## International Students' Mental Health and Their Attitude towards Counselling Centres

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**Abstract:** The primary goal of this study is to identify the state of international students' mental health in a university setting. As the second objective, the study investigate students' attitude toward seeking help from counselling centre located in their university. A sample of 80 international postgraduate students with mental health problems was selected from 412 populations. For the purpose of data collection a questionnaire was administered. The questionnaire involved two parts. The first part was the General Health Questionnaire (GHQ), and the second part was a researcher-made questionnaire concerning students' attitude toward seeking counselling help. The findings indicated that from the total of 80 international students with mental health problems only 26 had visited the university counselling centre. The main reasons behind the reluctance of students to seek counselling help were 1) not having any information regarding the location of the counselling centre or places that offer related services by 0.224, 2) negative culture and beliefs regarding counselling by 0.168, 3) lack of safety or having concern about confidentiality in counselling by 0.168, and 4) not feeling any need to do so by 0.152.

## 1. Introduction

According to the World Health Organization, in 1993, almost 500 million people were suffering from some kind of mental disorder (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Periods of adolescence and young adulthood are the two most important life stages that affect mental health and wellbeing. Psychological problems and mental disorders such as depression, anxiety, substance use, and eating disorders are increasingly prevalent between the ages of 12 to 26 years (Association for Young Health Inc (NSW), 2012; Rickwood et al., 2005). It seems that nowadays mental disorders and mental problems affect more young people than ever before. Therefore, the help seeking behavior of young people plays an important role in their mental health and wellbeing.

There are many ways to deal with mental health problems. Seeking help is one of the choices available to assist someone in coping with their mental health problem (Alavi, Boujarian, & Ninggal, 2012; Garvey et al., 2008). Seeking help is communicating with others to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience (Garvey et al., 2008; Rickwood et al., 2005). Informal help seeking is from informal social relationships, such as friends and family. Formal help seeking should be sought from professional sources of help; that is, professionals who have a recognized role and are appropriately trained to provide help and advice such as mental health and health professionals, teachers, youth workers, and the clergy. Increasingly, however, individuals tend to seek help from sources that do not involve direct contact with people, such as the Internet (Rickwood et al., 2005). According to Garvey et al. (2008), in formal terms it is defined as a 'coping response'. There are other types of 'coping response', some of which are positive, the others are negative. These include denial, escape, disengagement, behavioral change, self-medication, procrastination, and active problem solving among others.

There are many barriers that hinder someone asking for help, such as feeling too embarrassed to discuss the issue, feeling ambivalent about giving up control, and perceiving an imbalance of power with the source of help. Even when discussing problems with friends these issues can be seen (Alavi et al., 2012; Garvey et al., 2008; C. J. Wilson, Rickwood, Ciarrochi, & Deane, 2002). Based on Rickwood et al. (2005) negative attitude was one of the main obstacles for seeking psychological specialist help.

Such negative judgments were the result of previous experience and also negative beliefs about the quality of professional help.

Obviously, young people's beliefs about seeking professional help will affect their willingness to ask help from others. There is a significant relationship between seeking help and being hopeless (Rickwood, Deane, & Wilson, 2007; C. Wilson, Deane, Biro, & Ciarrochi, 2003; C. J. Wilson et al., 2002). Hopelessness is strongly associated with the belief that nothing will change the problem that I have. Peoples attitude plays an important role in determining help seeking behaviour (Corrigan & Watson, 2002; Donald & Lucke, 2000; Kabir, Iliyasu, & Aliyu, 2004; Rickwood et al., 2007; Rickwood et al., 2005; Segal, Coolidge, Mincic, & O'Riley, 2005; C. Wilson et al., 2003).

Sometimes a major barrier to seek professional psychological help is having a negative attitude toward professional help seeking (Rickwood et al., 2005). According to Rickwood et., al., (2007), a negative attitude and stigma to seek help from professionals are additional barriers to seeking professional help. Most young people do not like to be seen as having mental problems by their friends and others (Wisdom, Clarke, & Green, 2006). Thus, the stigma of a mental problem is relevant to being less willing to ask for help. People who have a negative attitude toward counseling are unlikely to choose counseling as a treatment. However, teens with negative attitudes about treatment in general are likely to prefer medication (Hoagwood et al., 2008). Based on Dr. Mostafa Moein, 70% of patients in the world do not like to visit a psychiatrist due to fear of stigma and discrimination (Ahsani Pourasl, 2011, September).

