too ... got too much pressures. You just got unhappy. Maybe you just get afraid and you can be happier tomorrow.' I think it's better to search these programmes on my own rather than to talk to my friends or my parents."

It was a generalisation to say that all Chinese people do not understand mental health issues, but the way I perceived it was that she felt the people around her, i.e., "normal people", did not understand, that she did not have experiences of being understood about her mental health struggles. I sensed anger and resentment in the way Lei talked about this in the audio recording. Perhaps she had talked about her vulnerabilities in the past but was dismissed or even ridiculed, so now she needed to protect herself by hiding her help-seeking process from those around her to avoid feeling judged while looking for what she needed in relative safety.

In other cases, maybe friends were not people to hide from when seeking help, but they were not helpful either. Not so much because they did not want to help, but because they did not know *how* to help either. Sunny's quote illustrated this:

> "They didn't know. Our friend listened to me. I think at that time, they just don't know what they can ... […] It's only later I discovered doing sports, or doing some meditation or doing yoga will help me, but that's not the solution my friend can think of. Or

> even if they say that, I wouldn't believe them, because I don't think that they are as credit as some professional mental health support."

In contrast to Section 2.2.2 where interviewees who had friends in psychology or related fields were able to provide information and encourage them to seek professional help, Sunny was frustrated that her friends did not have useful information for her. It highlighted again the significant positive impact of having psychologically minded friends as good peer-modelling in help-seeking.

2.3 Academic relationships

The academic relationships subtheme presented emerging ideas related to interviewees' relationships with their academic supervisors. Interviewees mentioned that academic relationships were an important influence on the development, onset, and progression of their psychological distress and help-seeking.

Academic tutors and supervisors were significant and powerful figures in many interviewees' lives. It is important to note that, in Confucian culture, teachers are authoritative and influential figures in Chinese students' lives (Ho, 1986) as they were taught to respect and obey their elders and anyone who was more knowledgeable than them. Not getting along with supervisors or having a supervisor who was critical can have a negative impact on student mental health. As a result, it was not surprising that many interviewees mentioned difficulties in academic relationships as sources of stress and anxiety. For example, Vivi mentioned having a 'bad advisor' was part of the cause of her stress, while Sunny talked about the supervisor being 'quite busy' as related to her depression among other reasons. For Eva, academic relationship was the main reason for her to seek help.

> "[…] mainly it's because the stress from study and how to handle my relationship with my supervisor, who is a very top person."

The emphasis on ‘very top person’ showed the intensity of the power dynamics between student and supervisor for Eva, and how much stress it created for her when the problematic relationship was with an authority figure.

It was also interesting to note that although many mentioned difficulties, they rarely spoke in details about it. On reflection, I did not ask further questions about their negative views of their supervisors explicitly, but the interviewees talked freely about many other issues without me prompting. It was a curious phenomenon that it brought much stress but was not so much talked about. The way academic stress was spoken about implied that being stressed by academic supervisors was a readily accepted experience, that the interviewees did not expect a smooth, equal and collaborative working relationship with their supervisors. In addition, because the supervisors or tutors were authoritative figures, the interviewees were likely self-censoring their thoughts and feelings about these relationships, as any criticism would have been a sign of disrespect.

Superordinate Theme 3: Perception and awareness of professional mental health support

The third superordinate theme related to how the interviewees perceived professional mental health support and the awareness of how mental health services work. This theme is relevant to what the interviewees’ expectations are when it comes to approaching professional mental health services.

3.1 Access to mental health support

The subtheme “Access to mental health support” is related to the access to professional mental health services. The interviewees talked about their experiences with accessing the services, the factors that helped access the services and the elements that were barriers to

the services. Some interviewees talked about their previous experiences with accessing mental health services in other settings and countries, which provide a comparison with what they were able to access at UK universities. Some interviewees also made suggestions about what would make it easier for them to access the services.

3.1.1 Access practicality

All interviewees mentioned the practicality of accessing mental health services. In terms of access, three stages were experienced by all interviewees: information gathering, application process and waiting to be seen by the therapist. I will discuss each stage separately. In addition, cost and location were important factors.

Information gathering

Before deciding to approach mental health services, all interviewees first gathered information about the services to match their needs. The information-gathering process involved looking up information online and speaking to friends and families.

In general, online information portals such as the counselling service websites often provided an easy route to access information, where they could find “full details on the website” (Lei). Jing’an mentioned finding information online to be easy and attributing it to her research skills. Given that many interviewees were attending post-graduate courses in research, online searches for information were generally familiar for them.

More traditional methods such as booklets and posters in targeted areas were also frequently mentioned. Aiwen talked about living close to the counselling service and how coming across it by chance led to him knowing about what was available. Aiwen’s physical prox-

imity to the counselling service was a helpful factor in him finding out about it, since he accessed the information rather opportunistically, and it happened to match a need he had although he was not aware of it. This was different from people who were already interested in seeking professional help and proactively searched online. Aiwen's opportunistic access suggested the importance of multi-channel promotion of the counselling services to students, to make it widely known what was available.

Free physical items or accessories dispensed by counselling services with information on them were also mentioned as a way of keeping the services in mind. Vivi talked about this point here:

> "Well, you use those pens a lot so when they are wanting to get some help then you will be able to find that information. […] they offer a lot of stress balls, those you can squeeze them, and with information about the therapy you can ask for, and it's free, and then those stress balls are very helpful. Yeah on a daily basis."

From Vivi's perspective, small items especially things like stress balls served two purposes: to keep the information at hand so that the student could be prompted to reach out for help when they needed it, and the stress ball itself had therapeutic uses to relieve stress. Vivi's account showed an appreciation for the items from the universities as a sign of caring for her and keeping her wellbeing in mind.

Application process

The application process was generally seen as relatively easy. Most participants liked the fact that the process could be done online. Jing'an's quote illustrated this experience:

> "I filled in the form online and just gave them some information and description of my condition and they sent me the form, so it's simple. I just did that."

The ease of an online application removed some initial worry or barriers to reaching out for help. On the other hand, some mentioned a limitation of accessing the online application through the school network, which created a barrier to accessing the counselling service. Dee's account of her friend illustrated this:

> "Because we have to use the school computer or use a VPN to access to the online registrations. You can't do it through your own laptops, and she just ... I don't know why she told me that is too much trouble. And then she didn't get one."

Although the use of school computers or a VPN did not seem too difficult in normal circumstances, if Dee's friend was already ambivalent about reaching out for help, in a distressed mental state, it could like too much effort. For students who were in a vulnerable situation, a relatively small barrier could become significant enough to prevent them from taking the next step in seeking help.

Going back to Jing'an's experience, although she found the online application to be easy, when the service wanted to engage her on the phone further, she found that uncomfortable. Her quotes illustrate her experience:

> "After I contact [*IAPT*] […] I actually received several phone calls. I think that was used to assess my condition in the first place, but I didn't receive the phone call. I wrote an email back to them and said that, "I'm not very comfortable to talk on the phone and if it is okay, I want to make a face to face appointment." And they agreed."

It was interesting to note how Jing'an did not want to engage in phone conversations, but was happy to see a counsellor face-to-face, which is a more intense form of contact. For people interacting in a second language, making a phone call without seeing the other person's facial expression can be more strenuous than a face-to-face meeting where communications could also be made through body language. In a previous section, Sunny spoke about how anxious she felt about contacting the counselling service and asked her family to

make phone calls for her. This further suggested that online could be a more preferred and comfortable method of contact for students speaking English as a second language. The effect of language and access counselling will be discussed further in Superordinate Theme Four.

Several interviewees mentioned friendliness and approachability as important when accessing counselling services. Vivi talked about how she experienced some of the services:

> "We are here and if you want to talk, please let us know. We are just here 24/7 if you want to talk. And that makes you feel like there is a team of friends instead of professionals. Well, they are professionals, but they wanted to approach you as a friend or were approachable to go over there. "

The friendliness and openness of availability made it much easier for her to approach the professionals and access help. On the other hand, some also did not feel that the services were easily approachable. Eva's experience illustrated this:

> "Now, looking back at my experience, I would say I hoped I reached out for this service earlier and one of the reason I didn't go for the help was that they didn't seem very approachable to me. They told me there's a long waiting time and there are a lot of information on our website you can look at by yourself. It seems like they were not very encouraging for you to use their service. I can understand because they might not have enough counsellors but if they make things slightly easier for students, or maybe as I mentioned, that they suggest they only give one or two sessions to each student, this kind of thing. It sort of put me off from using their service."

Having worked at a university counselling service, I empathised with the frustration Eva felt and also could appreciate the reality of not having enough counsellors and therefore having to direct students to psycho-education resources. The practical and resource constraints could be interpreted by students seeking help as a negative, rejecting experience as per

Eva's account, that the staff did not care about them. In my experience, sensitive administrative staff could help to make some of the resource constraints apparent, while at the same time acknowledging the students' needs, and reassuring them their request for help was welcomed and recognised.

Waiting to be seen by the therapist

Many interviewees talked about the waiting time. Most were told that there would be waiting time. Some were pleasantly surprised when their waiting time was shorter than expected and perceived the counselling service to be "very supportive" (Eva). Shorter than expected waiting time also led to the perception of "friendliness" related to the discussion above. Dee's example illustrated this:

> "It was quicker than I expected. I thought it might take for like one week after I registered. But it only took like two days. […] they were friendly so basically it's quite good."

It was interesting to note also that the difference between the expected waiting time and the actual waiting time was critical. When Dee expected one week but was contacted after two days, she was delighted. If she expected them to call her back immediately, but it took two days, she probably would not be as happy. This showed that how the services managed clients' expectations of waiting time was crucial in influencing client satisfaction.

For others, the waiting time was too long and disappointing even when the sessions did happen eventually. Sunny's quote illustrated this point:

> "I think it's the waiting time is too long. I mean, I think at that time, maybe a 30-minute session delivered by phone. Maybe that's what I need instead of waiting for two months and waiting for five sessions."

Sunny's quote suggested that she would rather have a shorter intervention, delivered more flexibly and conveniently, to shorten the waiting time. Given the urgency of help Sunny expressed, it appeared that her initial purpose of seeking help was more related to short-term emotional relief rather than building emotional awareness and coping strategies. Given the lack of resources and long waiting times, people who sought help for immediate emotional relief would find that the service was not able to cater to their needs.

Cost and location of service

The cost of service was an important topic frequently mentioned by the interviewees. Counselling can be costly, and many students were already financially constrained as they relied on their families' financial support and had little personal income. Cost was, therefore, an important consideration. Aili's quote illustrated this point:

> "I guess I didn't talk too much about the financial difficulty because of the requirement that probably all the full time Chinese students, we can't really work full time and the tuition fee is extremely expensive as well. And I mentioned that I feel a bit guilty about how I can't really pay back to my parents financially, or, I guess emotionally. So it makes me feel like I can't really spend that much on counselling service, so I always look for the possibility for discount price for counselling. And some story I've heard from other Chinese student is to consider about the price. They feel counselling is quite expensive and generally, in the UK and in China, so I guess financial difficulty is the main, I guess, factor that makes me think about my choice when I want to talk to counsellors. "

In Aili's case, she was already feeling guilty about spending her parents' money on her education. Then to justify spending her parents' money on counselling was even more difficult because of the stigmatisation of counselling, and because it was not directly related to academic education in the traditional sense.

Many interviewees talked about how they appreciated the free services offered by the university and the NHS. Being free removed a barrier in using the services: “what am I going to lose if I go to counselling?” (Dee). There were downsides to being free, and often it meant that the offering was more short-term, and the waiting lists were generally longer. However, most interviewees understood the consequences of the services being free, and as such many interviewees had lowered expectations. For example, Aiwen said that “I’m just glad there are free services provided by the university, so I didn’t really expect anything.” Some did not like the short-term offerings and would have preferred longer-term counselling, but also understood that it was free and “if you want to look for more professional service, maybe I have to go and find a private counselling centre. You have to pay money for that” (Lei). Lei’s quote also implied that because it was a free service, the standards of services offered may not be as ‘professional’.

Location was another element of the practical side of counselling that was talked about occasionally. For example, Jing’an mentioned how she would like the counselling service to be “in shopping mall, so that people can go to the clinic without feeling embarrassed because it’s in shopping centre and nobody is knowing that you are going to, seeking for help.” It highlighted the stigmatisation of using mental health services in some interviewees’ minds and as a result, privacy and confidentiality of the help-seeking process were also essential elements, which I will touch on later in various sections of this superordinate theme.

3.1.2 Clinically appropriate mental health support

Despite having lowered expectations of the free services offered, some interviewees did question whether the treatment plans they were offered were clinically appropriate or indeed helpful to them. Lei’s quote illustrated this point:

> “[…] my personal experience that I struggled with it for a long time. It’s quite hard to explain it to people in a really short period of time because it’s a long story.”

Lei was offered short-term counselling but found it to be not enough to tell her story. It was difficult because as she explained, her problems were longer term to start with, which meant that she would need longer-term therapy to work with her needs.

For some, the short-term nature of the services was not appropriate. Eva said that,

> "Maybe two sessions can be done, but if just one, I think it's not that responsible. It's like the service is just trying to get as many students as possible, I don't know."

Eva also mentioned feeling disappointed by the offering. By doing such short-term counselling, Eva felt like she was just a number that they were trying to get through while disregarding her actual needs.

Term-time was another concern for Eva, because she believed that counselling services stopped during the holidays:

> "When I reached out for the counselling, […] I wasn't that aware of the group sessions or the workshops. I only learned about those resources at the end of my counselling service because the term was coming to an end […] But I didn't do that because it was right before the summer holiday. All this service didn't happen over the summer, we have to wait for October when the term starts."

Although I am unaware of the specific offerings of Eva's university, some university counselling services would continue to offer ongoing support during holidays, so it is worth noting that it was her perception.

From Eva's account, it implied that being able to access counselling services over the breaks would be quite helpful for Eva. Eva spoke earlier about how she was under so much academic stress that she had to put dealing with her mental health issues on hold. Holidays could potentially be good opportunities for students to investigate their mental health issues because they are not under as much academic stress.

Another area of clinical appropriateness mentioned was about selecting a counsellor. Those who were able to access private services could choose a practitioner that they felt a connection with. Still, those who were using free services had little choice, except that occasionally they were able to indicate a preference of gender. In some cases, not having a connection established with the therapist meant that the treatment was not particularly useful. Sunny's experience illustrated this:

> "In the end, I think I just didn't create a good connection with my therapist. And because it's free, you are not allowed to change to another person, but I tell myself, 'it's free, what else can you ask?"

Sunny's account indicated that she was not happy with her therapist due to the lack of connection. Clinically, establishing a good therapeutic alliance is a strong indicator of therapeutic efficacy (Cooper, 2008). From what I could gather, Sunny was resigned to the fact that it was a free service, so she could not expect too much. If Sunny was able to select her therapist as she suggested later in the interview, she might have had a much better therapeutic outcome.

3.1.3 Previous experiences of mental health support

This section is related to any first-hand or second-hand counselling experiences the interviewees had prior to the counselling they received during their UK university time. Most interviewees did not have any direct counselling experience previously. However, some had observed services offered by previous educational institutes. For example, Eva talked about her perception of the counselling services offered at a Hong Kong university she previously studied at:

> "There is a counselling service in the university but it was not very well ... most of the students were not very aware of the existence. It became, the university placed more emphasis on it the year after I graduated because in that year there have been a lot

> of suicide incidents over Hong Kong, so I think starting from that year, the university was doing a lot of email applications and everything about the counselling service in the university, but before that I think many students were not aware of such service."

From Eva's perspective, the level of awareness and usage of the counselling service in her previous university was not high. Others like Jing'an talked about one-off counselling provision in her previous undergraduate programme in China but noted that this was staffed not by mental health professionals but student volunteers with limited training.

Sunny had a second-hand experience about psychometric testing and counselling at a Chinese university:

> I remember when I went to uni in China, you have to do a psychometric test. And then, people with lower score will be regarded as risky people. […] they will be invited to have some kind of talking therapy.

From most of the interviews, overall interviewees perceived UK universities' mental health support offerings to be far more extensive and professional than those of universities in China, including the Hong Kong region. Sunny's second-hand experience suggested that there were exceptions. However, the idea of psychometric screening and labelling people as "risky" can be problematic in objectifying and medically labelling students and reducing them to a score. Also, from what Sunny said, the 'risky person' did not have a choice whether to attend counselling or not. From what we know about effectiveness in counselling, being motivated to change is the number one contributing factor in making positive change (Cooper, 2008). Therefore, I have questions around the effectiveness and ethics of the approach described by Sunny, although it was a positive move towards providing some mental health support in Chinese universities.

3.1.4 Proactive mental health screening

This section is related to the idea that university and counselling services should proactively reach out to students, potentially offer mental health screening, so that students can be notified if their mental states were at a less-than-optimal level. This was mentioned frequently amongst the interviewees. Those who talked about it were passionate proponents. Interviewees made a few suggestions about what the universities could do more of to engage Chinese international students proactively.

The most obvious one was to increase the awareness of the services. This included handing out pamphlets which some universities were already doing (Vivi). In addition, some suggested that the awareness campaign should be built into “incumbent systems like induction, matriculation, monitoring systems, dissertation, for this information to appear as one step” (Aiwen). As I understood, Aiwen would like the information to be offered not as a one-off, but to be integrated into the academic procedures and cultures to become ingrained as an essential element of the student experience. Aiwen also explicitly mentioned that counselling services should intentionally reach out to Chinese international student organisations such as the CSSA groups (Chinese Students and Scholars Association). Aiwen and many interviewees (for example Sunny who wanted information in Chinese) felt that information and awareness-raising advertisements tailored towards Chinese international students would be received particularly well, by using their native language and showing an understanding of their specific challenges and reservations about using the services.

Another point was about information provided in terms of psychoeducation. Some interviewees said it was too much information and some said it was not enough. What would the right level be was subjective, and it probably also depended on which universities they attended. Overall, many wanted a more personable approach. For example, Sunny suggested that therapists should do a video introduction of themselves, because “from their written words,

you still don't know what kind of person they are." Aiwen said that sharing sample cases of previous clients shared would be helpful:

> These cases I guess could be labelled, by nationality, domain, subjects, and you can see the context and next step and what help they got, and what it turned out to be. […] I think it does two things. One thing is that you are not the only one who is suffering from it. People are in the victim's position and easily fell into this mindset that they are the most miserable of all people of this. […] And then secondly, they could pick up some mindset tricks, techniques in dealing with where they are facing.

From what Aiwen described, I gathered three things that he potentially wanted to receive by looking at other people's cases. One was that he was looking for a sense of normalisation, that he was not alone in dealing with these difficulties. Two was that he was looking for a sense of hope, where people who previously had similar challenges were able to overcome their issues. And thirdly, he was looking for concrete techniques and solutions to overcome those challenges. To publish real student case studies has issues with confidentiality but the needs he expressed in this quote could be met in creative ways, for example, by publishing articles that examined fictionalised composite cases.

One interviewee Vivi who had also gone to an American university and had a first-hand experience with the mental health support was also a strong proponent for screening and proactive approach.

> "So I think I went to […] the hospital affiliated with [*an American university*], and for some eye problems. And so basically every single student who went to [*the university hospital*] for whatever problem you have, even if it's more physical, and they will ask you to fill out a really short mental health questionnaire, […] and then just see your stress level and are you nervous or are you stressed about school. […] if you show some signs that you need some help they will send you an email, and then even the people at register, they will ask you, 'well, do you want to talk to someone?'

> […] It's a walk-in, and then you don't have an appointment and it's right there at the hospital you are parked to again. So there is no actual effort you need to make, and then you can talk to someone right now. […] it's only 15 minutes appointment and before you actually talk to someone and there is a relatively long questionnaire for you to fill out, and they will make some graph to see your stress level and those symptoms and see, and then talk to you about this."

Vivi then also talked about why she liked this approach:

> "Well, I think that I really liked the idea of this and sometimes you just don't realise you need to reach out to get some help. But if the offer is right here and there is no extra effort to make, and then people are more willing to join the therapy, I think."

Vivi believed that students did not always know their mental health conditions, and a psychometric test would help to determine whether they needed help or not. This idea was expressed by several interviewers including Aiwen - whose chance attendance at a painting workshop alerted his Dean of his mental state - and Sunny - who talked positively about the psychometric test screening. Previously, I discussed how not trusting one's own feelings and not being able to judge when is 'appropriate' to seek professional help was one significant barrier to getting the support they need. From the participants' perspective, the seemingly objective psychometric test acted to remove some of the barriers.

In addition, one of the barriers mentioned before was the long waiting time, or wrong timing (e.g., Sunny's experience). But in Vivi's case, there was no waiting and no calling back and forth, she was seen right there since she was already in the hospital for her eye problem. This removed other potential barriers, such as lack of time and difficulty to get to the location. Of course, UK universities operate very differently compared to American universities and face different challenges. I did wonder though if there were ways to improve the mental health support system in UK universities to be more proactive and streamlined.

3.2 Professionalism

The subtheme “professionalism” is related to how the interviewees perceived mental health professionals, what they expected of them and their services.

3.2.1 Lack of understanding of mental health services

There was a general lack of understanding of different mental health professionals and the various services available, as well as how psychotherapy or other treatment options were able to help them, expressed by the interviewees.

In general, I was not very surprised to find that most interviewees did not have a clear understanding of different types of professionals such as psychologists, psychotherapists, psychiatrists and so on, as well as the treatments they would offer. For example, a conversation between Vivi and me conveyed the sense of confusion both of us had in understanding the vocabulary each other used:

Interviewer: *Did you have any idea of different types of therapy?*

Vivi: No but I think that should be purely behavioural.

Interviewer: *So you mean ... what do you mean what you had was purely behavioural?*

Vivi: Well I’m not getting any treatment or something. It’s just talking, yeah.

Interviewer: *I guess talking is not behavioural? Do you mean CBT?*

Vivi: Yeah, I only expect to talk to them about it, then I don’t think that would involve any medication or something were an issue.

From this conversation, it was clear that Vivi had different definitions in mind from me when we used words such as ‘treatment’ or ‘behavioural’. For example, she appeared to distinguish between ‘treatment’ which involved medication to ‘behavioural’ which did not. In contrast, I had used the word ‘treatment’ to include all kinds of clinical intervention by mental health professionals. Thinking reflectively, maybe I could have explained these terms more carefully to avoid the confusion, but the reason I used these words without defining them was partly because Vivi had done a master’s degree in psychology, so I assumed that she was familiar with these terms. Despite having studied psychology as a subject, Vivi’s understanding of the clinical application aspect was quite limited, which also showed the difference between psychology and psychotherapy studies.

All interviewees except for Aili, who was a counselling and psychotherapy trainee expressed similar confusions. In addition, most interviewees apart from Aili also did not understand fully how counselling worked to help them, or what it would be like. Aiwen said that how his perception of counselling came from “observing films, documentaries and video clips on YouTube, for how psychologists are doing their business”. From the way Aiwen talked about it, it sounded like he may have developed an unrealistic view of how counselling worked since from my limited viewing experiences, TV and movie portrayals of psychotherapeutic interventions were often dramatised.

The lack of understanding of the counselling process also increased the anxiety of attending therapy. For example, Jing’an said that,

> “I think talking about those things might make my unhappy sometimes, I’m not sure.”

Jing’an felt ambivalent about counselling because she was not sure whether it would help her or make her feel worse. Given that in most therapeutic processes, clients tended to feel worse before they felt better (Cooper, 2008), it indicated a risk of early withdrawal from the

treatment if she felt worse. This suggested that having a better understanding of the therapeutic process would help Jing'an and other interviewees to feel more confident about the efficacy of the treatment they received, which in turn could increase their engagement in the treatment and the effectiveness. As such, I am inclined to believe that efforts in psychoeducation on treatment processes would be significant.

3.2.2 Expectations of mental health professionals

This theme is related to what interviewees expected from mental health professionals and their services. Despite a general lack of understanding of mental health professional services in the UK as mentioned above, many interviewees have expressed their expectations. These can be further categorised into three aspects:

- personal qualities of the mental health professionals
- the expected process of the services
- the expected outcome of the services

Personal qualities of mental health professionals

This is related to how they expected to experience the mental health professionals they came across in terms of their personal attributes. The words that had been described by the interviewees include: "frank", "not judgmental at all", offering "empathy", someone that can "relate" and be "involved" (Vivi); "someone who can listen to me and to treat me as a person, as a special case" and "they would go deeper into people's hearts" (Lei); "a counsellor who can actually well contain all the structures" and "contain my feelings, my experiences", using a "non-direct approach" (Aili); has "enough skills" and "ethical" (Jing'an); "can listen to my problem in an objective way" (Eva).

It was interesting to note that listening was mentioned a lot. This was not surprising given that psychotherapy is a talking therapy. However, different interviewees had different interpretations about how they would relate to the practitioner. Some like Vivi preferred a closer, involved therapeutic alliance, whereas others such as Eva preferred a more cognitive, intellectualised approach.

Another aspect of interest was how different interviewees had different emphasis on various characteristics. For example, Lei talked about wanting to be treated as “a special case”, and she also spoke about how she disliked being stereotyped:

> “Most of the time the therapists will think that, ‘oh, this is most of the international students. This is the problem that most of the international students will have. Or maybe you just have culture shock or didn’t get used to the British university life.”

Lei’s earlier account indicated that she did not feel like she was really seen as who she was in previous experiences relationally, which may be why this was a point she raised especially; it was clear that being seen as an individual was important to her, that the therapist was open to see her in her full capacity and not generalise her.

In contrast, Aili, who was a counselling trainee, emphasised containment (Bion, 1962) which is a key part of safety and healing in object relations theories. It was not surprising that a trainee was keen on the capacity to contain. On the other hand, Jing’an’s focus on professional skills and ethical practice was potentially related to some experiences she had with Chinese mental health services, which I will discuss more in-depth in the next third-order theme “Trustworthiness of mental health professionals”.

The expected process of the services

This is related to what interviewees expected from the process of the services, for example, how would they be supported and treated. A few like Jing'an mentioned that first of all they just wanted to know they were "normal", and maybe wanting a diagnosis:

> "I would like to know if I am all right, if I'm just a normal, experience normal depression or it's just because I've been living in a different country away from my family and friends and that's normal, and that's common or if that I really have some issues and I need treatment. That's the first and the most important thing for me. "

Jing'an's account indicated that she was quite worried about her condition, and what she wanted was reassurance and normalisation of her experience. Perhaps that would validate her experience as well. She then went on to say:

> "and the second, I would like to just talk about my issues, that's, and if I can get some advice or tips or maybe some, or help me realise how to solve the problems or solves the difficulties, it will be great."

These expectations sounded like she expected to talk about her experience and that she expected to receive answers to her problems. The way I perceived it was that she wanted to give away the power to the therapist whom she might perceive as an authority figure, rather than believing that she held power to get through the challenges herself.

Similarly, many interviewees also had expectations of receiving practical information and suggestions, such as information about "how to adjust your feelings" (Jing'an). Sunny's quote also illustrated this point:

> "[…] the ideal of the situation maybe will be […] someone gave you an assessment, and then they can give you a follow up call in the next few days, and then recommend you to use a website or online library or whatever."

