

Beyond Language and Culture: A Qualitative Exploration of Mental Health Barriers for Chinese International Students Seeking Therapy in the U.S.

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This qualitative study explores the experiences and attitudes of Chinese international students in the U.S. towards psychotherapy, with an emphasis on identifying potential barriers and facilitators to their mental health treatment. Data were drawn from individual experiences of undergraduate and graduate Chinese international students who had engaged in therapy in the U.S. A grounded theory approach was employed to dissect these experiences and assess their attitudes towards psychotherapy. The grounded theory identified several themes from the students' therapeutic experiences such as: the inconsequential role of language barriers, the significant yet not prohibitive impact of cultural differences, the critical role of health insurance, the influence of therapists' professional demeanor, and the correlation between mental health knowledge and attitudes towards therapy. Interestingly, the study also unveiled an emergent theme concerning professional boundaries within therapy. These findings suggest that while language and cultural differences might not be direct obstacles to therapy, factors such as therapists' backgrounds and attitudes, insurance coverage, and accessibility can pose substantial challenges to Chinese international students seeking mental health treatment. Importantly, a heightened level of mental health knowledge was associated with more positive attitudes towards therapy. As a culmination of these findings, we formulated a triadic model emphasizing cultural understanding within the therapeutic setting, service accessibility, and mental health knowledge as key influences on the psychotherapy experiences of Chinese international students.

Keywords: psychotherapy barriers, attitudes towards treatment, mental health knowledge, Chinese international students, grounded theory

International students are individuals who enroll in educational institutions outside their country of origin (Altbach & Knight, 2007). The United States continues to be a top destination for international students, hosting 914,095 in the 2020-2021 academic year according to the Institute of International Education's Open Doors 2021 Report. Chinese students constitute the largest cohort among these, making up 34.7 percent of the total international student. Given their sizable representation, Chinese international students (CIS) bring with them unique cultural, academic, and personal experiences, creating a diverse landscape within U.S. educational institutions. Consequently, this significant demographic necessitates in-depth understanding and focus from educators and researchers, especially in addressing the unique challenges faced by this group of students.

CIS face significant mental health challenges. A recent report revealed that nearly half of these students experience moderate stress, depression, and anxiety. Shockingly, 70% have never sought mental health services. Furthermore, 40% primarily resort to emotional suppression as a coping mechanism, and one-third report having had suicidal thoughts. Of those contemplating suicide, merely 40% have reached out for mental health support. The Covid-19 pandemic intensified these problems: 60% noted a decline in their psychological health,

and 20% faced challenges accessing mental health services (The White Paper on Mental Health, 2020).

Despite the evident need for mental health support, existing research has not adequately explored the unique challenges CIS encounter when seeking mental health treatment in the U.S. Gaining insight into these barriers is critical to devise effective interventions and strategies to support their mental well-being. This study seeks to answer: What barriers do CIS face accessing and using psychotherapy services in the U.S., and how do these barriers influence their attitudes toward mental health treatment?

A comprehensive meta-analysis conducted by Jing et al. (2020) assimilates data from 3,685 pertinent journal articles published between 1900 and 2018, providing invaluable insights into the global landscape of international student studies. This extensive body of work enriches our understanding of the demographic central to our current investigation. The marked increase in articles since 2006 underscores a growing research interest in international students. Key topics covered in these articles include second-language acquisition, cultural difference and stigma, and mental health knowledge. These factors dovetail with the challenges that CIS frequently face when studying in the U.S. Not only do these barriers shape their experience as international students, but they also have potential ramifications on their

mental health. This intricate relationship further influences their attitudes towards, and engagement with, mental health treatment in a foreign setting.

Second-language Acquisition

While proficiency in the English language is often viewed as a key factor in international students' adjustment to both life and education in the U.S. (Alharbi & Smith, 2018; Park et al., 2016), many CIS still grapple with self-doubt regarding their linguistic capabilities. This persists even after they have demonstrated English fluency through various language tests for college admission. For example, in a focus group study, Chinese international graduate students identified English proficiency as a significant issue despite researchers' observations that the students expressed themselves effectively in English (Swagler & Ellis, 2003). Notably, O'Reilly et al. (2010) found that engaging with university's mental health service—which involves in-depth English conversations with a psychologist or healthcare professionals—could facilitate international students' adjustment. This finding emphasizes the dual role of second-language acquisition: facilitating not only academic and social adjustment but also accessing mental health care.

Cultural Difference and Stigma

Cultural practices between China and the U.S. are often seen as opposites on a cultural continuum, implying a maximum level of cultural distance (Hofstede, 2011; Samovar & Porter, 1997). Consequently, CIS are at a heightened risk for psychological issues (Lian & Wallace, 2018).

Hofstede's cultural framework underscores the disparities between Chinese and Western cultural norms, pointing out how these differences might shape the perspectives of CIS towards psychotherapy (Juneja, 2015). China is characterized by a large power distance, reflecting a societal structure that considerably values authority. This factor could shape how CIS perceive and interact with mental health professionals, who are often regarded as authority figures. The collectivist nature of Chinese society might also prompt students to prioritize group harmony over individual mental health issues, potentially discouraging them from seeking help (Juneja, 2015). While there are similarities between China and Western societies in terms of gender equality, China's high uncertainty avoidance index indicates a preference for adhering societal norms and expectations (Wang, 2021). This tendency might defer

CIS from seeking therapy, as it can be seen as a departure from traditional values. Lastly, the long-term orientation intrinsic to Chinese culture, characterized by a focus on future outcomes, perseverance, and respect for tradition, could further impact their perceptions of therapy, making them potentially more hesitant to seek help for mental health challenges (Juneja, 2015).

In Chinese culture, mental illnesses are often linked to personality flaws, moral deficiencies, genetic anomalies, or retribution for misconduct (Shi et al., 2020). This perspective contrasts with Western views where mental illnesses are often seen as temporarily linked to challenging life events (Li et al., 2014). These contrasting belief systems between U.S. and Chinese cultures influence attitudes towards mental health help-seeking behaviors. While Western beliefs tend to promote a favorable view of mental health services, traditional Asian beliefs may deter such behaviors (Chen & Mak, 2008). Chinese cultural values, such as valuing emotional restraint, evading shame, and upholding one's reputation, could make self-disclosure and emotional expression—central to American therapeutic approaches—more challenging (Shea & Yeh, 2008). Furthermore, De Vaus et al. (2017) highlight that cultural disparities between Eastern and Western societies influence the strategies used to manage negative emotions.

The notable underuse of therapy services by CIS, despite a clear psychological need, can be attributed to cultural factors. Lu et al. (2013) posit that these students often perceive seeking mental health support as a potential source of shame and loss of esteem, especially if their engagement with such services becomes known among peers. This fear of humiliation decreases their likelihood of holding positive attitudes towards seeking help (Chen et al., 2014; Yakunina, 2011), using mental health services (Li et al., 2016), initiating discussions about personal issues (Chen & Mak, 2008), or conveying personal emotions to mental health professionals (Mak & Chen, 2006). Numerous studies emphasize that stigma linked to mental issues plays a significant role in influencing help-seeking behaviors across diverse samples (Corrigan et al., 2014; Vogel et al., 2017). As a result, it's vital to implement programs tailored to Chinese cultural perspectives on emotional distress and mental well-being (Lian et al., 2020).