Mental health workers such as counselors who screen people should be sensitive to the desires of teens to feel good, connected and autonomous. Clients need to feel they are being listened to and their conversations will be kept confidential (Hoagwood et al., 2008). Fear of stigma is related to the fear of lacking of confidentiality in counseling centres and services (Rickwood et al., 2005). Previous studies indicated that the most common barriers in receiving professional help are secrecy and confidentiality of problems (Rickwood et al., 2005; The World Health Organisation "). Moreover, lack of knowledge about counseling centres and the services provided are other barriers to making contact with the authorities and accessing services; financial issues and client or counselor time constraints are also reported (C. Wilson et al., 2003).

Hamid Ghods, Professor at University of London St. George pointed out that 450 million worldwide are suffering from some kind of mental disorders. He noted that 121 million people suffer from depression and this number is expected to increase in 2020 compared with 15 per cent of these diseases in the world. Further, 28 per cent of the world's countries have no specific budget for mental health, and 36 per cent of the countries that allocate funds to this area, allocate only one percentage of their health budget to mental health (Ahsani Pourasl, 2011, September).

Dr. Mostafa Moein, head of the UNESCO seat in the health education announced that 42% of patients with psychological problems do not inform their families about their problems. He adds that, 80% of people with mental disorders are living in the Third-world countries and they impose great costs to the society. The Head of Psychiatry and Psychology Research Centre, University of Medical Sciences, Tehran, Iran has announced that 80% of patients with psychiatric disorders in developing countries are deprived of essential services (Ahsani Pourasl, 2011, September).

Since curing mental health problems is significant, the current study aimed to identify barriers that hinder students who live alone far away from their families are reluctant to visit counseling centres. With this aim in mind, international students with mental health problems were asked to focus on the specific reasons why they have not made use of the counseling services that their university (Universiti Teknologi Malaysia) provides. It was also the aim of this study to investigate the students' attitude toward visiting counseling centres.

## 2. Methods
### 2.1 Participants
The sample of this study consisted of the international postgraduate students who were currently studying at the Universiti Teknologi Malaysia (UTM) main campus. A set of questionnaires were randomly distributed to 412 international postgraduate students to identify their mental health status. After getting back the responses from these students, 80 students were identified with some kind of mental health problems and were selected as the sample of the study. From the sample, only 26 students have visited the counseling centre at least once and the other 54 students have not visited such centre at all.

### 2.2 Instrumentation
The questionnaire entailed a demographic section, as well as two sets of questions. The first set including 28 questions which was adapted from General Health Questionnaire (GHQ-28) by Goldberg & Williams (1972). This section investigated optimal identification of people with

mental health problems. GHQ-28 is an instrument used to detect psychiatric disorders in community and non-psychiatric clinical settings. GHQ-28 is based on the tenet that there are various characteristics and behavioral traits which appear to separate or isolate psychiatric patients, as an entire class, from so-called normal, healthy individuals. The questionnaire is focused on only two problems: firstly, the ability to cope with one's normal healthy functions, and secondly, on how individuals handle the appearance or someone who were perceived as distressing in nature.

However, GHQ-28 is not concerned with permanent traits, but with those which provide a break in one's normal daily functions. GHQ-28 measures 4 categories which are i) somatic symptoms (7items), ii) anxiety and insomnia (7 items), iii) social dysfunction (7 items), and iv) depression (7 items). The patients were asked to evaluate changes in their behaviors, mood and feelings in a recent one month period. The participants evaluated their occurrence on a 4-point scale ranging from "not at all" to "much more than usual". As shown in table 1, The Cronbach's alpha coefficient for each of the four domains of GHQ-28 was: somatic symptom by 0.78, anxiety and insomnia by 0.79, social dysfunction by 0.82 and depression by 0.75. It is showed that all alpha coefficients were higher than 0.7 indicating that the scale measured responses with satisfactory internal consistency and accuracy (Jamshidi, Rasli, Yusof, & Ratyan Z, 2012).