These quotes suggested that a lot of the interviewees saw mental health services as sources of information. Perhaps they also viewed their mental health issues similar to physical illnesses: the doctor has the authority on the diagnosis and treatment plans, and the patient need to be compliant with the doctor's orders. Similarly, many interviewees expected that there were psychological "tricks" that would act as a magic pill to cure them as long as they followed the instructions.

Others like Vivi had a slightly different view and saw therapists' job as "guiding you to think about all those things". This felt like an equal relationship where the therapist offered guidance, but ultimately, she as the client had to do the talking and working through the problems through talking.

In contrast to wanting the therapist to offer a solution, Aili had a different understanding of the process.

> "I think feel comfortable is really important […] in a counselling relationship. I think I need my counsellor to challenge me a little bit to actually help me to notice some difference that I'm not aware of before. That help me to process, to move further, to reflect, so I can get new experience and new things to, I guess, make the change."

In addition to feel comfortable in the therapeutic relationship, Aili also wanted to be challenged. When she spoke about feeling comfortable, I interpreted that as she wanted to feel safe and trusting of her counsellor. In therapeutic processes, establishing trust, safety, and a good therapeutic alliance is the basis of "safe emergencies" - challenges to guide the clients slightly out of their comfort zone (DeYoung, 2015). The way Aili described it suggested that she recognised both the importance of the foundation of a good therapeutic alliance, but also the importance of being slightly pushed out of her comfort zone. This was also similar to a child learning most optimally in his/her Zone of Proximal Development (Vygotsky, 1978),

where things are challenging enough but not so challenging to feel disheartened and give up.

From the different understanding of the psychotherapeutic process, it would imply that those who expected advice and suggestions might have felt it was not as useful as they expected. The fact that they can read up about most of this advice online or in self-help books could mean that they would not see the core value of counselling, when the heart of the healing power of therapy lay in the therapeutic relationship, not in the problem-solving or advice-giving.

The expected outcome of the services

This is related to what the interviewees expected and sometimes have already experienced in terms of the outcome of the services. Some said that they experienced less stress. Vivi's quote illustrated this point:

> "I would say if my stress level is 100%, I would say after the therapy it goes to 30%, and I was able to cope with my stress, and then I find a way to move on, and then figure out what to do next, and how to deal with my family members."

In Vivi's experience, stress reduction was a significant part of the outcome of therapy. She was not clear how it happened for her, but the reduction of her stress *allowed* her to figure out a way to cope and move on, rather than the therapist finding a solution *for her* or telling her to move on. Successful therapy experiences tended to allow the interviewee to claim back their own power to creatively solve their problems or face challenges in a different mindset.

In contrast, other interviewees wanted something more fundamental or extreme as an outcome of the therapy. Lei's quote illustrated this point:

> “Maybe it’s too idealistic, I just want to create some miracles or maybe I just want the therapist to help me to build a confident life. Maybe to change myself. Or to help me get me out of the self-doubt light and self-loathing life. To give me confidence to change myself. Maybe I just hate myself right now, so I just want a God maybe. Sometimes I just need a God or a perfectionist to help me to give me something, to give me a different idea, a fresh new idea that can change my life.”

In this lucid account, Lei talked about her struggle and what she had wished for in a therapist and what the therapist would do. It was unrealistic, and she was fully aware of that as indicated in her use of the words “idealistic” and “miracles”. She expressed a wish to be saved, a sense of going back to being a child where she was cocooned in her carer’s love and protection, to start life again. Of course, no therapist can give her exactly what she wished for, but what she wished for was also for her ‘idealistic’ desires to be seen, and to be entirely accepted, no matter how irrational and unrealistic they were. I thought it was a manifestation of the child part of her that was perhaps not allowed the full safety and freedom so that the child part did not get a chance to evolve and grow up, so the yearning to be loved and saved persisted. It was also interesting that she mentioned God, which suggested a benevolent and omnipotent figure that would love and protect her. Zooming out to the context she was in, it was possible that the university would also be part of the idealised parental figure that she hoped would save her and protect her.

3.2.3 Trustworthiness of mental health professionals

This section is related to the trustworthiness of mental health professionals, in terms of their personal characteristics, their professional skills and their ethical standards. Interviewees talked about their perception and expectations of the trustworthiness of professionals from their previous experiences with mental health professionals in China, or indirect experiences, as well as how they saw UK mental health professionals.

Overall, the perception of UK mental health professionals was positive. Some like Aiwen even went as far as to say:

> "people from the West in general, because they don't have the same mindset and about systems, anybody would do a pretty good job as a good listener, but it's just you wouldn't impose that on anybody ... These counsellors, they assume that their role to be the listener. So that's convenient."

It was interesting to see that Aiwen had quite positive regard to people in the 'West' in general, believing them all to be good listeners. I would argue that it was an idealisation, and mental health practitioners go through intensive training to hone their listening skills. Nevertheless, his belief might have been a strong indicator of how negatively he viewed his experiences of being listened to within his own culture. This idea was supported when he spoke about his previous experience of counselling in China, which was with a friend of his mother, and he believed her to be "not that capable". He also went on to say that: "I trusted university, where they get people who know what they're doing", even saying that he had "blind faith in what they are capable of doing, without knowing too much about what's going to happen and why is that effective." The positive experiences he had during his UK education left a strong positive impression on Aiwen. This idealisation potentially had a positive effect on his counselling outcome, since the positive therapeutic alliance probably acted as a potent aid in the efficacy of counselling treatment (Cooper, 2008).

Aiwen's trust in "Western" counsellors' skills and capabilities might have been a bit idealistic. Still, others also talked about how the intensiveness of training varied drastically between counsellors in China and in the UK. Dee's quote illustrated this:

> "I remember one of my psychology teachers, she told us that, in foreign countries, it takes a lot of years, a lot of trainings to become one. […] I have taught in the university for one year […] They have also got this psychology major and the student they

> have from the Early Childhood Education Department. But only them for one semester to get one of the certificates. So it's like the third-level psychologists. So all this, like my background, I had somehow accessed to this counsellor information. This made me a little bit like questioning all their certificates. It makes me somehow very, not very uncomfortable, or not very ... I feel like it's not very trustworthy to believe all that."

It was interesting to see that Dee's subject was related to mental health, which allowed her to access some insider information about counselling and psychotherapy in China. This made her feel less comfortable with their professional capability and trustworthiness. Dee's doubts contrasted with Aiwen's blind faith which may have been influenced by his lack of understanding of the counselling and psychotherapy world.

In general, many interviewees expressed a similar sentiment, that British mental health professionals were trustworthy and UK universities had a better mental health support system. In contrast, the mental health professionals in China were not as trustworthy. Dee's quote illustrated this:

> […] I live in a very small town so it's like a lot of gossip. So, this makes me feel not very trusted. I don't think some of the counsellors in China is ... they don't pay too much attention to the ethical issues, […] confidentialities […] I've learned that the foreign counsellors, they've got much more ethical confidentialities […] They may be more ethical than the Chinese counsellors, so this helped me to be more cautious about where to find a counsellor.

It was sad to see that Dee wanted to see a counsellor, but because she did not feel like she could trust the counsellors in China, she did not seek help. Finding a counsellor was already a stressful process but having trust issues of the whole sector to start with probably made it

even harder. In contrast, she had more faith in UK mental health professionals and was able to seek help because of it.

Similarly, Eva spoke about her concerns in terms of confidentiality in China. She was particularly concerned that seeking help for psychological wellbeing could have a negative impact on her academic record:

> "[…] the counselling service in mainland China, university I mean, they might not be that good at confidentiality, based on things I read online. […] they might leak what you said during counselling to your teachers, to your parents against your will. Maybe that puts some students off from seeking help."

Eva was clear that this concern was not from a first-hand experience, but there was enough smoke that made her alert to the potential fire. When she said that it might "put some students off from seeking help", it implied that she spoke about first or second-hand previous experience. Maybe she or her friends had considered seeking help before, but the concern about confidentiality would have been a barrier to stop her from taking the next step.

Superordinate Theme 4: Language and culture

The fourth superordinate theme is related to the influences of language and culture in the interviewees' accounts of their counselling experiences. Since talking is one of the main ways of communicating in the therapeutic process, for people who speak English as a second language, it presents an additional challenge to get their meaning across and to engage with the services. There can be additional challenges when the client is from a different culture from the therapist (Lago, 2011). Since none of the UK mental health professionals the interviewees engaged with was Chinese, this created another layer of complexity in the therapeutic encounters. The interviewees spoke about the challenges they faced, how they

thought about themselves culturally and what they felt they needed in inter-cultural therapeutic encounters.

4.1 Chinese identity

The subtheme “Chinese identity” is related to how Chinese identity played a role in how the interviewees viewed themselves in the help-seeking process. This subtheme is tied in with Superordinate Theme One which discussed self in relation to mental health. Earlier in Theme One, I explored how the interviewees saw troubling others to be undesirable, which created a barrier in seeking professional help. Some interviewees further connected this to be a specific Chinese trait. Aiwen’s quote illustrated this point:

> “I think that was of being Chinese and unwilling to add trouble to other people and to cause unnecessary disturbances to other people.”

Aiwen’s account demonstrated an attempt to make sense of his help-seeking experience by connecting this idea of not wanting to trouble others to Chinese identity. He was looking for explanations as to why he and many other Chinese students did not actively look for help when they first needed it.

In other cases, the idea of Chinese identity came in very subtly but still affected the interviewees’ mental health and their help-seeking process. For example, Eva’s account was fascinating to see:

> “The college I am in is, I would say, consists of mostly foreign students, I mean white students, so I sometimes feel a little bit lonely in college […] Unlike some of my friends, who have a lot of Chinese friends in their college, I feel sort of isolated in mine.”

Eva's usage of "foreign" stood out for me as she meant anyone who was not Chinese presumably, but my initial reaction was that the international students like Eva would be considered foreign when in the UK. When looking at the meaning of "foreign" according to the Oxford dictionary, it referred to "Of, from, in, or characteristic of a country or language other than one's own" (Oxford dictionary, 2021). In that sense, Eva was making clear with her choice of words that from her perspective, she considered the other students to be distinct from herself. From her account, she preferred seeking commonality and a support network from people who shared her culture and identity. The fact that her college did not have a lot of Chinese and Asian students was attributed by her as one of the reasons for her loneliness and isolation.

4.2 Language barrier

The subtheme "language barrier" related to how speaking English as a second language affected the interviewees help-seeking experiences in UK universities. In some cases, not speaking English well enough or speaking with a non-native accent could be a source of anxiety, embarrassment and shame. In addition, it added another layer to the stress of accessing an unfamiliar service, as well as communicating effectively during counselling sessions. These areas will be discussed in three separate sections.

4.3.1 Perception of language ability and accent

Vivi's account spoke about how not speaking English 'perfectly' was a source of stress socially:

> "[…] some classmates are not that friendly […] they will use some slang that you don't know, and then they laugh at you."

It sounded like a painful experience for Vivi to experience unfriendliness because of her English. Even though it was not experienced with mental health professionals, it might have negatively affected her confidence in speaking to mental health professionals in English.

In Eva's case, it was not just the language, but the accent that was also a source of stress:

> "[…] it sometimes makes you very self-conscious about the way you say things that is not standard or right. Sometimes that makes me less willing to share my feelings because I might sound stupid or anything. But if the counsellor, she is not speaking in a standard accent, I think that's easier for me."

Later when asked what a 'standard accent' was, Eva said it was public school accent or 'BBC broadcaster's accent'. In the UK, accents can be an indication of background, education and class (e.g., Mugglestone, 2003; Fox, 2014). It was interesting that Eva, as an outsider of the British culture and non-native speaker, recognised the differences. She did explain that it was because she studied sociology, which helped her to become aware of "the connotations behind this kind of distinction". She talked about how she worried if not saying things in the right way made her sound less intelligent and presumably from lower socioeconomic status. I also thought about Eva's impressive academic background and it came across that being intelligent was a significant part of her identity, which made this perception of her harder to accept than for someone who did not perceive themselves to be academically intelligent. There were shameful feelings in having a non-native accent listening to Eva's account.

Interestingly, later, she also talked about her counsellor's accent and how it made her feel:

> "I think one interesting point is about accent because as a non-native speaker, I am aware that I don't speak a very […] standard accent. But lucky for me was that my counsellor was from Scotland, […] so it kind of made me less stressful. I don't need to worry about my accent is not perfect because at a place like [*university town*] there are lots of people speaking perfect English."

Because her counsellor had a regional accent, it made Eva feel more comfortable and accepted for not speaking the so-called 'standard' accent. In a sense, it was as if there was a

hierarchy in her mind about different power and status indicated by accents, and she perceived herself in the lower rung because of her accent. There was evidence of internalised racism and class discrimination in the way Eva spoke about herself. In seeing a counsellor to be comfortable in her own skin, accepting and owning her cultural differences, the counsellor was potentially showing an example of acceptance and compassion, therefore creating a space for Eva to find compassion for herself. Maybe seeing someone speaking a "non-BBC" accent also helped normalising speaking in a variety of accents. This potentially suggests implications for recruitment in diversity in counselling services.

4.2.2 Difficulties when accessing services

Language can be a source of stress and difficulties when accessing mental health services which were already unfamiliar to the interviewees. Using a new set of vocabulary to access information and to communicate in a different context, for someone in mental distress can be further challenging. For example, Sunny said that although there were a lot of resources available, "as a Chinese student, I'm not good at finding English information." She also said that it would be a lot easier if the information was provided in Chinese. When explicitly asked why it would help, she said the following:

> "[…] I think it's because a lot of this kind of word is not in Chinese. You don't normally use them. You don't normally looking for them and it will be useful for you to have a bit of explanation of what it is. And I just find it's just easier to read Chinese. "

From Sunny's account, accessing information in English as a second language required additional effort. Regardless of language abilities, for people who were not familiar with psychology and counselling vocabularies, certain words would need to be looked up to understand. The difficulty is increased for non-native speakers.

In addition, in earlier sections, I discussed the lack of psychoeducation in Chinese culture, which may further contribute to the lack of understanding of some of the information provided. Not only did many Chinese international students not have a good knowledge of the vocabulary in English, but they probably did also not have a good understanding of these concepts in their native language either – i.e., they were not sufficiently psychologically aware to have the required vocabulary in Chinese or English. Combined, the lack of conceptual understanding, as well as a language barrier, made it more challenging to access information in English.

Not everyone found it hard, though. For example, Jing'an said that as a researcher, she was good at finding information. International students' English abilities vary a lot. In reality, many Chinese students and graduates who were good at English would act as community translators who gathered and translated information and explained unfamiliar concepts to the wider Chinese community.

4.2.3 Challenges in communication during treatment

Once the interviewees were able to access the services, there were more challenges in communication during the talking therapies. Often, being able to express oneself as well as understanding the counsellors were not easy tasks but described here as "intimidating for some of them" (Eva). Since this research had a focus on the experiences of accessing counselling services, rather than the experiences of using the services, themes around treatment will be explored only briefly here. The relevant point was that how interviewees felt about speaking English in counselling had an implication to their incentives or hesitations about accessing the services.

The first challenge was about understanding what the counsellor was saying. Jing'an said that it would help if they can "speak not that fast and help me to understand". Moreover, the

next challenge was about expressing oneself fully and clearly in a second language. Jing'an also talked about her concerns with being understood and her struggle with the relevant vocabulary:

> "[…] if I cannot describe what happened to me, I cannot describe what I am feeling right now, I think they can only offer limited help […] I don't know the difference between angry, uptight […] so I don't know what I'm exactly talking about if I'm using those words. And I think describe the feelings, emotions itself it's difficult even in Chinese, even in my language. […] I don't know really in real world how those words are used in people's conversations, in daily conversations."

Jing'an's account spoke about two layers of difficulties. One had to do with not having the vocabulary or learning the words in an academic setting, and not having a real-world grasp in terms of applying those words for herself on an emotional level. That sense of unfamiliarity made her doubt whether she was using the right words to express her feelings adequately.

Interestingly she also spoke about not even knowing the vocabulary in Chinese, her native language. This posed the question about whether it was a lack of English vocabulary, or whether there was some need in developing self-awareness in general for her. Many clients who went for therapy could benefit from self-awareness. Still, for non-native English speaking using English services, they may experience developing both self-awareness in general as well as their emotional vocabularies in their second languages.

In addition to using adequate vocabulary, language does not exist independently, but it is also embedded in cultural and historical context. Aili's quote illustrated this point:

> "I do notice in session with English-speaking counsellor I feel linguistic difficulties, I guess, to express myself precisely. That makes me feel a little bit powerless in a way. […] But if I'm working with a Chinese counsellor, I won't spend that much time to explain a context. I assume they would get me quite easily."

It was interesting to note Aili's sense of powerlessness in not being able to express herself precisely and not to be understood easily. In therapeutic relationships, the client often would be in a more vulnerable position, and the language difficulty exaggerated that sense of vulnerability and powerlessness. The link between language and culture experienced by Aili was also illuminating, which will be explored furthermore in the next section.

Eva also talked about having different usages of English and Chinese:

> "[…] although I think I can, to a large extent, express myself clearly in English, but my own social network […] are mostly from China. I talk about such things in Chinese most of the time so I don't know if I'm talking the same things in English, am I presenting it in a different way? Because English is mainly the language I use for my study, in a professional kind of way. It's not usually the language that I use about my personal life, my most intimate feelings or experience, so I also have this doubt, am I presenting a different version of myself when I'm saying these kind of things in English?"

Eva's account suggested a difference between professional and personal use of languages. Somewhat counterintuitively, not speaking their native language in counselling was not all negative; there were also some positive points about protection and defence. Aili's account also illustrated this point:

> "I feel it's quite easy to express my emotions and feelings because it's already in British culture or Western culture. It's more acceptable if I talk about that. But I do feel like probably second language is one of the defensive mechanisms that I can protect myself not to disclose too much about negative emotions or at least not to connect with them to protect the overwhelming feelings."

Aili felt that counselling and expressing emotions carry less stigma in the UK, which helped her to express herself more freely. On the other hand, she explored how being less emotionally attached to speaking English, she could hide herself and feel more protected. It came

across contradictory at first: was she closer to her emotions to express them or more detached? The way I interpreted it was that she felt she had more *choice* in describing what she felt safe to express; she felt less inhibited in terms of the things she wanted to communicate, and less exposed about topics she was not yet ready to explore. In this way, speaking English in counselling both freed her and protected her.

4.3 Cultural understanding and containment

The subtheme “cultural understanding and containment” is related to how culture influenced the experiences in accessing mental health services. During the interviews, I tried to explore whether sharing the same culture with the potential therapist would be helpful. For example, did (or would) they actively seek out Chinese therapists? Aili’s answer explored this theme in some depth:

> “That would definitely be helpful if my counsellor speaks Chinese, but I’m not looking for Chinese counsellor particularly. I’m just thinking I’m okay with British counsellor, but it will be better if they can speak Chinese. So that’s different.”

When asked what the difference was, she said:

> “[…] that’s two cultures in my identity. But I do prefer a counsellor who has spent lots of time in the UK, […] they notice a difference that actually part of my identity’s from a different culture, and they can actually accept and contain that difference. That criteria about difference or culture or language, it’s about the difference as a person, I guess. And a counsellor who speaks the same language, I guess one of them, I would say is essential tool in that relationship that helps me to express myself. But it’s not the only thing I’m looking for.”

She also made the point about what she was looking for more explicitly:

> "[…] be able to notice the difference and accept the difference is really important, especially when it comes to culture, because I'm quite culturally different to British counsellor, I guess. The ability to contain cultural differences is really important."

From what Aili had said, it was clear that the most important thing was that the counsellor was able to acknowledge and accept her cultural differences. Someone who spoke the same language and came from the same culture of origin as her may be helpful, but the containment of the whole of her, including the different cultural aspects of her, was the key. She also talked about how when she saw a counsellor in China, she felt judged and uncomfortable by some of the counsellor's interventions, so that the same language and cultural origin did not guarantee containment and acceptance.

Not everyone felt the same way as Aili, as some others felt quite strongly that counsellors who shared the same culture would be helpful. Sunny's quote illustrated this point:

> "[...] a Chinese family often have high expectations and that's different from Western culture. And I think a lot of my colleagues, they don't understand that. And if the therapist, the practitioner, they don't understand this background, then it's very difficult for them to provide the right support."

It was interesting to see that Sunny's reason for wanting a therapist from the same culture was because she did not believe that someone from the "western" culture could understand her challenges. This implied that she was assuming that the therapist would have difficulty understanding cultures outside of their own. The interesting point for me was that, in essence, Sunny wanted the same as Aili: they both wanted understanding, containment and acceptance of their cultural identities and challenges. The differences between them was that whereas Aili believed that a non-Chinese person could offer the cultural containment, Sunny appeared to believe a "western" therapist would struggle to understand and contain what she perceived to be her unique cultural phenomenon.

As a counselling trainee, Aili potentially represented a more psychologically minded view, whereas Sunny's perspective probably represented a more typical view from Chinese international students. From her account, there appeared to be a need for her cultural uniqueness to be recognised, because there was a lack of trust that professionals from other cultures will understand her. For example, when speaking about information to access services, she talked about the importance of having it in Chinese, despite being able to read English:

> "If it was written by Chinese, you feel like, oh, other Chinese people might have this problem, as well. I belong to a community that shares the same problem with me. And someone [...] who can speak Chinese in this community is working in this area and maybe that person can share their expertise to other English professionals. Yeah, just feel something to rely on, feel the belonging of the community."

Sunny's account suggested that having the counselling information in Chinese not only performed a function in communicating the information but also a sense of trust, like having an 'insider' – someone who belonged to her community that she naturally trusted. It did not surprise me that Sunny may feel this way as people tended to trust and like people who are more like themselves (Farmer et al., 2014), and there was some evidence of Chinese clients preferring practitioners from the same culture/ethnicity (Ip et al., 2016). This to me supported the idea that increasing the ethnic diversity and cultural awareness of mental health professionals could improve mental health service utilisation by ethnic minorities, because they would increasingly see others from their communities getting involved and increase the sense of familiarity, therefore reducing stigma in using the services.

In fact, this point was mentioned in Eva's interview:

> "I've only worked with one counsellor but I suspect most of the counsellors in my university are white British and I don't know about other Chinese students but I would suspect some people might find it a little bit difficult to discuss their issues in English with a foreigner, so maybe they could let students know that they have counsellors from different cultural backgrounds, different ethnic backgrounds. It might make it

> easier for students from countries or cultures different from the mainstream culture here, to use their services."

The way Eva talked about it, I got the sense that she made a similar assumption that 'white British' counsellors were potentially not as culturally fluid and containing. It was also interesting that she did not necessarily just want Chinese therapists, but also therapists from a diverse background. It implied that she perceived counsellors from other ethnic and cultural backgrounds to be more culturally containing than 'white British' therapists.

4.4 Gender identity

The subtheme "gender identity" is related to how gender identity played a part in how the male interviewee saw himself in the help-seeking process. Out of the eight interviewees, only one interviewee was male, so it cannot be known whether this was a representation of male views in this group. The limitations of the findings by male interviewees are explored in the Discussion section. Nevertheless, it was interesting to see that none of the female interviewees mentioned how their female identity was related to their help-seeking process, yet Aiwen as the only male interviewee did mention that he did not believe it was encouraged "for male to talk about their mental state issues." He singled out that his gender identity played a part in the delay for him to get help.

There was some stereotypical expectation in Chinese culture for males to be silent and strong, both emotionally and physically (Louie, 2002). Although such expectations were also present in 'western' culture (Connell, 2005), Aiwen suggested that it was a unique Chinese male expectation. The fact that he was the only male interviewee out of a self-selected sample was also in line with the fact that male Chinese international students were less likely to seek mental health support, which was supported by reviews of studies that Chinese males in general were significantly less likely to seek psychological support (Yang, 2017). Furthermore, this suggested that university mental health services could develop specific marketing

messages to reach male international students, similar to what Samaritans did in their targeted campaign to raise mental health awareness in men.

6. DISCUSSION

6.1 Summary of findings

Four superordinate themes were found in this research. The first one “self in relation to mental health” was about the sense of self the interviewees had in relation to mental health. The idea of self-sufficiency was repeatedly mentioned. Interviewees also talked about the sense of discomfort they experienced, which led to their explorations of various ways to help themselves or seeking external help. These discomforts included anxiety and stress, loneliness and isolation, the loss of control, self-doubt and lack of self-confidence, and other practical, physical and psychological discomforts.

The second superordinate theme “relationships with others” was about interviewees' relationships with other people, especially with their families, friends, and academic supervisors. It was found that these relationships could all be sources of mental health distress, but families and friends were often mentioned as sources of support as well. Notably, friends were often the confidantes of the interviewees while mental health issues were often concealed from parents, because of concerns about stigmatisation and misunderstandings from parents. Interviewees who had supportive friends in the mental health-related fields benefited the most and came across positive about their help-seeking experiences. Occasionally, friends and families could also be barriers to help-seeking.

The third superordinate theme was “perception and awareness of professional mental health support”. In terms of accessing the services, the interviewees talked about the practicalities of accessing the services, whether the services addressed their specific needs, and how the help-seeking experiences in the UK compared with their previous experiences of mental health support. Interestingly, a few interviewees were proponents of proactive screening and

believed that it would be helpful to themselves and many other students from their backgrounds.

In terms of professionalism, most interviewees aside from one counselling trainee had little ideas of different types of mental health professionals and did not know what kind of services would be most suitable for their needs. They did, however, talk about areas that they believed to inspire confidence in the mental health professionals they came across, such as having professional training and strong ethics. The trustworthiness of mental health professionals was an essential character valued by interviewees. Reassuringly, the interviewees viewed UK mental health professionals to be more trustworthy and professional than those they had encountered in China. Interviewees expressed concerns about confidentiality issues and a lack of professional training among practitioners in China.

The fourth superordinate theme “language and culture” was about how the interviewees’ Chinese language and culture influenced their help-seeking experiences. This was a theme that ran through all the other themes as well. Firstly, their Chinese identities influenced the way they thought about the help-seeking process, often in a negative way, because of the shame and stigma ingrained in Confucian culture of being different as a threat to a harmonious society. Then speaking English as a second language was often a barrier in effectively communicating when accessing services, as well as during counselling. Sometimes it was the perception that the mental health professionals would misunderstand them, and sometimes it had to do with the feelings of shame and inadequacies of not being able to express themselves.

As part of Theme Four, but also applies to all other themes, cultural understanding and containment mattered considerably in the help-seeking process. Interviewees’ cultural background influenced who they sought help from, how they viewed their help-seeking and their expectations about help-seeking. In terms of expectations from mental health professionals,

interviewees sometimes wanted a counsellor from the same background, and sometimes they did not, but acceptance and understanding of who they were as people, whichever cultural realm they existed in, were necessary to build trust and feel comfortable. Lastly, male identity in Chinese culture was briefly mentioned by the only male interviewee. He believed that it was especially tough for Chinese men to seek help because they were taught to be 'strong' and lacking in emotion. This was to highlight that this research was mostly based on female experiences which may be different from males. This point will be further discussed in the research limitations section.