Mental Health Knowledge

Mesidor and Sly (2016) found that a student's perception of available resources plays a significant role

in their intention to seek mental health services. Several studies have noted that the level of mental health awareness and knowledge about available help-seeking options within the university student community, especially among international students, is less than optimal (Lu et al., 2013; Raunic & Xenos, 2008; Shea & Yeh, 2008). Ensuring that international students are both knowledgeable about and comfortable with accessing these services is paramount (Chen et al., 2020). Institutions of higher education must proactively educate international students about the advantages of counseling services (Onabule & Boes, 2013). Yet, there is limited research investigating the determinants that influence international students' awareness of these services. This gap is noteworthy, given the crucial impact that the availability and accessibility of on-campus mental health services have on shaping students' help-seeking intentions and behaviors (Lian et al., 2020).

Study Aims

The goal of this study was to investigate the experiences, perceptions, and attitudes of CIS toward mental health, mental health treatment, and stigma in the U.S. The study aimed to answer the following questions: (1) What are the barriers CIS encounter throughout the treatment process? (2) To what extent do language or cultural differences present obstacles during treatment? (3) How can we enhance their attitudes toward mental health treatment and improve psychotherapy integration for second-language speakers?

Given the reluctance of CIS in seeking mental health help and their suboptimal utilization of such services (Lian et al., 2020), it is imperative to continuously address their mental health needs. Limited awareness about mental health and available resources within the university community might exacerbate existing psychological challenges. This study emphasizes the significance of addressing communication barriers, Chinese cultural attitudes, beliefs, and strategies to elevate mental health services awareness. By examining the factors influencing the therapy experience of CIS, this research aims to address their perceived barriers to psychotherapy and foster a more accommodating approach to utilizing mental health services.

Method

The present research adopted a qualitative design, utilizing semi-structured interviews to explore the psychotherapy experiences of CIS studying at

U.S. universities. Participants included undergraduate and graduate individuals who were at least 18 years old, born and raised in China, currently studying full-time in the U.S. on an F-1 student visa as international students. These individuals had engaged in at least one psychotherapy session with a non-Chinese therapist while pursuing their education in the U.S. These individuals were reached out to through a coordinated effort between the research team and international student offices at randomly selected universities across the U.S. The international student offices facilitated the recruitment process by forwarding the recruitment email to their respective listservs of international students. The study obtained approval from Adelphi University's Institutional Review Board, with all participants provided written informed consent prior to enrollment in the study.

In the initial phase, participants were drawn from respondents to an electronic survey investigating their basic demographic details and The Mental Health Knowledge Schedule (MAKS). The MAKS is designed to assess knowledge in mental health, encompassing six stigma-related areas: help-seeking, recognition, support, employment, treatment, and recovery. Additionally, it includes six items pertaining to knowledge of mental health conditions. The MAKS uses an ordinal scale from 1 to 5 for scoring. A "Agree Strongly" with a correct statement yields a score of 5, while a "Disagree Strongly" receives a score of 1. "Don't know" responses are neutrally scored as 3. Notably, items 6, 8, and 12 are reverse-coded. The scale has an overall test-retest reliability of 0.71, as indicated by Lin's concordance statistic. Item retest reliability varies between 0.57 to 0.87, suggesting moderate to significant agreement over time. For items 1 to 6, the internal consistency, reflected by a Cronbach's α of 0.65, is moderate (Evans-Lacko et al., 2010). Sample MAKS items include: "Most people with mental health problems seek paid employment" and "Most people with mental health issues consult a healthcare professional". Given its focus, MAKS is particularly apt for our study, aiding in understanding the mental health perceptions of college students, with an emphasis on CIS.

This survey also contained an invitation for a Zoom interview, with participants providing contact details and available schedules. Eligible participants were approached via the email provided to schedule Zoom interviews. A total of

nine individuals participated in the interviews.

The interview guide was centered around the participants' mental health treatment experiences and attitudes. The participants were first asked to recall their past psychotherapy experiences. The following questions were aimed at eliciting their views on the effectiveness of treatment, perceived barriers during treatment, the impact of language and cultural differences, the necessity of psychotherapy, and future psychotherapy intentions. All interviews were conducted in Mandarin Chinese, the participants' native language, ensuring an open and comfortable space for expression.

The interviews were conducted by two research assistants (RAs) who were master-level graduate students from a psychology program. Both RAs identified as Chinese international students and were bilingual, with Mandarin Chinese as their first language and fluent English proficiency. They received rigorous training in conducting semi-structured interviews. All interviews were conducted in Mandarin Chinese, recorded (with participants' consent), anonymized, and transcribed verbatim in Chinese. To preserve the accuracy of participants' narratives, the translated English transcripts were prepared only after all coding had been completed, ensuring a faithful representation of the original Mandarin Chinese responses. Upon transcription, the original recordings were deleted.

In the analysis of our qualitative data for this study, we employed the grounded theory methodology. Grounded theory is a systematic qualitative research methodology that emphasizes generating theory from data (Glaser, 1965). We initiated our analysis process with open coding. This phase involved carefully reading the interview transcripts and assigning distinct codes to data segments representing unique concepts (Charmaz, 2006). We then proceeded with axial coding, where we sought relationships between the identified open codes, grouping them into categories based on these connections (Corbin & Strauss, 2008). For instance, if several codes related to various aspects of "language barriers" were identified during the open coding (e.g., 'misunderstanding concepts', 'difficulty expressing emotions in second language', 'struggle with cultural translation'), these could be grouped into a broader category titled "Language and Communication Challenges". This allowed us to organize themes or categories and understand their interrelationships. The subsequent stage of selective

coding involved refining these categories into a theoretical framework. We identified a core category, and all other categories were related to this central theme (Glaser, 2017). Throughout the coding process, we consistently wrote memos capturing emerging ideas, potential hypotheses, and connections (Tie et al., 2019). Finally, theory development was the last stage, which culminated in an explanatory framework accounting for the identified patterns in the experiences of CIS accessing mental health services (Glaser, 2017).

It's noteworthy to mention that our analysis process was iterative. Insights gained during selective coding often necessitated a return to the data for further open or axial coding. We also employed the constant comparative method throughout the process, continuously comparing new data with prior data and codes to refine our categories (Glaser, 1965). By employing grounded theory, we ensured that our analysis was thorough, and our findings were truly reflective of our participants' experiences, thus generating a theory that is grounded in our data.

Data coding was conducted by a team of 10 RAs under the supervision of the principal investigator. Each of the RAs is a master's student currently enrolled in a U.S. psychology program, with a shared background of being CIS. This distinctive profile—native Mandarin Chinese speakers who are fluent in English, holding at least 6 years of education in the U.S., and possessing specific training in the field of psychology—equipped them with the ability to connect with the experiences of the participants on a deeper level. This shared cultural perspective facilitated their understanding and interpretation of the data, enabling them to capture subtleties that may be otherwise overlooked, and thus contributing crucial depth to the analysis.

