

Stephanie Yun Yu Law BSocSc Hons, MSc

Section A: Chinese international students' cross-cultural adaptation, mental health and related coping strategies and help-seeking behaviours in the UK.

Word Count: 7788 (512)

Section B: A phenomenology exploration of the sojourning experience and meaning of being a Chinese international student in the UK

Word Count: 7999 (410)

Overall word count: 15787 (922)

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology

May 2021

SALOMONS INSTITUTE  
CANTERBURY CHRIST CHURCH UNIVERSITY

## **Acknowledgements**

I would like to first thank all the participants in this study, thank you for being generous in sharing your life story to me. I learnt a lot from you all.

I also want to express my gratitude to my supervisors, Dr Fergal Jones and Dr Eleni Hatzidimitriadou, for all of your guidance and patience throughout this process. Special thanks are given to the consultant of this project, Miss Linda Hammond, and to Dr Louise Goodbody, for supporting me to shape up this project at first. This project wouldn't exist without support from you all.

Thanks to my parents, two sisters, Tony's family, and my friends in 'the normal world'. I feel so lucky and privileged that you all are always there for me. I just can't wait to reunite with you all so very soon. I wouldn't have been courageous enough to start this journey without all the love and support from my dear family and friends.

To my husband, Tony. You are beyond everything imaginable; thank you for going through this journey with me. I wouldn't have come so far without your encouragement, love and accompany. You mean the world to me.

'Rejoice in the Lord always. I will say it again: Rejoice!' (Philippians 4: 4)

## **Summary of the Major Research Project**

**Section A:** A literature review providing an overview and critical evaluation of existing research on Chinese international students' acculturation experiences, especially their psychological and sociocultural adaptation, and related coping strategies and help-seeking behaviours. The quality of the 10 identified papers is assessed and results are considered in relation to relevant psychological theories, and implications for clinical practice and research are then discussed.

**Section B:** An empirical study using interpretative phenomenology analysis (IPA) to explore how Chinese international students (CIS) make sense of their psychological wellbeing and related help-seeking in the UK. Eight students based in Southeast England attended semi-structured interviews. Three master themes emerged from the data: the jump from interdependence to independence, the importance of 'zhong-yong' when experiencing and expressing distress, and the perplexing nature of help seeking. Implications for clinical practices and research were discussed.

**Section C:** Appendices

## Section A Literature Review Contents

Abstract.....	9
Introduction .....	10
Chinese international students across the globe.....	10
Potential challenges for CIS .....	10
Acculturation theory .....	11
Previous reviews .....	12
Rationale and aims.....	13
Results.....	18
Overview of the studies .....	18
Sample characteristics .....	18
Sample size.....	18
Epistemological stance.....	19
Theoretical background .....	19
Quality.....	19
1. Psychological adaptation .....	20
2. Sociocultural adaptation .....	23
3. Coping strategies, help-seeking behaviours .....	29
Emotional management strategies.....	29
Reappraising initial interpretations of threat as interpretations of potential success/benefit from facing adversity .....	30
Help-seeking behaviours.....	31
Discussion.....	32
Psychological adaptation .....	32
Sociocultural adaptation .....	33
Related help-seeking attitudes and behaviours .....	34
Methodological limitations and research implications.....	36
Conclusion.....	39
References .....	41

## Section B Empirical Paper Contents

Abstract.....	51
Introduction .....	52
Rationale and aims.....	55
Methods.....	57
Design.....	57
Epistemological position .....	57
Participants .....	57
Procedures .....	58
Interviews.....	58
Data analysis .....	59
Quality assurance and researcher reflexivity.....	61
Ethics .....	62
Results.....	63
Master theme 1: the jump from interdependence to independence .....	63
Sub-theme 1.1: isolation and loneliness.....	64
Sub-theme 1.2: enjoying the freedom.....	66
Master theme 2: the importance of ‘zhong-yong’ (Ji, Lee & Guo, 2010) when experiencing and expressing psychological distress .....	67
Sub-theme 2.1: self-control as a virtue.....	68
Sub-theme 2.2: the importance of maintaining social harmony .....	69
Master theme 3: the perplexing nature of help-seeking.....	70
Sub-theme 3.1: the ‘tao’ way of coping.....	71
Sub-theme 3.2: the role of ‘guanxi’ .....	73
Discussion.....	75
Limitations and future research.....	78
Implications for clinical practice and universities.....	79
Conclusion.....	80
References .....	82

## List of figures and tables

### Section A

*Figure 1. PRISMA flow diagram illustrating the literature review process .....p. 16*

*Table 1. Five moderating factors on the acculturation process .....p. 11*

### Section B

*Table 1. Participants' demographic data .....p. 57*

*Table 2. Master themes and sub-themes .....p. 61*

## **Section C List of appendices**

Appendix 1 – SQAC for each study	p.89
Appendix 2 – key information of selected studies	p.90-98
Appendix 3 – information sheet	p.99-102
Appendix 4 – interview schedule	p.103
Appendix 5 – consent form	p.104
Appendix 6 – brief note for each case	p.105-106
Appendix 7 – an example of transcript with notes	p.107-123
Appendix 8 – maps when grouping and organizing themes	p.124
Appendix 9 – reflexive journal	p.125-133
Appendix 10 – ethics approval	p.134
Appendix 11 – signposting leaflet	p.135-141
Appendix 12 – additional quotations	p.142-145
Appendix 13 – end of study report	p.144-145
Appendix 14 – translation agreement	p.146-148

## **Section A: Literature Review**

Stephanie Yun Yu Law BSc Hons, MSc

Chinese international students' mental health, cross-cultural adaptation, and related coping strategies in the UK

Word count: 7,788 (512)



## **Abstract**

**Background:** Cross-cultural education has both positive and negative impacts on international students who are adjusting to the new environment in the host country. To date, there is no review looking into cross-cultural educational experiences among Chinese international students in the UK.

**Aim:** To collate and critically evaluate existing research evidence on Chinese international students' cross-cultural adaptation, mental health, and related coping strategies and help-seeking behaviours in the UK.

**Method:** A review of the literature was carried out on electronic databases to identify empirical papers exploring Chinese international students' experiences in the UK, specifically in relation to their mental health and associated coping strategies when facing cross-cultural adaptation.

**Findings:** 10 papers were identified. Findings were grouped and critically assessed in three areas: i) psychological adaptation; ii) sociocultural adaptation; and iii) related coping strategies and help-seeking behaviours. A limited number of studies was found in each area and the results reported.

**Implications:** The methodological quality of the studies identified was mixed. Key limitations included cross-sectional designs with a small sample size and inconsistent definitions of Chinese international students. Both qualitative and quantitative research evidence is needed to further understand these students' experiences of studying in the UK, as well as consideration of the potential barriers which explain the low help-seeking rate in mental health services.

**Key words:** Review; Chinese international students; adaptation; mental health; UK

## **Introduction**

### **Chinese international students across the globe**

Travelling from East to West for educational purposes has become increasingly common among young adults, since the late nineteenth century and the Open-door Policy (Huan, 1986). In 2019, there were more than a million Chinese international students (CIS) across the globe. The USA, UK and Australia were the top three countries, attracting nearly 60% of these students (UNESCO, 2019). In this report, the CIS group includes all students of Chinese origin, from China, Hong Kong, Taiwan and other south east Asian countries.

Increased cross-cultural exchange and global mobility can create opportunities and potentially strengthen social ties in the host society in many ways. Concurrently, this can also lead to challenges, obstacles and pressures, in particular for those who leave their home and arrive in a foreign country with limited knowledge of what will happen next (Luzio-Lockett, 2007; Smith & Khawaja, 2011). Studying abroad entails significant changes in a person's life at many levels, and the psychological impact associated with these changes and adjustments should not be underestimated.

### **Potential challenges for CIS**

Luzio-Lockett (2007) described the cross-cultural education experience as having a 'squeezing effect', pinpointing the underlying uneasiness or pain of international students trying to squeeze their identity into the constraints of a pre-established set of rules in the host country. This 'squeezing effect' could be more pronounced for students coming from more distinct sociocultural backgrounds, as in the case of CIS.

The key potential challenges faced by these students can be broadly categorised into the following areas: academic stress, including learning in a new education system with a different learning style and outcome measures; relationship issues like diminished social capital and the need to make new friends; language differences such as comprehending and

expressing oneself in English; and practical issues like finding accommodation and managing visas, etc. With significant differences in the education, health and political systems, it is inevitable that CIS will experience difficulties arising from these differences, which they will have to manage and find a way to quickly adjust to the new environment.

### **Acculturation theory**

One key theory used to explore the process of adaptation in host countries is the acculturation theory of Berry et al. (1987). It was originally developed for immigrant populations and it has subsequently become the dominant framework for studying international students' experiences in a host country. Research from this perspective usually focuses on how one's acculturation process or outcome influences one's well-being while studying abroad. Wang and Mallinckrodt (2006) describe the acculturation process as being moderated by five key factors: the nature of the host society, the type of acculturating group, the mode of acculturation, and the personal and psychological characteristics of the acculturating person (see Table 1 for further details). Berry et al. (1987) argue that people who adopt an integration strategy tend to experience less acculturative stress and are better adjusted to the new environment, compared to people who adopt other acculturation strategies. Recent research has attempted to explore further how one's personal and psychological characteristics might affect one's degree of acculturative stress in a host society (Zheng and West-Olatunji's, 2016).

In the 1990s, theorists postulated the importance of distinguishing differences between psychological distress and sociocultural adjustment difficulties (Ward & Kennedy, 1999). Ward (1996) defined *psychological adaptation* as people's affective responses, including a sense of psychological well-being and satisfaction; and *sociocultural adaptation* as the person's ability to link to the new country, such as competence in acquiring culturally

appropriate skills for daily intercultural living. Thus, investigating these two constructs separately has been adopted by recent research investigating CIS' well-being.

*Table 1*

*Five key moderating factors on the acculturation process*

Key moderating factors on the acculturation process	Definition
1. The nature of 'the larger society'	It refers to people's attitude in the dominant culture of the host society, varying from high tolerance for cultural diversity to high pressure for a single cultural standard.
2. The type of acculturation group	For example, immigrant, refugee, native people, ethnic groups and sojourners including international students.
3. The mode of acculturation	It refers to the four modes of acculturation: <i>integration</i> – high identification with both the home and the host cultures; <i>assimilation</i> – high identification with the host culture and low identification with the home culture; <i>separation</i> – high identification with the home culture and low identification with the host culture; and <i>marginalisation</i> – rejection of both the home and host cultures.
4. Demographic and social characteristics	For example, acculturating the individual's age, gender, financial and social resources and previous intercultural experiences
5. Psychological characteristics	For example, the acculturating individual's personality or attachment style.

## **Previous reviews**

Considering that intercultural adjustment is complex and multidimensional, it is surprising to note that research addressing CIS mental health and experiences of cross-border higher education is limited. Zheng and West-Olatunji's (2016) paper is one of very few review

papers summarising the psychological adaptation of mainland CIS in the USA, revealing high levels of depression and anxiety symptoms and disproportionately low utilisation rates of counselling services among these students. A survey of 130 CIS at Yale University (Han, et al., 2013) found that 45% of participants reported symptoms of depression, and 29% reported symptoms of anxiety. However, only 4% of participants reported use of the university's counselling services, showing a lower rate when compared to their American peers, who reported an 11% help-seeking rate. Similar results were found in other studies, which suggested that at least 30% of the surveyed CIS reported symptoms of depression and/or anxiety (Cheung, 2011; Wei, et al., 2007).

Other studies investigating sociocultural adjustment tend to explore common stressors and coping strategies among CIS (Roysircar, 2004; Wang, et al., 2012; Yan & Berliner, 2011; Yeh & Inose, 2003). The most frequently reported challenges included: immigration and visa concerns, academic and future career concerns, concept of self and identity issues, and social isolation and difficulty establishing and maintaining social networks in both the home and host country. 'Marginal syndrome', referring to being caught between their Chinese roots and Western ideas, is another key dilemma faced by most CIS (Wang, 1992). Some studies have further suggested that variables like high self-esteem, positive problem-solving skills and lower maladaptive perfectionism predict better acculturation adjustment, while high attachment anxiety and high avoidance are significant predictors of sociocultural adjustment difficulty and psychological distress (Wang & Mallinckrodt, 2006).

### **Rationale and aims**

Although the aforementioned reviews provide useful information about the intercultural experiences of CIS, they are inextricably bound by the US historical and socio-political context. To date, no systematic literature review has been conducted on CIS' sojourning experience in the UK. Existing literature (Yan & Berliner, 2011; Zhang-Wu,

2018; Zheng & West-Olatunji, 2018) has revealed the vulnerability of this particular group of students while studying abroad, together with their patterns of low utilisation of mental health services and the increasing size of this student population; it is therefore important to further examine the sojourning experience of the largest group of international students in the UK.

This narrative review aims to provide an overview and methodological critique of the existing research into Chinese international students' acculturating experiences in the UK, in particular their psychological acculturation, sociocultural acculturation, and related help-seeking behaviours/coping strategies. A synthesis of available findings would assist the development of future studies in this under-researched area, and could potentially inform better care and psychological support to meet the specific needs of this group of students. Thus, this paper will report a critical evaluation of existing findings, followed by clinical and research. This is in line with the NHS core value of 'everyone counts' in providing accessible and culturally sensitive care for every member of the society.

The review set out to answer the following questions:

- What are CIS's experiences of acculturation in the UK?
- What coping strategies, including help-seeking behaviours, do CIS adopt to cope with their psychological distress in the UK?

### **Methodology**

Relevant papers were identified by systematically searching in the following key electronic databases in psychology and education: ASSIA, PsycINFO, Web of Science, Medline and EBSCO (including Education Abstracts, British Education Index and CINAHL) according to the PRISMA guidance (Moher, et al., 2009) (see Figure 1). The ProQuest was

also searched for any relevant dissertations and theses. Further key journals in cross-cultural research (such as the British Journal of Guidance, Counselling and International Journal of Intercultural Relations and Ethnic and Racial Studies) were also hand-searched. The search was conducted in March 2020 and restricted to peer reviewed journal articles published in English only.

**The search terms were as follows:**

(1) Chinese OR China OR Hong Kong OR Taiwanese OR Taiwan

AND

(2) international student OR sojourn\* OR university student

AND

(3) health OR wellbeing OR well-being OR 'illness beliefs' OR acculturat\* OR 'acculturative stress' OR 'intercultural experience' OR 'culture shock' OR adjustment OR adaptation OR anxiety OR 'quality of life' OR depress\* OR 'help seek\*' OR help-seek\* OR 'health seek\*' OR coping OR support

**The inclusion criteria were:**

1. Includes Chinese international students (from mainland China, Taiwan, Hong Kong, or who self-identified as Chinese, who have travelled to the UK for educational purposes) currently studying in the UK
2. Explores CIS' well-being, mental health needs and related help-seeking behaviours/coping strategies while sojourning in the UK
3. Peer reviewed journal or published thesis
4. Published in English only (although it would likely be helpful to search Chinese journals for this particular topic, it was not possible due to the author's limited access to Chinese journals. Also, as this review investigate CIS's acculturation experiences in the UK, it

seemed a screening of English language papers was sufficient at a starting point in this under-research area)

#### 5. Presents original research findings

Given that this is an under-researched area, the databases were searched from their inception until March 2020, with the aim of gathering all relevant studies. After a systemic search, the author also hand-searched reference lists of selected papers and included relevant published theses, to enrich and increase the comprehensiveness of the findings (Bellefontaine & Lee, 2014).

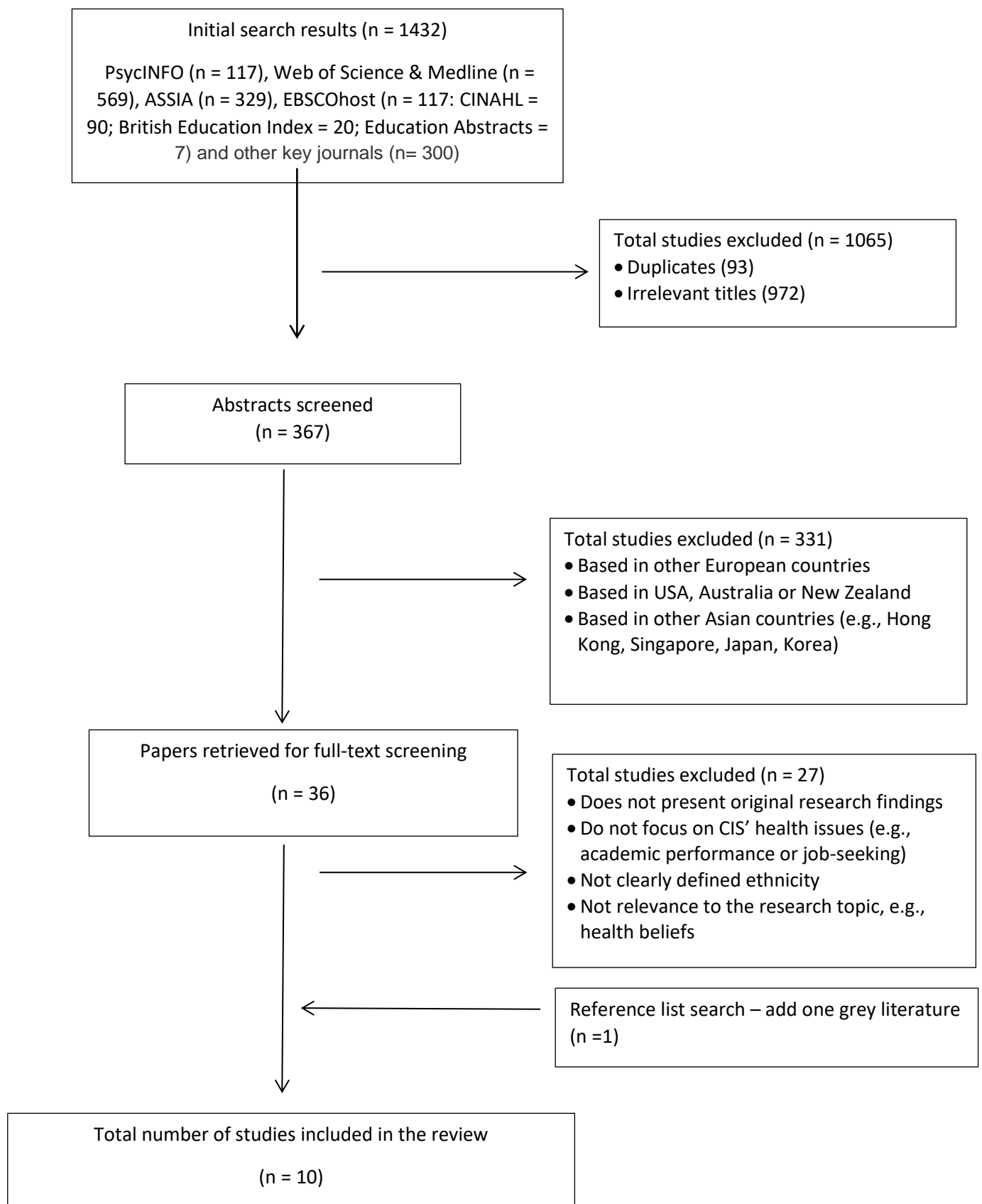
#### **Approach to quality appraisal:**

Thirteen articles were identified after a systemic search (Figure 1). All studies were exploratory, observational or correlational in nature and none involved randomisation or a direct intervention. Therefore, most appraisal tools evaluating randomised controlled trials (RCT) and controlled studies were not applicable. The papers included adopted a wide range of designs, including quantitative, qualitative and mixed-methods. The Standard Quality Assessment Criteria (SQAC) was deemed the most appropriate for assessing research quality across a wide variety of research designs (Kmet, et al., 2004). It has 10 key criteria for qualitative studies and 14 for quantitative research. The appraisal tool is also recommended by NICE to assess the quality of research across a variety of fields in health science. The checklists were used as a reference guide for a systematic critique only, to avoid implementing too strictly an application and subsequent misleading conclusions (Booth, et al., 2012).



Figure 1.

PRISMA flow diagram illustrating the literature review process



## Results

### Overview of the studies

This review identified and included 10 articles (Figure 1)<sup>1</sup>. Four were quantitative studies using a cross-sectional design and three gathered data via semi-structured interviews. The remaining five studies adopted a mixed-methods design (questionnaires and interviews). Key information about the studies included in this review can be found in Appendix 2.

### *Sample characteristics*

All ten studies were conducted in England. Whilst most did not specify the area, one study stated they were conducted in the southwest (4), and one study surveyed students in Scotland (2). Five studies investigated postgraduate CIS experiences, two studies looked at CIS at undergraduate level, one study explored CIS on foundation courses, and some studies were unclear about this (see Appendix 2).