The findings were fascinating and illuminating for me as a researcher and as a practitioner. They resonated with much of my existing understanding but also challenged some of my previous assumptions I explicated in the Methodology chapter. For example, I assumed that communication in a non-native language can be a barrier to communication, but sometimes speaking English can also allow newfound freedom in emotional expression and exploration. Next, I will examine how these findings fit in with the broader literature.

6.2 Integration of findings with the relevant literature

In this section, I will compare and contrast my findings against existing literature to see how the findings from this research support or contradict broader literature.

6.2.1 Chinese international student mental health conditions

Consistent with the literature around UK university student mental health (e.g., Macaskill, 2012) and specifically Chinese international student mental health issues (e.g., Yu, 2011; Han et al., 2013), my research found themes of ‘anxiety and stress’, ‘loneliness and isolation’, ‘loss of control’, ‘self-doubt and lack of self-confidence’ among other issues of psychological distress. Interestingly, although acculturation distress was mentioned in the literature

as a key component of the experience for those who went through displacement (e.g., Berry, 1997; Conn, 2016), the interviewees did not specifically name their experiences as acculturation stress, even if the symptoms they described such as ‘loneliness and isolation’ were indications of acculturation stress. Some went as far as stating that their mental health issues were unrelated to acculturation stress and one participant expressed resentment about her experience being labelled as ‘cultural shock’.

There could be several reasons for the sense of unwillingness or lack of acknowledgement of acculturation stress. One could be that this group of interviewees simply did not experience much of acculturative stress – their upbringings already had a lot of Western influence. Another reason could be that because I was an insider researcher, the interviewees made assumptions that acculturation stress was a given, since we had all gone through variations of the acculturation process, so that it was not specifically spoken about. Instead, the interviewees spoke about their *individual*, *personal* challenges that were relevant to their mental health issues. These mental health challenges were the result of a combination of factors, acculturation stress being only one element of the challenges. It was also possible that there was shame involved with acculturative stress for some interviewees, so it was denied out of their conscious awareness of their experiences. Finally, perhaps the interviewees did not have the vocabulary to name their experiences of acculturative distress as such, but they did speak about the specifics of acculturative distress such as language barriers and loneliness and isolation.

6.2.2 Chinese international student help-seeking concerns

With regards to the help-seeking process, the interviewees shared many similar concerns and barriers to help-seeking that were found in the literature, such as concerns about privacy or finance, lack of emotional openness, a lack of perceived need for help, lack of

awareness of mental health services and scepticism about the effectiveness of psychological therapies (Hunt & Eisenberg, 2010). For example, the interviewees were concerned about the mental health support being free, confidential, and convenient to access; they did not know much about mental health professionals but did value the trustworthiness and professionalism of practitioners.

As previously mentioned in literature review, Yu's (2011) study at the University of Nottingham found that only 1.9% of the Chinese students used the one-to-one counselling service offered by the university counselling service, in comparison to 4.1% of the whole student population. While it was possible that Chinese international students had less mental health support needs, given the understanding on acculturative stress, shame, stigma and language barriers, it was more likely that the lower utilisation was indicative of barriers for Chinese international students to get the mental health support they needed. In the literature review, cultural factors such as shame and stigma as well as language factors were key components of the help-seeking barriers. In my research, the interviewees also talked about language and cultural barriers in their help-seeking process. These will be explored further in the next two sections.

6.2.3 Cultural barriers

Self-sufficiency vs social support

In the literature review section, I explored the idea of collectivist Chinese culture being a key factor of barriers to help-seeking for Chinese international students. In collectivist culture, a sense of belonging and the harmony of the group are important. Everyone is expected to look after him/herself and other members of the group; transgressions out of the norm of the group that threaten the harmony and cohesion of the group can lead to alienation and feelings of shame (Hofstede, 2011). Since mental illness endangers the harmony of the group, it

is viewed negatively and encouraged to be hidden. The emphasis on the expectation to look after one-self also meant that one will often try to deal with his/her challenges on their own. This was resonated by my research findings in the theme "self-sufficiency" as a barrier to seeking help. Many interviewees spoke about not wanting to bother other people, to bring trouble to families and friends, wanting to be self-sufficient financially and emotionally. Some also spoke about the pride of dealing with mental health issues on their own, by suppressing their feelings or reading self-help books to find solutions.

What I found interesting was the fact that in collective cultures, everyone was expected to look after him/herself as well as other people in their social circles. Protection of the group was extended in exchange for unquestioning loyalty (Hofstede, 2011). If the cultural norm was to look after other people in the in-group, then it would logically lead to the expectation that if one were not feeling well, he/she would expect others from the in-group to look after him/her. The idea of self-sufficiency and the expectation of social support seem contradictive on the surface, but I believe this formed the basis of the cultural norm that 'I must *appear* to be self-sufficient, but if my families or friends were true and loyal, they would *understand* my distress and support me *proactively*, without me asking'. In my research, this was resonated by many interviewees' willingness to seek counselling when encouraged by friends or families. One must not want/need counselling to appear self-sufficient to save 'face', but the supportive nudge of a friend or family was taken gracefully, so seeking professional help became socially and morally allowed.

The contradictive position between self-sufficiency and group support also led to further understanding of the interviewee's attitude on proactive screening of mental health conditions. Several interviewees talked about pro-active screening in the form of psychometric testing for themselves or their friends in previous experiences. Some said that they were mandated to go through counselling based on their results. The attitude in speaking about these expe-

riences was positive or neutral. Another question that came up frequently from the interviewees was that they did not know what the right circumstances for them would be to seek help: they were worried if they were overreacting by seeking professional help. Again, this concern over “appropriate” need of professional help was reflective of the conflicts between self-sufficiency and group support. Many interviewees welcomed the idea of screening and pro-active interventions, viewing that as caring rather than intrusive, which was consistent with collectivist culture’s preference for group care over personal privacy (Hofstede, 2011). Pro-active screening also took the decisions of seeking help out of their hands which could help to reduce anxiety and shame over one’s mental health needs. Being screened was perceived by the interviewees as being looked after by the community. Similarly, Conn (2016), in her study – the only recent relevant study in the UK - on non-European international student help-seeking experiences, also made the argument that if counselling services refrained from their pro-active roles in building a network of helping students through building a community of help, it could be an unsafe place for the students.

I was inclined to argue that collectivist versus individualist values were central issues of the proactive mental health debate. A point made by Conn (2016) was that most of her participants came from collectivist cultures, which has implications on how mental health was viewed. She argued that the fundamental principles, such as individual choices and responsibilities, that informed Eurocentric counselling/psychotherapy training were incompatible with the fundamental principles of collective cultures. As a result, mandated help, most often offered in the form of crisis intervention, was the only form of help international students from non-European cultures ended up receiving. In the background of increasing UK university fees and changing relationships between student-university to be the customer-service provider kind, university counselling services tend to operate as service models where students are seen as active agents who were responsible for seeking help as they see fit (Jenkins, 2015). The responsibility of seeking help mostly lied with individuals, although there were in-

stances of referrals by exam boards and active reminders of services available. In this context, proactive screening of the general student population may be seen as an invasion of personal freedom, disempowering individuals of their choices, from an individualist cultural perspective (Hofstede, 2011).

My research findings were in line with Conn's (2016) argument about cultural incompatibility, which I believed to contribute significantly to the issue of underutilisation by Chinese international students. Many of the interviewees talked about experiences of being encouraged by friends or families to attend counselling, but what was interesting was what was *not* said, and the people this research was not able to reach – those who needed support but did not seek help. There was a lack of voice saying *I* needed help, so *I* contacted the services, but an emphasis on external forces that led many interviewees to the services. This idea came back to the critical perspective examined in the literature review that argued for reflections and changes in the counselling services to make them more accommodating for international students (Liu and Lin, 2016). Focusing on the characteristics of international students that were incompatible with the individualist-style university counselling system, could potentially have a flavour of blaming the students for not fitting in with what the services were able to offer.

Shame in help-seeking

Shame was very much key to understanding Chinese international students' help-seeking experiences. Many interviewees were affected by the shame-prone culture they came from, fearing that their mental health concerns would upset the harmony of their families. The failure to live up to the expectations of others and the fear to cause transgression of the norm lead to shameful feelings (Hofstede, 2011). This explains why so many interviewees talked about feeling ashamed and stigmatised for seeking help; they often wanted to be self-sufficient and solve their mental health 'problem' on their own. To acknowledge that they had

mental health issues would be acknowledging their inabilities to contribute positively to their families and social groups, which lowers their social standing (Bedford & Huang, 2003). Many interviews spoke about financial pressures of their studies, and the guilt and shame they experienced about using their families' financial resources. If a family had put all their savings together to support a student to study abroad, hoping to gain 'face' and helping the student gain advantage in the job market in the future, the mental health issue would threaten the 'return' of such 'investment' and the loss of face of the family. Under such circumstances, the student's admission of their mental health issues would threaten not only their personal social standing but also their family's reputation among the wider social circle. No wonder so many interviewees felt so pressurised financially as well as academically, because the failure to live up to the expectations academically and financially meant bringing shame to the family, therefore endangering the relationships and the sense of belonging that they held so dear in a collectivist culture.

The subjective experience of shame was often described as wanting to hide (DeYoung, 2015). In order not to fail other people's expectations, secrecy became a dominant coping strategy to deal with shame in Chinese culture (Yang, 2007). The potential to hurt family's feelings, as well as family reputation in the wider circle could also help explain why many interviewees did not want to speak to their parents about their mental health issues. Having a child with mental health issues can bring up anxiety for the parents, as mental illness was sometimes seen as a punishment for ancestor's misconduct, or that mental illness can be hereditary so one's illness can indicate that the whole family is 'pathological' (Yang, 2007). Thus, a child's mental illness can threaten the family unit's social standing in the broader family circle. As a result, sometimes, instead of supporting the child with mental health issues, parents would rather deny the existence of any issues.

In my research, the interviewees avoided talking about their mental health issues with their parents, fearing that their parents would not understand. Many also did not discuss with

other friends, fearing that they would be judged. The research process itself was also one that can feel shameful to share one's help-seeking experiences. Some participants were anxious to enquire about the procedure I had to conceal their identities; some requested to read their transcripts, perhaps worried if they overshared. The secretive and shameful energy was also reflected in the interviewees' complaints and worries about confidentiality in the psychological services in China, citing dubious practices they had experienced. In a culture where seeing a mental health professional felt so shameful, keeping the help-seeking confidential was a hypersensitive subject area.

A few interviewees who had one or few friends that they could discuss mental health issues with benefited immensely from sharing the 'secret' with them. DeYoung (2015) talked about the power of bringing light to dispel the darkness and the power of shame. Some interviewees had friends who were supportive and non-shaming, who normalised and accepted the interviewees' feelings and concerns. These friends' non-judgmental acceptance played significant roles in allowing the interviewees to open up more, to seek professional help and to shine light on their shame and darkness. On the other hand, some interviewees had families and friends who further invalidated their feelings, therefore creating a dysregulating, disapproving experience faced with the interviewees' vulnerability. The invalidation discouraged many from seeking help and delayed their help-seeking process, which further worsened the interviewees' conditions.

Somatisation as way to cope

It was widely argued that whereas the mind furiously tries to suppress emotional, psychological needs and sometimes it succeeded, the body rarely forgets and would make its own expressions, i.e., somatisation is how people express their psychological distress through bodily symptoms (van der Kolk, 1994). Studies have also shown that mental health and physical health are linked (e.g., Nelson et al, 2020).

International students typically underutilised counselling services and over-utilised health services through somatisation (Conn, 2016). Through somatisation, one can seek-help without feeling stigmatised or ashamed - for example, a student may go to the health centre complaining of stomach pain, but the real issue is depressive mood. The interviewees in this research did not mention somatisation directly, but some mentioned instances where physical health help-seeking was related to mental health issues and support. One interviewee had an appointment about her eye problems and was offered a psychometric test, which was followed by counselling. Was the interviewee really having eye problems or was it a way of asking help without feeling stigmatised? It would be impossible to know for sure, but it was possible that the eye problem was related to mental health in two ways. One was that her mental health is connected to lowered physical health; two was that the eye infection itself was not that severe, but the interviewee enjoyed going for a medical appointment to be paid attention to and cared for, and the fact that it led to psychometric screening and counselling was a bonus that addressed her need to be looked after in a time of distress. This suggests reasons to care for mental and physical health holistically, especially for students from collectivist cultures.

Hierarchy of help

Even when students did seek help, mental health professionals were often far from the forefront of international students' minds based on previous studies. From Conn's study (2016), there emerged a "hierarchy of help", where family and friends exist at the top, followed by faith/cultural community group members, academic staff, medical services and finally at the bottom was counselling and psychological services. My research had similar findings where interviewees typically consulted their friends and families before approaching counselling services. What was different from Conn's (2016) findings though was that, in my research, I did not find families and friends to be of equal importance on the 'hierarchy of help'. Often,

interviewees trusted their friends more, and told their friends about their mental health struggles, while concealing the information from their parents. Some sought help from counselling services but also concealed this information from their parents. The interviewees said that it was because they worried about making their parents worry, or that they would not understand mental health issues. There were seismic socioeconomic changes that happened in Chinese society in the past 30 years or so, and attitudes towards mental health issues were changing too. In general, there was more stigmatisation in the older Chinese generation, whereas younger people were on average more open (Yang, 2017). This might have explained why the interviewees had often preferred friends over parents in their first choices of help. Also, contrary to previous research suggesting that students prefer tutors over counselling services (Yu, 2011; Conn, 2016), in my research students have not shared experiences of help-seeking through tutors but sought help from counselling services. I am inclined to argue that the hierarchy of help needs further research and understanding.

Collectivist culture not only had an impact on how help is sought and received, or given proactively, it also influenced the sources of many students' mental distress as well as the 'hierarchy of help' (Conn, 2016). In collectivist cultures, people's identities were based on their familial and social relationships. Thus, the quality of their self-esteem and mental health were also closely related to the quality of these close relationships (Bedford & Huang, 2003). In my research, family issues, relationship problems with families and friends, were frequently identified as the sources of distress. Interviewees sometimes would say, 'my family had problems', which was given out as a valid reason for their *own* mental distress. Within that was an implicit assumption between the interviewee and me as an insider researcher, that I understood how stressful family problems could be, even if it was a distant relative having issues. It struck me that in an individualist culture, the response may be, 'How does it affect you personally?" However, within collectivist culture, it was often accepted that family and friends' problems are one’s 'own' problems. It also meant that when the stress came

from within the family, it was stigmatised to share it outside of the family, as it would bring shame to the family. This further puts up barriers for the interviewees to seek help externally.

The blurring of boundaries created issues when families and friends could be both the sources of relationships issues, as well as the sources of support through times of difficulties. Poignantly, one interviewee struggled with the breakdown of her friendship with her best friend, because she had nowhere to turn to as she also lost her confidante and one of her primary sources of support at the same time.

6.2.4 Language barriers

As suggested by the literature review, for Chinese international students, language barrier can negatively affect the access of mental health care, as well as the effectiveness of engagement with mental health practitioners (e.g., Cowan, 2001; Sue & Sue, 2016). This was reflected in some interviewees expressing wishes to see information about counselling services to be published in Chinese, saying that it was difficult to comprehend unfamiliar psychological vocabulary in English when they were under mental duress. Most interviewees were unfamiliar with names of different mental health practitioners. There were also some misunderstandings in the usage of therapeutic terms during the interviewees.

These language barriers meant that for many interviewees, getting the mental health support they needed took extra effort and time, and added to the anxieties in contacting the services. The anxiety came from not knowing whether they contacted the right service or the right professional, from communicating with the support staff using unfamiliar vocabularies and not feeling sure whether they expressed themselves adequately, and from appearing awkward or unintelligent due to language deficiencies, which could bring up shameful feelings.

Once the service was accessed, there was also the question of engagement. Many interviewees expressed concern that they may be judged by their English fluency and accents during a counselling session. They worried that they may not be able to express themselves sufficiently, since they did not feel that they had the emotional vocabulary to describe their feelings, having learned English mostly in academic environments. They were also worried that the staff or the counsellors would not be able to understand them, which would cause them both to feel embarrassed. All of these were opportunities where shameful feelings could arise. One interviewee also said that although she was comfortable enough to speak to a counsellor in English, many Chinese friends she knew felt intimidated to speak in English in a one-to-one setting for a full hour and would not seek professional help because of it. Overall, there was a sense of language triggering much of the shameful feelings of inadequacy, which added to the shameful feelings of having mental health issues.

On the other hand, attending counselling in a second language is not all negative. It can open up space in a different culture and allow the client to experience and explore a different side of him/herself (Dewaele, 2011). Some interviewees did embrace being able to share ‘forbidden’ feelings in a second language which allowed them a degree of freedom not experienced before.

It also needs to be kept in mind that these were anxieties experienced by interviewees who had volunteered to be interviewed in English, who also had attended some counselling sessions in English. They were a self-selective group that had shown higher English competency and tolerance for shame more than those who did not feel comfortable to seek counselling in English, or to be interviewed in English. It could be argued that the real picture of the effect of language barrier was probably more pronounced in attributing to the underutilisation of mental health services by Chinese international students.

One thing that came out of the literature review was the suggestion that universities could benefit from recruiting Chinese counsellors (Wilton & Constatine, 2003) and that some Chinese clients prefer therapists from the same racial/ethnic backgrounds (Ip et al., 2006), possibly under the assumption a therapist from the same background is more likely to understand one's culture. In my research, there was not an overwhelming feeling that Chinse-speaking counsellors were must-haves for universities. Some interviewees expressed positive feelings towards Chinese counsellors. Particularly if service information was published in Chinese, the interviewees felt like someone from their culture was involved in the mental health care system, which encouraged a sense of trust of the services. However, more interviewees emphasised on the practitioner's ability to understand and contain differences in cultures, and to be willing to stay open to the cultural commonalities as well as the uniqueness of their struggles. This suggests that cultural understanding and containment was key here – not being from the same cultural background or speaking the same language. This also provides some insight on the debates around the need for modifying therapeutic interventions for Chinese clients because of the inherent cultural differences. Interestingly, one interviewee said that her ideal counsellor would be someone who was not Chinese but spoke Chinese. There was a sense of the counsellor's role about being able to bridge the differences in cultures and being able to support the inner cultural conflicts the interviewee was experiencing, so that the interviewee could integrate these values and experiences to become a more conscious and self-confident individual.

Another possible reason for Chinese students not preferring Chinese practitioners could be the concerns expressed by many interviewees about the ethical standards and confidentiality upheld by Chinese practitioners. Research supported the importance of confidentiality - one study of Chinese migrants in Australia found that confidentiality issue was a significant barrier to mental health service utilisation (Blignault et al., 2008). This is also consistent with the research finding that interviewees viewed British practitioners more trustworthy than their Chinese counterparts.

6.2.5 Development over time and space

According to Macaskill (2012), there is a general, global trend of higher prevalence of mental health issues in universities than in the past, and this trend was reported in many countries, including the UK, Canada, Australia and Turkey. It was suggested by the RCP (2011) that part of the reason for this trend was because the increasing number of students entering higher education led to the widening of student socioeconomic backgrounds. As such, there was an increasing proportion of students from lower socioeconomic backgrounds with low social support and previous trauma, who were especially vulnerable to mental health issues. In UK higher education, there was a year-on-year increase in the number as well as the proportion of students enrolling with known disabilities or mental health issues (HESA, 2020). My research was embedded in this general trend, with an increasing number of Chinese students studying internationally, especially in the UK (HESA, 2020). Although I could not find statistics on the socioeconomic trends of Chinese international students in the UK, there was no evidence to suggest that the composition of Chinese international students did not follow the trend of widening socioeconomic backgrounds. There was some evidence that Chinese students were not uniformly from higher SES backgrounds. A study by Xie et al. (2020) examined the effect of the "Crazy rich Chinese" stereotype of wealth-flaunting Chinese students, and how the stereotype was related to lower self-esteem and feeling of shame felt by students who were not ‘crazy rich’.

In my research, information on interviewees’ socioeconomic backgrounds was not directly asked, but contrary to the 'Crazy rich Chinese' stereotype, many talked about how financial strains affected their mental health due to juggling between work and study and the guilt they felt by relying on their families financially. Even though many Chinese families explicitly stated that they would support their children's educational pursuits, some interviewees also reported feeling like they needed to do well academically to show that they have not wasted

their parents' 'investment' in their education. There was an implicit social/financial contract with family which added to the psychological burden of many Chinese students. Once more, feelings of shame were central to the experience of not being able to live up to the expectations of their families by having mental health struggles, which created barriers to acknowledging their mental health needs as well as seeking the support they need.

As mentioned in the literature review, in addition to the changes in the population of Chinese international students, Chinese society itself has also been experiencing seismic cultural changes since when the Cultural Revolution ended in 1978 (e.g., Yang, 2017; Zhou, 2014; Leung & Chen, 2009). Rapid shifts in social, economic and cultural changes, brought on by the forces of globalisation, have accelerated the influences of western culture in Asian societies. The influence of mixed cultural forces created many potential conflicts, in societies, families, interpersonally as well as intrapersonally.

In my research, many interviewees expressed their conflicts of western and Chinese Confucian values regarding mental health issues and help-seeking. On the one hand, on some conscious or unconscious level they recognised their need for psychological help to achieve personal growth. On the other hand, they felt restrained and stigmatised by the potential of disturbing the harmony in their families and communities. These conflictual feelings increased their difficulties in recognizing and meeting their needs for help-seeking, as well as feeling ambivalent in the help-seeking process.

Many interviewees also doubted mental health professionals' ability to recognise such social changes and cultural conflicts and helping them to engage with these struggles. This research finding suggested that Chinese students can sometimes feel more comfortable with a practitioner who did not seem to fit in with what they perceived to be a mainstream stereotypical British counsellor, “with BBC English accent”. There was an assumption from the interviewee that an 'outsider' therapist would have to deal with their own identity and cultural

conflicts within the mainstream culture, and the interviewee likely found comfort and trust in someone who had demonstrated ability in finding their way in unfamiliar surroundings.

A meta-analytic review of client preferences on racial/ethnicity matching found that there was a moderately strong preference for a therapist of one's own race/ethnicity (Cabral & Smith, 2011). Given the shortage of availability of Chinese counsellors in most university counselling services, Chinese students who were themselves ethnic minorities preferred counsellors who were from racial/ethnic/cultural minority backgrounds. The affinity to a perceived minority therapist suggested that perceiving the counsellors to have had personal experiences of cultural conflicts can encourage the students' trust in the counsellors' abilities to empathise with the students who were agonizing with their cultural values and identities. This also implied that university counselling services will not only need to prepare mental health professionals for cultural awareness and competency but also will need to consider their messaging to Chinese students, in order to convey the idea that they understand these cultural issues to be relevant in their help-seeking processes. I will expound more on this point in the recommendation and implication section.

The shifts in traditional to modern culture in China also meant that different generations might hold different ideas about the concept of mental health. The more traditional Chinese view of mental illness was that it was a moral defect, often hereditary, and can often be dangerous and disruptive to society (Yang, 2007). Many interviewees did not disclose their mental health struggles to their parents due to concerns that the parents will misunderstand, implying that they believed their parents held the 'old' concept of mental health illness. The interviewees' concept of mental health was closer in line with the western point of view, and it made sense that they were more comfortable speaking to their friends who may have a less stigmatised, modern concept of mental health than their parents' generation.

Shifting identities

As discussed in the literature review, developmentally, all young adults go through processes of developing their self-identities (Erikson, 1994) and face challenges in ‘emerging adulthood’ (Arnett, 2010). International students faced many similar challenges and in addition often also went through acculturation stress. Conn (2016)’s study on non-European international student help-seeking experiences found that the experiences of studying abroad prompted notable changes in identities. For many, studying abroad was a life-changing opportunity. In a new environment, many faced challenges, but also found space for the expressions of emotions and aspects of their identities previously suppressed or at least not actively encouraged in their original cultures.

The shift in identities related to help-seeking was also reflected in my research: the interviewees talked about exploring the positive aspects of seeking help, shifting identities from proud of being self-sufficient to embracing and accepting their differences and exploring vulnerabilities. Many of them initially carried stigma about mental health and were reluctant to seek help. Later, either they were encouraged by a friend, or they came across a workshop or volunteering or other opportunities as a 'soft entrance' into the world of psychological well-being, they started to see the importance of mental health. It was remarkable to see the shift in values and standpoint of their attitudes towards mental health issues. Not only many of them shed the stigmatisation, but also, some of them became passionate advocates of mental health.

6.3 Personal reflexivity

In this section, I reflected on the strengths and challenges of this research from the personal perspective based on my own experiences. I was both a researcher, and a mature Chinese doctorate student attending a UK university. I was a Chinese international student since the

age of 16 when I first went to the US for boarding school over 20 years ago. In the introduction section, I have described more in depth my experiences in help-seeking as a Chinese international student, highlighting my lack of awareness of my need for help and the availability of help, and how my belief in emotional repression and shame were barriers in getting the help I needed.

6.3.1 Strengths

There were some strengths in this piece of research. It came from an insider's perspective since I have had personal experiences of many of the challenges 'new' Chinese international students still face today. Having lived in the US for seven years and another 14 years in the UK, I had time to hone my language skills and acclimatise culturally with the help of personal therapy. In this sense, my experiences were far-away and processed enough to allow me some distance and perspective to reflect on 'new' Chinese international students' help-seeking experiences.

On the other hand, I still live and breathe in this community: my former placement, as well as my current private practice work, involved working with current and former Chinese international students. Having been on both sides of the help-seeking experiences, I think it gave me a unique position to consider and reflect on the help-seeking experiences of this group. I believe that despite interviewing participants in English, the fact that I belonged to the same community and speak Chinese may have meant that my participants were more relaxed and potentially more 'honest' in their accounts, although 'honest' was a subjective term.

6.3.2 Problems encountered

The challenges I had faced during this research process were somewhat reflecting a parallel process of the research topic I was researching. The topic was about mental health issues

and help-seeking experiences. During the research process, I also encountered many mental health challenges of my own. Lack of motivation to progress, academic stress, financial pressures, personal and family relationship struggles and many other concerns my interviewees faced were also present in my own processes. Luckily as a counselling psychology trainee and qualified psychotherapist, I did have a level of psychoeducation and self-awareness, and I had access to personal therapy that had supported me all the way through. However, it would have been an arduous process without these supports, and it made me appreciate more the challenges my participants face.

Meaning and purpose were also things I struggled with. Just as many Chinese international students held considerable anxiety, wondering whether their families' financial investments in their education would be worth it in the end and whether their mental health struggles would bring shame and disappointments to their families, I too questioned about my own personal, financial and time investment in the research. There were moments when I felt motivated and passionate about my research to contribute to the progress of mental health provisions for Chinese international students at UK universities. There were also other times when I questioned whether my research would translate into meaningful changes, or if I would make more immediate contribution by doing more clinical work with this group. In that sense, despite initially believing that my own experiences were far-away enough to have some perspectives, at times, it was possible I interpreted the interviewees' accounts with my own struggles and doubts. On the other hand, perhaps precisely because I was going through similar experiences as many of the interviewees and they could sense my empathy towards them, they were able to open up to me and talk about their vulnerable feelings and experiences.