To ensure the reliability of our coding, we utilized the concept of inter-rater reliability. Each transcript was independently coded by two RAs, and any discrepancies in their assigned codes or identified themes were resolved through discussion until consensus was reached. If necessary, the principal investigator would intervene to provide a final judgment. This rigorous process ensured that the resulting codes, categories, and themes accurately represented the participants' experiences and perspectives while minimizing potential individual biases.

Further, the principal investigator of this study was an international student from China and spent

a decade studying psychology in the U.S., bringing an essential insider perspective to the research. This shared cultural and educational background with the study participants allows for a profound understanding of their experiences, enabling nuanced interpretation of the data. The researcher's advanced psychological training further complements this cultural lens, providing robust analytical capabilities and comprehension of the psychological processes in play. Nevertheless, the shared experiences of the principal investigator and RAs as CIS in the U.S. also pose a potential for bias, as prior experiences and cultural backgrounds might influence the interpretation of the findings. To manage potential bias, reflexivity was practiced throughout the research process. This involved weekly team meetings in which the researchers reflected on and discussed their thoughts, reactions, and potential biases that might have arisen during interviews and coding. It is through this continuous self-examination that we aimed to preserve the integrity of the research and maintain a balanced and objective perspective on the participants' experiences.

Results

The following description of themes combines and summarizes answers from all interviews. Table 1 provides the demographic details of the participants involved in this study. Out of the nine participants, seven were female, highlighting a significant gender skew in the sample. Age ranged between 18 to 30 years, with a majority falling within the 18-22 and 23-26 age brackets. In terms of socioeconomic status (SES), scores varied from five to seven on our scale. The students hailed from diverse locations, though there was a higher representation from New York. As for their academic details, four were graduate students while the rest were either college seniors or freshmen. The primary academic majors were psychology and social science, though biology and education were also represented. Lastly, the duration of their stay in the U.S. varied, with most having spent between two to nine years, and one participant having spent over nine years in the U.S. All participants in this study identified as Han Chinese, the dominant ethnic group in China, and their preferred language was Mandarin Chinese without any regional dialects. The participants in our study sought psychotherapy primarily due to distressing events they encountered while studying in the U.S. These experi-

ences, such as ending a romantic relationship, having conflicts with friends, or facing issues with family communication, caused feelings of depression, stress, and anxiety, which prompted their search for professional help. The therapeutic journey for all participants began within their respective university counseling centers. This set the stage for their interaction with an array of therapists, ranging from full-time professionals to interns and externs working at these centers. While these therapists had diverse ethnic and cultural backgrounds, none identified as Asian/Chinese or fluent in any Chinese language. The lack of Chinese-speaking therapists provided a unique opportunity to delve into the cultural dynamics and potential language barriers within the therapeutic context. Some participants chose to expand their mental health treatment into community resources for ongoing treatment.

Language Barrier Dissolution

Our findings suggested that language, despite not being their native tongue, did not constitute a barrier during psychotherapy for most participants. Communication between participants and their therapists, none of whom were conversant in any Chinese dialect, transpired entirely in English. This implies that mutual comprehension between client and therapist can potentially neutralize the language impediments in the treatment process:

"I don't think language is not a barrier. I think it's actually okay. I can tell my own experience in English."

"I did not perceive any language barriers. I can understand the therapist and the therapist can understand what I was talking about."

"In terms of language, I think it's okay. I came to America at a very young age and since then I use English for all communication. Sometimes I feel hard to express myself clearly in English, but no major communications barriers. I think it is not a big problem in psychotherapy."

"Language is not a big problem, because I have been in the United States for a long time, and now our department has no other Chinese students beside me, and there are no Chinese speakers around. Friends around me, they all speak English, I have no issues with speaking English with my therapist."

We propose that these findings may be influenced by the participants' length of residency in the U.S., a factor that could affect their language proficiency and comfort in communicating in English. Notably, all

participants in this study had resided in the U.S. for at least two years before their participation. This tenure, coupled with their academic engagement, likely necessitated substantial English language use, fostering their fluency and comfort in communication. Consequently, most participants expressed comfort and relative ease in English-mediated communication, indicating a reduced perception of language as a barrier in their psychotherapy sessions. Such findings lead us to hypothesize a potential correlation between the duration of U.S. residency and the perception of language barriers in psychotherapy. Specifically, it is plausible that a longer period of residency, and hence greater immersion in an English-speaking environment, may diminish perceived language barriers in psychotherapy. This hypothesis necessitates further exploration in future studies with larger and more diverse sample sizes.

Importance of Therapist's Characteristics in Therapy Selection and Perception

Our findings highlighted that the participants prioritized certain factors such as the therapist's therapeutic orientation, cultural background, and gender when choosing their therapists and evaluating their therapeutic experiences:

"I can't seem to work with a CBT oriented therapist. I might prefer other orientations. I think it is very important to see which orientation the therapist uses. I know which ones are suitable for me and which ones are not suitable for me."

"CBT...is more biased...I am less focused, and I am more resistant to this therapy. And then I didn't stick to it at all."

"I want an Asian therapist, someone with an oriental background. I think a therapist with the same cultural background is more useful in terms of the treatment."

"We talked about visas, and then the policy and so on. At that time, it was more difficult to talk to American therapists, they don't know much about this aspect. Ummmm, there are limitations. I prefer someone from relevant to my culture."

"Because I was more inclined to choose a female therapist at the time. And I was more inclined to find such therapists who were more experienced in psychodynamics."

"The communication feels a little bit safer with the male therapist, which is what he might have been able to do..."

Based on our participants' experiences, the char-

acteristics of therapists, specifically therapeutic orientation, cultural background, and gender, substantially impacted their experience within psychotherapy. These factors shaped how they perceived their therapeutic relationship and, in turn, influenced their overall satisfaction and progress within the treatment.

While participants in this study expressed a preference for therapeutic orientations distinct from CBT, it is essential to recognize that efficacy of psychotherapy is not limited to a single orientation. Research has shown that both psychodynamic and CBT approaches, among others, have proven effectiveness in various settings (Driessen, 2013; Julien & Connor, 2016). The expressed preference in this study does not undermine the potential effectiveness of CBT or any other orientation. Instead, it emphasizes that therapeutic orientation is a significant factor in these participants' therapy experience and satisfaction levels. It is important to understand that the synergy between therapist and client is integral to therapeutic effectiveness. Within this synergy, aspects like therapeutic orientation, understanding of cultural backgrounds, and even therapist's gender play a role. Therefore, these findings should not be interpreted as a general statement about the superiority or inferiority of particular therapeutic orientations, but rather as an emphasis on the significance of individual alignment in psychotherapy.

Cultural Difference: A Significant Factor, not a Barrier

Our participants largely did not perceive cultural differences as an impediment to their therapy process. Instead, they recognized it as an influential element within their therapeutic experiences. Most participants reported that having a therapist from a similar cultural background could potentially enhance the treatment experience, but they did not consider a different cultural background as an obstacle negatively impacting therapy outcome.

"Cultural differences are not a barrier, because the topic itself is not a relatively cultural specific topic."

"Although the therapist is not Chinese, they still understand what I said about discrimination."