### *Sample size*

The studies' sample sizes ranged from 87 to 1,288 for quantitative studies and 15 to 28 cases for qualitative studies. Most of the studies provided insufficient data to assess sample size, except one (9). The two mixed method studies with the biggest sample sizes (1, 8), surprisingly, did not report any quantitative findings in their papers. Both studies appear to have used surveys with larger sample sizes as a scoping exercise for formulating the questions for their semi-structured interviews. In the qualitative studies, none demonstrated reflexivity apart from study 10 and 5. The sampling strategy and data collection methods were often insufficiently described in most studies, making it difficult for future studies to replicate the results.

---

<sup>1</sup> All 10 included studies will be numerically cited for the rest of the review for easier reading. 1 = Gu (2009); 2 = Zhou & Todman (2009); 3 = Spencer-Oatey & Xiong (2006); 4 = Swami (2009); 5 = Zheng (2017); 6 = Cheng, Friesen & Adekola (2018); 7 = Yu & Maskal (2018); 8 = Yu & Maskal (2019); 9 = Tang, Reilley & Dickson (2012); 10 = Wang (2017).

### *Epistemological stance*

Nearly all of the selected studies adopted the pragmatic, essentialist approach that has generally been used in literature to consider cross-cultural phenomena for Chinese international students as stable entities with a 'definable and discoverable nature' (Burr, 2003).

### *Theoretical background*

Eight studies adopted acculturation theory (Berry ,2006), mainly focusing on sociocultural adaptation (1, 2, 3, 4, 6, 7, 8). Cultural learning theory was drawn on in these studies, suggesting that cross-cultural travellers need to learn culturally relevant social skills to survive and thrive in their new settings. Predictors/themes that could impact CIS' social-cultural adaptation in the UK were investigated.

### *Quality*

In general, most of the studies had clear research objectives guided by at least one theory from various field of study (e.g., education, psychology, inter-cultural relations, etc), an appropriate study design and well-defined outcome measures. Most of the studies adopted translated scales for outcome measurement, but none provided any details regarding the validation and reliability of these translated scales, lowering the quality of these studies. For studies that compared surveys between groups, or change over time, the sample sizes were often small and confounding factors were seldom rigorously monitored, affecting the generalisability of these studies.

For qualitative studies, the context was often clearly described. One strength of most of the qualitative studies was the availability of bilingual research materials for the participants. The majority of participants chose to use Mandarin during the research process, indicating their strong preference for sharing their experiences in their mother tongue.

Transcribing issues were another key feature in the qualitative cross-cultural studies, and most of the studies lacked detail regarding how they handled transcribing issues, e.g. by whom and how they conducted the transcription. A few studies clearly detailed steps in handling their data and provided justification for minimising potential bias, i.e. transcripts and initial coding were done in Mandarin Chinese to capture the original meaning from the participants, then core quotes and themes were translated into English by an independent translator.

Although the process of data analysis was more thoroughly discussed in these studies, verification procedures were seldom used, thereby affecting the studies' credibility. Six studies adopted thematic analysis, one study used interpretative phenomenological analysis (IPA), and one study omitted this information. Only two studies discussed reflexivity, making it difficult to evaluate how the researchers' preferences, preconceptions and own biases might have influenced the research relationships and data analysis processes, what steps were taken to maintain neutrality while approaching the data and therefore how this may have impacted the quality of these studies.

The identified studies investigated CIS' acculturation experiences in several areas, and findings were grouped into the following key aspects: psychological adaptation, sociocultural adaptation and related coping strategies.

### **1. Psychological adaptation**

According to Berry (1989), psychological adaptation refers to individuals' well-being, including physical and psychological health, degree of work and life satisfaction, and quality of life. Only two studies (3, 10) used short questionnaires to explore CIS' psychological adaptation in the UK, all focusing on CIS' mental health.

Study 3 explored 124 CIS' levels and symptoms of depression using a bilingual version of Zung's Self Rating Depression Scale (1965). This scale is widely used in cross-cultural research, including research considering the adjustment of international students (Ward & Kennedy, 1999). The results suggested that the majority of the respondents were within the non-clinical range, with 7% of them showing signs of mild clinical depression and one case of moderate depression. The authors reported high internal reliability for this questionnaire, but the exact figure was not presented. One strength of this study was that the questionnaire was piloted and verbal feedback from CIS was included in the final version of the questionnaire to improve the clarity of the wording. However, the limited information given in this paper regarding how the researchers chose and translated the scale means it is impossible to rule out translation issues as this is one of the most common challenges in cross-cultural research. Typically, researchers will back-translate an instrument to ensure the validity of the particular scale to be used in a cross-cultural study (McDermott & Palchanes, 1992), but this was not observed in this study.

Although with some limitations, the quantitative part of study 3 overall yielded a high score (85%) in the SQAC, suggesting a good quality in various stages of research (SQAC) (Kmet, et al., 2004). Yet, the reported positive psychological adaptation experiences might have been affected by a number of contextual factors during data collection, such as timing (just three months in the UK, potentially still being in the 'honeymoon period'), the formal, in-class setting with their peers (potentially leading to response bias), and the different learning environment in a foundation course (more co-national peers and relatively lower academic demands). It is also worth mentioning that this study was funded by the university where the study was conducted, indicating potential conflict of interest. Some literature has also suggested that low-level reporting of depression might be related to stigma about insanity, political influences and the view that emotional illness is 'part of life' (Yan &

Berliner, 2013; Tung & Li, 2015). Interestingly, while psychological stress was significantly positively correlated with perceived difficulty in sociocultural adjustment (daily life; social interaction; academic adjustment (weakest correlation)), a multiple regression analysis showed that only perceived difficulty in daily life was a significant predictor of psychological stress.

Study 10 looked at both the positive and negative psychological experiences of over three hundred CIS. This PhD thesis used a mixed method to explore the health of CIS in the UK. It is beyond the scope of this review to outline study 10 comprehensively; only the sections related to CIS' mental health are evaluated. This study adopted a 6-item, culture-specific Brief Psychological Adaptation Scale (BPAS) and semi-structured interviews to investigate CIS' psychological well-being. The key strengths of this study were the well-justified sample size and rigorous research process, which included the adoption of pilot studies for both the survey and interviews, high credibility and the well-described reflexive stance. Qualitative findings suggested that some CIS reported feeling very excited about their studies abroad in the first three months. Following that, more than half of the interviewees reported experiencing stress associated with adjusting to the new learning environment and communicating in English. When asked about their stress levels, these students also reported sleeping problems and physical health problems including indigestion, headaches and muscle pains. While the actual data of the BPAS was missing, quantitative findings suggested that social support, English oral communication, cultural health beliefs and length of stay in the UK (with longer stay predicting more psychological distress) were significant predictors of psychological adaptation. Although it was a merit that this study included correlations and regression tests between various variables, the missing BPAS data meant it was hard to fully evaluate and compare the psychological adaptation among these students with other that of CIS reported in the other studies.

In summary, only two studies explored CIS' psychological adaptation in the UK. Different instruments were adopted in assessing these students' well-being and satisfaction in the UK, and each instrument came with its strengths and limitations. Preliminary results seem to suggest that most CIS were below the clinical range of depression, however, more studies are needed before generalisable findings can be established. The findings from the reviewed studies also suggest the importance of factors like social support, length of stay in the UK and sociocultural adaptation in predicting CIS' psychological adaptation.

## **2. Sociocultural adaptation**

Sociocultural adaptation refers to a person's ability to negotiate effective interactions in the host country, especially in family life, work and school (Ward & Kennedy, 1999). Seven studies investigated sociocultural adaptation among CIS; three of them were qualitative studies (5, 6, 7), three studies adopted mixed method designs (3, 4, 10); and one study used quantitative measures. Most studies measured how well the person linked to the host country, through cultural learning (i.e. learning culture-specific skills) and improvement of social skills.

A few studies adopted the Sociocultural Adaptation Scale (SCAS) (Ward & Kennedy, 1999) (3, 10) or Sociocultural Adjustment of Immigrants Questionnaire (Zlobina, et al., 2006; (4). Both surveys reported a high Cronbach's alpha ( $\alpha > 0.8$ ), suggesting high internal consistency, and they are widely used in intercultural research. However, both questionnaires were originally designed for immigrants and later applied to the sojourner population. Wang, and colleagues (2006) found similar weaknesses to those described earlier in this report relating to the appropriateness of using a translated scale for measurements in different populations, in studies which used scales translated for the first time for their research. A recent critical review commented on how often CIS are mistakenly blended into the category of immigrants in research studies, pointing out some distinctive differences between

international students and immigrants, such as shorter stays in the host country, higher socioeconomic status and distinctive motivation relating to their educational experiences (Zhang-Wu, 2018).

Study 3 adopted a longer version of SCAS than the other two studies (4,10). It consisted of 36-items, designed to probe three domains: university academic life, contact with people and daily life, providing a more comprehensive investigation of CIS' sociocultural adaptation in the UK. This study surveyed two cohorts of foundation course CIS, and was assessed as having a high score in SQAC (85%), suggesting high research rigour. Most of the respondents allocated moderate importance to sociocultural adjustment (3.46/5) and slight to moderate difficulty in achieving it (2.68/5). Over 65% of CIS rated their overall difficulty as slight/minimal, 32.5% rated it as moderate and 1.6% rated it as great. The top three items rated as having great difficulty were understanding jokes in English (46%), making friends with British people (41.6%) and dealing with physical closeness and touching in social settings (35.5%), while the items relating to daily life were rated to be the least important/difficult.

Multiple regression tests in study 10 further suggest that psychological adaptation, social support and academic stress are significant positive predictors of CIS' sociocultural adaptation. It was a strength of this study that a pilot study was conducted, and feedback from this was taken into consideration when modifying the final questionnaire. However, only a brief six-item SCAS which focused on values and beliefs, people, friends, language, living and humour was adopted in this study. Furthermore, the original SCAS data was not presented in the report, making it difficult to compare these students sociocultural adaptation to CIS in other studies.



Study 4 is another study with high research quality (SQAC = 86%), which compared sociocultural adaptation between Malaysian international students and CIS in the South West of England. It adapted the Sociocultural Adjustment of Immigrants Questionnaire, which was originally designed to investigate immigrants' life in Spain, to refer to life in Britain. This 18-item scale focused on practical, social and interpersonal communication problems only, neglecting a key aspect of international students' experiences, i.e., university/academic life. Results were similar to those of study 3, suggesting a medium difficulty in sociocultural adjustment ( $M = 2.5$ ,  $SD = 0.57$ ) among these students. This study also suggested that better English language proficiency explained 54% of the variance in sociocultural adjustment. Other factors, such as better expectations (about studying abroad), more contact with host nationals, lower levels of perceived cultural differences and lower perceived discrimination, also predicted better sociocultural adjustment. Altogether, these studies seemed to suggest that these students reported a small to medium difficulty in sociocultural adjustment. Yet, it remains unclear if the scales used in these studies were able to fully capture CIS' sociocultural adaptation in the UK due to the factors discussed above.

In a longitudinal study (2), researchers looked into 257 Chinese postgraduate students' sociocultural adaptation at three time points: pre-arrival, soon after arrival and six months after arrival, using a list of difficulties across nine main areas identified in relevant literature. This study is a good quality study (75% on SQAC) with a clear research objective, appropriate study design and outcome measures that provided some insights into CIS' attitudes towards sociocultural adaptation before and after arrival in the UK. However, more information about the sampling strategy and data collection is necessary for future studies to replicate the findings in locations outside of Scotland. The results indicate that language was perceived as a serious problem at all three stages. The findings also suggest that participants who came in groups (who attended preparation classes prior to arriving in Britain) were

significantly ( $p < .001$ ) more concerned about regional accents than those who arrived individually. It is worth noting that it is common for mainland Chinese international students to arrive in groups as they often have preparation classes as a cohort before going abroad (Lin, 2006). The authors provide some postulations about this experience, noting the high proportion of local staff in the department that they came to, and the possibility that the students arriving in groups had less individual interactions with English speakers and were less adventurous in their exposure to the new culture, and thus they took longer to adjust to the host culture. However, interpretations of group differences reported in this study warrant further investigation as causality was difficult to establish and other confounding factors were not controlled.

Some studies did not directly measure sociocultural adaptation among CIS, but provided insights into these students' social interactions and friendships patterns with others in the UK (6, 7, 8). For social interaction, most of the participants in these studies suggested that they did not have any non-Chinese friends, many found it difficult to make true friends because of the differences in lifestyle and values, and they complained about the superficiality of the interactions. Some interviewees reported limited opportunities to meet and mix with British people as there were virtually no local peers on their course (7) and some students commented that the heavy workload prevented them from interacting with local peers (6). Most respondents reported that they made an effort to make friends with local students but ended up disappointed or felt intimidated by such exchanges, and this willingness to interact with locals gradually disappeared and led to their limited social network and social activities (6, 7). In study 8, some respondents reported more positive and closer social networks and friendships in church when compared to those on campus. Most interviewees said that churches reduced their loneliness and anxiety, and one third of them had looked for assistance from church members. Some students cited feeling welcomed,

involved, accepted and cared for in church. However, as this study only interviewed CIS who habitually visited churches in the UK, this might have led to respondent bias. Although these studies provide some insights into CIS' social interaction with others in the UK, the results should be read with caution as all studies only yielded a SQAC score within the 'acceptable quality' (between 55% - 75%). These studies shared some key limitations such as insufficient descriptions of sampling strategies, unclear data collection methods, lack of verification procedures in analysing data and a lack of reflexivity of the accounts, thus lowering the research rigour and trustworthiness of the research findings.

Study 3 also reported that CIS were more satisfied with their experiences of interacting with overseas students compared to their British peers and they commented that overseas students were more patient with their English. Study 1 reported a similar theme, 'enjoy loneliness', capturing the frustration of having to accept an unfulfilled social life and feelings of a lack of belonging in the UK, from a series of interviews with 13 undergraduate and postgraduate students. However, both studies scored below the 55% acceptable range in the SQAC, suggesting significant flaws in the research (Kmet, et al., 2004). A key limitation for both studies was the lack of information regarding data analysis, creating strong questions about the creditability of these findings.

The findings of study 10, which had a full (100%) SQAC score, suggested that most of the interviewees attempted to connect with locals and try new things, including going to the pub, playing sports and going to local churches, with some reporting their appreciation of elements of British culture, such as independence and free will. However, some students came to recognise that exposure to British culture was not as easy as they first thought, in turn contributing to a sense of isolation or alienation. For example, a PhD student described feeling like 'an idiot' (p.138) when he could not understand his friends' jokes in various social situations.

Other studies highlighted the importance of co-national friendships for these students (1, 3, 10). Qualitative data from these studies suggested that CIS' most developed social network was with Chinese co-nationals, and these friendships brought emotional support and practical help. Most students felt listened to and they valued the opportunities to speak freely with people with a similar cultural background and values. Excepting study 10, the remaining two studies (1; 3) were below the acceptable 55% standard (Kmet, et al, 2004), suggesting questionable creditability and validity of findings in both studies.

Some CIS students reported discrimination and/or racism. These experiences included being treated differently by some tutors (6), hearing and objecting to negative comments about China (5), public discrimination or racial attacks such as name calling in the streets, and even being physically attacked by others (7), which raised these students' concerns about their public safety. None of the students who reported these experiences had sought help, which echoed the theme of institutional provision and support in study 3, suggesting that CIS rarely drew on support from the university and were unclear about the availability of services. Some students were also dubious about the university services' ability to help them and complained about there not being enough activities to help overseas students mix with local students, i.e. pub culture predominated and there was a failure to facilitate a wider range of activities.

In line with findings in quantitative studies, several qualitative studies also highlighted the importance of language in social-cultural adaptation (2, 5, 10). All these studies had a clear context and research objective, appropriate study design, well-described sampling strategy, and good use of verification procedures in data analysis, thus all yielded a high score in SQAC (above 80%), reflecting research rigour and creditability of findings. These studies suggested that a lack of proficiency in English led to frustration, anxiety and embarrassment for these students and in turn hindered CIS from taking an active part in

social interactions or developing their social networks. Some informants noted frustration when communicating with native English speakers, and one interviewee expressed his sadness as he felt people regarded him as a piece of ‘wood furniture’ that does not think. Some participants internalised this as an inadequacy to communicate or sense of being intellectually inferior to their peers. For example, one student referred to a ‘machine gun’ in describing the speed of her lecturer’s speech; she said she wanted to be active in class but failed to understand him. These findings suggest that language plays an important role not only in CIS’ interactions with others in social situations, but also inevitably impacts on their mental health, Thus affecting both their sociocultural and psychological adaptation.

In summary, CIS seemed to value establishing and maintaining meaningful relationships with others. While some students showed appreciation of British culture, many experienced frustration and difficulties, or even discrimination and/or racism during the process. Some studies also provided preliminary yet insightful findings regarding predictors of sociocultural adjustment for CIS, including English proficiency, psychological adaptation, social support and academic stress. However, these findings should be interpreted with caution due to the limited power of the studies and the lack of cause-and-effect relationships between variables.

### **3. Coping strategies, help-seeking behaviours**

#### *Emotional management strategies*

Two studies explored postgraduate CIS’ emotional regulation strategies when dealing with intercultural challenges in the UK (5; 6). Study 5 was of a high quality and it yielded almost full marks in the SQAC (Kmet, Lee & Cook, 2004), reflecting high creditability of findings. The authors clearly described the research process, including steps in thematic analysis and ways to increase the credibility of the study, such as using NVivo 10 (Bezeley, 2007). Reflexivity issues were also thoroughly discussed. A significant strength of this study

was that each interviewee engaged in two rounds of interviews, allowing researchers to gain insight into participants' dynamic emotional lives at different times during the year. Study 6 deductively analysed data based on Gross' (2015) families of emotion regulation strategies. No inter-coder disagreements between the researchers were reported in the paper, suggesting a high intercoder reliability, however the process of coding was not clearly reported, thus one cannot ensure the quality of this coding. Other information like the sampling strategy and credibility issues were also lacking in this study, lowering its overall research quality (70% in SQAC). The participants reported five themes that were broadly in keeping with those reported by study 5; key themes from both studies will be briefly discussed below.

*Reappraising initial interpretations of threat as interpretations of potential success/benefit from facing adversity*

Some participants believed that 'stressful events make you more mature', and some tried to focus more on positive aspects of the situation. The findings suggest that participants' evolution of re-appraisal and self-esteem in intercultural adjustment was jointly shaped by a combination of individual efforts, like motivation, and contextual support, such as positive emotional messages of patience from others (5). Thus, participants' reappraisal and self-esteem development processes seemed to be promoted by the perceived friendliness and tolerance of others.

*Changing the environment:* respondents reported different ways of creating 'good situations'. Some participants showed a willingness to integrate with the host nation. Others regarded reciprocal actions such as displaying interest and attentiveness as valuable in creating respectful intercultural communication. Some participants considered that seeking clarification in certain misconstrued conversational situations enhanced mutual understanding, however the researchers also highlighted some contextual limits to this coping strategy. For example, respondents were discouraged from seeking clarification in

misunderstood situations if people were indifferent and lacking 'emotional coincidence'. 3. *Emotion-focused coping*: i.e. accepting encounters as they were and only managing their psychological effects (Lazarus & Folkman, 1984). Respondents either endured conflict situations for a long period of time by suppressing any type of emotional response, or they retreated from a potentially threatening encounter without taking further action. The researchers also highlighted some contextual factors that might further encourage CIS to retreat from conflict situations, such as immature rapport and being in relationships with a power imbalance. These findings appear to differ from the intercultural adjustment model suggested by Kim (2005), who proposed a linear and cyclical 'stress-adaptation-growth' dynamic adjustment process and stressed the importance of cultural learning.

#### *Help-seeking behaviours*

Only one study investigated help-seeking behaviours among undergraduate CIS (9). This study (9) conducted by a group of clinical psychologists surveyed both CIS and home students using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Turner, 1970). ATSPPHS is a 29-item scale that measures recognition of the need for psychological help, stigma tolerance, interpersonal openness and confidence in mental health practitioners. It has been validated and used with Western and Eastern samples and reported an acceptable reliability in this study ( $\alpha=.79$ ). This study showed good quality in nearly all criteria in SQAC (Kmet, et al., 2004), except for justification of the sample size ( $n=86$ ). The results suggested that, except reporting significantly less interpersonal openness, Chinese students did not differ from British students in their attitudes towards seeking professional psychological help. This finding is broadly in keeping with other literature, however this positive help-seeking attitude might not be fully reflected in their actual help-seeking behaviours. Researchers have found that Chinese students tend to resolve emotional difficulties on their own or seek help from friends, families

or religious leaders instead of strangers, including mental health professionals (Cheng, 2011; Goh et al., 2007). Interestingly, some contradictory evidence was reported in study 10, suggesting some students' moral burden and fear of 'losing face' had prevented them from seeking help.