6.3.3 Reflexivity on researcher stance and decisions

In this section, I focus on reflexivity – thinking back about my own thinking throughout the research process, since it was an important part of this piece of experiential qualitative research (Shaw, 2010). There are many complexities when conducting the research and I had to make decisions taking into considerations of all the paradoxes and parallel processes. For example, sometimes the participant described their experiences of frustration with seeking counselling which showed some misunderstanding of the therapeutic process. As a practitioner, I felt ethically compelled to provide information which allow the participant to better understand their experiences but also more equipped to seek appropriate help in the future; at the time, as a researcher, I had to stand alongside them to understand their actual experiences to be able to live in their world for a moment and see things from their perspectives. To balance these two different roles and considerations, I bracketed off the practitioner position during the interview, but debriefed the participant at the end of the interview, in order to both retain the account of their actual experiences for the research, but also provide some psychoeducation and care for them.

Another issue is regarding access. The potential paradox here is that if the participant experienced some distress post interview, the participant would be redirected to services where some of the low utilisation issue could be replicated. However, one of the barriers to utilisation is the lack of understanding of mental health services and professionals; the research has suggested that those who had a friend who provided ‘insider knowledge’ were much more confidence in seeking help and had a more positive experience. Consequently, I would argue that information provided by me, a mental health practitioner from the same cultural community, could further encourage familiarity with mental health professionals. The debrief also provided them with an opportunity to ask further questions and potentially lessen some previous fear or myth around our profession.

In addition, I would also argue that the interview process itself can potentially be benefiting for the participants. After all, is it not true that one way of conceptualising psychotherapy is about the therapist's attention on the client, lending the therapist's emotional and cognitive processing capacity, ultimately facilitating clients to come to their own conclusions about how best to direct their energy and attention? For many participants, the research interview may be the first time someone has asked them how the help-seeking process felt like for them, directing their attention to slow down and introspectively evaluate their experiences. My hopefully empathic researcher stance aimed to validate their internal processes and experiences, so logically it would follow that the participants may feel more validated and confident about how they felt about their past help-seeking experiences, and therefore more confidence in making decisions for themselves in the future. In the debrief, many participants did provide positive feedback about their interview experiences, saying that it was a good opportunity to think about their help-seeking processes; many also developed new insights previously unknown to themselves before the interview. Overall, the interviews were potentially beneficial to the participants in their future help-seeking journeys.

In terms of using video platform for interviews instead of the traditional method of in-person interviews, there were strengths and limitations. Using video interview allowed the participants to be interviewed in their own home environment which may be a safer, more comfortable environment that allowed the participants to feel freer in expressing themselves. Video interviews can create a sense of anonymity which may have also encouraged more honest accounts. It also cannot be denied that as a researcher, to be able to conduct my interviews in my own familiar home also enabled me to focus more on making sure that the interviewee was comfortable and allowing me to pay more attention to what they are saying and be more emphatic. When I reflected on the one interview I conducted in person before the pandemic started, compared to the video interviews later, the video interviews were longer. I made more follow-up questions after listening to the initial responses of the questions, therefore opening more detailed accounts.

This also posed another ethical issue, which is that the sense of intimacy potentially fostered in online format could mean that people shared more personal details than they felt comfortable with in reflection later, and they may regret sharing so much. In my research procedure, participants were made aware that they could withdraw any contents of their interview up to a month afterwards, which mitigate some of that risk of over sharing.

Another obvious limitation of video interview was that I could not see the full body language and non-verbal communications by the participants, and it could potentially mean that the data loses some nuance. Even though both video interviews and in person interviews will only be recorded in audio, it was possible that when meeting a participant in person I might notice additional subtle details about the participant that may help me to interpret his or her verbal account when doing data analysis.

A less obvious potential problem with video interview was that it widened the participant pool to a much broader geographical region. Previously I might have been limited to interview people only in London and surrounding areas, I was instead able to interview participants located all around the world, as some of them have moved countries since their studies in the UK. Many of them studied in the UK outside of London. This allowed more flexibility especially during the pandemic; however, it also raised the question of whether my participant group is homogenous enough as required by IPA. At the time of the interview, I did not sufficiently consider this point as there was no evidence in past literature on international students in the UK that suggested geographical differences within the UK. It can be argued that many factors could influence mental health help-seeking experiences; for example, it could vary by university, so restricting geographical area might not have sufficient ground. Nevertheless, it was a point worth considering.

In terms of recruiting participants using social media, there were also several points worth considering. There were benefits of using social media for recruitment as it cut down researcher's efforts and costs in recruitment. Participants tended to respond quickly and there was direct contact between participants and the researcher, rather than going through other organisations. I have found that it widened the participant pool to a larger geographical area as mentioned earlier, which also made recruitment easier.

The main downside I felt was the self-selection effect where only people who were engaged on social media platforms that I was active on were reached. I posted my recruitment flyer on mainstream Chinese social media platforms, so it was possible that more marginalised groups within the Chinese international student community may not use these platforms. As mentioned before, culturally marginalised immigrants had more potential to develop mental health concerns (Berry, 1997), as such it was possible that the group I recruited were relatively well adjusted and not representative of all experiences.

In addition, because of my social media presence as a mental health blogger, people who were able to view my platform and responded to my research may have previously seen my views on mental health, which could affect participant interviews. This was also another layer of the self-selection issue: those who did not agree with my views might have avoided seeing my social media content and therefore would not have responded to my research. On the other hand, many published researchers or authors may come across similar issues where only people who are interested in their research areas are reached.

Being on social media and recruiting in such way also raised some issues ethically. Even if I did not recruit any friends or families, some participants may have interacted with me online anonymously without me realising. As part of the research procedure, I made sure I did not have any significant contact with any participants previously. Once we made initial contact, all communications were in private emails and messages that would have been the same as

other recruitment method. In my social media posts, I was also conscious that my participants could potentially read them. The contents of the interviews were obviously strictly confidential, but I also made sure I avoided discussing my research progress in any detail that could potentially expose any individual participant. When I did discuss some findings of my research in a general way, I was conscious of using a respectful, empathic tone, keeping in mind that the research ultimately aims to benefit and give voice to a marginalised group.

6.4 Methodological reflexivity

In this section, I reflected on my expectations of the outcome of the research compared to the research findings. I also reflected on the strengths and limitations of this research from the methodological perspective.

In the Methodology section, I wrote down some of my assumptions prior to collecting data and interviewing participants. In writing up, it was interesting to note that some of my assumptions were in line with what the participants actually experienced, whereas other assumptions were untrue. For example, I expected that participants may have worries about the confidentiality of the counselling services. What I found was that participants had issues about confidentiality in their experiences with practitioners in China, but they had more trust in the confidential nature of the services offered at UK universities. Amongst the research findings, speaking English as a second language, the belief in self-sufficiency and shame in seeking professional help acted as barriers in accessing counselling services were within my expectations. I expected the lack of Chinese-speaking counsellors to be a barrier in accessing counselling, but the research suggested that cultural understanding and containment were more important than having the same language and background. I expected the understanding and encouragement of friends or families to be important to reduce shame when seeking professional help, and in the research, it came out to be more significant than I had

expected. The positive attitude towards proactive mental health screening as a way of mitigating anxiety and shame around the help-seeking process was also something that emerged unexpectedly.

6.4.1 Strengths

This research aimed to meet the validity criteria outlined by Yardley (2000). Details of the specific steps I had taken were described in section 4.5. Here I will briefly summarise the main points.

I adopted a reflexive approach throughout my research and kept a research journal to explicate my assumptions and thought process. I listed my assumptions and made my own help-seeking experiences transparent to help readers interpret my understanding of the data. As an insider-researcher position, I kept an awareness of the power relations there may be between the participants and me. I was mindful of my use of language as well as non-verbal communications that could affect the interview process. When analysing the data, I was again aware of my assumptions when I coded the data and group them into themes. To increase the rigour of the process, I employed peer review by my supervisor at critical stages and conducted member checking during the interview process. Throughout the process, I also conducted myself in an ethical, professional manner that was respectful and protective of my participants.

6.4.2 Limitations

There were several areas where this research had limitations in terms of its methodological procedure.

Lack of men in the participant pool

There was only one male interviewee out of eight. The lack of male participant was not intentional but a natural result of the participants who contacted me. The small number of male interviewees limited the scope of the research because young adult men and women are usually affected differently by mental health issues. Whereas college-age men tended to have higher suicidal rates, women tended to have a higher prevalence of anxiety and depression (Blanco et al., 2008). Since there was only one male interviewee, I was not able to explore a broader range of experiences of men. Research showed that there was more stigmatisation among Chinese men in terms of mental health issues (Yang, 2017). The effect of stigmatisation suggested that the male interviewee I was able to recruit, was possibly on the more open-minded spectrum in terms of his attitudes towards mental health issues, and therefore his experiences may not be representative of the full range of male experience in terms of help-seeking.

The reason for the lack of male interviewees could be a result of more stigmatisation among Chinese men to talk about their mental health issues, but also because a smaller proportion of Chinese men receive mental health treatment (Yang, 2017) so it was a smaller participant pool to start with. It was also possible that given that I was a female researcher looking for research participants on the Chinese social networks I was part of, there may be a female bias in the types of social circles that I was able to reach. Besides, it was also possible that a potential male participant may have been more willing to talk to a male researcher, rather than a female researcher. Although it was also possible that it could be the other way around.

Population of truly marginalised not reached

Another limitation of this research was that I was restricting the participant criteria to only those who have received professional counselling treatment due to ethical reasons. It may not be safe to interview vulnerable people who had not been able to reach out for professional mental health support, so they had been excluded from the recruitment criteria. The criteria potentially excluded a large population that would be very valuable to understand, namely those who needed mental health support but had not had any treatment. The group who needed support but did not access services was the group that directly contributed to the underutilisation of mental health services. This research aimed to understand the experiences of users for counselling services, in order to provide some insights on how to cater to the Chinese international student group better, but it was also possible that service users and non-users were fundamentally different people. If that were the case, then the research would not help to improve the rate of utilisation, but only help to create better experiences for those who would use the services. On the other hand, `.

Another possible limitation with the potential participant pool was that, regardless of whether they used the service or not, it was a self-selected group that was willing to be interviewed. Those who were willing to be interviewed might have had better English since the interviews were conducted in English. Maybe those who were willing to be interviewed had a more positive experience with help-seeking, or they were more reflective, so they were more willing to talk about it. The group of people who were willing to be interviewed might have represented a group that was more psychologically minded, more positive about help-seeking and has less stigmatisation about mental health issues. If that was the case, then the research had a bias towards the more modernised, open-minded, less stigmatised views about help-seeking by Chinese international students.

Language self-selection and limitations

In order to avoid translation as another step of interpretation, I had chosen to conduct the interviews in English. It was listed as part of the participant recruitment requirement that the participant must be fluent in English. This criterion may have limited the participant pool since some of the students may be interested in being interviewed but may not feel comfortable with their English-speaking skills to speak in length in a one-on-one setting. In reality, one or two interviewees did struggle with expressing themselves in English during the interviews and needed more time to form their thoughts. Moreover, given that language barrier was one of the most important stressors in cultural adjustment as well as academic performance, the bias towards interviewees with more proficient English also meant a bias against people with more cultural adjustment struggles and academic stress. Arguably, those who were struggling to cope culturally and academically simply did not have the time or energy to participate in research projects like this. From this perspective, the language criteria meant a bias towards a group that was more well-adjusted overall.

Also, conducting the interviews in English, rather than in our mutual native language, may have had an impact on the resulting interviews. Working in second language might have limited the possibilities of linguistic nuance in participant expression and my analysis. It was possible that working in a second language might have limited the production of ‘words that shine’ - i.e., words or phrases such as metaphors that provide particular insights into experience (Smith, 2007). In this research, there were instances where the participants creatively used English words in original ways that made up their own phrases which shone through. For example, one participant talked about ‘counsellor shopping’ as a way of exploring different professional help options. It can be argued that although there were limitations to using a second language, it did not necessarily mean that the interviews would not produce ‘words that shine’ that would provide a nuanced, rich picture of participants’ experiences.

On the other hand, there are also positive sides of using a second language. Dewaele (2011) talked about how speaking in a second language can open up new emotional expressions and space. Thus, I believe that the use of a second language in interviews was a double-edged sword. On the negative side, even if they could describe what had happened, it was harder to convey a felt sense of their emotional experiences in a second language due to the limitations of vocabularies. Therefore, some of the experiential aspects and emotive qualities of their accounts may have been lost. On the positive side, if the Chinese language carried the shame and stigma embedded within the culture, new emotional landscapes could be created in English as a second language, therefore possibly allowing more open, honest accounts. Considering both the positive and negative sides, choosing to conduct the interviews in English was a compromise that I reached before conducting the research. To mitigate the cons, I encouraged the interviewees to code-switch to Chinese words if they needed to during the interviews. Occasionally they did, and I used English to reflect back what they had said to get clarification of their emotional expressions. The summarizing and clarifying component had helped somewhat to retain some of their expressions but was not perfect.

Strength and limitation of focusing on Chinese students only

In this research, I focused only on Chinese international students. There were a number of pros and cons of this choice. The positive was that focusing on just one ethnic group helped to keep the group of participants to be relatively homogenous, particularly since there were cultural differences that distinguish Chinese international students from their European and non-European counterparts. This fitted with IPA's recommendations in studying a homogenous group. The downside of only studying Chinese international students was that it was difficult to know whether the research findings applied only to Chinese international students or could potentially represent other international student experiences as well. A much larger

study looking at different groups of international students could potentially give a more comprehensive understanding than my research. However, for the scope of this specific doctorate research study, I decided to focus on Chinese international students as a start.

6.4.3 Insider researcher position

Being an insider researcher had both its challenges as well as advantages. IPA has a rich tradition of coming from an insider researcher position (Smith et al., 2009), because a key value of IPA research is to develop an 'insider's perspective' (Conrad, 1987). The insider's perspective places meaningful emphasis on empathy, on understanding the perspective and context of the person in question. As an insider researcher, who is both a former and current Chinese international student and a therapist, having empathy for my participants' help-seeking experiences was not difficult. I could certainly put myself in their shoes as I identified with many of their experiences or have heard and read about help-seeking experiences across a broad range of people – from friends, what has been shared on social media, as well as from Chinese international student clients. It was natural to be in the participants' life-world and the context of their experiences.

The challenges lay in the other requirement of a successful IPA study, which is to stand alongside of the participant from a different perspective, to puzzle and question things they shared in the interviews (Smith et al., 2009). For the insider researcher, the challenge is to have enough separation from the personal position of the researcher to the position of the participant. I believe a helpful position is somewhat similar to the intersubjective, thirdness position (Benjamin, 2004) I adopt in therapeutic work, where I aim to stand in between the client and my own perspective, in an open, curious posture in the intersubjective space to ponder what is happening in our interactions. This position allowed me to see the participant's account, as well as how my personal position might have affected my interpretation of

the participant's account; it also helped me to bracket off my position where helpful, thus supporting the requirement of standing alongside the participant from a different perspective.

During the process, what I found personally challenging was when my personal experiences and values differed from the participant during the interview. It required me to bracket my personal position, be quietly observing what the participant evoked in me and still maintaining a non-defensive and open position to curiously enquire the participant's experience. For example, there were times I certainly felt the pull to try to provide an alternative view of the mental health profession and services where I felt the participants had some misunderstanding or even criticism of the services – my initial reaction was feeling protective towards my work and colleagues and wanting to provide the 'correct' information. At those moments there was also the question of my intention of providing information: was it to inform, to provide psychoeducation, or was it to project my world view onto the participants? I tried to observe those moments of internal struggle, and I held off the information and provided it at the debrief stage. I felt that was a good compromise of both allowing the participants' experiences to be expressed, but also to provide helpful psychoeducational information for further use. On reflection, during those moments of mental struggle, my ability to stand alongside and observe the participant's experiences further might have been compromised somewhat. Looking back at the transcripts, there were areas where I wished that I asked more questions to expand the conversation, but at the time I did not have enough mental capacity to be as curious as I would have liked to be.

Where I did succeed in staying open, curious and questioning, my own psychological therapy played an important role. There was a time where I had a more fixed view on my international student / immigration experience and how it affected my life path as well as my identity, to the point that I was closed off to other possibilities of the international student experience. Therapy allowed me to see how much of my biological predispositions, intergenerational, historical and developmental trauma, as well as one-off traumatic events all had on

the condition of my mental health, as well as my help-seeking journey. To be able to see that my international student experience only played one part in my overall life experience helped me to understand that other people who had different biological and development psychological histories may have completely different mental health journeys and help-seeking experiences from me. To be more secure in the understanding of my own story and my own help-seeking experience allowed me to feel more grounded when others' experiences contradicted mine. Literature review of this field, reading widely around this subject and interacting with a wide range of Chinese international students also expanded my understanding.

6.5 Implications and recommendations

In this section, I will discuss the implications and recommendations based on the findings and discussions of this research.

6.5.1 Recommendations for further research

Research into male students and female students separately

As discussed earlier, one limitation of this research was the lack of male interviewees and therefore, the lack of range of male Chinese international students' experiences in help-seeking, especially given that there are notable gender differences in help-seeking. Busfield (2012) discussed how males tended to use externalisation (turning feelings outwards such as using aggression) as a strategy to deal with mental distress, whereas female tended to use internalisation (turning feelings inwards) as a main strategy. Yang (2017) argued that different gender roles for Chinese men and women contributed to gendered psychological self-help literature. In future research, it may be worth having separate male-specific and female-specific research studies. It may be that their help-seeking barriers as well as support

needs are different. Understanding the differences can allow services to cater to both genders.

Research into marginalised groups and other international students

As discussed earlier, one limitation of this research was that those who did not receive counselling treatment were excluded from the study due to ethical reasons. One possibility for future research might be to conduct a piece of action research, where participants who identified to require counselling treatment but have not yet received counselling were recruited. After the research interview, the participants would be provided with counselling, and possibly during the counselling process and after counselling, their experiences could be explored and documented. Such provision of mental health support still would not include those who were truly marginalised and did not even realise that they needed psychological support or do not want to talk to anybody, but it would include a broader range of participants. In addition, a much larger study looking at different groups of international students could potentially give a more comprehensive understanding to know whether some of the findings were unique to Chinese international students or applied across different groups of international students.

Research into Chinese student attitudes towards proactive approaches

One thing emerged rather unexpectedly was the positive attitudes the participants showed in having proactive mental health screening. Rather than seeing psychometric testing or mental health screening as intrusive or shaming, quite a few interviewees were enthusiastic about it and some had positive experiences around it. It would be interesting to conduct further qualitative interviews to explore the nuances of these attitudes and to increase understanding on how universities can adjust their approaches best suited to Chinese international students in terms of mental health care.

6.5.2 Recommendations for practitioners

Practitioners could do with having a better understanding of their own cultural backgrounds with their positions and biases, as well as how the practitioner' culture standpoints may interact with the client's culture. Sue et al. (1992) provided a detailed matrix of 'multicultural counselling competencies'. The competencies described a practitioner's ability to achieve positive clinical outcomes in cross-cultural encounters with clients. The practitioner needed to be able to negotiate differences between themselves and their clients. We as practitioners could only take clients as far as we had gone ourselves. In the same vein, from a cultural identity and awareness perspective, we could only support our clients developing their cultural identities and awareness as far as we were able to explore within ourselves.

As mentioned earlier, many interviewees had experienced cultural conflicts (Leung & Chen, 2009). Practitioners could benefit from understanding the shifts in cultural from traditional to modernisation that had been happening in China and possibly accelerated by their experiences of studying abroad. The change in cultures could cause further conflicts within themselves and with their families who are often still living in China and hold more traditional values. Practitioners would need to develop sensitivity and competency in working with these societal and internal conflicts those Chinese international students experienced. They would need to help the students to negotiate a place where they could find peace balancing their needs for personal fulfilment and their familiar and societal obligations.

6.5.3 Recommendations for universities and educational institutes

More emphasis on cultural competency in training and hiring

Lago (2005) noted the general lack of cultural competency training in most western centric counselling and psychotherapy training programmes in the UK. While individual practitioners

could benefit from exploring the cultural dimension in their personal development, training programmes could do more by incorporating more modules in cultural awareness in formal training, especially given how many cultures are represented in the UK population and among international students.

Although some research suggested that Chinese client preferred practitioners from the same ethnic/cultural background (Ip et al., 2016), this research found the preferences to be mixed and that the practitioner's ability to understand, contain and negotiate cultural issues are at the core of their preferences. This suggested that universities need not necessarily hire more Chinese practitioners to work with Chinese students, but more culturally competent practitioners will have much more success engaging with Chinese students.

Set up stepped approaches and multiple access points of support services

The findings of this research supported the stepped approaches mentioned by Conn (2016) in the university mental health provision context. Stepped approaches meant that various points of access such as psychoeducational groups, seminars, talks, workshops, as well as one-to-one counselling were provided, to allow students some control in stepping up the intensity of support (Cornish et al., 2017). It also made sense to provide different points of access to services. For example, framing psychoeducational events as various academic success-themed workshops can reduce the stigma for students to attend such events, and they could provide an entry point into further help-seeking. Therapeutic group work can also dissolve shame and stigma of mental health issues (Herman, 2015) and may be perceived to be less intimidating by some students compared to one-to-one therapeutic interventions.

Collaborations of multidisciplinary expertise could potentially carve out different spaces to provide different access points. For example, the art workshop that Aiwen attended was an

excellent example of combing art and therapeutic work. There was also evidence that Chinese Calligraphy Therapy could be an effective complementary approach to psychotherapy (Kao, 2010), and Chinese calligraphy would be a familiar and non-threatening subject to most Chinese people. Another example would be mindfulness-based psychoeducation programmes which were proven to have a positive effect on mental health. One study by Chien and Lee (2013) provided some evidence that Chinese schizophrenic patients in the mindfulness psychoeducation programme showed significantly larger improvements in their psychosocial functioning than those in usual care. The programme increased awareness and knowledge of the schizophrenic illness and helped to build illness management skills. A review of anti-stigmatisation programmes in China also found that anti-stigmatisation programmes have positive effects on perceived/experienced/anticipated stigma, self-prejudice and coping with stigma, as well as for depression and anxiety symptoms and quality of life (Xu et al., 2017). It was likely that Chinese international students would similarly benefit from a range of awareness-raising, skills-teaching and anti-stigmatisation types of psychoeducation and therapeutic programmes.

Proactive mental health screening for Chinese international students

This research supported the idea of proactive mental health screening for Chinese international students. Previously I discussed the collectivist cultural tendency to view mental health screening as a way of caring rather than a threat to personal liberty, and how it could mitigate the barrier in lack of psychoeducation, the anxiety and difficulty in recognizing needs in mental health support, and the shame in asking for help. Since international students typically underutilised counselling services and overutilised health services through somatisation (Conn, 2016) due to shame and stigmatisation, it may be advisable to treat help-seeking in physical illness as potential help-seeking in mental health issues, to provide a route to evaluate and screen the mental health conditions of the student patients, and to proactively offer mental health support. However, the potential question here was whether to extend the

screening to all international students, or even to the whole student population. This research has provided some evidence that Chinese international students would be open to the idea of proactive mental health screening, but the implementation of such practice will also need to be considered in a much wider context, which was beyond the scope of this research.

Conn (2016)'s concept of 'hierarchy of help' suggested that for non-European international students, friends and families were at the top of the hierarchy, followed by their social and cultural communities, academic staff, medical services, and at the very bottom, the counselling services. From this perspective, universities can help by proactively monitoring students' mental health by collaborating with international students' cultural communities, academic staff as well as medical services. One interviewee mentioned that she attended an eye appointment where she did a mandatory mental health questionnaire and was recommended to see a therapist followed by the score of the screening questionnaire. In another instance, the interviewee was too weighed down by academic demands to seek out psychological help even though she was aware that she needed the support. I could not help but wonder that if the help were proactively offered, for example, by her academic tutor, who would have a good grasp of her level of stress through their academic catchup, then maybe she would have been able to get support earlier. Consequently, this suggested that proactive screening that was integrated at the points of physical health checks, as well as academic check-ins, could be helpful.

Universities can also potentially work with social and cultural groups. Most universities have a Chinese student association where Chinese international students befriend and support each other and organise cultural events. It may be useful to establish a line of contact with the leadership of Chinese student associations to provide psychoeducation on mental health issues and practical information regarding help-seeking. It is possible that if the community

leaders were more informed about mental health issues, their impact on the members of the community could be far-reaching and targeted.

Peer-to-peer modelling and support networks

This research found that in many positive experiences of help-seeking, a crucial element has been the positive role-modelling of a friend who worked in the field of mental or social care. The friend acted as a bridge between the interviewee and an unfamiliar world of mental health professionals, demystified what practitioners did and how psychotherapy can be useful in helping people.

Not everyone can have a close friend in this field, but it did seem to suggest that peer modelling was a powerful agent. Universities could support ways to peer influence by maybe recruiting Chinese students from psychology or social care departments to become mental health advocates/ambassadors in their communities, either in informal social settings or organised events.

Message catering to Chinese international students

While it did make sense that all Chinese international students *should* have sufficient English skills to absorb the mainstream information on the websites, the reality was that when under duress, many people's cognitive abilities degrade (e.g., Staal, 2004). Mostly if one was not familiar with psychological terms, accessing a busy website full of unfamiliar vocabulary and processing new information can be a challenge, and one can easily give up. Some interviewees talked about how their friends dropped off applying for counselling because of information access barriers. The research supported the importance of messaging that is targeted directly at Chinese international students.

The research also found that interviewees preferred to access the information in Chinese because it felt like someone inside was also aware of their problems, which implied the perception of a degree of trust before the commencements of psychological therapy. Seeing the service information in Chinese could also feel like it came within the cultural community, rather than just from counselling services, which may raise the status of such information on the 'hierarchy of help'. Seeing mental health support information advertised in English can be perceived as the services being for 'them' - the local students that many interviewees distinguished themselves from. A Chinese student seeing the information advertised in Chinese could feel like the service was welcoming to ‘me’.

6.6 Summary

Overall, the help-seeking experiences of Chinese international students at UK universities was a complex phenomenon that was situated in the context of the changing landscapes in UK universities student mental health conditions and provisions, as well as the developing outlooks of cultural identities and values in Chinese culture, and more specifically the evolving dynamics within the Chinese international student groups. At the time of writing, I was not aware of any published studies in the UK to look at the Chinese international students specifically using an IPA methodology; therefore, this research was filling some important gaps of knowledge in the Counselling Psychology field. One thing that was clear from this research was that Chinese international students shared many challenges as the local students and international students from other cultures and countries, but they also faced many unique obstacles. In order to help this group better, it would be helpful to acknowledge the differences before potential changes can be made.