Interestingly, some participants believed that cultural diversity within the therapeutic relationship could potentially yield more positive outcomes. They appreciated the unique perspectives that therapists of different cultural backgrounds could provide.

"Because my psychologist is an American, and they

know the American school system very well, they also gave me a lot of useful advice. Different cultures are sometimes a good thing.”

“He (the therapist) has a unique world view that was not an Eastern or traditional Chinese view, but I felt that he could understand more of me.”

These observations illustrate the nuanced role that cultural differences can assume in the therapeutic relationship. The findings suggest that therapists’ cultural congruity with their clients might foster a deeper, immediate understanding of clients’ culturally specific, thus potentially facilitating rapport building and therapeutic alliance.

Our findings also highlight that cultural differences, rather than serving as an obstacle, can enrich the therapeutic process. The intersection of diverse cultural backgrounds between the therapists and the clients can foster a milieu of exchange, introducing unique viewpoints, fresh insights, and broadened perspectives. Moreover, these cultural differences can offer clients the chance to assimilate new coping techniques not common in their native culture, bolstering their adaptability and resilience. Such results emphasize the imperative for therapists to exhibit cultural sensitivity, skillfully harnessing these differences to further therapeutic goals.

School Counseling Services: Time Limitations and Focus Concerns

Participants shared mixed feelings about their experiences with school-provided counseling services. A recurring concern revolved around the limited number of sessions offered by these services.

“There is a limit to the sessions that the school offering for each quarter. You can only see a therapist for a couple of times, which cannot be done for a long-term treatment.”

“I am less interested in the school provided counseling services due to time restrictions of the sessions. I hope the schedule can be more flexible. Most of the time there are only one therapist available.”

“But at that time, the school’s... emm... the support for students’ mental health was not very strong.”

Furthermore, some participants expressed concern about what they perceived to be a disproportionate focus on suicide prevention during therapy sessions:

“I feel that the therapists from our school only care about the suicidal prevention rather than what I really want to talk about during the session.”

“I personally feel that ‘thoughts to hurt others’ or ‘suicidal thoughts’ are key points during the sessions. I think because the school must focus on this.”

These findings highlight potential challenges within school-provided counseling services, which could significantly influence students’ therapeutic journeys and eventual outcomes. Limiting the number of therapy sessions, for example, might not fully accommodate students needing extended treatment, leading to inadequately care or unachieved therapeutic goals. While the emphasis on certain topics such as suicide prevention is essential, there is a risk of sidelining or diminishing mental health concerns that students want to discuss. Such perceptions can cause students to feel misinterpreted or overlooked, potentially affecting the therapeutic alliance. This could result in students feeling dissuaded from seeking help or continuing their therapy, thereby limiting the effectiveness of such services.

Health Insurance: A Key Player in Psychotherapy Access and Continuity

Participants unanimously emphasized the pivotal role of health insurance in their therapeutic experiences, highlighting its influence in their choices and decisions at various stages of therapy. This indicates the relevance of financial aspects when accessing mental health services, affecting both the selection of the therapist and the continuity of treatment.

“The one therapist I chose at the time was largely influenced by my insurance... Our insurance was too limited, so there was not much room for me to choose..... The first three months where I didn’t have insurance, so I had to stop it (the previous treatment).”

“Insurance. They (the therapists) must take my insurance.”

“I still want to try it (psychotherapy), but of course if it doesn’t takes my insurance, I’d rather not go if I need to pay for the sessions.”

These statements bring attention to the significant impact of health insurance coverage on accessibility to psychotherapy for CIS. Clearly, the scope of insurance coverage can influence therapist selection, possibly limiting the therapeutic options accessible to students. Moreover, the extent of insurance coverage can decide the treatment’s continuity, with a lack of coverage posing a financial burden that may lead to interrupted or discontinued therapy. The fact that all participants mentioned health insurance indicates its crucial role in their psychotherapy journey,

suggesting a broader systemic issue at play. Access to affordable mental health services is a major concern, highlighting the need for policies and practices that address these financial barriers. This might involve increasing the mental health coverage provided by insurance companies, making therapy more affordable, or exploring alternative funding options that can help CIS maintain continuity in their treatment.

Therapist's Professional Boundaries

The theme of 'Therapist's Professional Boundaries' emerged in an unexpected way through our participants' accounts of their previous therapy experiences. Several of them shared instances where they perceived their therapists' behavior as unprofessional, ultimately leading to the termination of treatment.

"My therapist may not be very on time for the sessions, he is always may be 10 minutes late., but he will apologize every time."

"He (the therapist) will eat in the middle of my session, and he will drink coffee. Coffee is fine because it's like water. But I noticed he will also eat oatmeal. Oatmeal is... is like very solid food. I was surprised at the time, but I didn't say much."

"One time after I left, I forgot to take my backpack, and then I came back...my therapist was crying... and talking to other colleague because she (the therapist) thinks I treat her like an emotional trash can...Oh, I heard this accidentally...I felt embarrassed, really...I never went to any therapy after that...It feels wrong."

These incidents underscore the importance of therapists maintaining professional boundaries during therapy sessions. An infringement of these boundaries can significantly affect clients' trust, therapeutic experience, and willingness to continue treatment.

Limited Accessibility to Therapy

While all participants initially sought treatment through their respective school counseling centers—services that they accessed free of charge—their narratives painted a picture of the considerable challenges they faced as international students in accessing therapeutic services beyond these initial provisions. Furthermore, although some participants were able to continue their therapy—either via referral to community resources from their schools or through their insurance—the process was not straightforward for all.

"I discontinued the sessions because the semester was almost over. They (the school) said that it is possible to come back and continue in the second year. But it never

does."

"Yes, I thought about finding a therapist outside of the school, but it is hard to find. It was inconvenient because I do not have a car."

"School counselling is useful and inspiring for future search for psychotherapy. I want to find someone outside the school through insurance. But I do not know how to do it... and I do not think my insurance support it?"

These narratives emphasize the need to enhance the accessibility and support structures for CIS when they seek and continue therapeutic services beyond initial school counseling. The lack of easy access, as well as potential service fees, could adversely affect their mental health and overall well-being. These insights accentuate the critical role universities and related institutions play in addressing this issue to better support their international student population.

Knowledge of Mental Health Enhances Treatment Attitudes

The MAKS is designed to gauge a person's understanding of mental health conditions and awareness of related stigmas (Evans-Lacko et al., 2010). According to Evans-Lacko's work, these higher scores signify a more informed understanding of mental health, potentially including the nature of mental health conditions, recognition of symptoms, and understanding of appropriate treatments and coping strategies. Participants with higher MAKS scores exhibit a greater degree of knowledge and awareness about mental health issues. Table 2 reflects participants' MAKS scores and attitudes toward mental health treatment.

In our study, participants with higher MAKS scores generally expressed more favorable attitudes toward mental health treatment. Their responses reflected a better understanding of the therapeutic process, a greater openness to seeking and continuing therapy, and a more nuanced perspective on its potential benefits and challenges. These attitudes may stem from their higher level of mental health literacy, suggesting that knowledge can enhance individuals' attitudes towards mental health treatment, making it more likely that they seek help and engage actively in their own therapeutic process. This finding underscores the potential benefits of mental health education programs for students. By increasing students' knowledge about mental health, we may enhance their perceptions of therapy, encourage help-seeking

behavior, and ultimately improve their mental health outcomes. Further research is needed to confirm these findings and explore the most effective ways to increase mental health literacy among students.