This area included studies with diverse research objectives that were broadly captured under the theme of coping strategies when facing psychological distress, including their help-seeking behaviours. Although each study investigated an area of research that warrants more empirical studies to enrich the generalisability of the findings, it appears that emotional-focused and cognitive coping strategies, such as reappraising threats and aversity, were common among these CIS. Besides, the only study (9) investigating CIS's help-seeking behaviour in the UK highlighted a discrepancy between their help-seeking attitudes and actual help-seeking behaviours.

## **Discussion**

This review aimed to provide an overview and critique of the existing research on Chinese international students' acculturation and related coping strategies while studying in the UK. The findings were collated and critiqued above. In this section, the results are considered in relation to relevant theories and literature, and implications for clinical practice and research are also discussed.

### **Psychological adaptation**

Only a few studies in this review explored CIS' psychological distress in the UK. Inconsistent results were found among quantitative and qualitative findings. This is potentially a reflection of some key differences within the CIS population, such as level of education and area of settlement in the UK. It could also be difficult for surveys to capture the potentially different conceptualisations of psychological distress and expression of



emotions among CIS. The literature suggests that the majority of key terms drawn from the US depression assessment scales were found not to have fully equivalent Chinese terms. Other studies found that psychometric properties of measures were improved by adding culture-specific items like symptoms of somatic and interpersonal distress (Chan, et al., 2007; Zheng & Lin, 1991); however, the issue of using a translated scale without validation of its psychometric properties remains a key weakness among most of these studies.

Contrary to the US literature (Yan & Berliner, 2011), regression tests in two studies (3, 10) showed that academic stress was not a significant predictor of CIS' psychological distress in the UK. The small sample in these studies limits the generalisability of results, and thus more studies are needed to further investigate the prevalence of well-being and mental health difficulties. This is especially the case for mental health conditions other than depression and potential predictors of psychological adaptation in the UK.

### **Sociocultural adaptation**

Again, limited studies explored CIS' motivations and difficulties associated with their new environment in the UK. The existing findings suggest that CIS reported medium motivation and slight to moderate difficulty connecting with the new environment after arrival (Spencer-Oatey & Xiong, 2006; Swami, 2009). No studies reported the funding status of these students, which could have important implications for their motivations and pressure to adapt in the UK. In US literature, practical concerns are identified as key in inhibiting sociocultural adaptation among CIS; visa status/issues, role conflicts of holding a 'marginal status', and managing the quick changing immigration/visas policy (Zheng & West-Olatunji, 2016). These concerns were not reported by CIS in the UK, possibly due to a relatively easier visa application process and more stable visa status in Britain. Inhibitors to sociocultural adaptation like English proficiency stand out among all other stressors. Other factors such as better expectations about studying abroad and lower level of perceived

cultural differences, also seemed to predict better sociocultural adaptation in the UK.

Nonetheless, more research is warranted before one can generalize these results to the wider CIS population.

Findings regarding friendship patterns reported by CIS seemed to fit into the functional friendship model proposed by Bochner et al. (1977), highlighting the need for overseas students to develop different types of social networks in the host nation. This model outlines the function of three social networks: the primary mono-cultural network providing close relationships, the secondary bi-cultural network of links with host nationals that provides an instrumental function, and multi-cultural networks with other overseas students that provides recreation creates a sense of companionship. The results seem to suggest that friendship patterns among these students were mainly on the primary mono-cultural level, i.e. with other Chinese or Asian students. While some students tried to reach out beyond this group, most of them reported limited positive experiences from these social exchanges. This might in turn lead to some students passively accepting smaller social circles during their stay in the UK. These findings were consistent with current literature about CIS in the US, suggesting the importance of social support from co-nationals in reducing both acculturative stress and difficulty in establishing and maintaining friendship with non-Chinese/Asian peers (Ye, 2006).

### **Related help-seeking attitudes and behaviours**

The results in this review regarding CIS' help-seeking behaviours were generally in keeping with the wider literature, suggesting a discrepancy between their positive attitudes towards help-seeking and low utilisation of mental health services in host countries (Cheng, 2007; Goh et al., 2007; Han et al., 2013; Tang et al., 2012; Wei et al., 2007).

### **Clinical implications**

This review highlighted some common stressors among CIS, such as reduced social support, difficulty establishing and maintaining relationships with British peers, and potential experiences of discrimination and racism. Practitioners' awareness of these stressors could be helpful in understanding some of the difficulties these students might face in the UK.

The importance of language was also highlighted in this review: CIS tended to internalise all communication issues as their own inadequacy. This in turn affected their engagement in social interactions, potential interactions with mental health professionals and engagement in services. Practitioners should consider offering interpreter services if appropriate.

The limitations of applying non-cultural-specific questionnaires to assess psychological well-being was one of the key weaknesses of the included studies. Practitioners' awareness of this limitation could be helpful when assessing these students' well-being, and the use of questionnaires could be combined with other methods like interviews, to undertake more thorough assessments.

The studies suggested that the definition and expression of well-being, related coping strategies and health beliefs among CIS might be different from those of their British peers. Thus it would be beneficial if practitioners could be mindful of their own assumptions and beliefs in order to allow room to explore these students' perspectives regarding their well-being and mental health.

The studies showed that these students may have limited information about the healthcare system and mental health services in the UK. Given their low help-seeking rate from services, services could consider developing and offering outreach services in universities. Practitioners could help to promote psychoeducation on mental health and well-

being, in order to introduce the mental health services in the UK or to work with educators/universities to promote cultural diversity in universities.

Some students pointed out the invisible segregation on campus, frustration in interacting with their local peers and experiences of racism and cultural differences were blamed for almost all their negative experiences. Therefore, it is important for future studies and healthcare professionals, including clinical psychologists, to look beyond a colour-blind approach and open up deeper conversations about the role of race and racism in their experiences. In this way, practitioners could start to unpick their adaptation challenges from the root cause and help CIS move away from their 'invisible third place' in UK society (Zhang-Wu, 2018).

### **Methodological limitations and research implications**

Even though the reviewed studies provide new insights regarding CIS' acculturation in the UK, these students remain under-represented in UK psychological literature and the research gap is vast. Among the limited number of studies in each domain, there is little consistency in the way adaptation is measured, making it difficult to compare results across studies.

There were also common methodological issues across studies. Firstly, the definition of Chinese international students varied among the studies. Given the historical and socio-political differences between different regions, it would be helpful to know which geographic locations Chinese students are from. It would also be valuable to further explore whether CIS with different characteristics, such as gender, age, types of degree/subject being pursued and the number of years they have been in the UK, lead to different experiences regarding their well-being and adaptation.

When standardised questionnaires were used, the researchers also often used ones that were originally designed for the immigrant population, and these had often not been validated for international student populations. Some researchers adapted these questionnaires, leading to further concerns about their validity and reliability. Researchers could consider adopting scales with pre-existing Chinese translations to assess common mental health conditions among these students, such as Patient Health Questionnaire-9 (Spitzer, et al., 1999) and General Anxiety Disorder-7 (Spitzer, et al., 2006) for measuring depression and anxiety respectively. These scales are widely used in these students' home countries (Food and Health Bureau HKSAR, 2021) and have been used in some US studies to measure CIS' psychological adaptation (Han, et al., 2013).

The well-being and adaptation of Chinese international students in the UK is an under-researched topic and there remain many unstudied areas related to this.

For psychological adaptation, existing research suggests that longer stays in the US predict higher psychological distress among CIS (Wei et al, 2007). However, there was only one study (Wang, 2017) in this review that explored length of stay; more research is needed to further explore the relationship between the length of stay in the UK and CIS' psychological distress. In existing literature, there is some evidence suggesting a negative association between the length of stay in USA and CIS' psychological distress (Cheung, 2011; Wei, Heppner, Mallen, Ku, Liao & Wu, 2007); it would be interestingly to investigate if there is a similar pattern among UK-based CIS. Secondly, most of the studies were cross-sectional in design, making it difficult to establish causality. More longitudinal studies would be helpful for exploring how these students adapt and cope at different stages in their journey in the UK.

For sociocultural adaptation, Qin (2009) found that US-based CIS went through similar processes in weaving their self into the socio-cultural contexts of the host country. It would be interesting to further explore CIS' identity development processes before and after becoming a student in the UK, and see if they also go through similar processes while adapting to the cultural contexts in Britain. Future research could investigate the friendship patterns and social support among male and female students, romantic and marital issues among UK-based CIS, and attachment patterns and sense of belonging among CIS.

Regarding the help-seeking behaviours, existing research has focused on investigating CIS who studied masters programs in the UK. These students tend to stay in the UK for a brief period of time (usually 1 or 2 years); their coping strategies may differ from CIS students who are studying in undergraduate or other postgraduate programmes (doctorate courses/PhD studies) with a longer duration. More research is needed to explore coping strategies for different sub-groups of CIS. Similarly, there is also a research gap in understanding CIS' help-seeking behaviours, as only one study explored CIS attitudes to help-seeking. Furthermore, investigation of the strengths and resilience elements of UK-based CIS in coping with psychological distress is also lacking.

In summary, more research is needed in order to develop better knowledge of CIS's understanding of mental health, their lived experiences and well-being while studying in the UK, and to identify potential barriers which explain their low help-seeking rate in the healthcare system, especially in mental health services.

While quantitative studies could be useful for generating prevalence rates and associations between adaptation and other variables, Barry and Garner (2001) have also called for more qualitative research to assess discrete, psychologically relevant facets of intercultural experiences. In this review, most qualitative studies reported using thematic

analysis. Thematic analyses can vary greatly in the procedures undertaken in identifying themes, and many failed to provide detail on the data analysis process. Although this group of students might have similar cultural heritage, they are not a homogenous group and have a range of different experiences and beliefs. Other qualitative approaches, such as interpretative phenomenological analysis (IPA), could be useful in giving voice to this seemingly invisible group in UK society (Zhang-Wu, 2018) and gaining access to their phenomenological world. IPA could also be helpful for capturing and making sense of the richness and diversity of the experiences of these students using their own words. Research into the sojourning experiences among a specific group of CIS is scarce in current literature, but it is important as different populations may face unique stressors and related coping patterns.

### **Conclusion**

This review focussed on current findings about Chinese international students' acculturation in the UK in three key domains: psychological adaptation, sociocultural adaptation and help-seeking behaviours.

Regarding psychological adaptation, the trend of high levels of depression symptoms identified in other host countries was not observed in this review. Readers should be careful however not to overgeneralize these findings to the whole CIS population, as there were only three existing studies in this domain. More studies are needed to further investigate psychological well-being among different sub-groups of CIS, especially with regard to the common mental health issues observed among CIS in other host nations, such as anxiety and eating problems, and especially for the most at risk group in current literature: students who stayed longer in host nations (Zheng & West-Olatunji, 2016).

For sociocultural adaptation, findings suggest that CIS studying in various host countries face similar challenges: English proficiency and communication problems, different

learning styles and expectations, and personal concerns about jobs after graduation, etc. This review also showed that UK-based CIS seemed to report less academic stress and visa/immigration concerns when compared to CIS based in the US. Common stressors reported by UK-based CIS were around interpersonal and communication difficulty, most notably their frustration in social interactions with local students and unfulfilled social life in the UK.

CIS help-seeking behaviours is similar across various host nations: a positive attitude towards help-seeking but a low utilisation in mental health services. A potential research gap in this field is exploring these students' strengths and coping skills in managing cross-cultural challenges. For example, studies investigating if Chinese beliefs, values or cultural practices impact on how they see mental health and related coping strategies and/or help-seeking behaviours could be an important next step in this field.



## References

Reference marked with an asterisk(\*) indicate reviewed studies

- Barry, D. T., & Garner, D. M. (2001). Eating concerns in East Asian immigrants: Relationships between acculturation, self-construal, ethnic identity, gender, psychological functioning and eating concerns. *Eating and Weight Disorders Studies on Anorexia, Bulimia and Obesity*, 6(2), 90-98.
- Bazeley, P. (2007). *Qualitative Data Analysis with NVivo*. London: Sage.
- Berry, J. W., Kim, U., Minde, T., Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review*, 21, 3, 491-511.  
<https://doi.org/10.1177/019791838702100303>
- Bellefontaine, S.P., Lee. C.M.(2014) Between Black and White: examining grey literature in meta-analyses of psychological research. *Journal of Children & Family Studies*, 23, 1378–1388.
- Bochner, S., Beverly, M., McLeod, A. L. (1977). Friendship patterns of overseas students: a functional model. *International Journal of Psychology*, 12, 4, 277-294.  
<https://doi.org/10.1080/00207597708247396>
- Booth, A. & Papaioannou, D. & Sutton, A. (2012). *Systematic Approaches to a Successful Literature Review*. London: Sage.
- Burr, V. (2003). *Social constructionism*. London: Routledge.
- Chan, B., Parker, G., Tully, L., & Eisenbruch, M. (2007). Cross-cultural validation of the DMI–10 measure of state depression: The development of a Chinese language version. *Journal of Nervous and Mental Disease*, 195, 20–25. doi:10.1097/ 01.nmd.0000252008.95227.88
- \*Cheng, M., Friesen, A. & Adekola, O. (2018). Using emotion regulation to cope with challenges: a study of Chinese students in the United Kingdom. *Cambridge Journal of Education*.  
<https://doi.org/10.1080/0305764X.2018.1472744>

- Cheung, P. T. A. (2011). Depressive symptoms and help-seeking preferences among Chinese (including mainland China, Hong Kong, and Taiwan) international students. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 71, 3790.
- Davis, C., & Melanie A. (1999). Perfection as acculturation: Psychological correlates of eating problems in Chinese male and. *International Journal of Eating Disorders*, 25(1), 65–70.
- Department for Education (2019). *UK revenue from education related exports and transnational education activity in 2016*. London: Department for Education.
- Department of Health (2005). *Delivering Race Equality in Mental Health Care: An action plan for reform inside and outside services*. London: Department of Health.
- Fischer, E.H., & Turner, J.L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting & Clinical Psychology*, 35, 79-90.
- Food and Health Bureau The Government of the Hong Kong Special Administrative Region. (2021). Self-assessment tools, Patient Health Questionnaire-9 (PHQ-9). District Health Centre. [https://www.dhc.gov.hk/en/depression\\_questionnaire.html](https://www.dhc.gov.hk/en/depression_questionnaire.html)
- Goh, M., Xie, B., Herting Wahl, K., Zhong, G., Lian, F., & Romano, J. L. (2007). Chinese students' attitudes toward seeking professional psychological help. *International Journal for the Advancement of Counselling*, 29(3), 187–202. doi:10.1007/s10447-007-9038-5
- Gross, J. (2015). Emotional regulation: current status and future prospects. *Psychological Inquiry*, 26, 1, 1-26. <https://doi.org/10.1080/1047840X.2014.940781>
- \*Gu, Q. (2009). Maturity and Interculturality: Chinese students' experiences in UK higher education. *European Journal of Education*, 44(1), Part I.

- Han, X., Han, X., Luo, Q., Jacobs, S., & Jean-Baptiste, M. (2013). Report of a mental health survey among Chinese international students at Yale university. *Journal of American College Health, 61*(1), 1–8. doi:10.1080/07448481.2012.738267
- He, B., An, R. and Berry, J. (2019). Psychological adjustment and social capital: a qualitative investigation of Chinese expatriates. *Cross Cultural & Strategic Management, 26*(1), 67-92. <https://doi.org/10.1108/CCSM-04-2018-0054>
- Huan, G. (1986). China in transition. *Journal of International Affairs, 39*, 2. <https://www.jstor.org/stable/i24354809>
- Holoien, D. S., & Shelton, J. N. (2011). You deplete me: The cognitive costs of colorblindness on ethnic minorities. *Journal of Experimental Social Psychology, 10.1016/j.jesp.2011.09.010*.
- Hsu, S., & Wu, Y.-Y. (2015). *Education as Cultivation in Chinese Culture*. Springer.
- Johnson, T. P., Shavitt, S., & Holbrook, A. (2011). Survey response styles across cultures. In D. Matsumoto & F. van de Vijver (Eds.), *Cross-cultural research methods in psychology*, 130–175. New York: Cambridge University Press.
- Joseph, S., Linley, P. A., Harwood, J. (2004). Rapid assessment of well-being: the short depression-happiness scale (SDHS). *Psychology and Psychotherapy: Theory, Research and Practice, 77*, 463 – 478.
- Kim, Y. Y. (2006). Inquiry in intercultural and development communication. *Journal of Communication, 55*, 3, 554-577. <https://doi.org/10.1111/j.1460-2466.2005.tb02685.x>
- Kmet, L. M., Lee, R. C., Cook, L. S. (2004). Standard quality assessment criteria for evaluating primary research papers from a variety of fields. *Edmonton: Alberta Heritage Foundation for Medical Research (AHFMR)*.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York, NY: Springer.

- Lin, C. (2006). Culture shock and social support: An investigation of a Chinese student organization on a U.S. campus. *Journal of Intercultural Communication Research, 35*, 117-137.
- Lowinger, R. J., He, Z., Lin, M., & Chang, M. (2014). The impact of academic self efficacy, acculturation difficulties, and language abilities on procrastination behavior in Chinese international students. *College Student Journal, 48*(1), 141–152.
- Luzio-locklett, A. (2007). The squeezing effect: the cross-cultural experience of international students. *British Journal of Guidance & Counselling, 26*, 2, 209-223.
- McDermott, M. A. & Palchanes, K. (1992). A process for translating and testing a quantitative measure for cross-cultural nursing research. *Journal of New York State Nurses Association, 23*, 4, 5-12.
- Mio, J. S., Barker-Hackett, L., & Tumambing, J. (2012). *Multicultural psychology: Understanding our diverse communities* (3rd ed.). New York: Oxford University Press.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLOS Medicine, 6*(7), e1000097. doi:10.1371/journal.pmed.1000097
- Ng, P., & Chan, K.F. (2000). Sex differences in opinion towards mental illness of secondary school students in Hong Kong. *International Journal of Social Psychiatry, 46*, 79-88.
- Nilsson, J. E., Berkel, L. A., Flores, L. Y., & Lucas, M. S. (2004). Utilization rate and presenting concerns of international students at a university counseling center: Implications for outreach programming. *Journal of College Student Psychotherapy, 19*(2), 49–58.  
doi:10.1300/J035v19n02-05
- Parker, G., Gladstone, G., & Chee, K. T. (2001). *Depression in the Planet's Largest Ethnic Group: The Chinese. American Journal of Psychiatry, 158*(6), 857-864. doi:10.1176/appi.ajp.158.6.857

- Pan, 2015. Predictors of post-migration growth for Chinese international students in Australia. *International Journal of Intercultural Relations*, 47, 69-77.
- Qian, M., Smith, C. W., Chen, Z., & Xia, G. (2001). Psychotherapy in China. *International Journal of Mental Health*, 30(4), 49–68. doi:10.1080/00207411.2001.11449532
- Qin, D. (2009). *Crossing borders: International women students in American higher education*. Lanham, MD: University Press of America.
- Rasmi, S., Safdar, S. & Lewis, J. R. (2009). *A longitudinal examination of the MIDA Model with international students*. In A. Chybicka, S. Safdar, & A. Kwiatkowska (Eds.), *Culture and gender an intimate relations*. Gdansk, Poland: Gdanskie Wydawnictwo Psychologiczne.
- Roysircar, G. (2004). Counseling and psychotherapy for acculturation and ethnic identity concerns with immigrant and international students. In T. Smith (Ed.), *Practicing multiculturalism*, 255–275. Boston, MA: Allyn & Bacon.
- Royal college of psychiatrist. (2016) *College Report 166: The Mental Health of Students in Higher Education*.  
<https://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx>
- Smith, R., Khawaja, N. (2011). A review of the acculturation experiences of international students. *International Journal of Intercultural Relations*, 35, 6, 699-713.
- \*Spencer-Oatey, H., & Xiong, Z. (2013). Chinese students' psychological and sociocultural adjustments to Britain: An empirical study. *Language, Culture and Curriculum*, 19(1), 37-53.
- Spitzer, R.L., Kroenke, K., Williams, J.B. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *Journal of the American Medical Association*, 282, 1737–1744.
- Spitzer, R.L., Kroenke, K., Williams, J.B., Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166, 1092–1097.