At the time of finishing up this dissertation, the UK is reflecting on the one-year anniversary of lockdown since the start of the Covid-19 global pandemic. Many studies have started to examine the impact of the pandemic and lockdown on mental health; the initial studies have

shown alarming negative implications on young people's mental health, emotional and social functioning (e.g., O'Connor et al., 2020; Pierce et al., 2020; Pfefferbaum & Carol, 2020). Covid-19 will also likely have an effect in the planning and structuring of mental health support in UK universities for years to come. A point worth acknowledging was that, in addition to the long-term effect of the pandemic on mental health, the general rise in the prevalence of university student mental health issues in the UK and the decline in funding for mental health provisions, it can be challenging to provide many additional supports for Chinese international students without bankrupting the budget. Cost and benefit analysis of limited resources when implementation of some of the recommendations was not within the scope of this research. It would require further consideration from a pragmatic perspective to ensure maximum impact in improving mental health provisions while adhering to limitations of time and financial resources of universities and educational institutes.

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APPENDIX

1. Research ethics application
2. Ethical approval letter
3. Participant information sheet
4. Consent form
5. Debrief
6. Sample interview transcript and initial coding
7. Sample excel table of emerging themes
8. Development of superordinate themes

Research Ethics Application Form

Middlesex University London

Metanoia Institute and Middlesex University
Metanoia's Research Ethics Committee

METANOIA INSTITUTE

These guidelines exist for candidates and staff, and for any external body wishing to access Metanoia Institute for the purposes of research. Metanoia's Research Ethics Committee oversees the process of approving all research undertaken by staff and candidates prior to the commencement of the study. If ethical approval has been obtained from a recognised Research Ethics Committee, the letter of approval must be submitted to the Metanoia's Research Ethics Committee prior to the commencement of the study with the application to Metanoia's research committee. You will need to complete the ethics form itself and also complete a risk assessment for the project work. Risk assessment materials are included at the end of this document. Please read these guidelines carefully, to ensure that you submit the correct documentation.

Approved proposals may be audited at random in order to verify that they comply with the ethical requirements/guidelines of Metanoia's Research Ethics Committee.

Please note that at Metanoia Institute we do not distinguish between categories of proposal since we require full documentation to be submitted for all proposed projects.

All applicants should read the British Psychological Society's *Code of Human Research Ethics* (2010) (available to download at www.bps.org.uk), the British Association for Counselling and Psychotherapy's *Ethical Framework for the Counselling Professions (*2016) (available to download at www.bacp.co.uk), and the United Kingdom Council for Psychotherapy *Ethical Principles and Code of Professional Conduct* (2009). Applicants should also familiarise themselves with the Data Protection Act (1998) - information and guidance on this is provided by the Information Commissioner's Office (available at: www.ico.gov.uk) - and also the Research Governance Framework for Health and Social Care (2005) (available to download at: www.dh.gov.uk/PolicyandGuidance/ResearchandDevelopment).

Consistent with BPS, BACP and UKCP guidance, ethical conduct needs to be viewed as a process. Hence, ethical matters should be continually reviewed and addressed throughout the course of the project and in consultation with your research supervisor. If there are significant changes to your research design, you should consider the ethical implications of these changes and consider also, in consultation with your research supervisor, whether formal ethical approval needs to be obtained again.

Before completing this form you should discuss the ethical implications of your research with your research supervisor.

Statutory data collected as part of a candidate's employment

Candidates do not need to seek approval for the collection of data obtained as part of their normal professional work roles and under statutory powers. However, should a candidate intend to use the data to address a research question outside their 'normal work role' ethical approval will be required. Permission for the access to and use of the data for research purposes should be provided by the employer with reference to the data protection act. In such cases, this committee does not approve the collection of data but only its use as part of the candidate's research project. In order to assist the committee in its deliberations candidates are advised to provide a paragraph outlining the capacity in which they are obtaining the data.

Studying abroad

When research is being carried out abroad, in addition to the requirements of the ethical procedure of the host country, candidates should seek written permission (concerning access), from the relevant bodies/departments to access the research participants/records/documentation. Metanoia's Research Ethics Committee will be responsible for the ethics scrutiny of the project and the candidate will be required to follow the normal procedures and guidelines for obtaining Metanoia's ethical permission.

Purpose of this form

This form is reviewed by the Research Ethics Committee in order to assess the ethical implications of your research project and your response to these implications. The research cannot proceed until ethical approval has been obtained. Applicants may be asked to review and re-submit this form in the light of the Research Ethics Committee's decision regarding whether ethical issues have been adequately identified and addressed prior to starting the research work.

Once completed, this form should be submitted to the Research Ethics Committee, accompanied by:

- Your finalised research proposal.
- Any research materials such as participant recruitment advertisements, letters/email communications to participants, information sheets and consent forms.
- Research materials such as interview schedules, topic guides, published questionnaires, or other research protocol materials.
- Letter of consent from any organisation where researcher is conducting either interviews, focus groups, surveys, observations etc.
- Evidence of permission to access data, or provide justification where permission is not required.
- A letter of approval from a recognised Research Ethics Committee if ethical approval for the study to take place has been required from another organisation (e.g. NHS, MoD, etc.).

DETAILS OF APPLICANT AND RESEARCH SUPERVISOR

1.1. Applicant's name: Meng (Maggie) Shen

1.2. Email address: meng.shen@metanoia.ac.uk

1.3. Telephone number: 07846889319

1.4. Research supervisor(s) name, qualifications and contact details: TBC

1.5 Institution/contact details (if applicable): n/a

1.6 Do you have any external funding for this project? Yes/ (No) (please circle)
If yes, please provide brief details including the name of the funding body:

1.7. Project title: An Interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

ETHICAL CONSIDERATIONS
Note: The items below cover all of those in the A/B categories of Middlesex University

	YES	NO	N/A
1. Will you describe the research procedures in advance to participants so that they are informed about what to expect? Please attach a copy of any recruitment letters and information sheet to be used.	***X***		
2. Is the project based on voluntary participation?	***X***		
3. Will you obtain written consent for participation?	***X***		
4. If the research is observational, will you ask participants for their consent to being observed?			***X***
5. Will you tell participants that they may withdraw from the research at any time and for any reason and inform them of how they may withdraw?		***X (please see notes at the end)***	
6. Will you ensure that participants are not subtly induced, either to participate initially, or to remain in the project?	***X***		
7. Will you give participants the option of omitting questions from interviews or questionnaires that they do not want to answer?	***X***		
8. Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	***X***		
9. Have you made provision for the safe-keeping of written data or video/audio recordings?	***X***		

10. Will you debrief participants at the end of their participation?			
11. Have you ensured that your research is culture/belief/ social system sensitive and that every precaution has been taken to ensure the dignity, respect and safety of the participants?	***X***		

If you have answered 'NO' to any of the questions listed in 1 to 12 above, then please provide further details on a separate page and attach it to this application.

	YES	NO	N/A
12. Is there a realistic risk of any participant experiencing either physical or psychological distress or discomfort? If YES, what will you tell them to do if they should experience any problems (e.g. who they can contact for help.)	X		
13. Is there an existing relationship between the researcher and any of the research participants? If YES, please describe the ethical implications and the safeguards in place to minimise risks.		X	
14. Your research does not involve offering inducement to participate (e.g. payment or other reward)? If YES, please describe the ethical implications and the safeguards in place to minimise risks.		***X***	
15. Will the project involve working with children under 16 years of age? If YES, please describe parental consent and safeguarding procedures.		X	
16. Will your project involve deliberately misleading participants in any way? If YES, please explain why this is necessary.		X	
17. Will you need to obtain ethical approval from any other organisation or source? If YES, please attach letter confirming their ethical approval.		X	
18. Are there any other ethical considerations in relation to your project that you wish to bring to the attention of the Research Ethics Committee that are not covered by the above? If YES, please describe on a separate sheet.		X	

If you have answered 'YES' to any of the questions listed under 13 to 18 above, then please provide further details on a separate page and attach it to this application.

CANDIDATE DECLARATION

I have read the BACP and the BPS guidelines for ethical practices in research and have discussed this project with my research supervisor in the context of these

guidelines. I confirm that I have also undertaken a risk assessment with my research supervisor:

Signed:……  .....

Print name…Meng (Maggie) Shen…….....Date……15 Feb 2020.....……
(Applicant)

RESEARCH SUPERVISOR DECLARATION

- As supervisor or principal investigator for this research study I understand that it is my responsibility to ensure that researchers/candidates under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.
- I confirm that I have seen and signed a risk assessment for this research study and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.
- I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see http://www.wma.net/e/policy/b3.htm).
- I confirm that I have reviewed all of the information submitted as part of this research ethics application.
- I agree to participate in committee's auditing procedures for research Studies if requested.

Signed:…….....

Print name……...…….....…..... Date……...……
(Supervisor)

STATEMENT OF ETHICAL APPROVAL

This project has been considered by the Metanoia Research Ethics Committee and is now approved.

Signed:…….....Print name…….....….
Date……...……
(On behalf of the Metanoia Research Ethics Committee)

Metanoia Institute

PARTICIPANT INFORMATION SHEET (PIS)

Participant ID Code:……

SECTION 1

1. Study title

An interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

2. Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

3. What is the purpose of the study?

This study aims to give voice to the mainland Chinese international students who study in UK universities and to explore their experience in accessing various forms of mental health support. Research generally suggests that international students face many challenges in academic, practical as well as psychological aspects, in addition to the general stress experienced by home students. At the same time, the utilisation of mental health support services such as university counselling services is much lower than home students. Some researchers have found cultural and language factors to be contributing to this phenomenon. In this study, I hope to explore how Chinese international students make sense of their experience when they come across mental health difficulties.

4. Why have I been chosen?

It is important that we assess as many participants as possible, and you have indicated that you are interested in taking part in this study.

You have been chosen as you responded to my advertisement. You were selected as you met the inclusion criteria: you are from mainland China and studying at a UK university or have recently graduated, no more than 30 years old, currently receiving mental health support, OR have already sought professional mental health support and currently waiting for your first proper session, OR have had mental health support in the past, and have sufficient English abilities as the interview will be conducted mainly in English.

There will be 6-8 participants taking part in this study.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to withdraw from the study then please inform the researcher as soon as possible, and they will facilitate your withdrawal. If, for any reason, you wish to withdraw your data please contact the researcher within a month of your participation. After this date it may not be possible to withdraw your individual data as the results may have already been published. However, as all data are anonymised, your individual data will not be identifiable in any way.

6. What will I have to do?

If you decide to participate, you will be asked to take part in an audio-recorded semi-structured interview, which can last up to 2 hours. You will be given a chance to share your experience about your challenges studying at a UK university, the experience of having mental health support needs and your experience in accessing the services and support.

In about a month, there will be a follow-up conversation giving us a chance to explore how the interview impacted you, and whether you need further support.

All recorded interviews will be transcribed by the researcher (Maggie Shen) and anonymous extracts of the transcripts will be used in the research dissertation. As I endeavour to work collaboratively and transparently, once the interview transcript is completed, I will send you a copy of your transcribed interview to check and verify. You would also have an opportunity to review if my understanding of your experience is comfortable to you, and justifies your experience. Please do let me know if you would like to speak about anything I misunderstood or omitted. The completed study will be available for you to read afterwards as well.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

7. What are the possible benefits of taking part?

We hope that participating in the study will help you. However, this cannot be guaranteed. The information we get from this study may help us to have a further understanding of Chinese international students' experience in accessing mental health support in UK universities, which may inform policy-makers and professional mental health practitioners to serve this community better.

Participants will be given a chance to share their experience and the meaning-making process of their mental health challenges. This may help with self-exploration, facilitate meaning-making processes and help address some concerns and questions about seeking emotional support.

8. What are the possible disadvantages of taking part?

As a result of taking part in this study, you may experience psychological distress in recounting your experience. If this happens, I will guide you towards access further

sources for emotional support, if the support you were already accessing or waiting to access was not appropriate. If you had mental health support in the past but not at the time of the interview, I will also discuss with you what possible support you might seek afterwards.

Throughout the interview process, I will keep in mind your wellbeing. I will debrief you about your interview experience and use my counselling skills throughout the interview process, to create a safe and containing environment. I will remain sensitive to signs of your distress, and if at any point you show any such symptoms, you will be asked whether you wish to continue. You will have the right to end the interview without giving an explanation.

9. Will my taking part in this study be kept confidential?

The research team has put a number of procedures in place to protect the confidentiality of participants. You will be allocated a participant code that will always be used to identify any data you provide. Your name or other personal details will not be associated with your data, for example, the consent form that you sign will be kept separate from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic data will be stored on a password protected computer. All information you provide will be treated in accordance with the UK Data Protection Act.

10. What will happen to the results of the research study?

The results of this study will be presented at conferences or in journal articles. However, the data will only be used by members of the research team and at no point will your personal information or data be revealed.

11. Who has reviewed the study?

The study has received full ethical clearance from the Metanoia Institute Research Ethics committee (MREC) who reviewed the study.

12. Contact for further information

If you require further information, have any questions or would like to withdraw your data then please contact:

Maggie Shen (Meng.shen@metanoia.ac.uk)

Thank you for taking part in this study. You should keep this participant information sheet as it contains your participant code, important information and the research teams contact details

SECTION 2

Metanoia Institute Guide to Research Privacy Notices

Privacy notices need to be presented whenever data is collected and should be understandable and accessible. Privacy notices must explain the type and source of data that will be processed. They will also set out the processing purpose, data retention schedules and data sharing. Privacy notices must include details of the subject's rights and who the subject can complain to.
The following example may be used and completed for your research purposes.

Metanoia Institute Privacy Notice for Research Participants

The General Data Protection Regulation (GDPR) protects the rights of individuals by setting out certain rules as to what organisation can and cannot do with information about people. A key element to this is the principle to process individuals' data lawfully and fairly. This means we need to provide information on how we process personal data.
The Institute takes its obligation under the GDPR very seriously and will always ensure personal data is collected, handled, stored and shared in a secure manner. The Institute's Data Protection Policy can be accessed here:
http://metanoia.ac.uk/media/2363/privacy-policy-metanoia-institute.pdf
The following statements will outline what personal data we collect, how we use it and who we share it with. It will also provide guidance on your individual rights and how to make a complaint to the Information Commissioner's Officer (ICO), the regulator for data protection in the UK.

Why are we collecting your personal data?

We undertake research as part of our function and in our capacity as a teaching and research institution to advance education and learning. The specific purpose for data collection on this occasion is to have a further understanding of Chinese international students' experience in accessing mental health support in UK universities, which may inform policy-makers and professional mental health practitioners to serve this community better.

The legal basis for processing your personal data under GDPR on this occasion is Article 6(1a) consent of the data subject.

Transferring data outside Europe

In the majority of instances your data will be processed by Metanoia Institute researchers only or in collaboration with researchers at other UK or European institutions so will stay inside the EU and be protected by the requirements of the GDPR.
In any instances in which your data might be used as part of a collaboration with researchers based outside the EU all the necessary safeguards that are required under the GDPR for transferring data outside of the EU will be put in place. You will be informed if this is relevant for the specific study you are a participant of.

Your rights under data protection

Under the GDPR and the DPA you have the following rights:

- to obtain access to, and copies of, the personal data that we hold about you;
- to require that we cease processing your personal data if the processing is causing you damage or distress;
- to require us to correct the personal data we hold about you if it is incorrect;
- to require us to erase your personal data;
- to require us to restrict our data processing activities;
- to receive from us the personal data we hold about you which you have provided to us, in a reasonable format specified by you, including for the purpose of you transmitting that personal data to another data controller;
- to object, on grounds relating to your particular situation, to any of our particular processing activities where you feel this has a disproportionate impact on your rights.

Where Personal Information is processed as part of a research project, the extent to which these rights apply varies under the GDPR and the DPA. In particular, your rights to access, change, or

move your information may be limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we may not be able to remove the information that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible. The Participant Information Sheet will detail up to what point in the study data can be withdrawn.
If you submit a data protection rights request to the Institute, you will be informed of the decision within one month. If it is considered necessary to refuse to comply with any of your data protection rights, you also have the right to complain about our decision to the UK supervisory authority for data protection, the Information Commissioner's Office.
None of the above precludes your right to withdraw consent from participating in the research study at any time.

Collecting and using personal data
All recorded interviews will be transcribed by the researcher (Maggie Shen) and anonymous extracts of the transcripts will be used in the research dissertation. As I endeavour to work collaboratively and transparently, once the interview transcript is completed, I will send you a copy of your transcribed interview to check and verify. You would also have an opportunity to review if my understanding of your experience is comfortable to you, and justifies your experience. Please do let me know if you would like to speak about anything I misunderstood or omitted. The completed study will be available for you to read afterwards as well.

Data sharing
Your information will usually be shared within the research team conducting the project you are participating in, mainly so that they can identify you as a participant and contact you about the research project.
Responsible members of the Institute may also be given access to personal data used in a research project for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your records. All of these people have a duty to keep your information, as a research participant, strictly confidential.
If we are working with other organisations and information is shared about you, we will inform you in the Participant Information Sheet. Information shared will be on a 'need to know' basis relative to achieving the research project's objectives, and with all appropriate safeguards in place to ensure the security of your information.
Storage and security
The Institute takes a robust approach to protecting the information it holds with its encrypted server and controlled access.
Retention
Under the GDPR and DPA personal data collected for research purposes can be kept indefinitely, providing there is no impact to you outside the parameters of the study you have consented to take part in.
Having stated the above, the length of time for which we keep your data will depend on a number of factors including the importance of the data, the funding requirements, the nature of the study, and the requirements of the publisher. Details will be given in the information sheet for each project.
Contact us
The Principal Investigator leading this research is
Meng (Maggie) Shen, Meng.shen@metanoia.ac.uk
In case you have concerns about this project you can contact:
Dr. Julianna Challenor, Julianna.Challenor@metanoia.ac.uk

The Institute's official contact details are:
Data Protection Officer
Metanoia Institute
W5 2QB
Tel: +44 (0)20 8579 2505
Email: dataprotection@metanoia.ac.uk

Participant Identification Number:

CONSENT FORM

Title of Project: An interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

Name of Researcher: Meng (Maggie) Shen

Please initial box

1. I confirm that I have read and understand the information sheet dated .....……..…for the above study and have had the opportunity to ask questions. [1]

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without penalty. [2]

3. I agree that this form that bears my name and signature may be seen by a designated auditor. [3]

4. I agree to provide my GP details here _____ so that if the interview has revealed material that is concerning, the researcher m[illegible]tact my GP with my consent to arrange further support for me [4]

5. I understand that my interview may be recorded and subsequently transcribed. [5]

6. I agree to take part in the above study. [6]

Name of participant	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

1 copy for participant; 1 copy for researcher;

Metanoia Institute Data Protection Checklist for Researchers

Project title: An interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

PI/Supervisor: TBC **Date: 15 Feb 2020**

There are **8 Data Protection Principles**, which states that information must be:

1. Fairly and lawfully processed;
2. Processed for specified and lawful purposes;
3. Adequate, relevant and not excessive;
4. Accurate and kept up date where necessary;
5. Not kept for longer than is necessary;
6. Processed in accordance within individuals' rights under the DPA;
7. Kept secure;
8. Not transferred to countries without adequate protection.

Section 33 of the Data Protection Act 1998 (DPA) provides exemption to some of the eight data protection principles for processing personal data for 'research purposes' including statistical or historical purposes. These are noted in the checklist below.

For guidance on the Data Protection Act for Social Research please see the MRS/SRA Data Protection Act 1998: Guidelines for Social Research, April 2013 which can be accessed using the following link: http://www.mrs.org.uk/pdf/2013-04-23%20MRS%20SRA%20-%20DP%20Guidelines%20updated.pdf

Guidance on large data sets can be found at the Information Commissioner's Office website – Big Data and Data Protection July 2014. http://ico.org.uk/news/latest_news/2014/~/media/documents/library/Data_Protection/Practical_application/big-data-and-data-protection.pdf

You may also find JISC Legal Information on Data Protection and Research Data Questions and Answers, Aug 2014 helpful. http://www.jisclegal.ac.uk/ManageContent/ViewDetail/ID/3648/Data-Protection-and-Research-Data-Questions-and-Answers-21-August-2014.aspx

Note: Personal data which is anonymised[i], permanently, is exempt from compliance with the DPA and registration process. See endnotes for further details.

Conditions which must be met for a research exemption to apply under section 33 of the DPA 1998	**Please indicate**	
1. The information is being used **exclusively for research** purposes?	**Agree**	Disagree
2. The information is not being used to **support measures or decisions relating to any identifiable living individuals**?	**Agree**	Disagree
3. The data[ii] is not being used in a way that will **cause** or **is likely to cause, substantial damage or substantial distress** to any individuals or very small groups? *If you 'Disagree' please provide details why an adverse effect is justified:*	**Agree**	Disagree
4. The results of the research, or any resulting statistics, will **not be made available in a form that identify individuals**? *If you 'Disagree' please provide details why identification is intended:*	**Agree**	Disagree
If you 'Agree' to all of the above conditions then the use of personal data is exempt from the Second Principle and the Fifth Principle, but you must comply with First, Third, Fourth, Sixth, Seventh and Eighth Principles of the DPA. If a research exemption does not apply then you must ALSO comply with the Second and Fifth Principles of the DPA		
First Principle: Fairly and lawfully processed		

5. Will you have appropriate **informed consent**[iii] secured from participants for the **personal data**[iv] that you will be analysing? i.e., **inform participants** of a) What you will **do** with the data? b) Who will **hold** the data? (Usually MU, unless a third party is involved) c) Who will have **access** to the data or receive copies of it? (e.g., for **secondary data sets**, are you sure that appropriate consent was secured from participants when the data was collected?) *If 'no' please provide details and any further actions to be taken:*	**Yes**	No	N/A
6. If you plan to analyse **sensitive personal data**[v], have you obtained **data subjects'**[vi] **explicit informed consent**[vii] (as opposed to **implied consent**[viii])? *If 'no' please provide details:*	**Yes**	No	N/A
7. If you do not have the data subjects' explicit consent to process their data, are you **satisfied that it is in the best interests of the data subject** to collect and retain the sensitive data? *Please provide details:*	Yes	No	**N/A**
8. If you are processing[ix] personal data about **younger individuals or those with reduced capacity**, have you put a process in place to obtain consent from parents, guardians or legal representatives, if appropriate? *Please provide details:*	Yes	No	**N/A**
9. Will you have a process for managing **withdrawal of consent**? *If 'no' please provide details:*	**Yes**	No	N/A
10. Will it be necessary or desirable to work with external organisations e.g., charities, research organisations etc. acting as **a third party** i.e., directly providing a service for us or on our behalf that involves them accessing, collecting or otherwise processing personal data the third party will become a data processor under the DPA? *If 'yes' then you will be using a third party as a data processor you must take advice from the Metanoia Institute Data Protection Officer about the planned contractual arrangements and security measures.*	Yes	**No**	N/A
11. If you hold or control personal data, will you **register and/or inform** the Metanoia Institute Data Protection Officer when: i) A new dataset has been established, ii) The purpose for which personal data stored in a dataset has changed, iii) A networked dataset of personal data is being used, iv) Extracting personal data from a networked dataset to create a new dataset.	**Yes**	No	N/A
Second Principle: Processed for limited purposes			
Will personal data be obtained only for **one or more specified and lawful purposes**, and not further processed in any manner incompaible with the purpose(s)? (Research data subjects should be informed of any new data processing purposes, the identity of the **Data Controller**[x] and any disclosures that may be made.) **Research Exemption Note** (section 33(2)): Personal data can be processed for research purposes other than for which they were originaly obtained if that processing does not lead to decisions being made about an individual and is not likely to cause substantial damage or distress to an individual. That data may also be held indefinitely (Section 33(3)).	**Yes**	No	N/A
Third Principle: Adequate, relevant and not excessive			
12. Will you only collect data that is **necessary** for the research? *If 'no' please provide details and any further actions to be taken:*	**Yes**	No	N/A

Fourth Principle: Accurate and where necessary, kept up to date			
13. Will you take reasonable measures to ensure that the information is **accurate**, **kept up-to-date** and **corrected** if required? *If 'no' please provide details:*	**Yes**	No	N/A
Fifth Principle: Not kept for longer than is necessary			
14. Will you check **how long data legally must be kept** and **routinely destroy** data that is past its retention date and **archive data** that needs to be kept? **Research Exemption Note** (section 33(3)): Personal data processed for research purposes can be kept indefinitely.	**Yes**	No	N/A
Sixth Principle: Processed in accordance with individuals' rights under the DPA[xi]			
15. If you are intending to publish information, which could **identify individuals**, have you **made them aware** of this when gaining their informed consent? *If 'no' please provide details:*	Yes	No	**N/A**
16. Will you allow **access to all personal data** held about a data subject if an individual makes this request? **Research Exemption Note** (section 33(4)): Where the results of processing personal data for research purposes do not identify a data subject, that data subject does not have a right of access to that data.	**Yes**	No	N/A
17. Will you ensure that all researchers who have access to **personal data** understand that it **must not be provided to any unauthorised person or third party** (e.g. family members etc.) unless consent has been given?	**Yes**	No	N/A
Seventh Principle: Kept secure			
18. Will you ensure that personal data will be **stored in locked cabinets, cupboards, drawers** etc. (regardless of whether data is on paper, audio visual recordings, CDs, USBs, etc.)?	**Yes**	No	N/A
19. Will you ensure that if personal data is to be **stored electronically** it will only be kept on **encrypted devices**?	**Yes**	No	N/A
20. Will you ensure that individuals who have access to the personal data are aware that **email is not a secure method** of communication and should **not be used for transferring the data**?	**Yes**	No	N/A
21. Will you ensure that **disposal of personal data** will be via **confidential waste services** or in the case of **electronic media and hardware** should be **destroyed** in line with Metanoia Institute guidelines and procedures?	**Yes**	No	N/A
Eighth Principle: Not transferred to other countries without adequate protection			
22. Will you **ensure that personal data is not transferred outside the EEA** unless one of the following applies? i. The country you are transferring the data to has been approved as providing adequate protection ii. You have obtained explicit informed consent from the individual(s) iii. You have a contract in place with the recipient of the data, which states the appropriate data protection requirements. iv. You have completely anonymised the data.	**Yes**	No	N/A

ıy concerns in relation to compliance with the DPA should be discussed with the Middlesex University Data Protec-ın Officer.

[1] **Anonymous data** is prepared from personal information but from which, an individual cannot be identified by the person holding the data. **Anonymisation** is a **permanent** process. Personal data must be treated so that it cannot be processed in such a way as to link the data to a specific individual (e.g., using an identifier). Coded data is not anonymised and therefore not exempt from compliance or registration.

[1] **Data** covers information that is held on computer, or to be held on computer to be processed. Data is also information recorded on paper if you intend to put it on computer.

[1] **Informed consent** means providing participants with a clear explanation of the research project in order for them to give informed consent regarding the use of their data. Individuals should be informed that their involvement is voluntary and that they have the right to refuse or withdraw at any time without any negative consequences.

Informed refers to the following information being provided to the data subject/participant:

i) Who you are, the organisation you work for and who else is involved in the research project or using the data.
ii) What data will be collected and how.
iii) Who will hold the data, control access to the data and how it will be stored and kept safe and whether it will be transferred to a third party.
iv) How the data will be used.
v) How long it will be kept and what will happen to it at the end of the project.
vi) Risks related to any aspects of the research project and data, benefits of the research project and any alternatives.