Building on these findings, our subsequent analysis and synthesis of the data revealed a more comprehensive framework that encompassed the broader determinants influencing CIS' perception and engagement with psychotherapy. This led us to the formulation of a triadic model, which we introduce and unpack in the discussion.

Discussion

Utilizing grounded theory, our study culminated in the formulation of a triadic model titled "Cultural Understanding, Accessibility, and Mental Health Knowledge: Key Influences on Chinese International Students' Perception and Engagement in Psychotherapy." This conceptual model proposes that the triad of cultural understanding within the therapeutic setting, service accessibility, and knowledge about mental health collectively shape the psychotherapy experiences of CIS. The various themes that emerged from our analysis find resonance within this theoretical structure.

Our findings challenge traditional assumptions about cultural differences being a barrier in therapy (Leong & Kalibatseva, 2011). A recent comprehensive literature review demonstrates how culture influences mental health care in multifaceted ways, often posing considerable barriers to effective treatment (Ahad, 2023). However, the perspectives shared by our CIS participants offer an alternative viewpoint. Rather than seeing cultural differences as a barrier in therapy, they viewed them as influential *factors* that can be either beneficial or detrimental, depending on the issues addressed in sessions.

It is vital to differentiate between the notions of "barrier" and "factor" in this context. According to the American Psychological Association, a "barrier" restricts, impedes, or obstructs progress or the attainment of a goal. In contrast, a "factor" influences an outcome or holds a causal relationship with a phenomenon or event. In psychotherapy, while a "barrier" negatively impacts treatment progress or outcomes, a "factor" can be either adverse or beneficial.

This revelation aligns with the principles of Culturally Responsive Therapy (CRT), which posits that cultural differences can be harnessed as assets rather

than barriers in the therapeutic process (Asnaani & Hofmann, 2012). CRT and similar approaches in multicultural therapy emphasize the significance of understanding, respecting, and integrating clients' cultural backgrounds into the therapeutic framework (Zigarelli et al., 2016). By doing so, therapists can foster a stronger alliance with clients and pave the way for more meaningful therapeutic outcomes (Lee, 2010). Recent studies further highlight the potential of cultural differences as tools for deeper understanding and richer, tailored psychotherapy experiences (Barnett & Bivings, 2002). Hence, while some view cultural differences as challenges (Edge & Lemetyinen, 2019), our findings underscore their potential as valuable tools for therapeutic transformation.

Building on the cultural understanding dimension, our participants stressed the importance of various therapist characteristics during their assessment of therapeutic experiences. These characteristics included cultural background, gender, and therapeutic orientation. A preference for non-Cognitive Behavioral Therapy (CBT) was identified in our study. This reflects a trend identified by Huang and Kirsner (2020), wherein modern Chinese individuals demonstrate an increasing openness towards psychoanalysis and psychodynamic psychotherapy as potential solutions to psychological difficulties and internal conflicts. Furthermore, our study found that students with a more sophisticated understanding of mental health treatments exhibited a preference for specific therapist genders and therapeutic orientations, a finding that aligns with prior research (Blow et al., 2008). This deepens our understanding of cultural sensitivity in the context of mental health services, highlighting its importance in fostering therapeutic relationships and facilitating meaningful treatment experiences for CIS.

Interestingly, language was not perceived as a barrier in psychotherapy for international students, a finding that contrasts with Karp and Vögele's (2016) assertion that language significantly impacts the practice and success of psychological interventions. Our participants felt capable of expressing themselves adequately and of understanding their therapists in English. In instances where they lacked the appropriate English words to express their feelings, they found alternate ways to communicate their emotions and thoughts. This contrasts sharply with several studies that emphasize the efficacy of conducting

MENTAL HEALTH BARRIERS FOR CHINESE INTERNATIONAL STUDENTS

psychotherapy in a patient's dominant language to access deeper cognitive processes (Cofresi & Gorman, 2004; Marrero et al., 2002; Shamsi et al., 2020).

However, this finding might be significantly influenced by several factors, including language development, the age at which international students arrived in the U.S., their duration of stay, and English proficiency. A prior linguistic study suggested that second language grammar-learning ability is optimally retained until approximately 17.4 years of age, after which it steadily declines (Hartshorne et al., 2018). In our study, we lack specific data on the age at which participants were exposed to a native English-speaking environment and other linguistic context details. Various factors could shape these outcomes, highlighting the need for a broader, potentially quantitative, study in future investigations.

The second crucial component of the triad shaping CIS' psychotherapy experiences is accessibility. This theme is underpinned by three sub-themes: the role of school counseling services, limited accessibility to therapy, and health insurance. According to the 2019 Annual Survey conducted by the Association for University and College Counseling Center Directors (AUCCCD), approximately 90% of counseling center directors reported a rise in students seeking services, with about 44% of college counseling centers adding staff in response (Leviness et al., 2019). College counseling centers, as primary mental health resources, are often the first point of contact for international students seeking mental health support (Lipson et al., 2022). In our study, participants identified two main concerns with school counseling center (SCC) services: (1) schools providing a limited number of sessions for international students, which could lead to suboptimal treatment outcome, and (2) a perceived overemphasis on suicide prevention in the interventions of SCCs.

Addressing the first concern regarding the optimal number of therapy sessions, a review of literature reveals varied findings on the optimal number of sessions for psychotherapy outcomes. Some studies suggest a minimum of 20 sessions are necessary for students to exhibit noticeable change (Hansen, 2002), while others indicate that bi-weekly sessions are more effective than weekly ones (Cuijpers et al., 2013). Certain research posits that the duration of psychotherapy has minimal correlation with its outcome (King, 2015). Given these varied findings, the impact

of therapy duration, intensity, and session count on both treatment outcomes and therapeutic experiences is multifaceted (De Geest & Meganck, 2019).

Most participants from our study felt the limited sessions provided by their SCC adversely impacted their therapeutic experience. However, data from the AUCCCD (2019) reveals that 54.4% of SCCs do not impose session limits on students, and 36.7% have flexible limits. Further correlational investigations are needed to fully understand the number of sessions provided by the SCC and the therapy experiences of international students.

Several participants expressed criticism regarding the second point of concern, a perceived overemphasis on suicide prevention within the interventions of SCCs. They felt that the SCCs overly focused on suicide prevention, often overshadowing their specific concerns and issues. It's essential to note the limitations of our study, as our sample size may not be sufficient to provide a definitive conclusion on this matter. However, considering the gravity of the issue, the emphasis may not be misplaced. A study by Drum et al. (2009) shows that over a 12-month period, 69% of undergraduates and 63% of graduate students reported considering suicide more than once, with a substantial number formulating specific plans or gathering materials for suicide. Research indicates that risk management strategies employed by SCCs can significantly reduce the incidence of suicide within educational settings (Paschall & Bersamin, 2018). Thus, it is crucial that SCCs maintain a vigilant focus on potential suicidal ideation, balancing this concern with addressing the diverse mental health needs of the student population.