- \*Swami, V. (2009). Predictors of sociocultural adjustment among sojourning Malaysian students in Britain. *International Journal of Psychology*, 44(4), 266-273.
- \*Tang, T. T. T., Reilly, J., & Dickson, J. M. (2012). Attitudes toward seeking professional psychological help among Chinese students at a UK university. *Counselling and Psychotherapy Research*, 12(4), 287-293.
- Tung W-C., Li, Z. (2014). Pain beliefs and behaviours among Chinese. *Health Care Diversity*, 27, 2, 95-97.
- The Guardian (2019). 'The way universities are run is making us ill': inside the student mental health crisis. <https://www.theguardian.com/society/2019/sep/27/anxiety-mental-breakdowns-depression-uk-students>
- Universities UK (2019). *International facts and figures 2019*.  
<https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/Intl-facts-figs-19.aspx>
- UK Council for International Students Affairs [UKCISA] (2019). *International student statistics: UK higher education*.  
<https://www.ukcisa.org.uk/Research--Policy/Statistics/International-student-statistics-UK-higher-education>
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Med Res Methodology*, 2018, 18, 148. doi: [10.1186/s12874-018-0594-7](https://doi.org/10.1186/s12874-018-0594-7).
- Wang, C. D., & Mallinckrodt, B. (2006). Acculturation, attachment, and psychosocial adjustment of Chinese/Taiwanese international students (English). *Journal of Counseling Psychology*, 53(4), 422–433.
- Ward, C., Bochner, S. & Furnham, A. (2001). *The psychology of culture shock (2nd ed.)*. London: Routledge.

- Ward, C., & Kennedy, A. (1999). The measurement of sociocultural adaptation. *International Journal of Intercultural Relations*, 23, 659–677.
- \*Wang, D. (2017). Chinese international students' mental and well-being in UK universities. Doctoral thesis: Lancaster University.  
<https://eprints.lancs.ac.uk/id/eprint/88244/1/2017AmilyDongshuoWANGphd.pdf>
- Wang, K. T., Heppner, P. P., Fu, C., Zhao, R., Li, F., & Chuang, C. (2012). Profiles of acculturative adjustment patterns among Chinese international students (English). *Journal of Counseling Psychology*, 59(3), 424–436.
- Wei, M., Heppner, P. P., Mallen, M. J., Ku, T., Liao, K. Y., & Wu, T. (2007). Acculturative stress, perfectionism, years in the United States, and depression among Chinese international students. *Journal of Counseling Psychology*, 54(4), 385–394. doi:10.1037/0022-0167.54.4.385
- Weinman, J., Petrie, K.J., Moss-Morris, R., & Horne, R. (1996). The illness perception questionnaire: A new method of assessing the cognitive representation of illness. *Psychology and Health*, 11, 431-435.
- Yakushko, O., Davidson, M. M., & Sanford-Martens, T. (2008). Seeking help in a foreign land: International students' use patterns for a U.S. university counselling center. *Journal of College Counseling*, 11(1), 6–18.
- Yan, K., & Berliner, D. C. (2011). Chinese international students in the United States: Demographic trends, motivations, acculturation features and adjustment challenges. *Asia Pacific Education Review*, 12(2), 173–184.
- Yan, K., & Berliner, D. C. (2013). Chinese international students' personal and sociocultural stressors in the United States. *Journal of College Student Development*, 54(1), 62–84.

- Ye, J. (2006). An examination of acculturative stress, interpersonal social support, and use of online ethnic social groups among Chinese international students. *Howard Journal of Communications, 17, 1*, 1-20.
- Yeh, C. J., & Inose, M. (2003). International students' reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress (English). *Counseling Psychology Quarterly, 16(1)*, 15–28.
- Young Minds. (2006) *Stressed Out and Struggling: Higher Education Institutions and International Students' Mental Health*. Young Minds.
- \*Yu, Y. & Moskal, M. (2018). Missing intercultural engagements in the university experiences of Chinese international students in the UK, Compare: A Journal of Comparative and International Education. <https://doi.org/10.1080/03057925.2018.1448259>
- \*Yu, Y. & Moskal, M. (2019). Why do Christian churches, and not universities, facilitate intercultural engagement for Chinese international students? *International Journal of Intercultural Relations, 68*, 1-12.
- Zhang-Wu, Q. (2018). Chinese international students' experiences in American higher education institutes: a critical review of the literature. *Journal of International Students, 8(2)*, 1173-1197. doi: 10.5281/zenodo.1250419
- Zheng, K., & West-Olatunji, C. A. (2016). Mental health concerns of mainland Chinese international students in the United States: a literature review. *VISTAS Online*. Retrieved from: [https://www.counseling.org/knowledge-center/vistas/by-year2/vistas-2016/docs/default-source/vistas/article\\_20fcfb24f16116603abcacff0000bee5e7](https://www.counseling.org/knowledge-center/vistas/by-year2/vistas-2016/docs/default-source/vistas/article_20fcfb24f16116603abcacff0000bee5e7)
- \*Zheng, W. (2017). Beyond cultural learning and preserving psychological well-being: Chinese international students' constructions of intercultural adjustment from an emotion management perspective. *Language and Intercultural Communication, 17(1)*, 9-25.  
<http://dx.doi.org/10.1080/14708477.2017.1261673>



Zheng, Y., & Lin, K. (1991). Comparison of the Chinese Depression Inventory and the Chinese version of the Beck Depression Inventory. *Acta Psychiatrica Scandinavica*, *84*, 531–536.  
doi:10.1111/j.1600-0447.1991.tb03189.x

\*Zhou, Y.F., Todman, J. (2009). Patterns of adaption of Chinese postgraduate students in the United Kingdom. *Journal of Studies in International Education*, *13*, 467. DOI:  
10.1177/1028315308317937

Zlobina, A., Basabe, N., Paez, D., & Furnham, A. (2006). Sociocultural adjustment of immigrants: Universal and group-specific predictors. *International Journal of Intercultural Relations*, *30*, 195–211.

Zung, W. W. (1965). A self-rating depression scale. *Archives of General Psychiatry*, *12*(1), 63–70.  
<https://doi.org/10.1001/archpsyc.1965.01720310065008>

## **Section B: Empirical paper**

Stephanie Yun Yu Law BSocSc Hons MSc

A phenomenological exploration of the sojourning experience  
and meaning of being a Chinese international student in the  
UK

For submission to Counselling and Psychotherapy Research

Word count: 7999 (410)

## Abstract

This study aimed to explore how Chinese international students (CIS) make sense of their psychological wellbeing and related help-seeking in the UK. Eight students based in Southeast England attended semi-structured interviews. Data were analysed using interpretive phenomenological analysis (IPA). The three master themes and six sub-themes were found in the data. The three key themes were: the jump from interdependence to independence, the importance of *zhong-yong* when experiencing and expressing distress and the perplexing nature of help-seeking. The theme around 'being independent' reflected the resilience side and areas of concerns for CIS sojourning in the UK. For instance, some students seemed to experience a self-identity development process positively for further self-improvement while some students experienced isolation and loneliness. The second theme encapsulated participants' consideration of '*zhong-yong*' (or doctrine of the mean/moderation) when experiencing and expressing psychological distress. The final master theme highlighted the perplexing nature of help seeking among these participants, suggesting some limitations of using a 'tao' way of coping. Clinicians need to be aware that CIS might hold different values from the dominant, Western discourse, e.g., valuing low arousal emotions. Co-produced research with these students might help to develop a more culturally sensitive service to meet these students' needs.

**Key words:** Chinese international students; psychological distress; mental health; sojourning; help seeking.

## **Introduction**

Young adults who enter higher education institutes (HEIs) are typically in a transition period from adolescence to adulthood, whilst facing additional demands beyond normal developmental tasks, including financial pressures and increased academic stress (Thorley, 2017). Some researchers further draw attention to mental health concerns related to these young adults as 75% of mental health conditions are developed before the age of 24 years old (Kessler et al., 2005).

Among university students, particular groups, such as international students, can be more vulnerable to mental health difficulties as they face additional challenges, such as adjusting to living and studying a new country (UKCOSA, 2004). A report on the mental health of students in higher education (Royal College of Psychiatrists, 2016) has highlighted some common stressors reported by overseas students, including differences in language, academic system and learning style, and cultural environment. These differences can lead to significant psychological distress, thereby heightening international students' risk of developing mental health issues.

In 2018, international students made up nearly 20% of the total student population in the UK's HEIs. According to UK-CISA (2019), students from mainland China (over 106,000 students) are the largest group of international students in the UK; students from Hong Kong (16,350) ranked fourth on the list following India (19,750) and the USA (18,885). Despite exponential growth in the number of Chinese international students (CIS) in the UK's higher education in the last decade, very little attention has been paid to these students regarding their sojourning experiences.

Among the limited studies exploring CIS experiences in host countries, most of them focus on the acculturation process for CIS using the acculturation theory developed by Berry

(1997). Berry defines acculturation as the two-dimensional process of cultural and psychological change from continuous daily encounters between two or more cultural groups and their individual members. While this theory intends to highlight that second-culture acquisition applies to both parties in contact, in practice, this process tends to induce more change in one of the groups than the other, eliciting more acculturative stress for members in the ‘acculturating group’ (Anderson, 1994).

Existing literature notes that CIS tend to experience more acculturative stress compared to home students, and some of the common stressors reported by CIS are: loneliness and social isolation, identity and value confusion, and prejudice and discrimination (Roysircar, 2004; Sandhu, 1994). Although studies exploring CIS’ acculturative stress are limited, there is growing evidence suggesting that variables like social support, less academic stress, low attachment anxiety and less perceived cultural distance are associated with lower acculturative stress (Swami, 2009; Wang, 2017; Mallinckrodt, 2006). Some qualitative studies have further explored these students’ emotional regulation strategies in the UK (Zheng, 2017; Cheng, Frisen & Adekola, 2018), and looked at the impact of universities’ structural race diversity on CIS’ well-being (Yu & Moskal, 2018, 2019).

Despite facing these additional challenges, CIS under-utilise mental health services in host countries and, when they do seek help, they tend to end therapy prematurely (Tran et al., 2008; Jim & Pistrang, 2007). In 2011, a cultural-specific study investigated the mental health support needs of CIS at the University of Nottingham. The results showed that CIS were the group that with least contact with the university’s counselling service.

The UK-based Chinese community are often referred to as an ‘invisible population’ (Zhang-Wu, 2018) due to their disproportionately low representation in the healthcare system, and this could be mistakenly taken to indicate that they are ‘free’ from or experience

fewer mental health issues (Yip, 2005). However, a recent study (Lam, 2015) exploring the prevalence of mental health illness in Hong Kong found that the overall weighted prevalence of common mental disorder (or CMD) is comparable to that in both China and the UK, i.e. around 13%, suggesting that the Chinese do have a similar risk of experiencing mental health difficulties to those living in the UK (Philips et al., 2009; McManus et al., 2009).

In addition, existing literature (The Monitoring Group, 2009; Equality and Human Rights Commission 2019) has revealed that a high proportion of CIS experienced discrimination and racist harassment within the local community and university areas, but that most students suffered in silence without reporting this to anyone. These studies show the vulnerability of this group of students and call for more research to explore CIS' mental health needs in different regions in the UK. Similar patterns are also found in USA and Australian literature (Zheng & West-Olatunji, 2016), suggesting that these students, especially those with pre-existing mental health issues, are vulnerable and less likely to receive appropriate resources and help from service providers in host countries. The current under-representation of this population engaging with services suggests a lack of accessible and appropriate options (Marriott, 2001; Stanley, 2001).

Although studies based on acculturation theory may allow us to glimpse the difficulties CIS experience in host countries, using this theory alone also encounters some limitations. Firstly, this theory was originally developed to describe the acculturating process of immigrants and not international students. Applying this model to explore international students' experiences could be problematic as these populations differ in many ways, including shorter stays in host countries; international students are also more likely to have a higher social economic status when compared to immigrants (Zhang-Wu, 2018). Another criticism of acculturation theory is that people can mistakenly view different patterns of acculturation as traits inherent in an individual and seek causal explanations within the

person. In reality, some aspects of acculturation could be beyond a person's choice and control, such as contextual and demographic factors (Rudmin, 2003). Indeed, existing studies tend to look at CIS' acculturation patterns and personal factors that could predict 'better adjustment', and some studies emphasise 'one-way cultural learning' in order to help CIS acculturate to the dominant culture. This might further perpetuate the power imbalance in the intercultural interaction by putting more pressure on these minority groups to fit into the dominant culture (Schwartz et al., 2010), and risk neglecting these students' own preferences and values, including their perspectives on well-being and mental health.

Cross-cultural researchers further point out the importance of considering cultural differences when thinking about CIS' mental health and related help-seeking behaviours (Mio et al., 2012). There is an extensive body of research literature that emphasises how well-being and illness are perceived differently across cultures (Fernando, 2015; Biswas, Gangadhar & Keshaven, 2016; Kirmaver, 2004). Definitions of well-being and mental health are not just an academic debate, as they have important implications for mental health practices and priorities in policies and services planning. CIS' own understanding and perspectives on well-being, mental health issues and psychological distress relate very closely to their coping strategies and help-seeking behaviours. Better understanding of this could help to develop care that is attuned to the needs of this large yet marginalised group of students.

### **Rationale and aims**

Previous studies exploring CIS's well-being in the UK have been based predominantly on Westernised theories and concepts or focused on finding common stressors for CIS and their coping strategies (Spencer-Oatey & Xiong, 2006; Swami, 2009; Zhou & Todman, 2009; Gu, 2009; Zheng, 2017; Cheng, Frisen & Adekola, 2018; Yu & Moskal, 2018, 2019). However, little attention has been paid to these students' own perspectives on

mental health, and how they view their psychological well-being while studying in the UK. In 2005, 'Delivering race equality in mental health care: an action plan for reform inside and outside services' was published to work towards improved access, experiences and outcomes for people from black and minority ethnic (BME) communities in England (Department of Health, 2005). Further understanding of CIS' perspectives on mental health could provide useful insights in offering accessible and culturally sensitive services that better fit these students' needs, potentially improving the experiences and outcomes of mental health services, in line with the NHS values of 'commitment to quality of care' and 'everyone counts' (Department of Health and Social Care, 2015).

This study aims to extend the current literature by exploring CIS' own understanding of mental health and their psychological distress/well-being since moving to the UK. It aimed to provide a deeper understanding of CIS' experiences in the UK, especially experiences related to their mental health and associated coping strategies and help-seeking. This study aims to address the following research questions:

1. How do Chinese international students make sense of their psychological well-being and related coping strategies and help-seeking while they are studying in the UK?
2. How do cultural values and concepts seem to interact with their perceptions of mental health and related coping strategies, including help-seeking behaviours?



## **Methods**

### **Design**

This study adopted a qualitative approach with a semi-structured interview design. This approach aims to promote an in-depth discussion of participants' experiences and enable interviewees to think, speak and be heard (Smith, Flowers & Larkin, 2009). It provides a general structure focusing on CIS' sojourning experiences in the UK, whilst allowing space to cultivate rapport and flexible exploration of experiences (Willig, 2013). Data were analysed using interpretative phenomenological analysis (IPA), which explores how participants make sense of their lived experiences. IPA was adopted to enable a rich and detailed description of participants' sense-making process, especially their experiences of being a CIS studying in the UK.

### **Epistemological position**

Given the complex sociocultural context and multifaceted nature of human experience, it remains debatable whether a 'realist' position is the most appropriate in psychological research (Joseph et al., 2009). The author identified herself as holding a 'critical realist' stance (Collier, 1994), i.e. results were drawn from the interaction between participants' social reality and the researcher's interpretations. This study also adopted a phenomenological approach that allows for rigorous exploration of idiographic subjective experiences through the researcher's interpretation. In this way, researchers attempt to make sense of people who try to make sense of their own experiences; the 'double hermeneutic' (Smith, Flowers & Larkin, 2009).

### **Participants**

IPA focuses on a detailed account of individual experience, usually with six to twelve participants (Smith, Flowers & Larkin, 2009). Eight people participated in this study (see Table 1 for participants' demographics). All the participants met the inclusion criteria of: (i)

aged 18 or over; (ii) currently studying at a university in Southeast England as an international student; (iii) came to the UK for educational purposes; and (iv) self-identifies as ethnic Chinese. All identifying information has been changed to maintain anonymity.

## **Procedures**

This study used convenience sampling by advertising on social media, such as Facebook and WeChat. Interested students were emailed a full information sheet that provided key information about the study (Appendix 2). All interviews took place in a private room in the Canterbury Christ Church University library. Written consent was obtained from the participants before each interview (Appendix 3). All written materials provided throughout the research were in both English and Chinese. Participants were invited to speak in the language that they felt most comfortable with; one participant chose to speak in English, while all the others spoke in Cantonese (a local dialect for people in Hong Kong). Interviews were audio-recorded and lasted between 53 minutes and nearly two hours (mean = 72 minutes).

## **Interviews**

Individual semi-structured interviews were conducted. An interview schedule focusing on the theme of CIS' mental health whilst studying in the UK was developed according to the IPA standards for data collection (Smith, Flowers & Larkin, 2009) and following discussion with an acquaintance who was a CIS in the UK, two research supervisors and with reference to existing literature. Seven open-ended questions, with prompts (appendix 4), were developed, which focused on CIS' post-arrival life in the UK. Both Chinese and English versions of the interview questions were provided for each interviewee. Questions were designed to encourage participants to give detailed accounts of their experiences in their own words. A pilot interview was conducted with a recent graduate

who has been a CIS in the UK for the past few years, and the interview schedule was later adapted.

*Table 1*

*Participants' demographic data*

Note: Final year of a postgraduate program; all others were studying in undergraduate programs.

	<b>Age</b>	<b>Gender</b>	<b>The place of birth</b>	<b>University Year</b>	<b>Number of years in the UK</b>	<b>Area of study</b>
<b>Sue</b>	20	Female	Hong Kong	Final year/3 <sup>rd</sup> year	3	Forensic Science
<b>Ling</b>	20	Female	Hong Kong	Final year/3 <sup>rd</sup> year	5	Psychology
<b>Ann</b>	18	Female	Hong Kong	First year	3	Psychology
<b>Donald</b>	30	Male	Hong Kong	Final year/3 <sup>rd</sup> year*	15	Healthcare
<b>Jack</b>	18	Male	Hong Kong	First year	1	Mathematics
<b>Ming</b>	19	Male	Hong Kong	Second year	6	Law
<b>Yuk</b>	20	Female	Hong Kong	Final year/3 <sup>rd</sup> year	4	Law
<b>Wei</b>	20	Male	Hong Kong	Final year/3 <sup>rd</sup> year	8	Account & Finance

**Data analysis**

The interviews were transcribed verbatim and analysed using IPA, following the 7-step data analysis process suggested by Smith et al. (2009). Both the audiotapes and transcripts were listened to/read several times to ensure data submersion. A brief note on each interview, capturing key elements that stood out for the author, was also created immediately

after each interview to gain familiarity with each case (Appendix 6). The data was revisited ascendingly after all interviews were conducted, i.e., the author first re-approached the first interview and then moved to the second interview ,etc. Initial comments were then made at the descriptive, linguistic and conceptual levels, on each transcript. These comments were used to develop emerging themes in the left margin on each transcript (Appendix 7). The author used various methods to develop initial master themes and sub-themes, including using colour-memos and Excel sheets to group themes into meaningful clusters grounded in participants' narratives. These initial master themes and related sub-themes were then regrouped and reorganised in relation to the researcher's interpretations (Appendix 8). This process was terminated when good enough themes abstraction was reached, reflecting sufficient authenticity to the data set (Smith et al., 2009). Quotes were identified for each sub-theme. Lastly, transcripts and emerging themes were revisited to ensure that fidelity to the individual transcripts was maintained.

As English and Chinese are two distinct language systems carrying different cultural meanings, translating the data set into another language during the data analysis stage risks distorting 'the original emic perspectives underpinning the data' (Chen & Boore, 2009). Hence, the data were coded and analysed in the language used in the interview in order to ground the data analysis in the participants' original meaning as much as possible. All themes and quotations presented in this paper were translated into English after the data analysis process. Feedback on the accuracy of the translation was gained from a bilingual researcher (native speaker of Cantonese) who is doing his PhD in linguistics. This external researcher only had access to all the main themes and some part of the transcripts (after all identifiable information had been removed/concealed), and a translation agreement was signed to ensure confidentiality (Appendix 14).

## **Quality assurance and researcher reflexivity**

Guidelines were consulted to ensure quality and validity (Elliot et al., 1999). ‘Owning one’s perspective’ is key in maintaining the quality of qualitative research, especially for IPA studies (p.221). The author is a Hong Kong Chinese, 32-year-old female trainee clinical psychologist in her final year of training. The author has around four years’ experience of studying in the UK. This experience enables the author to interpret the data as an ‘insider’; however, the author is also aware of the importance of grounding researcher interpretation in the data from the participants, i.e. the double hermeneutic. A bracketing interview (Roulston, 2010) was conducted with a trainee clinical psychologist who was independent from the study, before the creation of the interview schedule. This is in line with Rolls and Relf’s (2006) suggestion to conduct a bracketing interview with an outside source to uncover and become aware of any preconceptions and biases, opening space to new understanding grounded in the participant’s account. Through the bracketing interview, some ‘blind-spots’ that might affect the author’s neutrality while approaching the data or doing the data analysis were discussed. Some key themes emerged from the bracketing interviews included the author’s assumptions of a higher socioeconomic status among CIS (when compared to those students who did not study abroad), a higher level of distress among postgraduate CIS (when compared to undergraduate CIS), and a well-supported family/friends social networks in home country. Some of these taken-for-granted assumptions associated with the author’s background were noted in the researcher journals and were referred to regularly during the data collection and analysis process. For instance, a second bracketing interview was conducted with the same trainee clinical psychologist after a pilot interview. In the bracketing interview, topics like the author’s feelings in this pilot interview and potential reasons for these feelings were discussed. For example, the author felt surprised and shocked by the level of distress the first interviewee reported in the pilot interview. Then, the author reflected on

her tendency to view studying abroad as a ‘positive’ event, hence it was new/surprising for the author to hear the story of the first participant. Similar reflection process was undertaken after each interview where the author noted new/surprising findings in the researcher journals. The author also kept a reflective journal throughout the entire research process, from initially developing the research topic, facilitating the researcher’s ability to sustain a reflexive stance (Ahem, 1999; see sample of research journal in Appendix 9).