[1] **Personal data** (sometimes referred to as personal information) means data which relate to a living individual who can be identified from those data whether in personal or family life, business or profession, or from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller. The data is of biographical significance to the individual and impacts an individual in a personal, family, business or professional capacity. It includes any expression of opinion about the individual and/or statements of fact.

[1] **Sensitive personal data** means personal data consisting of information about the **data subjects'**,

1. Racial or ethnic origin,
2. Political opinions,
3. Religious beliefs or other beliefs of a similar nature,
4. Trade union membership
5. Physical or mental health or condition,
6. Sexual life,
7. Criminal matters

Also personal financial details are vulnerable to identity fraud and should be handled confidentially and securely although not defined as sensitive under the Act.

[1] **Data subject** is a living individual to whom the personal data relates. If an individual has died or their details have been anonymised then their data does not fall within the Act. Personal data relating to deceased individuals may still be owed a duty of confidentiality.

[1] **Explicit informed consent** is where an individual actively opts to participate.

[1] **Implied consent** is where an individual must inform the researcher that they wish to opt out.

[1] **Processing** of personal information includes collecting, using, storing, destroying and disclosing information.

[1] **Data controller** is the person who either alone or jointly on in common with other persons determines the purposes for which, and the manner in which, any personal data are or are to be, processed. The fact that an individual or institution holds or processes personal data does not make them a Data Controller if they do not determine the purpose and manner of that holding or processing. (This is probably one of the most widely misunderstood definitions of the Act.) In most cases the Data Controller will be Middlesex University, however further guidance and clarification can be sought from the Middlesex University Data Protection Officer.

[1] **Data subject rights** include rights to access, for accuracy, to prevent processing likely to cause damage or distress, to prevent direct marketing, to prevent automated decision making, to seek compensation and for no third party access. Access means an individual can make a subject access request for all copies of all personal data held about them and ask to whom it has been disclosed. An individual potentially has access to personal comments written about them. It is an offence to deliberately edit or destroy data once a subject access request has been received. Third parties do not generally have access to subject data unless an exemption applies or there is overriding public interest. There may be limited third party access to ordinary personal data relating to a business or professional capacity in the public interest through the Freedom of Information Act.

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT

This proforma must be completed as part of the research ethics submission for all fieldwork. It is to be completed by the person carrying out the fieldwork (which in most cases is the candidate) in conjunction with the research supervisor.

FIELDWORK DETAILS

Name of person carrying out fieldwork (usually the candidate).....Meng (Maggie) Shen.....

Name of research supervisor.....TBC.....

Telephone numbers and name of next of kin who may be contacted in the event of an accident	**FIELDWORK NEXT OF KIN** **Name** …… **Phone** ……..
Physical or psychological limitations to carrying out the proposed fieldwork	…….……n/a…..…….…….…….. …….…….…….……..……..
Any health problems (full details) which may be relevant to proposed fieldwork activity in case of emergencies.	…….……n/a……..……. …….…….…….……..…….
Locality (Country and Region)	…….London, UK……..
	…….…….…….……..…….
Travel arrangements	……public transport…….
NB: Comprehensive travel and health insurance must always be obtained for independent overseas fieldwork.	…….…….…….……..……. …….…….…….……..…….
Dates of travel and fieldwork	……..…2020…….……..……

Hazard Identification and Risk Assessment - PLEASE READ VERY CAREFULLY

List the localities to be visited or specify routes to be followed **(Col. 1).** For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern **(Col. 2).**

Examples of Potential Hazards :

- Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia).
- Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.
- Demolition/building sites, assault, getting lost, animals, disease.
- Working on/near water: drowning, swept away, disease (Weil's disease, hepatitis, malaria, etc.), parasites'.
- flooding, tides and range.
- Lone working: difficult to summon help, alone or in isolation, lone interviews.
- Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural.
- socio-economic differences/problems. Known or suspected criminal offenders.
- Safety Standards (other work organisations, transport, hotels, etc.), working at night, areas of high crime.
- Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies.
- fitting) general fitness, disabilities, persons suited to task.
- Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.
- Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.
- Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task.

If no hazard can be identified beyond those of everyday life, enter 'NONE'.

1. LOCALITY/ROUTE	2. POTENTIAL HAZARDS
London, UK	**none**

Risk Minimisation/Control Measures PLEASE READ VERY CAREFULLY

For each hazard identified **(Col 2),** list the precautions/control measures in place or that will be taken **(Col 3)** to **"reduce the risk to acceptable levels",** and the safety equipment **(Col 5)** that will be employed.

Assuming the safety precautions/control methods that will be adopted **(Col. 3),** categorise the fieldwork risk for each location/route as negligible, low, moderate or high **(Col. 4).**

Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.

An acceptable level of risk is: a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

Examples of control measures/precautions:

Providing adequate training, information & instructions on fieldwork tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individual's fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of fieldwork area.

Examples of Safety Equipment: Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

3. PRECAUTIONS/CONTROL MEASURES	4. RISK ASSESSMENT (low, moderate, high)	5. SAFETY/EQUIPMENT
No risk beyond everyday risk identified	low	n/a

DECLARATION: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the fieldwork period and additional precautions taken or fieldwork discontinued if the risk is seen to be unacceptable.

Signature of Fieldworker (Candidate/Staff)  ……..…….... **Date** 15 Feb 2020……

Signature of candidate's Research Supervisor ……..……..…….……..... **Date** ……..……

APPROVAL:

Signature of Research Co-ordinator or Faculty Head ……..……..……..…… **Date** ……..…..…

FIELDWORK CHECK LIST

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

- ☐X Safety knowledge and training?
- ☐X Awareness of cultural, social and political differences?
- ☐X Physical and psychological fitness and disease immunity, protection and awareness?
- ☐X Personal clothing and safety equipment?
- ☐X Suitability of fieldworkers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:

- ☐X Visa, permits?
- ☐X Legal access to sites and/or persons?
- ☐X Political or military sensitivity of the proposed topic, its method or location?
- ☐X Weather conditions, tide times and ranges?
- ☐X Vaccinations and other health precautions?
- ☐X Civil unrest and terrorism?
- ☐X Arrival times after journeys?
- ☐X Safety equipment and protective clothing?
- ☐X Financial and insurance implications?
- ☐X Crime risk?
- ☐X Health insurance arrangements?
- ☐X Emergency procedures?
- ☐X Transport use?
- ☐X Travel and accommodation arrangements?

Important information for retaining evidence of completed risk assessments:

Once the risk assessment is completed and approval gained the **research supervisor** should retain this form and issue a copy of it to the fieldworker participating on the fieldwork. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

Ethical Considerations

5. Will you tell participants that they may withdraw from the research at any time and for any reason and inform them of how they may withdraw?

The participants will be told that they may withdraw from the research up to a month after the interview, for any reason. They can withdraw by contacting me via email or phone. My consideration to have the one-month limit to withdrawal rather than ‘at any time’ is as follows.

In Smith et al. (2012)'s Interpretative Phenomenological Analysis, on page 53 - 54 they said that,

"It is conventional to see both qualitative and quantitative researchers offering participants 'the right to withdraw at any time'. Rarely is this the intended message. Generally, we are really offering participants the right to withdraw 'at any time during data collection'. Sometimes in qualitative research we can, and should, extend this, by offering the right to withdraw up to the point at which either data analysis begins, or publication takes place. Certainly, it is impossible for participants to withdraw once publication has occurred. **It is our interest to be accurate about such offers. A time-limited right to withdraw (up to a one month after the interview), combined with opportunities to review the transcript for accuracy (and sometimes to withdraw any particular comments which the participant does not want to appear in the public domain), can be a more honest strategy**." (The emphasis is mine).

I felt that Smith et al. (2012)'s idea about the "more honest strategy" fits with my value of transparency during the interview process. I will explain about the one-month window clearly before the interview. A month after the interview, I will reach out to the participants to see if they needed further support that they could be directed to. At that point, I will also ask again if they are still happy to remain in the research. They will also be informed that at any aspect of the research, they can withdraw any particular comments that they do not want to appear in the public domain.

13. Is there a realistic risk of any participant experiencing either physical or psychological distress or discomfort? if YES, what will you tell them to do if they should experience any problems (e.g. who they can contact for help.)

There is a realistic risk of participants experiencing some psychological discomfort.

During the interview, there may be unanticipated sensitive issues that emerge. I will ask how the participant is feeling and obtain specific oral consent before continuing.

After the interview, the participant will have a chance to speak about their experience of the interview.

I will provide information about further support should the participants need. A list of services such as the GP, NHS 111, Mind, student wellbeing services, international student support, the Samaritans, Chinese Mental Health Association and Chinese National Healthy Living Centre will be provided to the participants. After about a month of the interview, I will also follow-up with the participants in an informal conversation to explore the impact they might have by the interview. I will direct them to appropriate further support if needed.

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www.metanoia.ac.uk

Meng Shen
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
Metanoia Institute

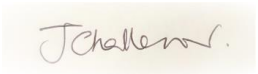
4th March 2020
Ref: 06/19-20

Dear Meng,

Re: An Interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,



Dr Julianna Challenor
Director of Studies DCPsych
Faculty of Post-Qualification and Professional Doctorates

On behalf of Metanoia Research Ethics Committee

Registered in England at the above address No. 2918520

Registered Charity No. 1050175

Participant Information Sheet

Research title: An interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

You are being invited to take part in a research study. Before you decide, it is crucial for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. If you choose to take part, you will receive a copy of this information sheet and a signed consent form to keep.

What is the purpose of the study?

This study aims to give voice to the mainland Chinese international students who study in UK universities and to explore their experience in accessing various forms of mental health support. Research generally suggests that international students face many challenges in academic, practical as well as psychological aspects, in addition to the general stress experienced by home students. At the same time, the utilisation of mental health support services such as university counselling services is much lower than home students. Some researchers have found cultural and language factors to be contributing to this phenomenon. In this study, I hope to explore how Chinese international students make sense of their experience when they come across mental health difficulties.

Why have I been chosen?

You have been chosen as you responded to my advertisement. You were selected as you met the inclusion criteria: you are from mainland China and studying at a UK university or have recently graduated, no more than 30 years old, currently receiving mental health support, OR have already sought professional mental health support and currently waiting for your first proper session, OR have had mental health support in the past, and have sufficient English abilities as the interview will be conducted mainly in English.

There will be 6-8 participants taking part in this study.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do choose to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw from the study up to a month after without giving a reason.

You will be given a chance to review the interview transcript, and you are free to withdraw any material from the interview transcript at any time and without giving a reason.

What will happen to me if I take part?

If you decide to participate, you will be asked to take part in an audio-recorded semi-structured interview, which can last up to 2 hours. You will be given a chance to share your experience about your challenges studying at a UK university, the experience of having mental health support needs and your experience in accessing the services and support.

I will ask for consent to store your GP details and to contact your GP with your knowledge, if there are concerns about the possibility of you or another person being at risk of harm.

In about a month, there will be a follow-up conversation (via Skype or on the phone), giving us a chance to explore how the interview impacted you, and whether you need further support.

All recorded interviews will be transcribed by the researcher (Maggie Shen) and anonymous extracts of the transcripts will be used in the research dissertation. As I endeavour to work collaboratively and transparently, once the interview transcript is completed, I will send you a copy of your transcribed interview to check and verify. You would also have an opportunity to review if my understanding of your experience is comfortable to you, and justifies your experience. Please do let me know if you would like to speak about anything I misunderstood or omitted. The completed study will be available for you to read afterwards as well.

Please note that in order to ensure quality assurance and equity, this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case, your signed consent form will only be accessed by the designated auditor or member of the audit team.

What are the possible disadvantages and risks of taking part?

As a result of taking part in this study, you may experience psychological distress in recounting your experience. If this happens, I will guide you towards access further sources for emotional support, if the support you were already waiting to access is not appropriate. Throughout the interview process, I will keep in mind your wellbeing. I will debrief you about your interview experience and use my counselling skills throughout the interview process, to create a safe and containing environment. I will remain sensitive to signs of your distress, and if at any point you show any such symptoms, you will be asked whether you wish to continue. You will have the right to end the interview without giving an explanation.

What are the possible benefits of taking part?

Participants will be given a chance to share their experience and the meaning-making process of their mental health challenges. This may help with self-exploration, facilitate meaning-making processes and help address some concerns and questions about seeking emotional support. This study finding may have a further understanding of Chinese international students' experience in accessing mental health support in UK universities, which may inform policy-makers and professional mental health practitioners to serve this community better.

Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name, address and any recognisable personal details removed so that you cannot be recognised from it.

All data will be stored, analysed and reported in compliance with the Data Protection legislation in the UK where the study is being conducted.

What will happen to the results of the research study?

This research will be published as part of a post-graduate dissertation in 2020. A copy of the published results can be obtained by emailing the researcher at meng.shen@metanoia.ac.uk

Who has reviewed the study?

The Metanoia Research Ethics Committee has reviewed the study, and an ethical approval is granted by them.

Contact for further information

Meng (Maggie) Shen (Researcher), Metanoia Institute, meng.shen@metanoia.ac.uk

Thank you very much for taking part in this study!

感谢你的参与为中国学生心理健康做出贡献！

CONSENT FORM

Participant Identification Number:

Title of Project: An Interpretative phenomenological analysis of the experience of Chinese international students seeking mental health support at UK universities

Name of Researcher: Meng (Maggie) Shen

1. I confirm that I have read and understand the information sheet dated for the above study and have had the opportunity to ask questions.	☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.	☐
3. I understand that my interview will be taped and subsequently transcribed	☐
4. I agree to take part in the above study.	☐
5. I agree that this form that bears my name and signature may be seen by a designated auditor.	☐
6. I agree to provide my GP details here _____ so that if the interview has revealed material that is concerning, the researcher may contact my GP with my consent to arrange further support for me	☐

Name of participant	Date	Signature

Researcher	Date	Signature

1 copy for participant; 1 copy for researcher

Debrief

Purpose of the research

This research aims to give voice to the mainland Chinese international students who study in the UK universities and to explore their experience in accessing various forms of mental health support. Research generally suggests that international students face many challenges in academic, practical as well as psychological aspects, in addition to the general stress experienced by home students. At the same time, the utilisation of mental health support services such as university counselling services is much lower than home students. Some researchers have found cultural and language factors to be contributing to this phenomenon. In this study, I hope to explore how Chinese international students make sense of their experience when they come across mental health difficulties.

Researcher's contact details

Meng (Maggie) Shen, meng.shen@metanoia.ac.uk
Metanoia Institute (switchboard) 0208 579 2505

Organisations that offer further support

Anxiety UK runs a helpline on weekdays between 9:30am - 5:30pm, on 08444 775 774

b-eat runs a helpline for people experiencing eating disorders. The B-eat Adult Helpline is open to anyone over 18. Parents, teachers or any concerned adults can call the adult helpline. The national number is 0808 801 0677 or you can email them at help@b-eat.co.uk

Chinese Mental Health Association (华心心会) offers counselling in English, Cantonese and Mandarin in Hendon Central. www.cmha.org.uk. Contact them at info@cmha.org.uk or 020 7613 1008.

Chinese National Healthy Living Centre (全国华人人保健中心心) offers up to four free and confidential counselling sessions near in Soho. https://www.cnhlc.org.uk/emotional-support. Contact them at info@cnhlc.org.uk or 020 3802 0350.

Mind's infoline for mental health information. It is open from 9am - 6pm weekdays. You can contact them on 0300 123 3393, text 86463 or email info@mind.org.uk

NHS 111/NHS direct If you need medical help or advice fast, but it's not a life-threatening situation, you can call NHS 111 in English by dialling 111

Nighline if you are a student, you can look at the Nightline website to see if your university or college offers a night-time listening service

No Panic runs a helpline for people experiencing anxiety disorder (charges 5p a minute plus your access charge), open 10am - 10pm, 365 days a year, on 0844 967 4848

OCD-UK has an advice line open weekdays between 9am - 5pm on 0845 120 3778 or 0345 120 3778. You can eail them at support@ocduk.org

Papyrus HOPEline If you are under 35 and struggling with suicidal feelings and self-harm, the Papyrus HOPEline can offer advice. They are open weekdays 10am - 10pm, weekends 2pm - 10pm and bank holidays 2pm - 5pm. Their national number is 0800 068 4141 or you can email pat@papyrus-uk.org or text 07786209697.

Samaritans are open 24 hours a day, 365 days a year, to listen to anything that is upsetting you, including intrusive thoughts and difficult thoughts of suicide and self-harm. Their national free phone number is 116123, or you can email jo@samaritans.org

SANEline offers emotional support and information from 4:30pm - 10:30pm daily, 365 days a year. Their national number is 0300 304 7000.

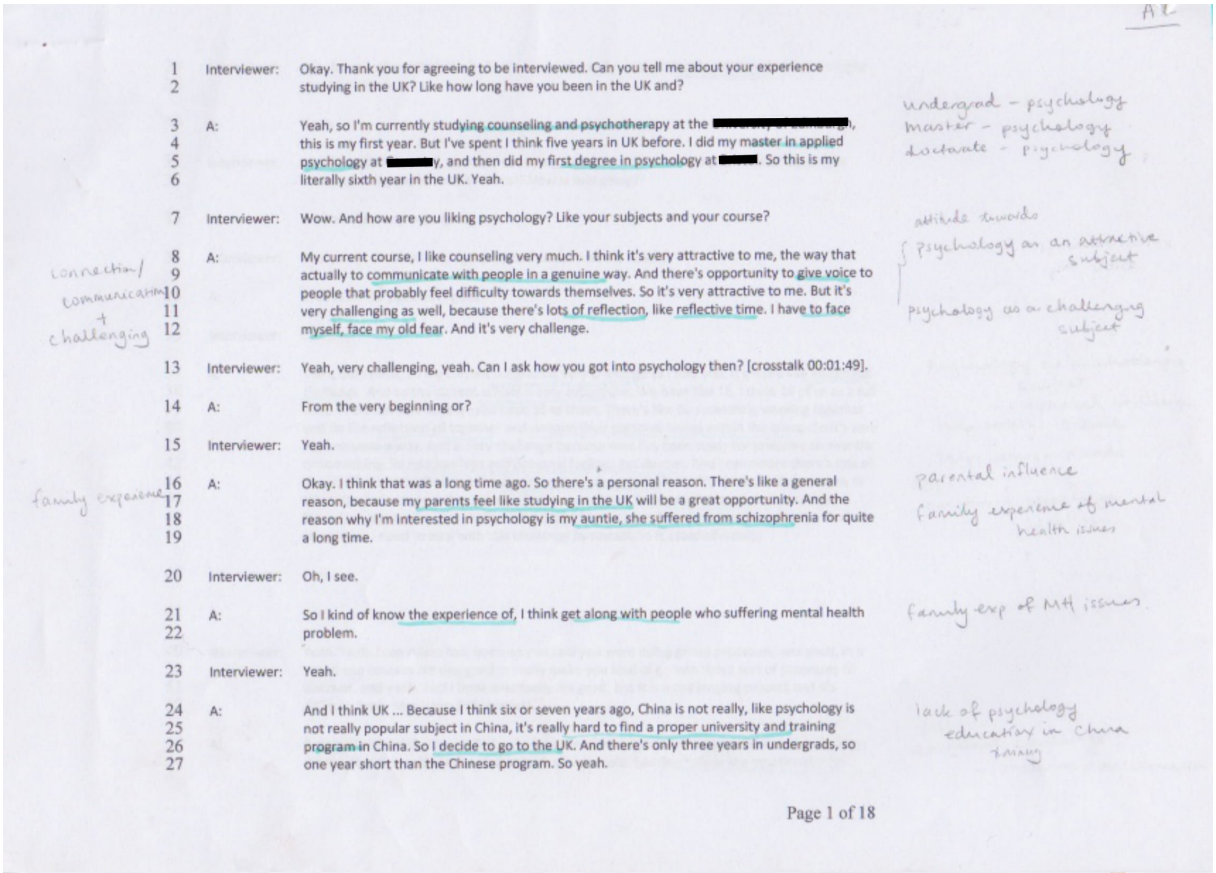
Switchboard If you identity as gay, lesbian, bisexual or transgender, Switchboard is available from 10am - 10pm, 365 days a year, to listen to any problems you are having. Their national number is 0300 330 0630, or you can email chris@switchboard.lgbt

Victim Support offers support to people, affected by crime or traumatic events. You can call their free support line, the number is 0808 1689 111

Your local NHS Trust may offer a crisis phone line, or information and support on what to do in a crisis. Check your local NHS trust's website for more information about their services

If you feel at risk, please contact your GP or go to your nearest A&E department

Sample interview transcript and initial coding



AL

Interviewer: Okay. Thank you for agreeing to be interviewed. Can you tell me about your experience studying in the UK? Like how long have you been in the UK and?

undergrad - psychology
master - psychology
doctorate - psychology

A: Yeah, so I'm currently studying counseling and psychotherapy at the [redacted], this is my first year. But I've spent I think five years in UK before. I did my master in applied psychology at [redacted]y, and then did my first degree in psychology at [redacted]. So this is my literally sixth year in the UK. Yeah.

Interviewer: Wow. And how are you liking psychology? Like your subjects and your course?

attitude towards
- Psychology as an attractive subject
- psychology as a challenging subject

connection/ communication + challenging

A: My current course, I like counseling very much. I think it's very attractive to me, the way that actually to communicate with people in a genuine way. And there's opportunity to give voice to people that probably feel difficulty towards themselves. So it's very attractive to me. But it's very challenging as well, because there's lots of reflection, like reflective time. I have to face myself, face my old fear. And it's very challenge.

Interviewer: Yeah, very challenging, yeah. Can I ask how you got into psychology then? [crosstalk 00:01:49].

A: From the very beginning or?

Interviewer: Yeah.

family experience

parental influence
family experience of mental health issues

A: Okay. I think that was a long time ago. So there's a personal reason. There's like a general reason, because my parents feel like studying in the UK will be a great opportunity. And the reason why I'm interested in psychology is my auntie, she suffered from schizophrenia for quite a long time.

Interviewer: Oh, I see.

family exp of MH issues

A: So I kind of know the experience of, I think get along with people who suffering mental health problem.

Interviewer: Yeah.

lack of psychology education in China

A: And I think UK ... Because I think six or seven years ago, China is not really, like psychology is not really popular subject in China, it's really hard to find a proper university and training program in China. So I decide to go to the UK. And there's only three years in undergrads, so one year short than the Chinese program. So yeah.

Interviewer: Mm-hmm (affirmative). Yeah. So it's, yeah, it's really sort of a family experienced that brought you here. Yeah.

A: Yeah.

Interviewer: Mm-hmm (affirmative). How are you liking, I guess your school and your kind of learning or studying, living experience at school? How is that going?

A: Do you mean my undergrads or?

Interviewer: Yeah, sure. Or now. Just, I guess, yeah, aside from the subject.

A: Well I can tell you both I guess.

Interviewer: Okay.

psychology as a challenging subject
- emotional challenge
help-seeking - school
help-seeking - friends
MH - emotional challenge
- loneliness

A: Yeah, but I think, so my current program is very challenge as I told you. It's more like emotional challenge. And so the current school is very supportive. We have like 16, I think 18 of us as a full time. And then part time we still have 18 of them. There's like 30 something working together and do the reflection all together and process their personal issues within the group. So it's very supportive in a way. And is very challenge because now I've been study for probably six months or something. So relationships and personal feelings get deeper. And I can notice there's lots of like conflict, not conflict, but like confrontation among people. So it's quite challenge to me in this stage because I need to actually find more support from external resources. And my family's away and I'm quite lucky I have some friends here, but it's still quite challenge. And sometimes I need to deal with this challenge by myself. So it's kind of lonely.

Interviewer: Yeah.

A: Yep.

Interviewer: Yeah. Yeah. I can relate too, because you said you were doing group processes, and yeah. In a way these courses are designed to really make you kind of go into those sort of processes to discover, and yeah. And I think eventually it's good, but it is a challenging process and it's difficult. Yeah. Mm-hmm (affirmative).

MH emotional challenge
- loneliness / disconnection

A: But it's I think related to my first year experience here because I did experimental psychology. It's not about myself, it's about data and other people. So I don't think like emotionally I'm

quite exhausting. But I still feel quite lonely. Like the loneliness, it's still like the main thing during this experience in the UK.

Interviewer: Yeah. And you said you do have friends as well, so I sort of understand that loneliness is almost ... I mean what I'm guessing it's something to do with this is a different path than, sort of a different path. I don't know. Is that?

A: I think when you say different path, do you mean compared to Chinese people who study in China or?

Interviewer: I don't know. I guess I don't want to be getting into ... I feel like I'm going into a psychotherapist mode a little bit. I guess I just want to explore a bit where does the sort of loneliness come from despite having friends to support you?

A: I think probably the general context because this is totally different culture. And sometimes it's really hard to connect with ... That's the cultural loneliness I guess. And I also feel quite, I think part of loneliness has come from, I feel powerless sometimes because counseling students, they don't really have like paid placement, and it's very expensive. It's really hard to get funding. So there's financial difficulties I guess.

Interviewer: Yeah.

A: And I'm doing a doctorate degree, so which means my friends at the same age, they already work and they already have some salaries to cover their living expenses. But I don't actually. So that's a really powerless in a financial way. And also the loneliness comes from I think how special this project ... Sorry, how special this program or this subject is. It's pretty hard to actually discuss what I'm saying in a group to other people outside a group. For example my family, I can't really say what happened in a group that makes me feel difficult, feel challenge, feel connective. So there's limited resources that I can approach to when I feel difficult. So that's kind of I guess the emotional difficulty.

Interviewer: Mm-hmm (affirmative).

A: Yeah. Linguistically as well. Yep.

Interviewer: Mm-hmm (affirmative). Yeah. I guess what I'm kind of getting is almost like being in a situation where you're a bit different from your classmates. You're talking about in terms of age or experience, and in terms of life stage and financial situation, and also the fact that you can't share all the things that's happening with your support network as well. Because I guess a lot of it would be sort of confidential within a group.

A: Yip.

Interviewer: Yeah. No, I can really relate to a lot of that in my own experience as well.

A: Yeah.

Interviewer: Yeah.

A: Yeah. You know what I'm saying, yeah.

Interviewer: Yeah. Do you feel any pressure financially from, I'm assuming that you're being supported by your family to pursue this?

A: Yep.

Interviewer: Do you feel pressure then to have sort of achieved certain things because of that?

A: I think yeah, of course. Because of studying in the UK for five years already, I need like four more years to complete my study. And my family need to pay all of them, but I do some part time job, but it's not enough to cover every cost. So I do feel like financial challenge, and feel quite, not like guilty, but probably I feel like I need to earn some money and pay back to my family. Or I need to buy my parents something good. Obviously I don't have the financial ability to buy them. So I do feel, yeah, quite difficult financially, yeah.

Interviewer: Yeah. There's some pressure, and bit of guilt maybe. Or at least the sense of wanting to return kind of their support in some ways.

A: Yeah.

Interviewer: Yeah. There's quite a lot I want to ask, but I don't want to stray too far.

A: Okay that's fine.