When SCCs are unable to meet students' needs, they often turn to external resources. Due to the high costs associated with psychotherapy, most participants opted to find therapists through their health insurance (Cummings, 2015). However, this approach elicited concerns among international students, as many are unfamiliar with navigating U.S. insurance systems. As such, the onus lies with the school's mental health department to educate students about the importance of mental health and the accessibility of services both on and off campus. The development of initiatives aimed at increasing international students' understanding of available resources within their community could prove highly beneficial. Research indicates that increased accessibility to mental health

treatment promotes greater participation in mental health interventions and encourages self-help behaviors (Lattie et al., 2022). Potential interventions could include public seminars, informational outreach sessions, comprehensive resources on school websites, and the distribution of informational brochures.

In discussing the third element of the triad, mental health knowledge, we observed two clear connections: a distinct link between higher mental health knowledge and more favorable attitudes towards therapy, as well as a similar connection with attitudes towards psychotropic medication. The participants' understanding and perceptions of mental health significantly shaped their attitudes towards therapeutic interventions. It became evident that a deeper knowledge about mental health can profoundly influence an individual's attitude towards and engagement with therapeutic services and treatments.

Prior research, including a survey on CIS by Lu et al. (2013), indicates that common barriers to seeking professional mental health treatment are multifaceted including: limited knowledge of available mental health services, lack of recognition of psychological distress symptoms, and underestimation of their severity. This finding was echoed in a study by Forbes-Mewett and Sawyer (2016), revealing that international students, due to unfamiliarity with western therapeutic approaches, limited access to local medical systems and facilities (Cheng, 2020), and insufficient knowledge about available services (Skromanis et al., 2018), were less likely to use mental health services compared to their domestic peers. Our findings align with this pre-existing research. Higher mental health knowledge in our study population was associated with more positive attitudes towards mental health treatment. Students majoring in psychology or those with a greater understanding of mental health reported better experiences with the treatment process and exhibited more positive attitudes towards therapy options. These results not only offer valuable empirical evidence for clinicians working with CIS but also inspire us to consider integrating psychoeducation within and prior to the treatment process. Such an integration could potentially foster improved attitudes towards mental health treatment.

The unexpected emergence of a theme related to therapists' professional boundaries presents an intriguing dimension for future exploration and could

potentially be integrated into our grounded theory with further research. Professional boundaries are fundamental to conducting therapy, significantly influencing students' treatment experiences and attitudes toward psychotherapy (Wilmots et al., 2019). Many of our participants reported instances where they perceived their therapists as unprofessional during sessions, citing behaviors such as eating during the session, leaving the door open, answering phone calls, and being overheard when discussing the client's case. While our findings might be skewed due to the limited sample size, it raises interesting questions. For example, do these situations arise due to underlying factors? Would different student populations experience the same issues? Does the nature of the session, whether remote or in-person, impact these incidents? Future research with larger sample sizes is warranted to address these intriguing questions.

To conclude, this grounded theory highlights the interplay between three factors and how they influence the psychotherapy experience for CISs. It emphasizes the need for cultural sensitivity, accessibility, and mental health education in creating a supportive and beneficial therapeutic environment for this population.

Clinical and Research Implications

Based on the findings of our current study, there are several strategies and recommendations to enhance therapeutic engagement with CIS in treatment. Grounded in our research findings, the following clinical implications are proposed:

1) **Cultural Acknowledgement:** Therapists should recognize the significance of a student's cultural background. Establishing a therapeutic alliance may be facilitated when therapists share a similar cultural background with the student. Rather than viewing cultural differences as barriers, therapists can see them as opportunities to better understand and connect with students.

2) **Language Considerations:** If mutual understanding exists between the student and therapist, language barriers may not necessarily hinder the treatment process.

3) **Educational Empowerment:** Encourage students to acquire additional knowledge about mental health through educational resources. This understanding can enhance their engagement in therapy.

4) **Extended Mental Health Care:** Many international students require more extensive mental health

care than what school counseling centers currently offer. Providing additional resources or referrals might bridge this gap.

5) Professionalism and Compassion: Therapists should offer care that extends beyond suicide prevention and always maintain professional boundaries. Conducts, such as eating during the session or leaving the door open, can impact student's therapy experience negatively.

This study serves as a small-scale exploratory qualitative investigation. To establish the generalizability of these findings, larger-scale quantitative studies will be necessary. As attitudes are known to shift over time based on experiences, future research could benefit from employing a longitudinal approach. This study underscores the potential utility of pre-therapy psychoeducation interventions to improve treatment outcomes and empower school counseling centers to cater to more students with mental health needs. Administratively, furnishing additional information about available mental health resources could potentially benefit the international student population. Further investigation into the institutional barriers obstructing Chinese international students from accessing needed mental health support could prove insightful, providing opportunities for improvements in both governmental and institutional educational policies. Future researchers might consider conducting a randomized controlled trial to examine the efficacy of combining psychoeducation with therapy for international students. Such a strategy could potentially enhance treatment outcomes and enable school counseling centers to accommodate more students requiring mental health support. Additional studies could further explore the accessibility of mental health resources for international students and identify the institutional-level hurdles preventing them from availing mental health support. Addressing these challenges could provide valuable insights for improving the mental health outcomes of international students.

Strengths and Limitations

Our study might face limitations due to its sample size and potential sampling bias. Those who volunteered might have had predominantly positive experiences with psychotherapy, making them more inclined to participate and share their insights. Such individuals might also be naturally more expressive and perhaps face fewer challenges when accessing psy-

chotherapy services, thus skewing the data towards positive experiences. Additionally, the gender imbalance in our sample due to a significant majority being female, further compounds this bias. This disparity could have influenced the results as male perspectives and experiences might be underrepresented. However, we mitigated these limitations by reaching out to as many schools as possible across the U.S., thereby including participants from diverse regions of the country. There is a risk to the validity of the findings if participants were not entirely candid in their responses. To counter this, we employed strategies like allowing participants to use preferred names and ensuring them of the anonymity of their data, reducing the inclination to provide socially desirable answers. During the interviews, we conversed with the participants in their native language to ensure their comfort in expressing their thoughts, experiences, and attitudes fully. Our coders, fluent in both Chinese and English, ensured a smooth and accurate translation and coding process.

Our study contributes to the currently sparse qualitative research focusing on the psychotherapy process, filling a significant gap. The qualitative approach also enhances the flexibility of our research, allowing participants to provide greater detail and depth to our findings, as well as contributing unique perspectives.