Elliot et al., (1999) also recommend doing ‘credibility checks’ in the data analysis stage. In this study, regular discussion was held with a supervisor throughout the data analysis process, from initial coding, to development of master themes, in order to ensure that all of the analysis was grounded in the data set. Guidelines for conducting IPA (Smith et al., 2009) were also followed and examples of good quality IPA studies (Treisman et al., 2013) were referred to in order to increase rigour.

## **Ethics**

Ethical approval was obtained from the Department of Applied Psychology Ethics Panel, Canterbury Christ Church University (Appendix 10). The author considered the possibility that some students might find it distressing to discuss their mental health, hence the voluntary nature of participation was emphasised, and every effort was made to provide detailed information about the research beforehand. For interviewees who agreed to participate, the researcher also highlighted their right to withdraw. Each interview was followed by a debrief, and each participant was given an information sheet detailing contact information for organisations that they could speak to if they were concerned about their mental health. The list also included specific mental health services for the Chinese community in the UK (Appendix 11).

## Results

The participants' experiences in the UK varied, but salient themes emerged across their accounts. The analysis indicated three master themes and six sub-themes (Table 2). These will be discussed with example quotations (see Appendix 12 for additional quotations).

*Table 2*

*Master themes and sub-themes.*

<b>Master theme</b>	<b>Sub-theme</b>
<b>1. The jump from interdependence to independence</b>	1.1 Isolation and loneliness
	1.2 Enjoying the freedom
<b>2. The importance of 'zhong-yong' (Ji, Lee &amp; Guo, 2010) when experiencing and expressing psychological distress</b>	2.1 Self-control as a virtue
	2.2 The importance of maintaining social harmony
<b>3. The perplexing nature of help-seeking</b>	3.1 The 'tao' way of coping
	3.2 The role of 'guanxi'

### **Master theme 1: the jump from interdependence to independence**

While a transition to a greater sense of independent is arguably a common experience for undergraduate students, this transition appeared to be amplified in this sample due to a marked change in the cultural context from an interdependence society to a more independent society. Most participants described their pre-arrival life as not having to deal with any practical daily living tasks as they were 'being looked after' by their parents or for some, by their live-in domestic helpers. This master theme had two sub-themes, isolation and loneliness and enjoying the freedom. Although participants described having limited opportunity to 'be independent' prior moving away from home, there was also a strong sense

that they generally placed a high standard on themselves of needing to be independent shortly after moving away from an interdependence society (see sub-theme 1.1). Hence, it was felt that there was ‘a jump’ for these students not only on the level of how they take care of themselves on a practical level, but perhaps also how they related to themselves since arriving in the UK. For some students, they felt overwhelmed by the magnitude of difficulties they encountered in the UK. These students also seemed to experience this jump to independence as something to endure alone, conveying a sense of isolation and loneliness. A few students seemed to enjoy this jump, and were able to utilise the newly gained space for self-development and improvements.

#### *Sub-theme 1.1: isolation and loneliness*

Nearly all the participants described the feeling of isolation and loneliness on their journey to being more independent, especially when they first arrived in the UK. Two participants described in detail the very first moment they experienced loneliness in their life. Participants experienced it as a significant event in their life, which they still remember vividly after a few years. Ling used an analogy of ‘a film’ to describe her first experience of feeling ‘lonely’ on her first day in the UK, suggesting the magnitude of this experience for her.

‘...holding a big luggage bag and a big back-pack; it was very dramatic. When I got off the train, it felt like a film, the train passed next to you, it was a big station, although there were not many people. Then, you were left alone, with just two bags, staring at the train as it passed by...at that very moment, I wanted to cry...I really felt that I was alone, really...the first time experiencing and knowing the feeling of loneliness.’ (Ling)



Other participants felt ‘tearful’, ‘confused’ and ‘overwhelmed’ with handling all the daily tasks on their own. Yuk shared how she felt overwhelmed by the number of tasks she had to take care of when first arrive in the UK, including ‘doing all housework’, ‘open a bank account’, and ‘buy sim card’ etc. Some students spoke of their experiences of ‘having no one to rely on’ in England, and yet, they placed a high standard on themselves in managing all the daily tasks by themselves. This might be related to how they see other students as more ‘independent’ than themselves. A few students compared the level of independence between themselves and their white peers, for example, Wei felt that he was ‘less independent’ than his peers:

‘I think all ‘foreigners’ [his white peers] are all very...independent...maybe they are more used to be the concept of independent than the Chinese, than me at least...’ (Wei)

This feeling of ‘being less independence’ to their white peers might have contributed to these students’ high expectation on themselves in needing to be independent despite their distinct cultural background and limited social networks post arrival.

There was also a general sense that these students expected themselves to be able to pick up a variety of daily tasks without any help from others shortly after arriving in the UK. For example, Sue compared her life pre and post arriving in the UK:

‘I have many people in my home, and they always take care of me. We also have a domestic helper at home, and she would take care of all daily tasks. I felt very overwhelmed at first (after arrived in the UK), I know nothing. But I do everything by myself now...it is still hard for me now, but I had to do it by myself.’ (Sue)

Some students also spoke of it being difficult to seek help from their parents due to the time difference. For Ling, she noted how her family was unable to provide guidance on her life in England as ‘they had never lived overseas’. Hence, these students were placed in a

socially isolated situation in which they had lost part of their existing support from HK and were yet to establish a new social network in the UK.

*Sub-theme 1.2: enjoying the freedom.*

For some students, moving away from home felt like an opportunity for having more autonomy, such as ‘gaining a new private space’ and ‘more free time’. Wei, who struggled to cope with the feelings of loneliness at the start of his university life, later reflected that he ‘would not want to be with friends for 24 hours’ and he slowly learnt to appreciate alone time:

‘sometimes I like to spend two, three hours sitting down and thinking by myself; during that period, I don’t want anyone to disturb me.’ (Wei)

Jack shared similar experiences to Wei in which he enjoyed the ‘newly gained freedom’ he had in the UK, and he also highlighted the importance of ‘having options’ to choose if he wanted to spend time with friends or be alone.

‘I quite enjoy the freedom now, I don’t go out with them [his friends] everyday, I can choose to be alone or go out with friends, it is brilliant! I don’t have this option in Hong Kong as I lived with my mother.’ (Jack)

Ann spoke of having a very packed schedule, set up by her parents, prior to coming to the UK:

‘I left school at 4 o’clock, then I had tutoring from 5-6pm...start my piano lesson at 6.30 or 6.45...then do my homework and study; usually I could rest at around midnight. (Ann)

Understandably, Ann noted that she now had more time to better understand herself and she also discovered her passion for piano in the UK when she was not being forced to learn:

‘...space to myself helped me...I started to pay attention to what I really wanted...I had a lot of free time at that time [in the UK], because at that time I genuinely liked playing piano; when I like playing the piano, I enjoy practicing it.’ (Ann)

It seemed perhaps the more individualistic environment of the UK influenced not only their daily activities but also the way they began to relate to themselves as some students began to explore their own interests, hobbies and their self-identity.

## **Master theme 2: the importance of ‘zhong-yong’ (Ji, Lee & Guo, 2010) when experiencing and expressing psychological distress**

Most participants experienced psychological distress at different points in their post-arrival life. Some common stressors reported by most participants were frustration in navigating a new way of communication, loss of family/friends support and experiencing differences in educational systems and learning styles. Five students described a dark, overwhelming and confusing period before they developed a new safe base in the UK. Ling further described her first year in the UK as the ‘darkest time in her entire life’, reflecting a high level of distress post arrival. Some students related their distress to a number of contextual factors such as ‘the lack of sunshine’ or ‘being the only Chinese student in class’.

Other than linking their distress to other contextual factors, the concept of ‘zhong-yong’, or ‘doctrine of the mean/moderation’, stood out among participants’ narratives. Most participants felt that experiences and expressions of intense emotions were disruptive to their psychological well-being and general health. Instead, self-control was viewed as a virtue and ‘low arousal emotions’, such as calmness and stillness, were regarded as beneficial to their

well-being. Thus, participants attempted to maintain a relatively stable emotional life by changing their thinking perspectives or disengaging themselves from their emotions if possible (see sub-theme 2.1 for details). Some students prioritised group harmony over individual well-being, thus they often retired from social interactions when they experienced psychological distress (see sub-theme 2.2).

*Sub-theme 2.1: self-control as a virtue.*

The ability to control one's emotions was perceived as a virtue among most of the participants. Low arousal emotions were experienced as positive as this would help to achieve emotional stability. For some students, they learnt this from their parents at a very young age.

'maybe it was my mother who taught me...if I threw a tantrum, she would ask me to calm down before talking to her, not talk to her when I was still mad.' (Ling)

When asked about the meaning of mental wellness, it was interesting to observe that participants seemed to value low arousal emotions more than positive emotions such as happiness and excitement. Furthermore, most of the students acknowledged that adverse events happen in life, but the key is to 'maintain emotional stability and keep going forward'. For example, Yuk experienced distress as 'normal in life' but she viewed good mental health as having a 'stable' mood despite distressing events happening in life. Donald echoed Yuk's view and spoke of a similar understanding of sadness and conceptualisation of good mental health:

'You might experience sadness because of something bad happening it is normal...I think...a normal state or mental health is...one's emotions are relatively stable...and will not have too many ups and downs.'

Donald's view on mental health seemed to echo with the key principle in zhongyong thinking, i.e., excessive of any emotions are injurious to the spirit, when joy and anger are without moderation, then cold and health exceed all measure and life is no longer secure (Huang & Ching, 1975).

*Sub-theme 2.2: the importance of maintaining social harmony*

As emotions, especially anger, are experienced as potentially harmful in relationships, participants seemed to avoid expressing their feelings in group settings, in order to maintain social harmony in groups. Ling used her 'rising emotions' as a guide to decide on the best course of action in a relationship, instead of lashing out.

'my emotion has arisen, if we continued the argument, I think it would be hurtful to one another, or I might say something that I should not say, so I would need some alone time to allow myself to cool down, then come back to talk to him afterwards.'

For some students, they prioritised the feelings of others over their own. Sue sacrificed the opportunity to share her feelings with others even though she might feel better afterwards as she did not want others to worry about her.

'I know that I might feel better after talking to them [her friends]...but if that makes them worry about me...or makes them feel bad...I would rather not talk to them.' (Sue)

One student described her experience of 'being a people pleaser', noting that it gradually became more difficult to 'feel what she is really feeling' and control her emotions after arriving in the UK:

'...my friend said a joke, I laughed so badly, I thought to myself, I don't have to laugh for that long...when I went to my bedroom...I cried...I did not know what I was doing at that time...sometimes I had inappropriate emotions...I was so different in

front of people and in private...my emotions...such a big difference, sometimes I didn't really know what I was feeling.'(Ann)

This 'other-focused tendency was common among other interviewees. For example, Jack and Ming also conveyed a sense that they tended to be 'other-focused' in social interactions as to avoid being 'socially excluded' or 'bullied' by their peers. For Donald, he spoke of how he was the only Chinese boy in his boarding school when he first came to the UK, and made sense of his distress and 'not fitting in' feelings through an 'other-focused' angle. For instance, he described how it was understandable that other peers in his school did not know how to interact with him.

'I think...I think understandably people will feel a bit, at start feel a bit...you know...what are you...how can I relate to you. You know...and kids are like that, isn't it?'

It was interesting that Daniel used the phrase 'what are you' instead of 'who are you', and it was perhaps possible that he might have felt slightly that he was not being treated as a human in that experience. It also seemed that he focused on how others/his peers might have felt at that time instead of how he felt in that seemingly distressing experience. This theme of neglecting one's own feelings to protect social harmony was evident among other participants.

### **Master theme 3: the perplexing nature of help-seeking**

Participants seemed to adopt a 'tao' way of coping when experiencing distress in the UK. These students tried to regulate their emotions on their own by 'accepting the reality', 'stepping back from conflicts' and 'doing nothing' instead of being affected or emotionally caught up by the changes in the environment (Cheng, 2010). While this 'tao' way of coping seemed helpful for most participants, it also seemed unhelpful for those who experienced

intense distress as these students experienced an urge to ‘be with others’ during those times (see sub-theme 3.1 for substantiation), reflecting a perplexing nature of help-seeking in this sample.

For those who sought help from mental health professionals prior coming to the UK, there was a general sense that ‘guanxi’ (personal networks and connections) was an important element in affecting their help-seeking attitudes and behaviours. Conversely, a lack of ‘guanxi’ made these students experienced help-seeking as ‘difficult’ and ‘confusing’ (see sub-theme 3.2).

### *Sub-theme 3.1: the ‘tao’ way of coping*

When asked about their way of coping with distress after moving in the UK, a few participants mentioned that they adapted their way of thinking to accept psychological distress as a normal part of life. This ‘tao’ way of coping seemed helpful for most participants. Interestingly, they further conveyed a sense that it is ‘normal’ to suffer if you study overseas, for example, ‘to feel more lonely’ and ‘to have fewer true friends who one can talk to’. For example, Donald felt it was normal that his white peers did not know how to relate to him when he was studying in a boarding school:

‘I think it was normal...understandably people will feel a bit awkward...as they don’t know how to relate to me, that feeling of ‘different’ or difficult to relate to each other...’

(Donald)

In Wei’s story, he experienced loneliness as ‘a must’ for university and repeatedly told himself that only time could help alleviate his pain:

‘I tried to tell my high school friends at first...the fact that I do not have any friends here, I am so lonely, I really don’t fit in here, I hate this place, etc. I tried to tell them this...but then they said...‘you will get used to being alone eventually’...it is a must for

university, you need to get through this by yourself no matter what...just take it slowly...then it should be okay...only time can help me...I think it is really just time, maybe it's just me...I am not sure.' (Wei)

Wei's story highlighted his 'tao' way of coping by 'accepting the reality' and 'doing nothing' (or wu-wei; Cheng, 2010). Other participants also spoke of similar cognitive strategies such as 'facing the reality' and 'accepting the distress'. There was a general sense that by accepting one's distress one could minimize the pain or consequences their distress could bring or entail.

When asked about how these students coped with the recent social movement in HK, Donald spoke of how he sometimes 'enjoyed sitting back and being an observer' during this challenging time, reflecting another key elements in 'tao' way of coping, i.e., observing why and how one's environment changes instead of responding and being affected or emotionally caught up by the changes in environment. The 'tao' way of coping seemed to improve his resilience in facing this challenging event.

Other participants also conveyed a sense that sometimes 'doing too much' might not be good for one's mental health, for example, there was a general sense that taking medicine is harmful to one's general health and thus it was avoided to a large extent by most participants.

Although it seemed that a 'tao' way of coping was preferred by the majority of participants, this coping strategy seemed not helpful for a few participants who experienced intense psychological distress. When these participants reached their 'breaking point', they experienced distress as something that could not be coped with by using of cognitive strategies, including the 'tao' way of coping, nor could distress be contained by themselves



alone. Ann shared her experience of needing to seek help from her friends as she could no longer control her emotions when she reached her 'breaking point'.

'I couldn't stop crying...so I called my best friend....it was one-ish, midnight...I felt very bad about it, but...if I experienced a situation like this, I needed to find someone to distract me from rumination, then I could stop...'(Ann)

Ling also shared a similar story of needing to always be with friends to stop herself from experiencing depressive symptoms:

'I was fine if I were with people, I cannot control my emotion when I was alone. I felt very depressed for two weeks, then I had to keep finding others to accompany me. I need to see people.' (Ling)

The 'tao' way of coping reflected resilience among these students in coping with stressors while studying in the UK, and most participants seemed to find it helpful in managing their distress. Yet, this coping strategy seemed unhelpful for those who had high levels of psychological distress. For these students, they felt the urge to 'be with someone' instead of coping on their own, reflecting a potential limitation of using a 'tao' way of coping, i.e., a lack of social support.

### *Sub-theme 3.2: the role of 'guanxi'*

For those who experienced intense psychological distress prior to arriving in the UK, they shared their story of seeking help from mental health professionals in HK. Two participants spoke of their experiences of seeking help when they had interpersonal connections or 'guanxi' with the mental health professional. For example, Sue shared how she approached a psychiatrist through introduction by her family friends:

'they knew many doctors, and they knew a very good psychiatrist. They knew him very well, and he had good reputation. So they introduced him to me... (Sue)

Ann also shared a similar story in which she was introduced to a counsellor by her friend. It seemed participants had a higher level of confidence in mental health professionals if they knew them directly or indirectly (through their families or friends) in their personal networks. Also, it appeared that participants could obtain more practical information (e.g., how the professional could help them; what would it look like in assessment/therapy, or the reputation of the professionals, etc.) through ‘guanxi’ and this increased the chances of help-seeking among these two students.

‘my aunt told me that the uncle (the psychiatrist) is very friendly, and it will be just like talking to a friend (referring to how a therapy session would look like).’ (Ann)

Although both participants felt that seeking help from mental health services in HK was helpful, this positive experience did not further encourage them to continue to seek help after arriving in the UK. Interestingly, both participants attributed their low motivation to seek-help to their personal flaws, such as ‘laziness’, and spoke of their experiences with mental health services in Britain as ‘disconnected’, ‘confused’ and a lack of ‘trust’. For example, Sue, who had regular visits to a psychiatrist in HK in managing her anxiety and depressive symptoms was offered the university’s counselling service. Yet, she described her experience as ‘confusing’ and was not sure how counselling could help to ‘solve her underlying problems’, reflecting a lack of understanding about what counselling or therapy could potentially offer her in managing her depressed mood:

‘this is what I felt the most confused [about]...how should I put it...although they helped me on a more practical level, but...but my...myself...the underlying problem...even I don’t know how to solve that.’ (Sue)

It seemed possible that these feelings could be due to a lack of ‘guanxi’ with mental health professionals/services in the UK, and thus Sue did not know much about what the service could offer her in managing her situation.

Nonetheless, the participant did seem to open to thinking about distress in a psychological way. For example, the way Sue described her understanding of her mental health conditions might fit with concepts in a psychological model such as cognitive behavioural therapy:

‘it is like a cycle, the more lessons I skipped, I felt more anxious going to the next class, and I felt worse afterwards...maybe I haven’t taken action soon enough to break this negative loop...if I manage to do that, maybe I do not need to drop out from uni now...’

(Sue)

It appeared that a more detailed introduction to how psychological therapy could be useful for Sue’s situation or discussions around choices of psychological therapy offered by the university/the NHS might be useful for Sue in managing her mental health issues.

This potential vulnerability of a lack of ‘guanxi’ might also be shared among other students as most of them felt they knew ‘very little’ or ‘nothing’ about the mental health services in the UK. It seems an introduction to mental health services, especially services within the university or primary mental health services in the community, could be helpful for these students in knowing what they can do (or who to approach) if they need further help from the university or the NHS.

## **Discussion**

This research aimed to obtain a first-hand account of how a sample of CIS make sense of their psychological well-being and related help-seeking in the UK. Findings will be discussed below with reference to relevant research and theory, and clinical and research

All the participants experienced 'being independent' to be essential while studying aboard. This theme is arguably novel in existing literature as not many studies described the discrepancy in level of independence before and post arrival life in the UK, this theme also highlighted participants' high expectation on themselves in needing to be independent quickly after moving in the UK. This theme reflected both the resilient side and some area of concern for these students. Multicultural scholars have long asserted identity development as an potential area of concern among international students (Han, 2010; West-Olatunji, 2007). The theme of 'enjoying the freedom' connects with the identity development theory, reflecting students' awareness and experiences in discovering new self identity while sojourning in the UK. Some participants seemed to experiences this self-identity development process positively and meaningfully for further self-improvement and development. On the other hand, this theme also reflects a lack of social support for some students, together with their high expectation to adjust quickly post arrival, a sense of isolation and loneliness stand out among these students.