Interviewer: Yeah. So we sort of try to get back to the theme of the research. So can I ask a bit, what was the reason when you asked for help, reached out for counseling? I think you mentioned ... Did you mention that you had some sessions? You said you had some sessions before, haven't you?

A: Yeah. I think the main reason is is because I'm taking this course which have lots of personal stuff to process. It's not like mandatory in a course that we take personal therapy, but it's

recommended by tutors in the course. So most of the classmates doing the same program, they have their personal counselor. So I think it would be good if I process some of my, I would say difficulties and stuckness with the counselor so I can kind of work on that and help my client better. So that's my, I guess, main motivation to seek for help. But also I've mentioned lots of emotional challenge in the course. That I feel like it's ongoing, and there's always something new emerge. So I feel I need, definitely need someone to emotionally support me to help me to actually overcome some of my overwhelming negative emotions. And at the same time to work on my personal issues as well.

Interviewer: Mm-hmm (affirmative).

A: Yeah.

Interviewer: So a little bit of this whatever that you ... before you come into the course perhaps you have experienced, and then part of it is what's the challenge of being a psychotherapy psychology student that brings it. Yeah.

A: Yeah.

Interviewer: Mm-hmm (affirmative). Makes sense. And what are your experience in searching for information when you trying to access these services?

A: I think, because in the UK my initial experience with counseling is the university counseling center. That's quite easy to find because it's in the booklet everywhere, saying you can ask for help if you need. So I book appointment there, and they only offer four sessions, so that's very short. In that relationship I asked my counselor for further support. Like is there a list of organization you would recommend I can actually look up to? And then there's a list and there's website as well as that provided by my tutor and the program. So there's the BSAP accreditation page I guess. There's Psychology Today.

Interviewer: Yeah.

A: And I guess Counseling Dictionary.

Interviewer: Directory.

A: Or something. Yeah I guess so. So there's lots of resources I can actually find the list of counselor and do my counselor shopping. That's what we called it. Yeah. And so yeah, there's lots of resources. But, because I live in Edinburgh, I do notice there's limited counseling or

counselor resources. And the waiting list is very long. So the process is quite frustrating to me, I guess. Yeah.

Interviewer: Mm-hmm (affirmative). And when you were looking, did you have any criteria in mind when you were looking?

A: Yeah, I have lots of criteria, but I feel like it's too ideal sometimes. I think because my personality is sometimes quite anxious, so I would prefer a therapist, a counselor who's quite calm that sometimes can balance my anxiety or my energy in a way. And also I really like one person. The one they provide makes me feel comfortable. And I think feel comfortable it's really important-

A: ... comfortable and, I think, feel comfortable, it's really important in a counseling relationship. I think I need my counselor to challenge me a little bit to actually help me to notice some difference that I'm not aware of before. That help me to process, to move further, to reflect, so I can get new experience and new things to, I guess, make the change. That's quite important as well. Yeah, I think that's it.

Interviewer: And how could you tell, I suppose, when you're doing the shopping? Do you judge by the experience based on their CV or their picture or do you meet with a few and decide? How did you go about...

A: I think the picture is really important. I feel like I can tell from their picture a little bit about the quality of this person. So the picture is really important. And experience as well, but I'm not sure yet. Because I've worked with some of the experienced counselors, and I feel they have a very strong personal style that is really difficult to, hard to say, to actually change to fit in my needs. So I feel it's beneficial to work with experienced counselor but also feel, I guess, dismissive sometimes that part of my needs is not seen properly.

A: And I don't think I've worked with a new counselor or counselor who's new to the area before. But I would like to try, if they can actually focus on me more. I feel like experience is important, but it's not the most important part.

A: And I feel like, I guess, be able to notice the difference and accept the difference is really important, especially when it comes to culture, because I'm quite culturally different to a British counselor, I guess. The ability to contain culture differences is really important.

Interviewer: So yeah, being able to be open to your culture differences. And you talk about being seen rather than working in a more rigid kind of strong personal style.

A: Yeah.

Interviewer: It makes a lot of sense. I just want to go back a little bit. You said you initially went for university counseling and then realized they've only got four sessions. And then you started looking in all of these sounds like, say, counseling directory where Psychology Today, they're private practice. Did you consider NHS at all?

A: No, not really, because I do think about that, but I heard there's a waiting list about one year or one and half year. That's so long. That's too long. I think there's only a limited session will be provided, and I'm looking for a long-term counseling session so, no, I won't consider that.

Support from NHS
- long waiting list
- short-term

Interviewer: Right. It sounds like almost you chose private because they will be able to provide longer-term work, which sounds like what you're looking for.

A: Yeah.

Interviewer: Makes sense. I was going to ask you what you're experiencing searching for the information. I think you talked quite a bit about it already. You said you were looking at Psychology Today or a counseling directory or the registers. So related to that, did you speak to your friends or families about this process, or is it more like you just went about on your own to make decisions and look for information?

A: I did talk to friends, especially some of the Chinese friends doing the same program. And she helped me to do the counseling shopping together. But not my family. I don't think they really understand what I'm talking about and what I'm looking for, so that's not really helpful to me. But I do talk about that with my friends, and I do disclose some of the experience or conversation in session with my friend as well.

help-seeking - friends.
help-seeking - not involve family

Interviewer: It sounds like you have quite a supportive network of friends in this.

A: Yeah. Because we're doing the same program, we know what we're saying and speak the same language. That's very helpful.

help-seeking - friends

Interviewer: How was it like when you were asking for help?

A: I guess it's really easy to me because I'm really familiar with everything, what's going to happen in sessions and what quality I'm looking for to make it safer and more like a good therapy relationship so it's not something new or something that's quite dangerous to me. I feel it quite easy to ask for help.

attitude
help-seeking - familiar with asking for help

Interviewer: I guess because you're already doing psychotherapy yourself, it's quite natural and familiar it sounds like.

A: Yeah.

Interviewer: I guess I'm curious as well, if you haven't been doing this course, would you feel different about asking for help starting psychotherapy?

A: It's a little bit difficult for me to imagine, because this is not my experience, but I do hear lots of stories about some of my friends around me. They feel quite emotionally distressed. They consider about professional counseling help, but they're not sure that is going to be helpful or not. I've been listening to this for so long. They actually need to put lots of efforts on seeking help and waiting for help. I think that's the reason they feel like they're not sure to seek for help. But the difficulty, the first thing is they're not sure how counseling works. Is it going to be a very strange experience talking about lots of private stuff, and they're pushy to disclose their personal experience? Some of them quite fear getting addicted to counseling and the sessions and the relationship. So there's lots of different reasons that my friends don't feel like they want to seek for help and counseling.

help-seeking - not sure to seek help
help-seeking - not sure how counselling works

A: But I do hear that some of the Chinese students really want a counselor who speaks the same language, like Mandarin or Cantonese. That's really difficult to find as well. That's one of the reasons it's harder. And I know friends that actually are already in a counselor relationship, but they don't really disclose that much about what they're actually saying in a session.

help-seeking - "counsellor shopping" - language

Interviewer: So you see people who are not familiar with psychotherapy counseling and the process of it struggling a little bit. But again, because you're familiar, you know what you're looking for and you're not afraid of it.

Interviewer: You mentioned about language. Did you want to look for a Chinese counselor, or did you want to look for English, or did it not come up as a criterion?

A: I think it's definitely one of the criteria. It's very desirable, but it's not essential to me, because I do notice in session with English-speaking counselor I feel linguistic difficulties, I guess, to express myself precisely. That makes me feel a little bit powerless in a way. And I need to actually explain my linguistic context sometimes, which links to Chinese culture. But if I'm working with a Chinese counselor, I won't spend that much time to explain a context. I assume they would get me quite easily. That would definitely be helpful if my counselor speaks Chinese, but I'm not looking for Chinese counselor particularly. I'm just thinking I'm okay with British counselor, but it will be better if they can speak Chinese. So, that's different.

help-seeking - "counsellor shopping" - language
NH- emotional challeng - powerlessness.

232 Interviewer: What's the difference then?

233 A: I think because I've spent some years in the UK and I was born and raised in China, that's two
234 cultures in my identity. But I do prefer a counselor who has spent lots of times in the UK, and
235 meanwhile, they notice a difference that actually part of my identity's from a different culture
236 and they can actually accept and contain that difference. The main criteria about difference or
237 culture or language, it's about the difference as a person, I guess. And a counselor who speaks
238 the same language, I guess one of them, I would say is essential tool in that relationship that
239 helps me to express myself. But it's not the only thing I'm looking for.

help-seeking - "counsellor shopping"
contain cultural differences
help-seeking - "counsellor shopping"
language

240 Interviewer: Because earlier you mentioned something about being open and understanding the differences
241 in culture. It sounds like what you're saying is language is part of understanding your culture
242 differences.

243 A: Yeah. And I do notice when I speak my Chinese, I feel more able to connect with my emotions.
244 But I will say I feel a little bit shameful, I guess, to express my emotion difficulties in Chinese.
245 Because when I speak Chinese, obviously, I can relate to Chinese culture and I talk about things
246 within that frame of Chinese context. So I feel if back home in China I'm talking too much about
247 myself and my emotional difficulties, it will be not appropriate thing to do, I guess. I do feel a
248 little bit unfamiliar and inappropriate, I guess, to talk about emotions in Chinese.

+ connection
- shameful
- unfamiliar/ inappropriate

249 A: But when I talk about emotion in Chinese, I can more connect to what I'm saying compared to
250 speaking English. I feel it's quite easy to express my emotions and feelings, because it's already
251 in British culture or Western culture. It's more acceptable if I talk about that. But I do feel like
252 probably second language is one of the defensive mechanisms that I can protect myself not to
253 disclose too much about negative emotions or at least not to connect with them to protect the
254 overwhelming feeling.

- second language as defence

255 Interviewer: You sound really psychologically aware of yourself. I guess from what you're saying, does that
256 mean you prefer Chinese so you can connect to your feelings even though they are more
257 dangerous, more shameful, or difficult? Or would you prefer English so you can protect yourself
258 a bit more and stay in that mode of defense?

259 A: Yeah, it's kind of greedy, I think. I want both of them, but there's definitely a difference when I
260 feel like I can speak Chinese with my British counselor. It will be definitely different. But I think
261 it's really hard to decide which part is more important to me because they're both important.
262 And as I said before, I think being able to contain those difference and notice the difference, be
263 really sensitive to the difference, is really important to show that I was-

help-seeking - "counsellor shopping"
- contain cultural differences

264 A: ... important to show that I was seeing, I guess. Yep.

265 Interviewer: Yeah. Thank you, that's really interesting.

266 A: Yeah.

267 Interviewer: We kind of have to move on a bit because, yeah, we have quite a few questions.

268 A: Okay, okay.

269 Interviewer: But really interesting, yeah. Again, I relate to so much of it as well.

270 A: Yeah, I can sense that, you thinking about those kinds of topics with me.

271 Interviewer: Yeah. Yeah. So, next kind of question is what type of help would you like? I guess, obviously,
272 psychotherapy's usually individual, one-on-one. Would you have wanted anything, like groups?
273 Or, this is probably not so much related to and applicable to you, would you want information
274 or anything like that, or was this kind of one-on-one, longer term always what you're looking
275 for?

276 A: I think I'll definitely stick to one-on-one, but I don't really mind to try some group therapy, I
277 guess. But, I still feel like that dynamic is so different and it's more powerful, I guess, than
278 individual counseling. So, I would think about that but I don't think it's time now to actually get
279 engaged into the group counseling. I feel like some app are really helpful, like to gain
280 information to help myself when my counselor's away. I feel writing personal journals is really
281 helpful as well because I can only see my counselor once a week.

help-seeking - individual therapy
help-seeking - information
help-seeking - personal journal

282 Interviewer: Yeah.

283 A: That's very limited. Actually, I talk with my friends about my feelings and do the reflection
284 together. It's been really cool as well. But, I think the main support I want to find, it's a one-to-
285 one counseling session, yeah.

help-seeking - friends

286 Interviewer: I mean, again, because you're a psychotherapy counseling student, so you kind of know what's
287 happening in a session. Before you had any training, would you have, I don't know, maybe
288 that's a pointless question, but how did you kind of imagine the session would be maybe the
289 first time before you actually had a session?

290 A: It's not meaningless. It's quite important experience, I guess, for me to kind of reflect. I think we
291 learn lots of counseling experience in theory and in book, so different approach, doing different
292 way to do the counseling, so I do have the curiosity and imagination, probably. It's not like

help-seeking - expectations

fantasy, like psychodynamic term, but it's more like imagination about my first session with counselor.

A: I can still remember, I was quite nervous and feel quite exciting as well about this new experience. I think because my first experience is in UK, my counseling, it's the university counseling center. So, I can find most of the information on the website. I know the process and I know I need to wait for quite a long time, for like weeks I guess. So, I think in a way it makes me more anxious because I already have something that I need to be supported by the counselor, but I need to wait at the same time.

help seeking - expectations
support at uni -
- easy to find info
- long waiting time
MH - anxiety

A: So then, anxious that it's obviously that. I think it was expanding in a way while I was waiting. But, I'm also prepared that I'm going to wait for weeks anyway. I'm not sure like calm me down a little bit. So, I know I still need to help myself and my difficulty. So, I do process with my friends, as I said, to find other support than university counseling while I was waiting. So, that kind of resorts in I don't really have that much thing to say when I actually been to the counseling session.

MH - helping self
help-seeking - friends
help-seeking - other support

Interviewer: Right, right.

A: Because, they're already process part of that, and that's that one-on-one. That's where the challenge part come across because I mention I need my counselor to challenge me a bit. It was because I've already process part of information by myself and I need to actually move further to notice a difference and work on the difference. But unfortunately, there was only four sessions provided by the university, so I don't feel like there's enough time for me to process something further, or even feel I'm well supported with my current difficulty because there's only four sessions, which is really sad, I guess.

help-seeking - "counsellor shopping" - challenging

support at uni
- short term

Interviewer: Yeah.

A: But, I understand because the waiting list is very long. Yeah.

support at uni
- long waiting list

Interviewer: Sounds like a bit of a disappointing kind of experience.

A: Yeah, I guess so, but it's also because the university counselor, we really work well with each other. So, that's really good and helpful to me, but I was really disappointed that there's only four sessions.

support at uni
- short term

Interviewer: Yeah, there's only so much they can do or to challenge or to understand in a very short period of time.

A: Yeah.

Interviewer: So, how do you think psychotherapy could help you, I suppose, in general if there's enough time? How'd you think the process can help you? How do you conceptualize that?

benefits of

A: There's lots of things I'm thinking of and I'm not sure where to start. I've experienced three counseling relationships so far and I think all of them are really helpful for me to actually open up and talk about my feeling, which I think it's very difficult to talk with my friends or my family. So, I feel it's helpful already that there is a space just for me to process my difficulty and being understood and being accepted by my kind of stuff. So, that's the most important and initial part about my expectation from counseling.

help-seeking - therapy
- open up about feelings
- process difficulties
- being understood
- being accept

A: So, great counseling relationships I experienced so far, they're all different. I've got used to reflect on every relationship, every close relationship I had. So, it really helps me academically and professionally to work on some difficulties that didn't in more terms before, which was brought up by different counselor relationship, I guess. But, I do feel like when the rupture come to the relationship, I have stronger feeling compared to I guess people who doesn't really take counseling course. I'm not sure how to explain it well, but from when I heard people, "We've got to really take counseling courses, only looking for, probably, emotional support."

A: So, understanding all of their experience, but what I'm looking for is also I think I'm more sensitive to the ruptures or the dynamic between myself and my counselor, and it makes me feel emotionally quite intense.

Interviewer: Yeah.

help-seeking - "counsellor shopping"
containment

A: So, I feel part of the reason I'm looking for support, I'm looking for a counselor who can actually well contain all the structures. That would be quite different, I guess. Yeah.

Interviewer: Yeah.

help-seeking -
language

A: Sorry, I can't really find myself well because this is, I guess, something quite emotional, and I'm speaking English, so, yeah.

Interviewer: Yeah, yeah. I can sense the difficulties.

A: Yeah.

Interviewer: But, I think I understand what you're trying to say, sort of there's so many little things, like you say, very, very subtle kind of ruptures sometimes. You talked about challenge as well, like you want someone who can challenge you as well.

A: Yeah.

Interviewer: I suppose when there's challenges, sometimes it's presents itself in the forms of ruptures as well.

A: Yeah.

Interviewer: But, I suppose there's someone who can maybe continue through that process and work through those ruptures with you and you can come out of the other end, we're a little bit more, or something like that. That's how I understand.

A: Yeah. Yeah, that's exactly what I'm saying. Yeah.

Interviewer: Yeah. Yeah, makes a lot of sense. Because I think you mentioned a bit different modalities and different styles, did you think about what kind of, because there's so many different mental health professionals, there are psychologists, counseling psychologists, clinical psychologists. Then, psychoanalysts, psychotherapists, counselors. Then, different types of modalities. I don't know, person-centered, I'm just told all of that. I'm sure you're aware of all of the different types. Did you have any specific ones in mind or you said something about experimenting with different types as well?

A: Because my course is only focusing on two approach, which is person-centered and psychodynamic.

Interviewer: Okay.

A: We're looking for non-directive approach to help client. So, it's bit more I can more relate it to person-centered dynamic counselor because that's what I'm experiencing every day in a course. Also, I feel that's the way I'm going to work with my client as well, so I think it will be helpful to actually to experience the whole process using the same approach that i'm going to work with my client.

help-seeking - "counsellor shopping" - modalities

Interviewer: Yeah.

A: So, I'm looking for person-centered, OR all psychodynamic. All of my great experiences I had, it's more like person-centeredly.

Interviewer: I see.

A: I haven't experienced very psychodynamic counselor or experience so far, but I don't really mind to work with psychodynamic counselor.

help-seeking - counsellor shopping modalities.

Interviewer: Right.

A: Personal-centered, I feel it's more, I guess, meet my needs at the moment because I feel I need someone to actually contain, and I just needs someone to contain my feelings, my experience. That's what I need at this moment. I'm not sure. Am I ready to go back to the positive experience and diving very deep to work on my positive issues or something deeper? So, I think person-center would be something I'm looking for now, but I don't mind psychodynamic in the future.

help-seeking - counsellor shopping containment

Interviewer: What about sort of other kinds of psychologists or psychiatrists?

help-seeking - perception/ feedback/

A: I've heard lots of terrible comments about CBT, I guess, and psychiatric service.

Interviewer: Right.

A: About taking medications, so I don't feel like I'm comfortable to work within that frame so far, I guess.

Interviewer: Right, right.

A: But, I don't mind to try to work with CBT in the future when I feel like I can kind of put my bias right aside, but I don't feel like they are the options I'm looking for at this moment.

Interviewer: Yeah. Yeah, it's interesting you have that perception of that. I would say that's more of, I suppose psychiatrist is more of a medical model.

A: Yeah.

Interviewer: Yeah, CBT would be, as opposed to an undirective, more directive, which is also not one you're looking for.

A: Yeah. I guess I'm having bias on those approach now. Yeah, I feel I need to work on my bias before I start to work with them. Yeah.

help-seeking - perception/ Feedback / bias

Interviewer: What about psychologists then? Do you have any perception of them or...?

A: When you say psychologist, I think it more reminds me of my undergrad experience because we study experimental psy-

A: Reminds me of my undergrad experience because we study experimental psychology a lot. It's very different area and they know very limited about what counseling is, so I would say it's very different. I won't really want to work on personal issues with them, but I don't mind with professional issues, I guess.

help-seeking - perception/ Feedback / bias

Interviewer: I see, yeah. So it's more, like you said, experimental psychology, so more like theories and almost more scientific experiments, and... Yeah. Makes sense. Okay, so I guess this is a open question, is what do you see is helpful in getting the support you wish? Or just in general, if you can design an ideal service or support system in terms of this. Is there something you would like to have, maybe, that you don't have at the moment? Or...

A: I think if they want to make it really ideal, there's lots of qualities and lots of, I guess, [inaudible 00:55:44] I would like to ask for. Obviously the waiting list is very long and they don't like waiting for weeks for me to process my difficulties by myself. I stay in that, I guess, overwhelming emotions for weeks by myself. It's very lonely. So I guess waiting list is the one of the main problem in my counseling experience that feel very exhausting and feel quite powerless as well.

help-seeking - long-waiting list - loneliness

A: So I would prefer there is no waiting list, but it's way too ideal. I would prefer a organization that I can actually read about experience of different counselors like complications or profile, I guess, of different counselor which is not provided by the university counseling [inaudible 00:57:15].

information

Interviewer: What about counseling directory or Psychology Today? Because they have profiles. Is that...

A: Yeah.

Interviewer: So you were saying you would like that for the university as well. Is that...

A: Yeah. And I guess... because I had mentioned a financial difficult I have at the moment, so a organization to provide a discounted price for students or for... [inaudible 00:57:54] or different

help-seeking - financial consideration

groups, different clients who have different financial situation would be very good. And I guess location is very important as well because one of the [inaudible 00:58:13] need to travel for 30 minutes by bus to go to her place and sometimes a long journey gets... sometimes it makes me feel really tired and sometimes it's exhausting, especially when I carry about with my emotions and think of what I want to say in a session, so that makes me feel emotionally tired. And so I prefer a location that it's within a certain distance that I feel comfortable to walk to.

help-seeking - location

Interviewer: Makes sense.

A: Yeah. I guess [inaudible 00:59:03].

Interviewer: I guess the other side I was going to ask was the barriers. So in a way you're saying barriers would be location that's too far away or [inaudible 00:59:17] long waiting list. And I suppose you mentioned something about language as well. That seems to be something that... Yeah, as you said, just the understanding and the culture differences.

A: Yeah because it's very hard... at least in Edinburgh it's really hard to find a counselor who speaks Chinese, so I would prefer organization have different options for different language speaker. Yeah. I would definitely prefer linguistic diversity, I guess, in the counseling organization.

help-seeking - language

Interviewer: Are there any other barriers you can think of?

A: Not really. No.

Interviewer: Okay, so we covered... Yeah. Yeah, because I think another way you said was financial. I suppose that's a barrier as well. Okay, we just have two questions. They're, I suppose, added on. I was wondering if you had any experience of counseling or psychotherapy in China as well, and whether you could... I don't know whether you have any comparison. I don't know. It sounds like you don't have personal experience, but some family. Maybe some family experience or something. I don't know. Just if you would share a little bit about anything.

A: Well, actually I do have experienced a Chinese counselor in an online platform.

Interviewer: Oh, did you?

A: Well, it was only two sessions, I guess, so I don't think it's a proper counseling relationship, so I do imagine that... I can't really remember many of the... I think the general experience about... the general feeling about that experience is I don't feel really comfortable with that counselor.

help-seeking - comfortable

help-seeking non-judgmental

And I feel like the counselor can be able to actually listen to me, but I can definitely notice some of the judgment that they made to make me feel uncomfortable. I can feel like there is a strong Chinese culture wherein that when I talk about families or parents I can sense the difficulty that the counselor... feel difficult to judge my family or... I think because I mentioned that something about my mom and I think the counselor stops me to say, "Why don't we put another way, a more gentle way, to this [inaudible 01:03:11]," about my mom I feel really uncomfortable with that.

help-seeking online platform

A: Because it was online counseling, so it's very different. We don't really have any relationship face to face to make a solid... So [inaudible 01:03:33] online counseling, it's really strange to me, I guess, because it's so... I guess that's the distance between us. I'm not sure if that's because it's online or it's because it's something personal, but I do feel there's a distance.

Interviewer: Sure, yeah.

cultural

A: But I do feel within the same culture my counselor knows better what I'm saying. I don't need to actually explain my culture to them. Yeah.

Interviewer: Yeah, that's really interesting. Yeah, thanks for sharing that. It sounds like the upside would be the counselor is already familiar with your culture, but then the downside is that... Because particularly you mentioned about person-centered therapy and then directive therapy to be something you really are looking for now compared to what you had before [inaudible 01:04:44] you can feel there's some judgment and not entirely the non-judgemental and unconditional positive regard as opposed in the person-centered style.

A: Yeah.

Interviewer: Yeah, I'd like to ask more about that, but I feel like probably straying a bit too far. Yeah, so I guess last question, it's more added on for me because I'm quite interested in... Obviously you're aware of the whole coronavirus thing and I guess I'm also thinking about the difficulties with obviously Chinese international students, and all the stuff about going home or not, and lots of stuff going on online, and all of that. I guess I'm just wondering what kind of support, perhaps, you would want now in the situation like this?

help-seeking - anxiety from friends

A: Because I have my own counselor, so I already have this [inaudible 01:06:06] counselor to talk about my anxiety around coronavirus and I also... Because it starts from China and now it comes to the UK, so all of my family and my friends, like China, [inaudible 01:06:27] quite similar with me, so they understand what kind of situation I'm in. So I talk about that with them because sometimes they overreact. That makes me more anxious.

help-seeking support friends

A: Because we have the [inaudible 01:06:53] group, the large group, I feel we can actually bring up the topics and I feel like in the last two weeks lots of the topics was around coronavirus, so there was lots of space for us to discuss feelings about this coronavirus. And some of the international students from China, like Chinese international students, think they experience exactly the same experience as me, so we chat online to give each other support as well. Yeah. So I think that's quite... I feel that's [inaudible 01:07:46] me.

Interviewer: Yeah, so you already have ongoing counseling support, and then there's your school classmates, group support, as well as your own friends, people who are experience the same thing, I suppose. Yeah. So, I guess that's all my structured questions. Do you have anything else you would like to say that you feel like, in terms of this kind of experience, anything I haven't asked or mentioned you want to add?

A: I think... Not really. I guess I didn't talk too much about the financial difficulty because of the [inaudible 01:08:49] requirement that probably all the full time Chinese students, we can't really work as a full time and the tuition fee is extremely expensive as well. And I mentioned that I feel a little bit guilty about how I can't really pay back to my parents financially or, I guess, emotionally. So it makes me feel like I can't really spend that much on counseling service, so I always [inaudible 01:09:36] the possibility for discount price for counseling. And some story I've heard from other Chinese student is [inaudible 01:09:51] consider about the price. They feel counseling is quite expensive and generally, in the UK and in China, so I guess financial difficulty is the main, I guess, factor that makes me think about my choice when I want to talk to [inaudible 01:10:16].

Interviewer: Yeah, yeah. It sounds like it's quite a big factor in it as well. Yeah.

A: Yes [inaudible 01:10:22].

Interviewer: Well, thanks for everything you shared. It's been really, really interesting. Really insightful.

A: I'm happy I can help [crosstalk 01:10:34].