Table 1: Reliability of categories in GHQ-28

| Dimensions | Number of questions | Cronbach's alpha |
|---|---|---|
| Somatic symptoms | 7 | 0.78 |
| Anxiety and insomnia | 7 | 0.79 |
| Social dysfunction | 7 | 0.82 |
| Depression | 7 | 0.75 |

The second part of the questionnaire (including 4 dimensions; 18 items) was constructed by the researchers and to identify students' attitude toward four domains: i) necessity to visit a counseling centre (5 items), ii) safety and trust in counseling (4 items), iii) information about counseling services and the location of counseling centre (4 items), and iv) students' culture regarding counseling (5 items). The dimensions were chosen based on the issues that previous studies highlighted and considered as items which were related to students who were more likely to have mild psychological conflict rather than mental illness.

The participants were asked to assess their attitude toward counseling centre. They completed their responses based on a 4-point scale at the university counseling centre. Table 2 indicates that Cronbach's alpha of each domain was higher than 0.7. necessity to visit a counseling centre by 0.71, safety and trust in counseling by 0.77, information about counseling services and the location of counseling centre by 0.78, students' culture regarding counseling by 0.72. Since, the domains of attitude toward counseling instrument showed alpha higher than 0.7 it has acceptable reliability (Jamshidi et al., 2012).

Table 2: Reliability of domains in attitude toward counseling instrument

| Dimensions | Number of questions | Cronbach's alpha |
|---|---|---|
| Necessity to visit a counseling centre | 5 | 0.71 |
| Safety and trust in counseling | 4 | 0.77 |
| Information about counseling services and the location of counseling centre | 4 | 0.78 |
| Students' culture regarding counseling | 5 | 0.72 |

Furthermore, the validation of items was also investigated with 2 members from counseling department and 2 members from psychology department of education faculty of Universiti Teknologi Malaysia (UTM). As a result, different items of the questionnaire were reviewed and edited to enhance the validity of the questionnaire.

**2.3 Data analyze**

The collected data was analyzed using Statistical Packages for Social Sciences (SPSS version 17). Based on the obtained result from questionnaire, the candidate divided in to two groups: students who visit the counselling centre (n= 26 students) and those who do not visit the counselling centre (n= 54 students). In order to identify the problems of student in visiting the counselling centre independent t-test analysis were used. In this test the mean difference of the problems in different dimensions between the two mentioned groups of candidates were found. The logistic regression analysis was performed for the purpose of identifying the most influential factor causes the students visit or not to do so the counselling centres. In logistic regression analysis descriptive statistic and inferential statistic (T-test and logistic regression) were used for during data analyses. The findings are shown in below tables.

## 3. Results

Table 3: The results of independent T-Test to compare each dimension between two groups of students

| Dimensions | Visit the centre | N | Mean | Std. Deviation | t | Sig. 2 tailed |
|---|---|---|---|---|---|---|
| Lack of Necessity | visit the centre | 26 | 28.73 | 8.239 | -9.519 | 0.001 |
| | did not visit the centre | 54 | 55.31 | 16.737 | | |
| Lack of safety | visit the centre | 26 | 30.38 | 8.773 | -8.155 | 0.001 |
| | did not visit the centre | 54 | 50.11 | 10.715 | | |
| Lack of information | visit the centre | 26 | 37.34 | 8.308 | -6.925 | 0.002 |
| | did not visit the centre | 54 | 49.62 | 6.977 | | |
| Negative culture | visit the centre | 26 | 35.53 | 11.346 | -10.788 | 0.000 |
| | did not visit the centre | 54 | 63.51 | 10.630 | | |

In table 3 the descriptive statistics for each group including students with mental health problems who visited the counseling centre and students with mental health problems who did not visit the centre in each subgroup is shown. Only 26 students from the total 80 students have visited the counseling centre. The result of independent T-test shows that the sig of all dimensions were <.005. The dimensions were lack of necessity (p=0.001), lack of safety (p=0.001), lack of information (p=0.002) and negative culture (p=0.000). Therefore, there is a significant difference in the mean of all 4 categories between two groups of students who were having mental health problems visit and did not visit the counselors.