The theme of the importance of zhong-yong when experiencing and expressing psychological distress encapsulated participants' views of intense emotions were disruptive to their mental health. Thus, participants felt experiences and expressions of emotions ought to be in 'moderation. Findings also seemed to suggest that participants valued their ability to control emotions, especially in social contexts, as they believed intense emotions were harmful not only to their well-being but also to group harmony. The students viewed low arousal emotion as the ideal state in which one could remain emotionally stable regardless of the surrounding environment. These beliefs echoed the central concept in Confucianism, the 'zhong yong' ('midway' or 'moderation') principle (Ji, Lee & Guo, 2010), suggesting people should consider things comprehensively from different perspectives, avoid going to extremes and behave in situationally appropriate ways to maintain interpersonal harmony. This

principle highlights the notion that attitudes and behaviours must never go to excess, including the intensity of one's emotions. A study by Wu (2006) suggested a positive effect of zhong yong thinking on participants' overall life satisfaction, which was sequentially mediated by social competence and the quality of the respondent's social life. However, it is important to be cautious because of the potential debilitating effect of overly stressing on people's ability to control their emotions. For some students in this study, they were left feeling isolated, facing intense emotions alone. One participant shared her experience of becoming a 'people pleaser' and gradually losing her ability to connect to her own emotions.

The theme of 'guanxi' seemed to provide a new insight into why some participants discontinued to seek help from mental health professionals in the UK, even though they were used to receive mental health care in HK. For a few participants, findings suggest that guanxi (or personal connections or networks) seemed to play a key role in building trust and confidence between participants and the mental health professionals, resulting in a higher motivation to seek-help and increased actual help-seeking behaviours. Participants seemed to value gaining more information about the professional (for example, reputation of the professionals) and the service (such as what would the first appointment look like) through guanxi, and these informal information appeared helpful to encourage participants to seek-help. This findings might shed light on explaining the mismatch of positive help-seeking attitude and low utilisation of mental health services among CIS in the UK (Tang et al., 2012). One possible explanation is that these students might not be able to obtain sufficient key information about local mental health services which they used to gain through guanxi back home. Another reason might be due to their limited understanding on how therapy could help with their mental health issues. Thus, a few students felt confused about what the mental health service can offer to manage her mental health issue and did not engage well with the service.

The theme 'tao' way of coping encapsulate participants' use of emotion-focused and cognitive strategies based in Taoism, including acceptance and 'wu-wei' or 'doing nothing' (Cheng et al., 2010). These findings are similar to coping strategies used by other UK-based CIS in existing literature (Cheng, et al., 2018; Zheng, 2017). This theme also highlighted the perplexing nature of coping in a 'tao' way as a few participants experienced intense distress as intolerable and therefore emotions can no longer be contained alone nor in a 'tao' way. Although the 'tao' way of coping reflected resilience among these students in coping with stressors while studying in the UK, it seemed a 'tao' way of coping was not helpful when participants were experiencing intense psychological distress. For instance, these students seemed to reported a urgent need to be with someone when they reached their breaking point.

### **Limitations and future research**

Data analysis and all the themes and quotes were translated by the primary author, thereby potentially contributing to creditability and validity issues (Murray & Wynne, 2001). In an attempt to address this, regular supervision was held throughout the data analysis process and a small sample of quotes and all the themes were cross-checked by a bilingual (Cantonese and English) researcher specialising in linguistics to improve understanding and meaning of the translation.

The participants' years of education in England varied from 1 to 15 years, affecting their lived experiences while at university, thereby lowering the sample's homogeneity.

This study show how experiences of moving away from a social tight society, Confucian and Taoist beliefs and other stressors may influence CIS's mental health and related help-seeking behaviours. Future research could further explore the experience of other sub-group of CIS, including different age and gender groups, and those who came from

various geographic locations, with various mental health history, or lengths of stay in England.

Future research in this area could also be co-produced with CIS in order to further investigate their mental health needs and design services that are more culturally sensitive. Quantitative studies could also consider incorporating themes gathered in past qualitative studies and other relevant literature to devise new culturally-specific tools for evaluating the mental health status of CIS on a larger scale.

### **Implications for clinical practice and universities**

The findings suggest that CIS' experiences of cross-cultural education reflected both their resilience and areas of concerns in adjusting to the new environment in Britain. Clinicians in both the university counselling service and mental health services in the NHS have to be aware that the mental health needs among these students might be different from the majority populations. For instance, some common stressors included high expectation on self in managing daily tasks and academic performance, loss of social support from family and friends, and frustration in navigating a new way of communication.

Clinicians also need to be aware that CIS might hold different values from the dominant, Western discourse. For example, the importance of *zhong-yong* in understanding and expressing psychological distress, the importance of low arousal emotions and social harmony and the ironic nature of a 'tao' way of coping, etc. All these themes reflected how they view their own well-being and their experience and expression of suffering, and how they seek help while sojourning in the UK. It is essential that practitioners are aware of how their own beliefs, values and assumptions act to shape the understandings and frameworks we use as well as clinical practices. Clinicians who work in settings like university counselling services or adolescence mental health services could consider attending related continuing

professional development, for example, major schools of Chinese philosophies including Confucianism, Taoism and Buddhism, to further their cross-cultural knowledge in serving this particular group of international students.

Given the role of guanxi in help-seeking, it might be helpful if the university mental health support team could introduce themselves and their services to CIS as part of the orientation programme in order to establish 'guanxi' (or personal connections) for these new comers in the UK. Universities serve as a key role in promoting new guanxi or personal networks for these students, for example, guanxi with the staff teams and peers who might be able to formally or informally refer CIS to mental health services if appropriate. In Canada, a 'soft landing program' had been designed to promote a smoother adaptation among CIS in the host nation. Similar programs could potentially promote the development of guanxi for these group of students. Previous literature suggest that these 'soft landing programs' were highly welcomed by CIS, and that various orientation activities and support for international students promote a quicker understanding to the new educational and social context (Zhou & Zhang, 2010).

### **Conclusion**

This is the first study to explore how CIS make sense and attach meanings to their psychological well-being and the related help-seeking in the UK, using IPA. These students generally placed high demand on themselves in managing daily life tasks and academic performance while studying abroad. Their way of experiencing and expressing emotions appeared to have been influenced by the Confucian and Taoism culture, which stresses the importance of self-control and low arousal emotions and protection of social harmony. Regarding their help-seeking pattern, the theme of guanxi stands out, suggesting the key to establish personal connections with these students and it appeared that a more detailed and clear information about mental health services might improve their motivation to seek-help



where appropriate. Considering the current complex political context in Hong Kong, this population is potentially facing extra strain on top of the everyday challenges for international students, and it seems likely that some might even come to the UK as refugees/asylum-seekers. It is thus crucial for the NHS and universities to work in collaboration to develop more culturally sensitive and effective means of supporting the mental health and wellbeing of this potentially vulnerable group of students in the UK.

## References

- Ahern, K. J. (1999) 'Pearls, Pith, and Provocation: Ten Tips for Reflexive Bracketing'. *Qualitative Health Research*, 9(3): 407–411.
- Anderson, L. E. (1994). A new look at an old construct: cross-cultural adaptation. *International Journal of Intercultural Relations*, 18(3), 293-328.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5–34. <https://doi.org/10.1080/026999497378467>
- Biswas, J., Gangadhar, B.N., Keshavan, M. (2016). Cross cultural variations in psychiatrists' perception of mental illness: a tool for teaching culture in psychiatry. *Asian J Psychiatry*, 23, 1–7. doi: 10.1016/j.ajp.2016.05.011
- British Psychological Society [BPS]. (2009). Code of Ethics and Conduct. [http://www.bps.org.uk/system/files/documents/code\\_of\\_ethics\\_and\\_conduct.pdf](http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf)
- Canagarajah, A. S. (1999). *Interrogating the "native speaker fallacy": Non-linguistic roots, non-pedagogical results*. Non-native Educators in English Language Teaching. Taylor and Francis.
- Cao, L. & Ly, T. T. (2015). Chinese international students in Australia: An insight into their help and information seeking manners. *The International Education Journal: Comparative Perspectives*, 14, 42-56.
- Chen, H. Y., & Boore, J. R. (2010). Translation and back-translation in qualitative nursing research: methodological review. *Journal of clinical nursing*, 19(1-2), 234-239.
- Chen, J., & Zhou, G. (2019). *Chinese International Students' Sense of Belonging in North American Postsecondary Institutions: A Critical Literature Review*. Brock Education Journal, 28(2).

Cheng, C., Lo, Barbara, Chio, Jasmine. (2010). *The Tao (way) of Chinese coping*, Oxford *Handbook of Chinese Psychology*. Oxford University Press. Oxford. DOI: 10.1093/oxfordhb/9780199541850.013.0025

Cheung, P. T. A. (2011). Depressive symptoms and help-seeking preferences among Chinese (including mainland China, Hong Kong, and Taiwan) international students. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 71, 3790.

Collier, A. (1994). *Critical realism: an introduction to Roy Bhaskar's philosophy*. London: Verso.

Department of Health & Social Care (2015). *The NHS Constitution for England*. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>.

Economic Cooperation and Development (OECD). (2019). International student mobility. [https://www.oecd-ilibrary.org/education/international-student-mobility/indicator/english\\_4bcf6fc3-en](https://www.oecd-ilibrary.org/education/international-student-mobility/indicator/english_4bcf6fc3-en)

Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.

Equality and Human Rights Commission. (2019). *Racial harassment in British universities: qualitative research findings*. Research report no.131. <https://www.equalityhumanrights.com/en/publication-download/racial-harassment-british-universities-qualitative-research-findings>

- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research, 19* (4-5), 583-590.
- Gelfand, M.J., Nishii, L.H., & Raver, J.L. (2006). On the nature and importance of cultural tightness–looseness. *Journal of Applied Psychology, 91*, 1225–1244.
- Higher Education Statistics Agency. [HESA] (2019). <https://www.hesa.ac.uk/data-and-analysis/students/where-from>
- Jenkins, J. (2006). Current perspectives on teaching world Englishes and English as a lingua franca. *Tesol Quarterly, 40*(1), 157-181.
- Jiang, M., Z. Hu, & Y. Cao. (2007) Suicide Deaths Concentrated in Beijing. <http://ajp.psychiatryonline.org/cgi/content/full/164/11/1758>.
- Jim, J., & Pistrang, N. (2007). Culture and the therapeutic relationship: perspectives from Chinese clients. *Psychotherapy Research, 17*(4), 461-473. <http://dx.doi.org/10.1080/10503300600812775>
- Joseph, S., Beer, C., Clarke, D., Forman, A., Pickersgill, M., Swift, J., & Tischler, V. (2009). Qualitative research into mental health: Reflections on epistemology. *Mental Health Review Journal, 14*, 1-23. doi:10.1108/13619322200900006
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *The Archives of General Psychiatry, 62*, 593-602.
- Kirmayer, L. J. (2004). The cultural diversity of healing: meaning, metaphor and mechanism. *British Medical Bulletin, 16*, 33–48. doi: 10.1093/bmb/ldh006

- Ji, L. J., Lee, A., & Guo, T. (2010). *The oxford handbook of Chinese psychology. Chapter 11, Chinese thinking*. Oxford University Press, New York.
- Kitchener, B.A., Jorm, A.F. & Kelly, C.M. (2015). *Mental Health First Aid International Manual*. Mental Health First Aid International: Melbourne.
- Leung, J., Shek, D. (2017). Validation of the perceived Chinese overparenting scale in emerging adults in Hong Kong. *Journal of Children and Family Studies*, 27, 103-117.
- Li, P.L., & Logan, S. (1999). *The mental health needs of Chinese people in England: A report of a national survey*. Chinese National Healthy Living Centre, London.
- Liu, D. (2016). Strategies to promote Chinese international students' school performance: Resolving the challenges in American higher education. *Asian-Pacific Journal of Second and Foreign Language Education*, 1(1), 1-15. doi:10.1186/s40862-016-0012-9
- Lee, A. Y., Aaker, J. L., & Gardner, W. L. (2000). The pleasures and pains of distinct self-construals: The role of interdependent in regulatory focus. *Journal of Personality and Social Psychology*, 78, 1122-1134.
- Phillips, M.R., Zhang, J., Shi, Q., Song, Z., Ding, Z., Pang, S., Li, X., Zhang, Y., Wang, Z. (2009). Prevalence, treatment, and associated disability of mental disorders in four provinces in China during 2001-05: an epidemiological survey. *Lancet*, 373, 2041–2053
- Potter, S. H. (1988). The cultural construction of emotion in rural Chinese social life. *Ethos*, 16, 181-208.
- Rolls, L., Relf, M. (2006). Bracketing interviews: addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality*, 11, 3, 286-305.

- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*. London, U.K.: Sage.
- Roysircar, G. (2004). Counseling and psychotherapy for acculturation and ethnic identity concerns with immigrant and international students. *Practicing multiculturalism*, 255-275.
- Rudmin, F.W. (2003). Critical history of the acculturation psychology of assimilation, separation, integration, and marginalization. *Review of General Psychology*, 7, 3–37. doi:10.1037/1089-2680.7.3.250
- Sandhu, D. S. (1994). An examination of the psychological needs of the international students: Implications for counselling and psychotherapy. *International Journal for the Advancement of Counselling*, 17(4), 229-239.
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist*, 65, 237–251. doi:10.1037/a0019330
- Smith, J., Flowers, P., & Larkin, M. (2009) *Interpretive Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Shek, D. T. (2010). *Chapter 21: The spirituality of the Chinese people: a critical review*, *Oxford Handbook of Chinese Psychology*. Oxford University Press. Oxford. DOI: 10.1093/oxfordhb/9780199541850.013.0025
- Soto, J., Levenson, R., & Ebling, R. (2005). Cultures of moderation and expression: emotional experience, behaviour, and physiology in Chinese Americans and Mexican Americans. *Emotion*, 5, 154-165.

The United Nations Educational, Scientific and Cultural Organization or UNESCO's Institute for Statistics [UIS]. 2019. Outbound internationally mobile students by host region.

<http://data.uis.unesco.org/Index.aspx?queryid=172>

Thorley, C. (2017). *Not By Degrees: Not by degrees: Improving student mental health in the UK's universities*, IPPR. [www.ippr.org/publications/not-by-degrees](http://www.ippr.org/publications/not-by-degrees)

Tran, L., Wong, C., Yung, J., & Lam, J. (2008). *Community Engagement report – the mental health service needs of Chinese elders in Westminster, Kensington & Chelsea and Brent*. Chinese National Healthy Living Centre, London.

Twinn, S. (1997). An exploratory study examining the influence of translation on the validity and reliability of qualitative data in nursing research. *Journal of Advanced Nursing*, 26, 418–423.

Willig, C. (2013). *Introducing qualitative research in psychology*. Maidenhead: Open University Press.

Wu, J. (2006). Zhongyong makes my life better: The effect of Zhongyong thinking on life satisfaction. *Journal of Psychology in Chinese Societies. Special Issue: Psychology in Health services and Health Promotion*, 7, 163-176.

Yan, K., & Berliner, D. C. (2011). Chinese international students in the United States: Demographic trends, motivations, acculturation features and adjustment challenges. *Asia Pacific Education Review*, 12(2), 173–184.

Yip, K-S. (2005). Family caregiving of clients with mental illness in the People's Republic of China (Part I: historical background). *International Journal of Psychosocial Rehabilitation*, 10, 2733.

- Yoon, E., Langrehr, K., & Ong, L. (2011). Content analysis of acculturation research in counseling and counseling psychology: A 22-year review. *Journal of Counseling Psychology, 58*, 83–96. doi:10.1037/a0021128
- Yu, Z. R. (2018). *A study of Chinese international students' classroom participation in an international M.Ed. program (Master's thesis)*. University of Windsor, ON.  
<https://scholar.uwindsor.ca/etd/7419/>
- Zhang, Z., & Brunton, M. (2007). Differences in Living and Learning: Chinese international students in New Zealand. *Journal of Studies in International Education, 11*(2), 124-140.
- Zheng, K., & West-Olatunji, C. A. (2016). Mental health concerns of mainland Chinese international students in the United States: a literature review. *VISTAS Online*.  
[https://www.counseling.org/knowledge-center/vistas/by-year2/vistas-2016/docs/default-source/vistas/article\\_20fcfb24f16116603abcacff0000bee5e7](https://www.counseling.org/knowledge-center/vistas/by-year2/vistas-2016/docs/default-source/vistas/article_20fcfb24f16116603abcacff0000bee5e7)
- Zhou, G., & Zhang, Z. (2010). Understanding Chinese international students at a Canadian university: Perspectives, expectations, and experiences. *Canadian and International Education, 39*(3), 43-58. <http://ir.lib.uwo.ca/cie-eci/vol39/iss3/5/>



## **Section C – Appendices**

## Appendix 1 - SQAC of each study

*Table 1*  
*SQAC's scores for all quantitative studies*

Criteria:	1. Gu (2009)	2. Zhou & Todman (2009)	3. Spencer-Oatey & Xiong (2006)	4. Swami (2009)	5. Zheng (2017)	6. Cheng, Friesen & Adekola (2018)	7. Yu & Maskal (2018)	8. Yu & Maskal (2019)	9. Quan, He & Sloan (2016)	10. Bishop, Lim, Leydon & Lewith (2009)	11. Tang, Reilley & Dickson (2012)	12. Ngai, Bozza, Zhang, Chen & Bennett (2012)	13. Wang (2017)	14. University of Nottingham (2011)
Question / objective sufficiently described?	1	2	2	2	/	/	/	2	/	2	2	2	2	2
Study design evident and appropriate?	2	2	2	2				2		2	2	2	2	2
Method of subject selection or source of information/input variables described and appropriate?	0	1	1	1				1		2	2	2	2	1
Subject (and comparison group, if applicable) characteristics sufficiently described?	0	0	2	2				2		2	2	2	2	1
If interventional and random allocation was possible, was it described?	n/a	n/a	n/a	n/a				n/a		n/a	n/a	n/a	n/a	n/a
If interventional and blinding of investigators was possible, was it described?	n/a	n/a	n/a	n/a				n/a		n/a	n/a	n/a	n/a	n/a
If interventional and blinding of subjects was possible, was it reported?	n/a	n/a	n/a	n/a				n/a		n/a	n/a	n/a	n/a	n/a
Outcome and (if applicable) exposure measure(s) well defined and robust to measurement / misclassification bias? Means of assessment reported?	0	2	2	2				2		2	2	2	2	1
Sample size appropriate?	0	n/a	n/a	1				n/a		2	1	1	2	n/a
Analytic methods described/justified and appropriate?	0	2	2	2				1		2	2	2	2	1
Some estimate of variance is reported for the main results?	0	2	2	2				0		2	2	2	2	0
Controlled for confounding?	n/a	0	n/a	1				0		2	2	1	2	n/a
Results reported in sufficient detail?	0	2	2	2				0		2	2	2	2	1
Conclusions supported by the results?	0	2	2	2				0		2	2	2	2	1
	3/18	15/20	17/20	19/22				10/20		22/22	21/22	20/22	22/22	8/18
	17%	75%	85%	86%				50%		100%	95.45%	90.90%	100%	44%

*Table 2*  
*SQAC's scores for all qualitative studies*

Column1	1. Gu (2009)	2. Zhou & Todman (2009)	3. Spencer-Oatey & Xiong (2006)	4. Swami (2009)	5. Zheng (2017)	6. Cheng, Friesen & Adekola (2018)	7. Yu & Maskal (2018)	8. Yu & Maskal (2019)	9. Quan, He & Sloan (2016)	10. Bishop, Lim, Leydon & Lewith (2009)	11. Tang, Reilley & Dickson (2012)	12. Ngai, Bozza, Zhang, Chen & Bennett (2012)	13. Wang (2017)	14. University of Nottingham (2011)
1. Question / objective sufficiently described?	1	2	1	/	2	2	2	2	/	/	/	/	2	/
2. Study design evident and appropriate?	2	2	1		2	2	2	2					2	2
3. Context for the study clear?	2	2	2		2	2	2	2					2	2
4. Connection to a theoretical framework / wider body of knowledge?	2	2	2		2	2	2	2					2	2
5. Sampling strategy described, relevant and justified?	1	1	0		1	1	1	1					2	2
6. Data collection methods clearly described and systematic?	0	2	1		2	1	1	1					2	2
7. Data analysis clearly described and systematic?	0	2	0		2	2	2	2					2	2
8. Use of verification procedure(s) to establish credibility?	0	2	0		2	0	0	0					2	2
9. Conclusions supported by the results?	2	2	1		2	2	1	1					2	2
10. Reflexivity of the account?	0	0	0		2	0	0	0					2	2
	10/20	17/20	8/20		19/20	14/20	13/20	13/20					20/20	20/20
	50%	85%	40%		95%	70%	65%	65%					100%	100%