Interviewer: Yeah, thank you. I'll just stop the recording.

educational background	doctorate - psychology		3									
educational background	master - psychology		4-5									
educational background	undergrad - Psychology		5									
Language and culture	Language as a barrier		MH - linguistic challenges	80	224-231	243-248	249-254	346-347				
Language and culture	Language as a barrier		Help-seeking - language as a barrier	443-446								
Perception and awareness of professional mental health support	Access	Clinically appropriate	support at uni - short term	129-130	311-314							
Perception and awareness of professional mental health support	Access	Practically easy	Help-seeking - financial cost of counselling as a barrier	507-512								
Perception and awareness of professional mental health support	Access	Practically easy	Help-seeking - waiting as a barrier	417-419	422							
Perception and awareness of professional mental health support	Access	Practically easy	support at uni - waiting time	299-300	305-306	316	319-320					
Perception and awareness of professional mental health support	Access	Practically easy	support from NHS - waiting time	176-178								
Perception and awareness of professional mental health support	Access	Practically easy	Help-seeking - private counselling waiting list	130-133	137-141							
Perception and awareness of professional mental health support	Access	Practically easy	Help-seeking - criteria - location/platform	432-436	467-470							
Perception and awareness of professional mental health support	Access	Practically easy	Help-seeking - school	38-41								
Perception and awareness of professional mental health support	Access	Practically easy	support at uni - information access	128-129	297-298							
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - perceived downsides	390	392	395-396	402-403	405-410				
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - "counsellor shopping" criteria - containment (personal/cultural/linguistical)	166-168	224-231	233-239	243-248	259-264	343-344	383-384	457-466	472-473
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - "counsellor shopping" criteria - counsellor's experience	157-162	163-165							
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - "counsellor shopping" criteria - feeling challenged	150-153	308-311							
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - "counsellor shopping" criteria - feeling comfortable	144-148	149							
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - "counsellor shopping" criteria - modality	371-375	377-378	380-381	383-388					
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - expectations	276-281	290-294	422-424						
Perception and awareness of professional mental health support	Professionalism	But do expect these	Help-seeking - perceived benefits	326-331								
Perception and awareness of professional mental health support	Professionalism	Trustworthiness of mental health professionals	lack of psychology education/training in China	24-26								
Relationship with friends and families	Family relationships	Cause of MH issues	MH - financial challenges - guilt/pressure to pay back	95-100	503-507							
Relationship with friends and families	Family relationships	Cause of MH issues	Help-seeking - family	188-189								
Relationship with friends and families	Friends/partner relationships	Supportive with MH	Help-seeking - other's attitudes	205-214	215-218							
Relationship with friends and families	Friends/partner relationships	Supportive with MH	Help-seeking - friends	44-45	187-188	190-191	283-284	303-304	488-491	492-497		
Self in relation to mental health	Discomfort zone		MH - financial challeges - powerlessness	67-69	71-73	429-431						
Self in relation to mental health	Discomfort zone		MH - loneliness/disconnection	46	55-56	65-66	73-78	417-419				
Self in relation to mental health	Discomfort zone		Help-seeking reasons - external	110-114								
Self in relation to mental health	Discomfort zone		help-seeking reasons - internal	109-110	114-118							
Self in relation to mental health	Exploration		attutide towards psychology as a subject to study	8-12	37-38							
Self in relation to mental health	Exploration		Help-seeking - general attitude	196 - 199								
Self in relation to mental health	Exploration		Help-seeking - self-help	302-303								
Self in relation to mental health	Exploration		MH - family experiences	18-19	21-22							

Superordinatethemes	second order themes	third order themes	Participant AX		Participant AV		Participant LV		Participant AL	
language and culture	Chinese identity		being Chinese, not causing trouble, personal issue	57-58, 59-60						
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	Culture understanding/containment								Help-seeking - "counsellor shopping" criteria - containment (personal/cultural/linguistical)	166-168, 224-231, 233-239, 243-248, 259-264, 343-344, 383-384, 457-466, 472-473
	Language barrier				being laughed at not understanding language	33-36			MH - linguistic challenges	80, 224-231, 243-248, 249-254, 346-347
									Help-seeking - language as a barrier	443-446
Perception and awareness of professional mental health support	Access	Practically easy	close to the service	45-47	easy access to support information	50-53, 102-103, 212-215, 216-221, 223-227	not getting the right service straightaway/too many steps	81-84, 86-88, 104/108	Help-seeking - financial cost of counselling as a barrier	507-512
			free service	203-204	immediate support	54-57	did it 'on my own'	23	Help-seeking - waiting as a barrier	417-419, 422
			impersonal application	94-97	choice and information about therapist	61, 63-65, 259-262	online booking system	70-74, 76, 78-80	support at uni - waiting time	299-300, 305-306, 316, 319-320
			online information/application	45, 94-99	friendly/approachable professionals	103-105	awareness of university counselling services	36-37, 59-60, 65-67, 219-223, 224-226	support from NHS - waiting time	176-178
			six month queue	80-82	walk-in sessions/no waitling and convinient	124-127, 128-131, 138-140, 242-244	help info easily accessible online	39-42, 59-60, 219-223, 224-226	Help-seeking - private counselling waiting list	130-133, 137-141
					online appointment straightforward/easy	147-151, 153	university counselling is free	159, 219-223	Help-seeking - criteria - location/platform	432-436, 467-470
									Help-seeking - school	38-41
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							university counselling too short term	153-157		
							not enough time to go in-depth	209-212		
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			information pamphlet	47-49	proactive approach	116-119, 120-123, 138-140, 237-241				
			lack of information and resources	117-119, 233	data drive analysis	128-131				
			mentoring programme	244-250	proactive approach through physical health appointment	116-119				
			painting and psychology activity	51-66						
			publicity of the services / building awareness	235-239, 249-250, 251-259, 256-259						
			reaching out to Chinese student associations	241-242						
			success case studies	210-212, 217-219						
	Professionalism	Not sure what to expect	films and documentary portrayal	143-145	lack of understanding of different professionals avaible	161-167	unfamiliar with different types of professionals available	171-175		
			not selective about type of professionals	203-204						
		But do expect these	want answerst to problems / curiosity	107-111, 112-114	frank and not judgmental	108-109	CBT, private, 6 months long, 2/3 times a week, 90 min sessions	246-248	Help-seeking - perceived downsides	390, 392, 395-396, 402-403, 405-410
					openly speak and guidance	143-145, 175-181	perceive GP to treat serious issues	46-50	Help-seeking - "counsellor shopping" criteria - containment (personal/cultural/linguistical)	166-168, 224-231, 233-239, 243-248, 259-264, 343-344, 383-384, 457-466, 472-473
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					relieving stress	207-209	someone who listens	171-175, 241-243	Help-seeking - "counsellor shopping" criteria - feeling comfortable	144-148, 149
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					therapist more relatable	250-252, 253-257	give her confidence and help her to change herself	198-203	Help-seeking - expectations	276-281, 290-294, 422-424
					great support in general	50-53			Help-seeking - perceived benefits	326-331
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Relationship with friends and families	Family relationships	Cause of MH issues	difficulties in relationship with father	31-38, 40, 75-76, 176-179, 181-182	Family disputes	19-25	parental pressure	27	MH - financial challenges - guilt/pressure to pay back	95-100, 503-507
			family issues	31-38					Help-seeking - family	188-189
			parental relationship affects normal functioning	37-38						
			parents overwhelmed and hearing him	130-135, 137-138						
		Barrier to seeking help			parents' stigmatized perception about mental health	79-85, 86-88				
	Friends/partner relationships	Barrier to seeking help					stigmazation from others around her	23-27		
		Good peer modeling of help-seeking			friends using mental health services	89-91, 94-97, 98-101				
		Supportive with MH			Supportive friends	79-80			Help-seeking - other's attitudes	205-214, 215-218
			partner is supportive	120-126	Inclusive, supportive and friendly atmosphere	12-15			Help-seeking - friends	44-45, 187-188, 190-191, 283-284, 303-304, 488-491, 492-497
Self in relation to mental health	Belief in Self-sufficiency		being Chinese, not causing trouble, personal issue	57-58, 59-60	delay in getting help	245-249				
			male identity	101						
			pretend everything is okay	61-63						
	Discomfort Zone		confused/dissatisfied? Or didn't make sense	171-174, 178	"bad advisor"	132-133	unrelated to school or cultural shock	16-21	MH - financial challeges - powerlessness	67-69, 71-73, 429-431
			confusion about finding answers by himself	160-161, 163-165, 176-179	Stressed, feeling useless	22, 28, 33, 133	mental health issues prior to studying here	16-21	MH - loneliness/disconnection	46, 55-56, 65-66, 73-78, 417-419
			Shyness, timidness	98-99, 101, 365	no financial support	28-30	deep anxiety with no clear cause/difficult to explain	92-97	Help-seeking reasons - external	110-114
					juggling work and study	28-33			help-seeking reasons - internal	109-110, 114-118
	Exploration		Interest in psychology	20-23, 51-54, 107-109					attutide towards psychology as a subject to study	8-12, 37-38
			recognizing need for outside help	64-66, 82-83					Help-seeking - general attitude	196 - 199
									Help-seeking - self-help	302-303
			applying for counselling a 'cathasis"	82-83					MH - family experiences	18-19, 21-22

Superordinate themes	second order themes	third order themes	Participant AX		Participant AV		Participant LV		Participant AL		Participant JX		Participant D		Participant SW		Participant EM	
language and culture	Chinese identity		being Chinese, not causing trouble, personal issue	57-58, 59-60													ethnic minority	12-18, 21-30, 35-36, 14-18, 20-21
	Male identity		Shyness, timidness male identity	98-100, 101 100-101													others being 'foreign'	16
	Culture understanding/Entainment								Help-seeking - "counsellor shopping" criteria - containment (personal/cultural/linguistica l)	166-168, 224-231, 233-239, 240-248, 259-264, 363-364, 380-384, 457-466, 472-473	MH service expectation - understanding of culture not important	464-469			feeling neglected if given english support lack of cultural understanding Chinese professional mental health advocate cultural induction practitioner from the same culture recognising others from same community having similar issues	289-291 225-229 260-296, 302-305 231 233 260-296, 298-299	counsellors lack of ethnic/cultural diversity loss of cultural context no ethnicity preference university counselling understanding academic culture and challenges	303-308 336-338, 345-352 313-316 100-101
	Language barrier		being laughed at not understanding language	33-36					MH - linguistic challenges Help-seeking - language as a barrier	80, 224-231, 243-248, 249-254, 346-347 443-446	MH service barrier - language MH service - Barrier - cannot describe what happened to me lack in emotional vocabulary Help-seeking - problem for both of us if communication doesn't work MH service expectation - translation service MH service expectation - Chinese staff/Chinese counselling MH service expectation - speak not that fast MH service expectation - they can understand me	326-326 442, 443 455 - 458, 458 - 461, 462 - 463 500-502, 502-505 444 445, 446 496 497-498, 498-499	sharing feelings in a second language	395-396	not good at finding information in English unfamiliar vocabulary practitioner speaking native language information provided in Chinese/native language	97-98 285-288 221-226, 235-239 280	perception of "perfect" English - BBC/articulate language abilities English as professional language, not personal language/accent as a sense of competency counsellor not speaking 'perfect' English reduces her anxiety intimidating to speak English for an hour	380-387 303-308, 313-316, 318-319, 327-333, 334-338, 345, 352-360, 364-368, 370-373, 376-379 327-333, 345 366-368, 370-373, 376-379 366-368, 370-373, 376-379 318-319, 322
Perception and awareness of professional mental health support	Practically easy	close to the service	45-47	easy access to support information	50-53, 102-103, 212-215, 216-221, 223-227	not getting the right service straightaway/too many steps	81-84, 86-88, 103/108	Help-seeking - financial cost of counselling as a barrier	507-512	MH service - IAPT - ambivalence about contact after her initiation	175, 176, 183, 184	didn't know where to find a counsellor while in China	16-17	cost of help	270-271, 324-327	short waiting time - feel supported/surprised/pleased	143-150, 138-141
		free service	203-204	immediate support	54-57	did it 'on my own'	23	Help-seeking - waiting as a barrier	417-419, 422	MH service - IAPT - cost by order of emergency	222 - 223	access limited to school system/lack of privacy	122-126, 288-304, 305-309, 378-382	time is valuable/don't want to waste time	324-327, 328-331, 332-334, 346-346	not have time	55-61
		impersonal application	94-97	choice and information about therapist	61, 63-65, 259-262	online booking system	70-74, 76, 79-80	support at uni - waiting time	299-300, 305-306, 316, 319-320	MH service - IAPT, no need for GP	64, 65	accessible information from uni about help available	18-20, 131-133, 253	two months wait	62-65, 264	perception of long waiting time/busy service	285-292
		online information/application	46, 94-99	friendly/approachabl e professionals	103-105	awareness of university counselling services	36-37, 59-60, 65-67, 219-223, 224-226	support from NHS - waiting time	176-178	MH service - form online simple and easy to search for information	65, 67, 125 - 126, 128	GP response back quicker than expected when contacting counselling service	199-202, 215-216	GP referral vs self-referral	33-36, 72-75	service not friendly - too much information on website	285-292
		six month queue	80-82	walk-in sessions/no waitting and convenient	124-127, 128-131, 138-140, 242-244	help info easily accessible online	39-42, 59-62, 219-222, 224-226	Help-seeking - private counselling waiting list	130-133, 137-141	MH service - student office for wellbeing	138	the service was friendly, nice, warm	199-202, 209-211			online information gathering	131-136
				online appointment straightforward/easy	147-151, 153	university counselling is free	159, 219-223	Help-seeking - criteria - location/platform	432-436, 467-470	MH service - IAPT - responded quicker than expectation, convenient	219, 226, 231	free counselling service	373-377, 380-382			common to seek mental health support	437
				physical items that may help information printed on them	212-221, 223-227	5 sessions, two different ways	110-117, 139-140	Help-seeking - school	38-41	MH service - IAPT - happy that unknown professional people are concerned about her	227-228, 236					NHS perception - long wait	90-91
								support at uni - information access	128-129, 287-288	MH service - IAPT - fate of free service to be close	220 - 222, 173 - 174, 224					short term - four sessions	61-62, 157-159
										MH service - 'not comfortable to talk on the phone', would like choice of contact	384 - 397, 90, 187					capacity and waiting time vary based on demand	176-178, 180-182
										MH service - location - convenient - go without having embarrassed	401-403, 411-413, 398, 424, 399						
	Access					when reason is unclear it takes time to explain	99-101	support at uni - short term	129-130, 311-314	MH service - short term, one-off help	143, 146	unable to keep the same counsellor for longer term	312-315	not having choice of therapy	166-168, 276-278	discappointed about few sessions	155, 172-173, 285-292
						private counselling is expensive	161-162, 166-166					sharing experiences on social media isn't helpful	397-400	five CBT sessions	42-45	at least 3 sessions offered	163-170
						longer-term counselling	127-129					short-term - 2 sessions	10-12, 218-222	CBT sessions not very useful - actual experience different from expectation after reading	61, 170, 240-242	UGC - awareness from the start	75-80, 425-427
		Clinically appropriate				university counselling too short term	153-157							no connection with therapist	146-149, 150-152, 328-331	constrained by term-time	157-159, 206-213
						not enough time to go in-depth	209-213									feel like a number?	172-173
		Previous experiences								MH service - China - not enough for me/longer and more professional	156 - 157					no prior see of counselling service	114
																MI university counselling - low awareness and usage - reactive to suicide crisis	412-414, 414-417, 419-422
	Proactive approach	building mental health awareness into systems	256-259	mental health questionnaire screening	120-123, 139-140									Experience in China - psychometric testing/proactive counselling	382-383, 387, 391-392	service not approachable	285-292
		information pamphlet	47-49	proactive approach	116-119, 120-123, 138-140, 237-241									lack of awareness and dedicated university wellbeing team at the university	33-36, 62-63	website language too 'official' - not Feel welcomed to use service	295-299
		lack of information and resources	117-119, 233	data drive analysis	128-131									not enough marketing	361-363, 367		
		mentoring programme	266-260	proactive approach through physical health appointment	116-119									therapist to do a video introduction	350-351, 356-360		
		painting and psychology activity	51-66														
		publicity of the services / building awareness	230-239, 249-250, 251-255, 256-259														
		reaching out to Chinese student associations	241-242														
		success case studies	210-212, 217-219														
	Not sure what to expect	films and documentary portrayal	143-145	lack of understanding of different professionals availble	161-167	unfamiliar with different types of professionals available	171-175			MH service expectation - no idea the difference between different professionals	350	not sure how counselling works/how she can be helped	13-15, 21-27, 134, 250-258, 259-266, 275-277, 345-349, 350-353, 356-358, 362-370, 373-377			lack of familiarity with professional counselling	121-123, 252-253
		not selective about type of professionals	203-204			perceive GP to treat serious issues	46-50			MH service expectation - not sure if it's possible to solve problems	291 - 292	not aware different professionals and access	264-288, 290, 350-353			lack of understanding different types of professionals	255-259
										MH service barrier - talking might make me unhappy	328-329	lost/uncertain in the process	25-27			ambivalence about waiting suggestions	226-231, 230-233
																lack of awareness of services offered in NHS	94-96
	Professionalism	want answernt to problems / curiosity	107-111, 112-114	Frank and not judgmental	108-109	CBT, private, 6 months long, 2/3 times a week, 90 min sessions	246-248	Help-seeking - perceived downsides	390, 392, 395-398, 402-403, 405-410	MH service barrier - risk of therapy	334	lack of clear contracting at the beginning	316-320, 323	Feels good talking/to be listened to	125-128, 189-190, 253-256	explanation and suggestions	165-170
				openly speak and guidance	143-145, 175-181			Help-seeking - "counsellor shopping" criteria - containment (personal/cultural/linguistica l)	166-168, 224-231, 233-239, 240-248, 259-264, 363-364, 380-384, 457-466, 472-473	MH service - Barrier/expectation - they can only offer limited help	443-444	someone to validate how her experiences/diagnosis	83-85, 250-258, 267-273, 337-344	assessment and treatment plan / recommentation/signpostin g	38-41, 83-85, 89, 91-94, 99-101, 109-111, 192, 257-260, 260-264, 265-267, 429-432, 434-438	someone to listen objectively / detached	193-198, 236-238
				empathy	175-181	being treated as a stereotype/generalized as an international student problem	178-181, 182-186	Help-seeking - "counsellor shopping" criteria - counsellor's experience	157-162, 163-165	MH service - talking therapy	269 - 270, 288-289	individual therapy	228, 307-403	professional mental health support	105-108, 109-113, 118-122, 125-128	not tangible suggestions	219-221, 224-226
		But do expect these		different perspective	175-181, 189-191	previous counselling experience	32-34	Help-seeking - "counsellor shopping" criteria - feeling challenged	150-153, 308-311	MH service - supportive group	270	professional help that's more than information online	362-370	short phone sessions with shorter waiting time	244-245	counsellors having professional training	236-238
				relieving stress	207-209	someone who listens	171-175, 241-243	Help-seeking - "counsellor shopping" criteria - feeling comfortable	144-148, 149	MH service - information on adjusting feelings	271	lab tests, suggested reading and workshops/psychoeducati on	228-240	positive messages	399-404	counsellor to refer on if appropriate	255-259
				therapist more involved	250-252	someone who treats her as an individual, "deep into her head"	171-175, 186-187, 205-206, 260-262	Help-seeking - "counsellor shopping" criteria - modality	371-375, 377-378, 380-381, 383-388	MH service expectation - I'm all right, normal/identify issues and treatment	283 - 284, 286 - 287	feel better telling the counsellor about her issues	241-245			university workshops and orientation	75-80
				therapist more relatable	250-252, 253-257	give her confidence and help her to change herself	198-203	Help-seeking - expectations	276-281, 290-296, 422-424	MH service expectation - how to solve the problems / difficulties	289 - 291					GP for physical not psychological issues	92
				great support in general	50-53			Help-seeking - perceived benefits	326-331	MH service expectation - why how those feelings need longer term therapy	320-325					Psychiatrist perception - mental health diseases, harm	265-266, 272
										Help-seeking - expecting face-to-face appointment	188						
										MH service expectation - enough skills, ethical	469-476						
	Trustworthiness of Mental Health professionals	"people in the west are good listeners"	152-154, 156	xelaing a higher degree/training	198-200	Bristol/UK has a good reputation of mental health support than Chinese universities	36-37, 59-60, 63, 65-67	lack of psychology education/training in China	24-26	MH service - previous experience of Chinese college - trained as a peer counsellor	150-157	not much trust in Chinese counsellors/lack of professional ethics	147-153, 155-158, 162-167, 169-172			confidentiality concerns	444-451, 453
		blind faith' of professional capability	147-149									counsellors in China lack professional training	169-172, 178-184, 187-189			anonymocity/privacy/confident iality concerns	82-87
		practiced professionals to help	28, 112-114, 147-149, 156, 158									the reputation of British counsellors having ethical behaviour/trust	155-158, 178-184, 187-189, 295-297				
		previous counsellor not capable	70-75														
		professional/teacher concern	55-56, 62-63, 85-86, 88, 92, 102-104, 249-250														
		support/listening	27														
		trust in university and professionals	158														
	Family relationships	difficulties in relationship with father	33-38, 40, 75-76, 176-179, 181-182	Family disputes	19-21	parental pressure	27	MH - Financial challenges - guilt/pressure to pay back	95-100, 503-507			family interference	75-80	pressure and high expectation from family	225-229		
		Cause of MH issues	family issues parental relationship affects normal functioning	31-38 37-38					Help-seeking - family	188-189							
			parents overwhelmed and hearing him	130-135, 137-138														
		Supportive with MH									Family support - mum acknowledge and support	246 - 249	Father open-minded and talking with her	106-109, 110-118	supportive family	74-77, 115-117	supported by family	62-64, 101-106
		Barrier to seeking help			parents' stigmatised perception about mental health	79-85, 86-88							mum (and later self) thinnining her feelings	113-118, 278-279	dis-fmi knows anxiety - family supportive but not helpful	115-117, 119-122	stigma with parents	105-108
	Relationship with others	Barrier to seeking help				stigmazation from others around her	23-27								friends not aware of help available	105-108		
															not many English friends	20		
		Good peer modeling of help-seeking			friends using mental health services	89-91, 94-97, 98-102				Friend support - open about it	261	friends sharing experiences of counselling	162-165, 203-208	therapist friend recommendation on what to do	137-141	friend with relevant mental health background	108-112, 126-131
		Friends/partner relationships										friendship problems - growing apart over her changes	55-85, 89-103	feel judged by peers	208-212		
		Cause of MH issues										feel like she has to hide herself/repressing herself/holding back/disappear	97-99, 100-109, 110-111, 259-266				
												felt able to share feelings with best friend	70-74				
												affected by friend's unhappiness	89-103				
		Supportive with MH	partner is supportive	120-126	Supportive friends	79-80		Help-seeking - other's attitudes	205-214, 215-218	York - Comfortable, friendly, helpful, more friends and contact	20-22, 40, 42, 44-45			asking English friends	31-32	supportive environment	12
				inclusive, supportive and friendly atmosphere	12-15			Help-seeking - friends	44-45, 187-188, 190-191, 283-286, 303-304, 488-491, 492-497	Friend support - help, offer to go with her	255 - 260	more connection with the office social life	45-51	sharing experiences with older people	201-206	friend's support and encouragement	66-69, 108-112, 126-131
															social groups	406-413		
															supportive workplace	410-413		
		Academic relationships	Cause of MH issues		"bad advisor"	132-133									lack of supervision support	19	relationship with supervisor	45-46, 51-53, 64-65
	Belief in Self-sufficiency	being Chinese, not causing trouble, personal issue	57-58, 59-60	delay in getting help	245-249													
										help-seeking - 'didn't want to go' because 'getting better'	92 - 93, 186	Uncertain whether she made a big deal out of/afraid of being judged	56-60, 69-74, 83-85, 113-118	lack of confidence in her own and don't need doctor or therapist	79-82	believe her situation isn't serious enough	125-126, 444-451
		male identity	101							help-seeking - thought I can handle it	434, 435-436, 224, 58, 75	didn't' plan to attend workshop because felt better after initial sessions	241-245	gotten better by herself while waiting	59-61	finding answers within oneself	236-238, 240-241
		pretend everything is okay	61-63									quite independent - enjoy overall	40-42	a good student	11-13	ambivalence in seeking help	163-150, 152-153, 157-159
														well travelled, adaptable	7-10, 129-131	"lucky to study here" - minimize issues	6-8
														"not me" - doesn't fit with identity	7-10, 129-131		
														reading about psychotherapy and CBT/self help	59-61, 79-82, 179-182		
Self in relation to mental health	Anxiety and stress			Stressed, feeling useless	22, 26, 32, 102	Keep anxiety with no clear cause/difficult to explain	92-97	financial challenges - powerlessness	67-69, 71-73, 429-431	London - Stressful and not many friends	26, 27, 28-29, 284 - 285	sleep issues	259-266	no headspace to explore most suitable help	166-168, 220-222, 344-346, 348-352	university ethic/prestigious - status anxiety	6-8
				no financial support	28-30			Help-seeking reasons - external	110-114	help-seeking - feeling ok didn't last long, want to get help soon after	436-437	holding breath/anxiety	227-344	too anxious to engage with self-referral/self-help	75, 76-77, 137-141	GP referral - anxiety and mild depression	38-41
				juggling work and study	28-33					Mental health - Anxious, low, "depressing condition", rollercoaster	60, 100, 77-82	Feel uncomfortable, miserable/low mood	81-82, 259-266	upsetting to face her diagnosis	125-128, 129-131, 137	academic stress	45-46, 55-61, 437
										help-seeking - reasoning - also uncomfortable in summer	76			anxiety from job	72	class/social status anxiety	389-391
															feel like wasting time	25		
															depressed, SAD	20-21, 21-23, 28		
	Discomfort Zone	Loneliness and isolation						MH - loneliness/disconnection	46, 55-56, 65-66, 73-78, 417-419			not very social and feel lonely	34-39			loneliness/isolation	11-18
		Lack of control								Mental health - not like the person I used to be, lack of control	105 - 106, 95	emotional eating/eating disorder	228-245				
		Self doubt and Lack of self-confidence	Shyness, timidness	98-99, 101, 391				help-seeking reasons - internal	109-110, 114-118	Mental health - 'shouldn't be excited' - shutting down own emotions	94, 61			perceived academic failure	11-13	self-doubt	395
			confusion about finding answers by himself	160-161, 163-165, 176-179											29-32		
			confused/dissatisfied? Or didn't make sense	171-176, 178											38-41		
		Other issues				unrelated to school or cultural shock	16-21					type-2 diabetes - changing diet and exercise	55-61			prioritize academic work over psychological issues	51-53, 55-61
						Mental health issues prior to studying here	16-21										
	Exploration																	
		Interest in psychology	20-23, 51-54, 107-109					Attitude towards psychology as a subject to study	8-12, 37-38	Mental health - 'really should go to the appointment' - deciding to get help	96, 112	open about counselling due to psychology-related background	121-133, 136, 143-146	a crippling her mental health problems	179-182	not having a pressing deadline and able to explore	65-66
		recognizing need for outside help	64-66, 82-83					Help-seeking - general attitude	194 - 199	help-seeking - relieved to have appointment	204			feeling like she's helping others	201-206		
		applying for counselling a "catharsis"	82-83					Help-seeking - self-help	202-203	help-seeking - made progress, relieved	204-205			having time to process	179-182		
								MH - family experiences	18-19, 21-22	help-seeking - authority Family history - depression	130 243 - 246			organized support events	91-98		

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