Table 4: Coefficients Logistic regression to predict students' visit counseling centre/ counselors

| Dimensions | | B | S.E. | Wald | df | Sig. | Exp(B) |
|---|---|---|---|---|---|---|---|
| Step 1[a] | Lack of Necessity | .15 | .096 | 2.497 | 1 | .114 | 1.165 |
| | Lack of safety | .16 | .070 | 5.853 | 1 | .016 | 1.183 |
| | Lack of Information | .22 | .114 | 3.866 | 1 | .049 | 1.251 |
| | Negative Culture | .16 | .078 | 4.651 | 1 | .031 | 1.183 |
| | Constant | -30.751 | 11.237 | 7.489 | 1 | .006 | .000 |

a.  Variable(s) entered on step 1: Lack of Necessity, Lack of safety, Lack of Information, Negative Culture.

The results of Logistic analysis as shown in Table 4 indicated that lack of information by 0.22 was the most important reason why students did not visit a counseling centre. The second important reasons, at 0.16, were students' negative culture and feeling lack of safety. Lack of necessity to visit a counselor at 0.15, was the third important reason among the participants of the study.

### 3. Discussion

The findings of this study showed that although mental health problems existed among students, the students have no desire to visit counsellors and counselling centres. There are various reasons behind their reluctance (Garvey et al., 2008; Kabir, Iliyasu, & Aliyu, 2004; Rickwood, Deane, & Wilson, 2007; Rickwood, Deane, Wilson, & Ciarrochi, 2005; C. Wilson, Deane, Biro, & Ciarrochi, 2003; C. J. Wilson, Rickwood, Ciarrochi, & Deane, 2002). The results of this study indicated

that lack of information such as being unaware that there was a counselling centre on campus, not knowing the location of the counselling centre, and not having information about the facilities they have and the services they provide are the significant reasons behind students' nonchalance and visitation rate. Coralie J Wilson, et al., (2003) confirm that not having enough information about counselling services was a barrier to making contact with counselling centres.

Different cultures have different perceptions

of counselling. Negative perceptions towards counselling lead to low rate of visits. Therefore, the culture background of international students plays an important role in the low number of clients in UTM counselling centre. Based on D. Rickwood et al., (2005), people's belief about counselling affect their willingness to meet counsellors. Since, international students are from different cultures and countries, they have different attitudes and people's attitude plays an important role in determining help seeking behaviour (Alavi & Shafeq, 2011; B. Kim & Omizo, 2003; P. Y. Kim & Park, 2009).

The findings of this study show that the participants, based on their cultural background, were not interested in counselling. The third important factor behind the respondents' unwillingness to see a counsellor was lack of trust. Previous studies showed that the most common reason behind an unwillingness to seek professional help relates to the counsellors' secrecy and the clients feel that their problems must remain confidential (Rickwood et al., 2005; The World Health Organisation).

## 4. Conclusion

Students who have no desire to visit counselors and counseling centres face more psychological problems than those who do. Not visiting counselors can cause serious psychological problems and loss of function in personal, academic and other areas of life. Therefore, it is important that counseling centres remove the barriers and work to prevent the aforementioned problems. Negative attitude toward counseling and use of psychological services seemed to an obstacle in the counseling field. Thus, reforming the belief system is considered very important.

In addition to the efforts that counselors should make, students, teachers, coordinators, administrators, and student affair centres must cooperate to reshape students' negative attitudes toward counseling. Lecturers play important role in this regard, because they are in unique relationship with students and they can promote the students' wellbeing and mental health. As the research finding indicates, 'lack of necessity' and 'safety issues' are other barriers to make use of counseling services. In this regard professional mental health services need to change students' mind-set and develop a trysting feeling. By using psychoeducation, professional psychologists can educate and help students in need of mental health services.

Counseling centre takes step to increase awareness among international students about existence, location and services that is offered by the counseling centre. Further, counseling centre has take step to have international counselors to work at counseling centre, with this step counseling centre hope more internationals will come because of same culture with counselors and trust.

In order to increase the trust of international students, they have let known about the credential of their counselors. If this credential is let known their trust easily will increase.

However, people from different culture and religious background have different attitudes toward counseling and mental health services and also different help seeking behaviors. This it is suggested to future researches to address demographic information of different groups more specifically. Addressing age, gender and nationality are determinate factors to know about a person's attitude and decision about counseling. Furthermore, it is suggested to future researches to use longitudinal studies with psychoeducation to increase the willingness to seek counseling services. This type of study can show how effective an educational model is over time. Also, experimental approaches can be effective in determining how changeable attitudes are towards professional psychology and counseling are and what can be used to maintain them.

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