## Appendix 2 – Key information of each reviewed article

Authors	Title	Setting	Design	Sample	Measures/questions	Analysis	Key Findings
A. Acculturation experiences (holistic experience)							
1. Gu (2009)	Maturity and Interculturalism: Chinese students' experiences in UK higher education	At four UK universities  Just Chinese, not specifying where they came from	1. Longitudinal; repeated measures (two rounds)  2. A series of interviews (over 15 months)	Questionnaire (n=1288): first year undergraduates Chinese international students  Interviews (n=13): undergraduate and postgraduate students in 10 universities  Further triangulation was provided by semi-structured interviews with 10 British lecturers.	A 70-item questionnaire aimed at exploring the nature of the initial challenges and needs among these students (no other details provided)  Interview: explore their experiences with special attention to critical incidents, changes over time, and respondents' explanations for how their experiences were unfolding.	-Not clearly report for quantitative data; it appeared that the data from the questionnaire was used as a supplementary data for the qualitative data (i.e., 'tested the qualitative findings from the case studies, to examine whether they had wider validity.'  -Thematic analysis on qualitative data	Themes: Managing Academic Challenges (Learning Shock, Beyond Frustration), Managing Social and Cultural Challenges ('Enjoying Loneliness', Friendship Patterns), Identity Change: maturity and interculturality
2. Zhou & Todman (2009)	Patterns of adaptation of Chinese	At two Chinese universities	Longitudinal; repeated measures, 3	Questionnaires (n=257): Chinese postgraduate	Questionnaires included questions to explore participants'	Quantitative data: chi-square test for item 2; ANOVA for items 3-11.	Surveys: students who came in groups (Group G) reported significantly more difficulties with

postgraduate students in the United Kingdom	and two Scottish Universities (same group of participants who moved from China to UK)	rounds: before coming to the UK, soon after arrival and after being in the UK for about 6months (questionnaires in both English and Chinese)	students in two Scottish universities	views on difficulties anticipated when coming to the UK to study and about aspects of differences between teaching and learning traditions and practices in home and host countries	Interviews were not recorded but notes were taken by the first author (all interviews and notes were in Chinese then written up in English immediately afterwards)	regional accents and different food and less academic difficulty then group I (came individually)
	Mainland Chinese		Interviews (n=28): CIS (all completed 3 rounds of questionnaires and agreed to take part in interviews)	Interviews: probed more deeply into students' positive and negative pre-departure expectations and post-arrival experiences in relation to general life, social life and study life. Negative perceptions were explored as difficulties anticipated and difficulties experienced.	Content analysis after coding (Miles and Huberman, 1994).	Interviews: there were more negative post-arrival experiences then pre-departure negative experiences in all domains (p < .001)

B. Acculturation experiences – psychological, sociocultural adjustment

3. Spencer-Oatey & Xiong (2006)	Chinese Students' Psychological and Sociocultural Adjustments to Britain:	At a UK university  No definition on CIS	1. Cross sectional; Questionnaires (Chinese and English)	Questionnaire (n=126): two cohorts of CIS taking a one-year foundation course in English language	The Cross-Cultural Adaptation Questionnaire , including, the Depression Scale (Zung, 1965) to prove	Factor analysis on three scales, then correlational analysis between the scales and variables.	The majority of the respondents were not experiencing undue psychological stress, although a minority reported symptoms of minor depression; most respondents attached moderate to great importance to sociocultural
---------------------------------	---	--	--	---	---	--	--

An Empirical Study	2. semi-structured interviews (two interviews were conducted with a pair of students, the other interviews were conducted individually)	prior to starting a degree course.  Interviews(n=20)	psychological adjustment; The Sociocultural Adaptation Scale (SCAS; Ward & Kennedy, 1999).	Not clear for qualitative data	adjustment, and that they only had slight to moderate difficulty in achieving it.		
			Interviews: their social interaction  with others (Chinese, British and other nationalities), and their academic studies		A highly significant positive correlations between psychological stress and all three sociocultural subscales; they were highest for daily life  and lowest for academic life.  Interviewees reported clash of values and lack of things in common as reasons for their low level of social interaction with British people;  Themes: Daily life (Accommodation issues, Coping with an independent lifestyle), social interaction (with British people, with overseas students of other nationalities, with Chinese co-nationals), institutional provision and support		
4. Swami (2009)	Predictors of sociocultural adjustment among sojourning	From several universities in the south west of England	Cross sectional; Questionnaire developed by Zlobina et al, (2006), adapted	191 Malaysian and 110 Chinese international students (more than 90% undergraduate students)	Adapted a questionnaire developed by Zlobina et al, (2006) in exploring sociocultural	ANOVA	For CIS, better sociocultural adjustment was significantly correlated to evaluating the actual situation as better than expected, perceiving smaller cultural distance,

Malaysian students in Britain      Malay Chinese      to refer to life in Britain.      adjustment among immigrants in Spain.      perceiving less discrimination, and better English proficiency.

Also, English language proficiency explained 54% of the variance in sociocultural adjustment.

For Chinese participants, better sociocultural adjustment was associated with better English language

proficiency, better expectations, more contact with host nationals, smaller perceived cultural differences, and lower perceived discrimination.

5. Zheng (2017)	Beyond cultural learning and preserving psychological wellbeing:  Chinese international students' constructions of intercultural adjustment	In a UK university  Not clearly reported, just mandarin Chinese	Ethnographic interview (two rounds, in total 26 interviews)	13 one-year taught Masters students from China studying in a UK university	‘grand tour’ and follow-up questions in round 1 interviews; a list of emotions was given to participants in round 2 interviews, then they chose which one to talk about. Lastly, participants were invited to share any other experiences that were relevant to this study	Interview data were coded and analysed using Nvivo 10, and thematic analysis (following Braun and Clarke’s six steps method)	Themes for the construction of emotional management strategies: changing themselves, by managing the ways of thinking  about the emotion-eliciting events or situations; changing the environment, by managing  emotion-eliciting events or situations; emotion-focused coping; and avoiding emotion-eliciting events or situations.
-----------------	---	---	---	--	--	--	--

from an emotion management perspective

6. Cheng, Friesen & Adekola (2018)	Using emotion regulation to cope with challenges: a study of Chinese students in the United Kingdom	At a UK university  Not specify  All just finish undergraduate studies in China, came to UK to study either engineering or business.	Semi-structured interviews	31 Chinese postgraduate students (14 male; 19 female)	A range of topics encompassing the experiences and challenges CIS had within British universities	Thematic analysis	CIS experienced a range of stressors during their postgraduate study in the UK. The stressors most notably pertain to interactions with their lecturers, interactions with peer groups from different cultural backgrounds, and language difficulties. A discussion of all five emotional coping strategies: situation selection, situation modification, attentional focus, cognitive change ,response modulation
7. Yu & Moskal (2018)	Missing intercultural engagements in the university experiences of Chinese international students in the UK	At a UK university  Not specify	Semi-structured interviews	15 Chinese master students at one UK university who studied in the UK for more than six months	Not reported	Thematic analysis, coded with NVIVO	Themes: Business schools – ‘Chinese schools’; Expectation gaps; English language barriers and academic pressure; Friendships and social network; Cultural contact; Public discrimination

8. Yu & Moskal (2019)	Why do Christian churches, and not universities, facilitate intercultural engagement for Chinese international students?	At a UK university  Not specify	1. Cross sectional; Surveys  2. Semi-structured interviews	Surveys (n=501)  Interviews (n=15)  All postgraduate CIS.	Quantitative survey used the Revised Sociocultural Adaptation (SCAS-R) and the Psychological Adaptation Scale  Interviews: to capture CSI's church experiences and to investigate the specific process of intercultural interaction	Surveys: ANOVA and correlation analyses  Interviews: thematic analysis, coded with NVIVO software	Top three intentions for CSI to go to church: making friends (n = 63), cultural knowledge (n = 58), English language (n = 40)  No other results were reported for quantitative data.  Themes: curiosity about Western culture, social network and friendship, English language practice, support and acceptance, constrained services within university, individual selection in church participation
-----------------------	--	---------------------------------------	--	---	---	---	---

C. Acculturation experience – health beliefs and help seeking behaviours

9. Bishop, Lim, Leydon & Lewith (2009)	Overseas Chinese students in the UK: Patterns and correlates of their use of Western and traditional Chinese medicine	At a university in the South of England	Cross sectional; Questionnaire	170 Chinese International students	Chinese and English version of questionnaires exploring CIS's demographic characteristics, health status,  attitudes towards and use of TCM and WM	Factor analysis on 34 attitude items; multivariate logistic regression analyses (assess the predictors of TCM use and WM use by CIS)	Attitudes to traditional Chinese and Western medicine:  Participants were more likely to use WM if they were not from Singapore, if they were not studying arts or social sciences, if they were more confident in their English language skills, did have a chronic illness, used WM in their home country, and believed TCM is expensive in the UK;  Participants were more likely to use TCM if they were not studying
--	---	---	--------------------------------	------------------------------------	--	--	---



10. Tang, Reilly & Dickson (2012)	Attitudes toward seeking professional psychological help among Chinese students at a UK university	At a large UK university	Cross sectional; Questionnaire	Chinese international undergraduate students (n=87) and British home undergraduate students (n=236)	Attitudes toward seeking professional psychological help scale	ANOVA (between subjects)	<p>medicine/life sciences, if they used it in their home country, had more positive attitudes towards its effectiveness and safety, and believed it is expensive in the UK.</p> <p>1. PRC participants reported less interpersonal openness than the British home participants</p> <p>2. no significant group differences on the other attitude sub-scales, i.e. recognition of need for psychotherapeutic help, confidence in mental health practitioners, and stigma tolerance</p>
11. Ngai, Bozza, Zhang, Chen & Bennett (2014),	Transition between cultures? Beliefs and attitudes of British and Chinese young adults living in China and the UK towards mental health disorders	Questionnaires were distributed in two universities: One in the UK (Swansea) and one in China (Ningbo)	Cross sectional; Questionnaire	Students not studying psychology or mental health issues	The Mental Health Condition Perceptions Questionnaire (CPQ)	ANOVA	<p>(1) there was no evidence that the Chinese students living in the UK held more western views of the conditions than those living in China, (2) both Chinese appeared to hold a model of mental health incorporating both western and traditional Chinese concepts, the UK students held almost uniquely western models of the disorders, (3) the Chinese participants held more negative views about mental health problems, but also tended to consider them to be more treatable.</p>

Group 3. Chinese students studying in the UK (n = 101)

Grey literature

12. Wang (2011)	Chinese International Students' Health and Well-being in UK Universities	In a North West England university	Mixed method 1. questionnaire 2. semi-structured interviews	1. questionnaire (n = 303) 2. interviews (n = 20); postgraduate	Brief Psychological Adaptation Scale (BPAS)  Interview questions focus on health and the use of Traditional Chinese Medicine (TCM)	1. multiple regression tests and hierarchical regression, coupled with Pearson's product moment correlation tests  2. IPA	- social support, English oral communication, cultural health beliefs as well as length of stay in the UK (with longer stay predicted more psychological distress) were significant predictors of psychological adaptation.  Key themes: Cultural health beliefs and well-being practice of Chinese international students; Sociocultural adaptation of Chinese international students; Academic stress arising from study abroad; Psychological adaptation during study abroad; Different views on social support; Dilemmas regarding health service: TCM or WM, and Health concerns of female students.
13. University of Nottingham (2011)	Investigation into the Mental Health	Within University of Nottingham	1. questionnaire 2. data in counselling centre	1. questionnaire (n = 300)	Short Depression-Happiness Scale (SDHS)	Only descriptive data provided	Students from mainland China and Hong Kong reported lowest scores in SDHS, suggesting poorer psychological wellbeing when compared to other students. They

Support  
needs  
  
of  
International  
Students  
with  
particular  
reference  
  
to Chinese  
and  
Malaysian  
students

also showed the lowest awareness to  
mental health services in Britain and  
the lowest help-seeking rate among  
all students

## Appendix 3 – information sheet

### Information about the research

**Study title:** UK-based Chinese international students' experiences of psychological well-being, distress and help seeking.

Hello. My name is Stephanie Yun Yu Law and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. This project is supervised by Dr Fergal Jones (lead supervisor; Reader in clinical psychology, Canterbury Christ Church University), Dr Eleni Hatzidimitriadou (Head of Research and Enterprise, Faculty of Health & Wellbeing, Canterbury Christ Church University) and Miss Linda Hammond (Consultant of this project; Partnerships director, Canterbury Christ Church University)

Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you. You can talk to others about the study if you wish. There are two parts in this information sheet.

- Part 1 tells you the purpose of this study and what will happen to you if you take part.
- Part 2 gives you more detailed information about the conduct of the study.

#### **Part 1 of the information sheet**

##### **1. What is the purpose of the study?**

Around 20% UK university students are international students and Chinese international students formed the largest group of these. Yet, little is known about the mental health of this group of students when they are in the UK.

Previous research has shown that Chinese students were the most under-represented ethnicity in universities' mental health services, which means they seldom seek help from professionals even when they are experiencing psychological distress.

Therefore, the purpose of this study is to explore Chinese international students' experiences of psychological well-being, distress and help-seeking while studying in the UK. This study attempts to understand these experiences from the perspectives of UK-based Chinese international students.

##### **2. Why have I been invited?**

You have been invited to take part in this study as you fulfil the necessary criteria in that you are a Chinese international student currently study in the UK.

##### **3. Do I have to take part?**

It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason, by advising the researchers of this decision.

##### **4. What will happen to me if I take part?**

If you are happy to take part in the study, you will be asked to participate in a one-to-one interview. The time it takes for an interview will vary, depending on how much you have to say, but it should take no longer than 90 minutes. The interview can be conducted at your university's campus or at a location convenient to both you and the researcher, such as a coffee shop.

#### **5. What will I be asked to do?**

I will invite you to talk about yourself in your own words. In the interview, you will be asked some questions regarding your life while you are studying in the UK and your experiences of psychological well-being, psychological distress and help-seeking. You will be invited to use your preferred language in the interview. (i.e., Mandarin, Cantonese or English)

If you do not want to answer a particular question, you can choose not to. The interview will be audio-recorded. The audio of the interview will be transcribed without any information that could identify you. After it is transcribed, it will be destroyed.

#### **6. Expenses and payments**

You can claim up to £10 for your travelling expenses. (with proof of tickets)

#### **7. What are the possible disadvantages and risks of taking part?**

It is possible that some people may find talking about their experiences of mental well-being or mental health distressing at times. If you agree to participate, you will be free to stop the interview at any point. There are also a number of organisations that you can contact or seek help from. The researcher can provide more details about it.

#### **8. What are the possible benefits of taking part?**

Some people might find it beneficial to have the opportunity to talk openly in this way about their experiences. Also, it is hoped that this study will have a beneficial impact on the understanding of UK-based Chinese international students' views about mental health and could help lead to improvement in services available for Chinese international students.

#### **9. What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2. You can also contact my supervisor (Dr Fergal Jones: [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk)) or the research director in the university (Prof Paul Camic: [paul.camic@canterbury.ac.uk](mailto:paul.camic@canterbury.ac.uk))

#### **10. Will information from or about me from taking part in the study be kept confidential?**

Yes. All information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

**This completes part 1.**

**If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.**

## **Part 2 of the information sheet**

### **11. What will happen if I don't want to carry on with the study?**

You are free to leave the study at any time. If you decide to leave after an interview has taken place, but before the data has been analysed, you could ask for your audio recording and transcripts to not be included in the study.

### **12. What if there is a problem?**

Given the nature of this study, it is highly unlikely that you will suffer harm by taking part. However, the University has assurance arrangements in place to provide for harm arising from participation in the study.

If you have a concern about any aspect of this study, you can ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 07931241200. Please leave a contact number and say that the message is for me [Stephanie Law] and I will get back to you as soon as possible.

### **13. Complaints**

If you wish to complain about any aspect of the way in which you have been approached or treated during the course of this study, you can contact me as the lead researcher, Stephanie Law on 07931241200 or [s.y.law551@canterbury.ac.uk](mailto:s.y.law551@canterbury.ac.uk). Or you could also contact one of my supervisor Dr Fergal Jones [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk).

If you remain unhappy and wish to complain formally, you can do this by contacting Professor Paul Camic, Research Director, Salomons Centre for Applied Psychology – [paul.camic@canterbury.ac.uk](mailto:paul.camic@canterbury.ac.uk), tel: 01227 927114.

### **14. Will information from or about me from taking part in the study be kept confidential?**

Yes. All information collected from or about you during the course of the research will be kept strictly confidential. The only time when I would be obliged to pass on information from you to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else.

The audio-recording of the interview will be stored in an encrypted device. Only the lead researcher and other researchers (who might take part in the translation and transcription process) will have access to the audio recording. Any researchers who have access to the audio recording will be asked to sign a confidential agreement in order to maintain data confidentiality. All information will be coded and anonymised. The audio recording will be destroyed when the main researcher completes her study in the doctorate course. The anonymised transcripts will be kept for ten years after the main researcher's study according to the Medical Research Council guidelines.

The information we have collected as paper copies will be stored under lock and key, while the electronic data can only be accessed with a secure password. Only the researchers, sponsors, regulatory authorities and Research & Development auditors will have access to the data.

The data we collect will be used only for the purpose of this research; if data were to be used for future studies, further Research Ethics Committee approval will be sought. Participants have the right to check the accuracy of data held about them and correct any errors.

### **15. What will happen to the results of the research study?**

The results of this study will be published as the lead researcher's major research project in fulfilling the requirements of the doctorate program in clinical psychology. Also, the report of this study will be published on Canterbury Christ Church University's website. There is also a possibility that this study will be published in scientific journals in the future. A summary of the results will be sent to you upon request.

You will not be identified in any report, publications or presentation. Direct quotes from the interviews may be used in reports and publications; however, the quotes will be anonymised to ensure that you cannot be identified.

### **16. Who is organising and funding the research?**

Canterbury Christ Church University. This study is conducted as to fulfil one of the requirements in my doctoral degree in clinical psychology.

### **17. Who has reviewed the study?**

This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Centre for Applied Psychology, Canterbury Christ Church University.

### **18. Further information and contact details**

As detailed above, if you would like to speak to me and find out more about the study or have questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at 0793 124 1200. Please say that the message is for me [Stephanie Law] and leave a contact number so that I can get back to you. Or you could also contact my supervisor of this project Dr Fergal Jones ([fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk)) or Prof Eleni Hatzidimitriadou ([Eleni.hatzidimitriadou.canterbury.ac.uk](mailto:Eleni.hatzidimitriadou.canterbury.ac.uk)).

## Appendix 4 – interview schedule

### *Interview schedule*

Themes	Questions	Prompts
1. Pre-arrival	Can you briefly tell me about your life in China, and why did you come to UK?	where were you born, where did you grow up or receive education? how do you think about life in China?
2. Post-arrival	Can you briefly tell me about your life in UK now?	what do you do in a typical day? How do you think about life in the UK?
3. Mental health or psychological well-being	In the UK, the term mental health or psychological well-being are used to indicate these, from your experiences how do you understand these terms?	what comes to your mind? Can you describe to me a student with 'good'/'poor' mental health? (what would he/she does, thinks, feel...etc.)
4. Their studying experiences	What are your experiences of studying in the UK since arriving from China/HK/Taiwan?	How do you feel about being a student in the UK? What are the good things about being a student here? Do you enjoy studying in the UK? What are the good and bad sides of being an international students in the UK? Is there anything stressful about being a student? What is that experience like?
5. Their mental health in the UK	How has your mental well-being been since you became a student in the UK?	how do you find things since you came to UK? Are you happy? how do you manage things? tell me more about what it is been like? What do you think contribute to it?
6. Coping strategies	How do you manage these difficulties, how do you cope?	what do you usually do when facing difficulties? does it matter if you are



**Appendix 5 – consent form**

**CONSENT FORM**

Title of Project: UK-based Chinese international students’ experiences of psychological well-being, distress and help seeking.

Name of Researcher: Stephanie Yun Yu Law

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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

3. I understand that my interview will be audio-recorded.

4. I understand that data collected during the study may be looked at by supervisors of this project – Dr Fergal Jones; Dr Eleni Hatzidimitriadou and Miss Linda Hammond. I give permission for these individuals to have access to my data.

5. I agree that quotes from my interview may be used in published reports of the study findings, however, your name and other identifying information will be kept confidential.

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

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of Person taking consent \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## **Appendix 6 – brief note for each interview**

This has been removed from the electronic copy due to confidentiality reasons.

## **Appendix 7 – an example of transcript with notes**

This has been removed from the electronic copy due to confidentiality reasons.

### **Appendix 8 – maps when grouping and organizing themes**

This has been removed from the electronic copy due to confidentiality reasons.

### **Appendix 9 – reflexive journal**

This has been removed from the electronic copy due to confidentiality reasons.

## Appendix 10 – ethics approval



Salomons Institute for Applied Psychology

Stephanie Yun Yu Law  
Trainee Clinical Psychologist  
Canterbury Christ Church University

18 February 2019  
Direct line 01227 927094  
E-mail margie.callanan@canterbury.ac.uk  
Our Ref V:\075\Ethics\2018-19

Dear Stephanie,

**Exploring UK-based Chinese international students' experiences of psychological well-being, distress and help seeking**

**Outcome: Full Approval**

Thank you for addressing the points raised by the Ethics Panel so thoroughly, we are pleased to offer you approval for your proposed study.

We look forward to receiving a short report on progress and outcome on completion of the research, in order to complete our file. The report should be the same one that is provided to your participants. Please note that any changes of substance to the research will need to be notified to us so that we can ensure continued appropriate ethical process.

We wish you well with your study and hope that you enjoy carrying it out.

Yours sincerely,

A handwritten signature in blue ink that reads 'Margie Callanan'.

**Professor Margie Callanan**  
Chair of the Salomons Ethics Panel

Cc Dr F Jones

School of Psychology, Politics and Sociology  
Faculty of Social and Applied Sciences

Canterbury Christ Church University  
1 Meadow Road Tunbridge Wells Kent TN1 2YG (UK)  
Tel +44 (0)1227 927166  
www.canterbury.ac.uk

Professor Rama Thirunamachandran, Vice-Chancellor and Principal

Registered Company No: 4793659  
A Company limited by guarantee  
Registered Charity No: 1098136

## Appendix 11 – signposting leaflet

### Information about mental health services for UK-based Chinese - Kent

#### ❖ Wellbeing services offer by Universities

##### **University of Kent**

<https://www.kent.ac.uk/studentsupport/wellbeing/student.html>

##### **Canterbury Christ Church University**

<https://www.canterbury.ac.uk/students/current-students/support-services/support-services.aspx>

##### **University of Sussex**

<http://www.sussex.ac.uk/wellbeing/mentalhealth/mentalwellbeing>

##### **University medical centre**

01227 469338

[www.umckent.co.uk](http://www.umckent.co.uk)

Self-referrals for counselling services, based in Canterbury, Folkestone, Hythe, Romney Marsh, Dover & Deal

#### ❖ Mental Health Organisation for Chinese in England

##### **Chinese Mental Health Association**

Website: <http://www.cmha.org.uk/>

Tel: 020 7613 1008

##### **Chinese National Healthy Living Centre**

Website: <http://www.cnhlc.org.uk/english/>

Tel: 020 3802 0350

#### ❖ Mental health support for Chinese community (Kent) - Self-help and self-referrals

For people with low confidence, social isolation, mild depression, mild anxiety, stable & low risk

##### **Live well Kent**

For support with mental health and wellbeing, the service links into NHS talking therapies, employment, housing and debt help in your community. Anyone can refer into the service.

0800567 7699

[Livewellkent.org.uk/](http://Livewellkent.org.uk/)

##### **The Samaritans**

24/7 confidential, non-judgemental emotional support.

116 123

You can request a counsellor that speak your language, Samaritans will try to offer service in your first language whenever possible. Also offer support via SMS/text messages.

### **Anxiety UK**

Infoline: 03444 775 774 (Text: 07537 416 905)

<https://www.anxietyuk.org.uk/>

Support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy and digital therapy.

### **No Panic**

0844 967 4848

<https://www.nopanic.org.uk/>

Open: 10am-10pm every day

Offer a range of service to people with panic attack, including emotional support, therapy and online self-help resources

### **Mental Health Matters Helpline**

A confidential 24/7 telephone helpline service staffed by trained and experienced workers, offering emotional support. Ongoing support is available, and support for carers.

08001070160

Free phone for mobiles: 0300 3305468

<https://www.mhm.org.uk/>

Offer online resources for different mental health problems (anxiety, depression, etc) and mental well-being in general

### **Release the pressure**

24/7 telephone support provided by Kent County Council. Webchat also available.

08001070160

[www.releasethepressure.org.uk](http://www.releasethepressure.org.uk)

### **SANEline**

Open: 16:30 – 22:30 every day

03003047000

Provide emotional support, and general information about mental health difficulties and signposting. Also provide support via SMS/text messages.

<http://www.sane.org.uk/home>

Offer online resources for different mental health conditions (especially self-harm and suicide research and links to other mental health organisations)

### **❖ Organisations with religious background**

#### **Premier Lifeline**

03001110101

Open daily 9am-12midnight. A national Christian helpline, for a listening understanding ear.

### **❖ App and online resources**

#### **Young Minds**

<https://youngminds.org.uk/>

Online resources for mental wellbeing and stories/blogs about adolescents and mental health.



### **MindShift™ CBT**

Provide strategies based on Cognitive Behavioural Therapy (CBT) to help you learn to relax and be mindful, develop more effective ways of thinking, and use active steps to take charge of your anxiety.



### **Kooth**

An on line service offering emotional and mental health support to 11-19 year olds (or 25 with SEND). Young people chose an avatar and can have 'drop in' chats with a counsellor or therapist, book a 1:1 session, or talk to other young people anonymously <https://kooth.com/>



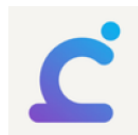
### **www.BigWhiteWall.com**

The heart of Big White Wall is its community of members, who support, help each other and share what's troubling them in a safe and anonymous environment. The site is available 24 hours a day, 7 days a week, 365 days a year – no need to wait until morning, the next business day or for a doctors' appointment. You can find support simply by logging on.



### **WYSA app (On Google Play or Apple store)**

An 'emotionally intelligent' penguin that learns to react to the emotions you express. Over time it gets to know you better and proactively reaches out to help you. It uses evidence-based CBT techniques to help you feel better. You can chat with WYSA using text and photo responses



### **Calm Harm**

It provides tasks that help you resist or manage the urge to self-harm and it's completely private and password protected. It uses ideas from an evidence-based therapy called DBT. The focus is to help learn to identify and manage your 'emotional' mind with positive impact. The app enables you to track your progress.



### **Sleepio**

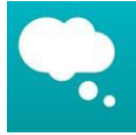
A digital programme that helps people overcome sleep problems. It's based on cognitive behavioural therapy (CBT), and evidence suggests that it can even help people who have long-term sleep problems to sleep better. **(On Google Play or Apple store)**





### **SAM (Self-help for anxiety management)**

SAM is a friendly app that offers a range of self-help methods for people who are serious about learning to manage their anxiety. **(On Google Play or Apple store)**



### **CATCH IT**

Learn how to manage feelings like anxiety and depression with Catch It. The app will teach you how to look at problems in a different way, turn negative thoughts into positive ones and improve your mental wellbeing



### **CBT Thought diary**

Do you feel like you're stressed, anxious, sad, frustrated, or unmotivated? The centerpiece of cognitive-behavioral therapy is changing your emotions by identifying negative and distorted thinking patterns. With a thought diary, you can document your negative emotions, analyze flaws in your thinking, and reevaluate your thoughts. It may even help you recognize ways to deal with your negative behaviors and emotions.

Thought Diary will help you evaluate, understand, and change your thoughts and feelings. By using this application, you can work to identify your emotions, analyze how and why you're feeling this way, challenge those negative beliefs, and change your thinking patterns for future situations



### **Pacifica**

Stress, anxiety, and depression can get in the way of you living your life. Pacifica gives you psychologist-designed tools to address them based on Cognitive Behavioral Therapy, mindfulness meditation, relaxation, and mood/health tracking. Calm down in moments of stress or anxiety using one of Pacifica's 25+ audio exercises, including deep breathing, muscle relaxation, positive visualization, mindfulness meditations, and more. These activities are set to relaxing



### **Worry watch**

Worry Watch is a unique journal app designed to capture and reflect on those momentary self-realizations. By logging 'what might happen' perception and then tracking it to 'what did happen' reality, we may get a deeper understanding of our worry / anxiety patterns. Such an understanding may help us challenge our perceptions and subsequently may help change our future thought patterns in a positive way **(On Google Play or Apple store)**



### **The Worry Box**

Put your worries away in a box! While that statement seems too good to be true, this app's idea is to help you deal with and manage your worries. You keep a personal diary in the app where you input your worries. The Worry Box then helps you decide if the worry is unimportant, important, controllable, or uncontrollable. Depending on the worry, the app will give you techniques to help manage it, like next steps or coping statements to tell yourself. **(On Google Play or Apple store)**



### **Whats'up?**

Now that's a question to ask yourself when feeling anxious! Having a quick self check-in can do wonders for finding perspective with your thoughts and feelings. This app has loads of features to help you do just that. When you feel negative thoughts taking over, use the app's methods to help you overcome them. The app also has grounding techniques to help you re-center. **(On Google Play or Apple store)**



### **SilverCloud**

An online course to help people manage stress, anxiety and depression. You work through a series of topics selected by a therapist to address specific needs. The eight-week course is designed to be completed in your own time and at your own pace. 16+

### **Autism support**

**The National Autistic Society** is the leading UK charity for autistic people (including those with Asperger syndrome) and their families. <https://www.autism.org.uk/>

**The Kent Autistic Trust** has been providing a Family Support service since 1997. Family Support is a free service providing confidential support, a listening ear, reliable information, practical advice and emotional support, to families, parents/carers, professionals and individuals affected by autism across Kent and Medway. [www.kentautistictrust.org/](http://www.kentautistictrust.org/)

**Contact:** Jo Blamires (Family Support Officer) Phone: 01634 405168

E-mail: [jo@kentautistic.com](mailto:jo@kentautistic.com)

## Suicide support



Are you, or is a young person you know, not coping with life? For confidential suicide prevention advice contact: 0800 068 4141 · [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org) · <https://www.papyrus-uk.org/>

## Bereavement support

**Cruse Bereavement Care** is the leading national charity for bereaved people in England, Wales and Northern Ireland. We offer support, advice and information to children, young people and adults when someone dies and work to enhance society's care of bereaved people **Bereavement support please call the helpline on 0808 808 1677**  
<https://www.cruse.org.uk>

**Slide Away** offers support to children and young people in West Kent who have been bereaved of a family member or friend. We also support children and young people who have a parent or sibling with a life limiting illness. <http://www.slideaway.org/>

## ❖ Mental health support for Chinese community (Kent) – Secondary Care Services

For people with severe, complex and long-term mental health difficulties (including Psychosis, Bipolar Disorder, severe Depression or Personality Disorders). Generally unstable and higher risks.

### **Community Mental Health Teams (CMHTs)**

People are usually referred to CMHT via their GP.

<https://www.kmpt.nhs.uk/our-services/>

Shepway: 01303227510

Dover: 01304 216666

Canterbury: 01227 597111

Deal: 01304 865463

### **Single Point of Access (SPoA)**

SPoA provides a single route to obtain urgent advice for mental health difficulties. If you are NOT currently under the care of a Kent CMHT, but needs urgent or emergency help and support, anyone can phone 0200 2220123 or text 07860 022819.

**If you are leaving the UK and returning home, and need mental health support, you could visit your local GP or get more information on the following organizations:**

**The Mental Health Association of Hong Kong**

<http://www.mhahk.org.hk/chi/index.htm>

Provide online resources for mental well-being

**Integrated Community Centre for Mental Wellness (ICCMW)**

[https://www.swd.gov.hk/en/index/site\\_pubsvc/page\\_rehab/sub\\_listofserv/id\\_supportcom/id\\_iccmw/](https://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_supportcom/id_iccmw/)

Accept self-referral for a wide-range of mental health services

## Appendix 12 – additional quotations

Master theme	Sub-theme	Quotes
1. The jump from interdependence to independence	1.1 Isolation and loneliness	<p>‘Maybe in a week...maybe you meet up with friends for two to three days, then the remaining four days...you will be alone...taking care of everything by yourself...that was so hard to adapt to...’</p> <p>‘Being an international student at a young age, you learnt to be independent to a point that you don't seek help and you learnt to separate... it does bring a sense of isolation, sense of your are not...we don't really belong here.’</p>
	1.2 Enjoying the freedom	<p>‘I quite enjoy the freedom in life now...I don't go out and eat with them everyday, I could have space for myself, I think it is brilliant.’</p> <p>‘I learnt to pay more attention to what I really want, maybe...I have been so sensitive about what others wanted me to do, not what I wanted to do. This time...space to myself helped me...I started to pay attention to what I really want, or if I felt really uncomfortable about something, I can say no.’</p> <p>‘but now I know....actually being alone is not too bad.....sometimes I don't want to be with my friends all the time...being independent...I think it is good...because it gives you time to...because sometimes I like to....spent two three hours being alone...really use these two three hours to think...really sat down to think...I don't want anyone to disturb me at that time. So being alone at that time is okay, it helped me to kick out all my stress.’</p>
2. The importance of ‘zhong-yong’ (Ji, Lee & Guo, 2010) when experiencing and expressing psychological distress	2.1 Self-control as a virtue	<p>‘If I feel I am going to be out of control, I will need some time to myself, I will be alone and try to do something to calm myself down, and then handle the situation afterwards...when a person at his/her most angriest moment, they do not know how to express their feelings. So I'd rather let myself cool down first, you can dig out what happened later or talk to that person slowly afterwards.’</p> <p>‘not being...not letting those stuff (distress or bad events in life)...em...yeah, stop you from being able to do things’</p>
	2.2 The importance of	<p>‘I don't know from when...I became a ‘people pleaser’, meaning I will change myself in order to...meet other people’s</p>

maintaining needs and expectations...I tried my best to cater a variety of people...which I guess as a social skill it is necessary...'  
social harmony

'I might feel better if I express my feelings to others, but if...if after I told them...they will feel very concern, or really worry about me...I think that is not necessary. So, I told them directly that...you do not need to worry about me...I just wanted to find someone to share my feelings, and if they cannot put it down...I would rather not tell them....'

### 3. The perplexing nature of help-seeking

#### 3.1 The 'tao' way of coping

'I isolated myself....I was fine if I were with someone, but I don't have any solution (to her depressed mood) if I were alone...so since then...I persevered for one or two weeks...then...I kept finding things to do, for example, if they were to go out for meal, I joined them. I made myself to stay with people...I hated...at that time...I hated the feeling of loneliness.'

'Being an international student at a young age, you learnt to be independent to a point that you don't seek help and you learnt to separate...'

'it is only time...I think only time can help.'

'I do not really like medicine, I think sometimes it is better to do nothing, in that way, your body can try to work things out..'

#### 3.2 The role of 'guanxi'

'I know nothing about NHS mental health services, I only received one mass email in first year, saying we could find university if we have academic problems, or financial issues, but other than that, I have zero knowledge.'

'I remembered our psychological society had some booth in the past, a few weeks before exam period, it gave you a card and asked you a few questions such as how's your mental health, what makes you actually happy, etc. I knew they did something like that, but other than that, I know nothing about NHS mental health services.'

## Appendix 13 End of study report

To the Chair of the panel,

Please see the findings of the MRP titled - An phenomenology exploration of the sojourning experience and meaning of being a Chinese international student in the UK.

The analysis indicated four master themes and 14 sub-themes (Table 1). The four master themes are summarised below:

*Table 1 Master themes and sub-themes.*

Master theme	Sub-theme
<b>1. The jump from interdependence to independence</b>	1.1 Enjoying the freedom 1.2 Isolation and loneliness
<b>2. the importance of zhong-yong when experiencing and expressing distress</b>	2.1 Self-control as a virtue 2.2 The importance of maintaining social harmony
<b>3. The perplexing nature of help-seek</b>	3.1 The 'tao' way of coping 3.2 The role of 'guanxi'

### **Master theme 1: The jump from interdependence to independence**

All the participants spoke of the need to be independent while studying in England, and 'being independent' was experienced as 'a must' and something 'normal' in university life. Participants referred to independence as the ability to take good care of themselves without relying on others. Most participants described their pre-arrival life as not having to deal with any practical daily living tasks as they were 'being looked after' by their parents or for some, by their live-in domestic helpers. There was a sense that participants generally placed a high standard on themselves of needing to be independent shortly after moving away from a 'social tight society' (Gelfand, et al., 2006). Some students enjoyed this jump from interdependence to independence, and were able to utilise the newly gained space for self-development and improvements, such as getting to know themselves and developing their own interests and hobbies. For other students, although they also accept the normality of 'being independent' in university life, some felt overwhelmed by the magnitude of difficulties they encountered in the UK. These students also seemed to experience this jump to independence as something to endure alone, conveying a sense of isolation and loneliness.

### **Master theme 2: the importance of zhong-yong when experiencing and expressing distress**

This theme captures participants awareness of their psychological distress and highlighted how they made sense of their distress from a holistic point of view. Some common stressors included frustration in navigating a new way of communication, and loss of family/friends support. Five students described a dark, overwhelming and confusing period before they developed a new safe base in the UK. Ling further described her first year in the UK as the 'darkest time in her entire life', reflecting a high level of distress post arrival.

Although participants experienced different levels of psychological distress at different points in their sojourning journeys, most participants often made explicit reference to other contextual factors in interacting with their mood and mental health in general. For instance, this holistic view of

psychological distress seemed to be compatible with concepts in Chinese medicine, highlighting their tendencies to view mental health and physical health as one concept.

Besides, participants often took responsibility for themselves in managing their distress. Experiences and expressions of intense emotions were believed to be disruptive to their psychological well-being and social harmony. Instead, self-control was viewed as a virtue and 'low arousal emotions', such as calmness and stillness, were regarded as beneficial to their well-being. Some students prioritised group harmony over individual well-being, thus they often retired from social interactions when they experienced psychological distress. This 'other-focus' approach in managing psychological distress were common among most participants' accounts.

### **Master theme 3: The perplexing nature of help-seeking**

Participants discussed times they had seek help from mental health professionals in managing their existing mental health conditions. There was a general sense that 'guanxi' (personal networks and connections) was an important element in affecting their help-seeking attitudes and behaviours. Conversely, a lack of 'guanxi' made these students experienced help-seeking as 'difficult' and 'confusing' as they knew very little about mental health services in the UK. Some students coped with their psychological distress by 'doing nothing' and 'hiding' themselves from others while trying to regulate their emotions by themselves. This 'tao' way of coping (Cheng et al., 2010) seemed to work only if participants were experiencing not too severe distress. Ironically, when experiencing intense distress, these students described a need to 'be with others' and most can no longer cope alone in a 'tao' way.

### **Implications for clinical practice and universities**

The findings suggest that CIS' experiences of cross-cultural education reflected both their resilience and areas of concerns in adjusting to the new environment in Britain. Clinicians in both the university counselling service and mental health services in the NHS have to be aware that the mental health needs among these students might be different from the majority populations. For instance, some common stressors included high expectation on self in managing daily tasks and academic performance, loss of social support from family and friends, and frustration in navigating a new way of communication.

Clinicians also need to be aware that CIS might hold different values from the dominant, Western discourse. For example, their holistic view on health and distress, the tendency to be 'other-focus' while experiencing distress, the importance of low arousal emotions, etc. This could affect how they view their own well-being and their experience and express suffering, and how they seek help. It is essential that practitioners are aware of how their own beliefs, values and assumptions act to shape the understandings and frameworks we use as well as clinical practices. Clinicians who work in settings like university counselling services or adolescence mental health services could consider attending related continuing professional development, for example, major schools of Chinese philosophies including Confucianism, Taoism and Buddhism, to further their cross-cultural knowledge in serving this particular group of population.

Given the role of guanxi in help-seeking, it might be helpful if the university mental health support team could introduced themselves and their services to CIS as part of the orientation programme in the first year. In Canada, a similar 'soft landing program' had been designed to promote a smoother adaptation among CIS in the host nation. Previous literature suggest that these 'soft landing programs' was highly welcomed by CIS, and that various orientation activities and support for international students promote a quicker understanding to the new educational and social context (Zhou & Zhang, 2010). It might be valuable to add elements of mental health support in such soft landing program to normalise help-seeking behaviours and to build personal connections to these group of students who seemed to have an unproportionally low help-seeking rate in higher education institutions.



## Appendix 14 – translation agreement

### Confidentiality Statement for Persons Undertaking Translation of themes from Research Project Interviews

Project title: An phenomenology exploration of the sojourning experience and meaning of being a Chinese international student in the UK

Researcher's name: Stephanie Yun Yu Law

The materials/themes you are translating have been created as part of a research project. Data may contain information of a very personal nature, which should be kept confidential and not disclosed to others. Maintaining this confidentiality is of utmost importance to the University. Signing this form means you agree not to disclose any information you may hear on the recording to others, and not to reveal any identifying names, place-names or other information on the recording to any person other than the researcher/s named above. You agree to keep the materials in a secure place where it cannot be accessed or heard by other people, and to show your translation only to the relevant individual/s who is involved in the research project, i.e. the researcher/s named above.

You will also follow any instructions given to you by the researcher about how to disguise the names of people and places talked about on any recordings as you translate them, so that the written transcript will not contain such names of people and places.

Following completion of the translation work you will not retain any files, in any form. You will pass all materials back to the researcher and erase any material remaining on your computer hard drive or other electronic medium on which it has been held.