References

- Ahad, A. A., Sanchez-Gonzalez, M. A., & Junquera, P. (2023). Understanding and addressing mental health stigma across cultures for improving psychiatric care: a narrative review. *Cureus*. <https://doi.org/10.7759/cureus.39549>
- Alharbi, E. S., & Smith, A. (2018). Review of the literature on stress and wellbeing of international students in English-speaking countries. *International Education Studies*, *11*(6), 22. <https://doi.org/10.5539/ies.v11n6p22>
- Altbach, P. G., & Knight, J. (2007). The internationalization of higher education: motivations and realities. *Journal of Studies in International Education*, *11*(3-4), 290-305. <https://doi.org/10.1177/1028315307303542>
- Asnaani, A., & Hofmann, S. (2012). Collaboration in multicultural therapy: Establishing a strong therapeutic alliance across cultural lines. *Journal of Clinical Psychology*, *68*(2), 187-197. <https://doi.org/10.1002/jclp.21829>

- Barnett JE & Bivings (2002). Culturally sensitive treatment and ethical practice. American Psychological Association Divisions. Division 31: State, Provincial and Territorial Psychological Association Affairs.
- Blow, A. J., Timm, T. M., & Cox, R. B. (2008). The role of the therapist in therapeutic change: Does therapist gender matter? *Journal of Feminist Family Therapy, 20*(1), 66–86. <https://doi.org/10.1080/0895280801907150>
- Charmaz K. (2006). Constructing grounded theory: a practical guide through qualitative analysis. *CiNii Books*. <http://ci.nii.ac.jp/ncid/BA79601482>
- Chen, H., Akpanudo, U., & Hasler, E. (2020). How do Chinese international students view seeking mental health services? *Journal of International Students, 10*(2), 286–305. <https://doi.org/10.32674/jis.v10i2.765>
- Chen, H., Fang, X., Liu, C., Hu, W., Lan, J., & Deng, L. (2014). Associations among the number of mental health problems, stigma, and seeking help from psychological services: A path analysis model among Chinese adolescents. *Children and Youth Services Review, 44*, 356–362. <https://doi.org/10.1016/j.childyouth.2014.07.003>
- Chen, S. X., & Mak, W. W. S. (2008). Seeking professional help: Etiology beliefs about mental illness across cultures. *Journal of Counseling Psychology, 55*(4), 442–450. <https://doi.org/10.1037/a0012898>
- Cheng, R. (2020). Higher ed institutions aren't supporting international students enough during the COVID-19 crisis (opinion). Inside Higher Ed | *Higher Education News, Events and Jobs*. <https://www.insidehighered.com/views/2020/03/19/higher-ed-institutions-arent-supporting-international-students-enough-during-covid>
- Cofresí, N. I., & Gorman, A. A. (2004). Testing and assessment issues with Spanish-English bilingual Latinos. *Journal of Counseling and Development, 82*(1), 99–106. <https://doi.org/10.1002/j.1556-6678.2004.tb00290.x>
- Corbin, J., & Strauss, A. L. (2008). Basics of Qualitative Research (3rd ed.): Techniques and Procedures for Developing Grounded Theory. *SAGE Publications*. <https://doi.org/10.4135/9781452230153>
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, 15*(2), 37–70. <https://doi.org/10.1177/1529100614531398>
- Cuijpers, P., Huibers, M. J., Ebert, D. D., Koole, S. L., & Andersson, G. (2013). How much psychotherapy is needed to treat depression? A meta-regression analysis. *Journal of Affective Disorders, 149*(1–3), 1–13. <https://doi.org/10.1016/j.jad.2013.02.030>
- Cummings, J. R. (2015). Rates of psychiatrists' participation in health insurance networks. *JAMA, 313*(2), 190. <https://doi.org/10.1001/jama.2014.12472>
- De Geest, R. M., & Meganck, R. (2019). How do time limits affect our psychotherapies? A literature review. *Psychologica Belgica, 59*(1), 206–226. <https://doi.org/10.5334/pb.475>
- De Vaus, J. E., Hornsey, M. J., Kuppens, P., & Bastian, B. (2017). Exploring the East-West divide in prevalence of affective Disorder: a case for cultural differences in coping with negative emotion. *Personality and Social Psychology Review, 22*(3), 285–304. <https://doi.org/10.1177/1088868317736222>
- Driessen, E., Van, H. L., Don, F. J., Peen, J., Kool, S., Westra, D., Hendriksen, M., Schoevers, R. A., Cuijpers, P., Twisk, J. W., & Dekker, J. J. (2013). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial. *The American journal of psychiatry, 170*(9), 1041–1050. <https://doi.org/10.1176/appi.ajp.2013.12070899>
- Drum, D. J., Brownson, C., Denmark, A. B., & Smith, S. J. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice, 40*(3), 213–222. <https://doi.org/10.1037/a0014465>
- Edge, D., & Lemetyinen, H. (2019). Psychology across cultures: Challenges and opportunities. *British Journal of Medical Psychology, 92*(2), 261–276. <https://doi.org/10.1111/papt.12229>
- Forbes-Mewett, H., & Sawyer, A. (2016). International Students and Mental health. *Journal of International Students, 6*(3), 661–677. <https://doi.org/10.32674/jis.v6i3.348>
- Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2010). Development and psychometric properties of the mental health knowledge schedule. *The Canadian Journal of Psychiatry, 55*(7), 440–448. <https://doi.org/10.1177/070674371005500707>

- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social Problems*, 12(4), 436–445. <https://doi.org/10.2307/798843>
- Glaser, B. G. (2017). The discovery of grounded theory. In *Routledge eBooks*. <https://doi.org/10.4324/9780203793206>
- Hartshorne, J. K., Tenenbaum, J. B., & Pinker, S. (2018). A critical period for second language acquisition: Evidence from 2/3 million English speakers. *Cognition*, 177, 263–277. <https://doi.org/10.1016/j.cognition.2018.04.007>
- Hansen, N. B. (2002). The Psychotherapy Dose-Response Effect and its implications for treatment delivery services. *Clinical Psychology-science and Practice*, 9(3), 329–343. <https://doi.org/10.1093/clipsy/9.3.329>
- Hofstede, G. (2011). Dimensionalizing Cultures: The Hofstede Model in context. *Online Readings in Psychology and Culture*, 2(1). <https://doi.org/10.9707/2307-0919.1014>
- Huang, H., & Kirsner, D. (2020). The history of psychoanalysis in China. *Psychoanalytic Inquiry*, 40(1), 3–15. <https://doi.org/10.1080/07351690.2020.1690876>
- IIE - Institute of International Education. (2023, February 1). Fall 2017 International Student Enrollment Hot Topics Survey | IIE - *The Power of International Education*. IIE - the Power of International Education. <https://www.iie.org/Research-and-Insights/Publications/Fall-2017-International-Student-Enrollment-Hot-Topics-Survey>
- IIE Open Doors. (2022, November 14). *International Students - IIE Open doors*. IIE Open Doors / International Students. <https://opendoorsdata.org/annual-release/international-students/>
- Jing, X., Ghosh, R., Sun, Z., & Liu, Q. (2020). Mapping global research related to international students: a scientometric review. *Higher Education*, 80(3), 415–433. <https://doi.org/10.1007/s10734-019-00489-y>
- Julien, D., & Connor, K. O. (2016). Comparing treatment efficacy of Cognitive-Behavior Therapy and short-term dynamic psychotherapy in high-quality studies: a systematic review and effect size approach. *Journal of Psychology & Clinical Psychiatry*, 5(4). <https://doi.org/10.15406/jpcpy.2016.05.00293>
- Juneja, P. (2015). *Hofstede's cultural framework as applied to China*. <https://www.managementstudy-guide.com/hofstedes-cultural-framework-as-applied-to-china.htm>
- Karp, M., & Vögele, C. (2016). Does anyone still understand me? Psychotherapy and multilingualism. *Verhaltenstherapie*, 26(3), 156–157. <https://doi.org/10.1159/000448818>
- King, M. J. (2015). Duration of psychotherapy has little association with outcome. *British Journal of Psychiatry*, 207(2), 93–94. <https://doi.org/10.1192/bjp.bp.114.160978>
- Lattie, E. G., Stiles-Shields, C., & Graham, A. K. (2022). An overview of and recommendations for more accessible digital mental health services. *Nature Reviews Psychology*, 1(2), 87–100. <https://doi.org/10.1038/s44159-021-00003-1>
- Lee, E. (2010). Revisioning cultural competencies in clinical social work practice. *Families in Society: The Journal of Contemporary Social Services*, 91(3), 272–279. <https://doi.org/10.1606/1044-3894.4005>
- Leong, F. T., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum: the Dana Forum on Brain Science*, 2011, 5.
- Leviness, P., Gorman, K., Braun, L., Koenig, L., & Bershad, C. (2019). *The Association for University and College Counseling Center Directors Annual Survey: 2019*. Association for University and College Counseling Center Directions. <https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf>
- Li, J., Marbley, A. F., Bradley, L. J., & Lan, W. Y. (2016). Attitudes toward seeking professional counseling services among Chinese international students: Acculturation, ethnic identity, and English proficiency. *Journal of Multicultural Counseling and Development*, 44(1), 65–76. <https://doi.org/10.1002/jmcd.12037>
- Li, S., Hatzidimitriadou, E., & Psinos, M. (2014). “Tangled wires in the head”: older migrant Chinese’s perception of mental illness in Britain. *Journal of Aging Studies*, 30, 73–86. <https://doi.org/10.1016/j.jaging.2014.04.001>
- Lian, Z., & Wallace, B. C. (2018). Prevalence of past-year mental disorders and its correlates among Chinese international students in US higher education. *Journal of American College Health*, 68(2), 176–184. <https://doi.org/10.1080/07448481.2018.1538147>

- Lian, Z., Wallace, B. C., & Fullilove, R. E. (2020). Mental health help-seeking intentions among Chinese international students in the U.S. higher education system: The role of coping self-efficacy, social support, and stigma for seeking psychological help. *Asian American Journal of Psychology, 11*(3), 147–157. <https://doi.org/10.1037/aap0000183>
- Lipson, S. K., Zhou, S., Abelson, S., Heinze, J. E., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021. *Journal of Affective Disorders, 306*, 138–147. <https://doi.org/10.1016/j.jad.2022.03.038>
- Lu, S. H., Dear, B. F., Johnston, L., Wootton, B. M., & Titov, N. (2013). An internet survey of emotional health, treatment seeking and barriers to accessing mental health treatment among Chinese-speaking international students in Australia. *Counselling Psychology Quarterly, 27*(1), 96–108. <https://doi.org/10.1080/09515070.2013.824408>
- Mak, W. W. S., & Chen, S. X. (2006). Face concern: Its role on stress–distress relationships among Chinese Americans. *Personality and Individual Differences, 41*(1), 143–153. <https://doi.org/10.1016/j.paid.2005.12.016>
- Marrero, M. Z., Golden, C. J., & Espe-Pfeifer, P. (2002). Bilingualism, brain injury, and recovery. *Clinical Psychology Review, 22*(3), 463–478. [https://doi.org/10.1016/s0272-7358\(01\)00109-x](https://doi.org/10.1016/s0272-7358(01)00109-x)
- Mesidor, J. K., & Sly, K. (2016). Factors that contribute to the adjustment of international students. *Journal of International Students, 6*(1), 262–282. <https://doi.org/10.32674/jis.v6i1.569>
- Onabule, A. I., & Boes, S. R. (2013). International students' likelihood to seek counseling while studying abroad. *Journal of International Students, 3*(1), 1–11. <https://doi.org/10.32674/jis.v3i1.518>
- O'Reilly, A., Ryan, D., & Hickey, T. (2010). The psychological well-being and sociocultural adaptation of short-term international students in Ireland. *Journal of College Student Development, 51*(5), 584–598. <https://doi.org/10.1353/csd.2010.0011>
- Park, H., Lee, M., Choi, G., & Zepernick, J. (2016). Challenges and coping strategies of East Asian graduate students in the United States. *International Social Work, 60*(3), 733–749. <https://doi.org/10.1177/0020872816655864>
- Paschall, M. J., & Bersamin, M. (2018). School-based health centers, depression, and suicide risk among adolescents. *American Journal of Preventive Medicine, 54*(1), 44–50. <https://doi.org/10.1016/j.amepre.2017.08.022>
- Raunic, A., & Xenos, S. (2008). University Counseling Service utilisation by local and international students and user characteristics: a review. *International Journal for the Advancement of Counseling, 30*(4), 262–267. <https://doi.org/10.1007/s10447-008-9062-0>
- Samovar, L. A., & Porter, R. E. (1997). *Intercultural communication: A Reader*.
- Shamsi, H. A., Almutairi, A. G., Mashrafi, S. A., & Kalbani, T. A. (2020). Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal, 35*(2), e122. <https://doi.org/10.5001/omj.2020.40>
- Shea, M., & Yeh, C. J. (2008). Asian American students' cultural values, stigma, and relational self-construal: correlates of attitudes toward professional help seeking. *Journal of Mental Health Counseling, 30*(2), 157–172. <https://doi.org/10.17744/me-hc.30.2.g662g5l2r1352198>
- Shi, W., Shen, Z., Wang, S., & Hall, B. J. (2020). Barriers to professional mental health help-seeking among Chinese adults: a systematic review. *Frontiers in psychiatry, 11*, 442. <https://doi.org/10.3389/fpsy-2020.00442>
- Skromanis, S., Cooling, N., Rodgers, B., Purton, T., Fan, S., Bridgman, H., Harris, K. M., Presser, J., & Mond, J. (2018). Health and well-being of international university students, and comparison with domestic students, in Tasmania, Australia. *International Journal of Environmental Research and Public Health, 15*(6), 1147. <https://doi.org/10.3390/ijerph15061147>
- Swagler, M., & Ellis, M. A. (2003). Crossing the distance: Adjustment of Taiwanese graduate students in the United States. *Journal of Counseling Psychology, 50*(4), 420–437. <https://doi.org/10.1037/0022-0167.50.4.420>
- The White Paper on Mental Health*. (n.d.). Weixin Official Accounts Platform. https://mp.weixin.qq.com/s/6pqHA75wlkgAZL7XSAVK_g
- Tie, Y. C., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *Sage Open Medicine, 7*, 205031211882292.

- <https://doi.org/10.1177/2050312118822927>
- Vogel, D. L., Strass, H. A., Heath, P. J., Al-Darmaki, F. R., Armstrong, P., Baptista, M. N., Brenner, R. E., Gonçalves, M., Lannin, D. G., Liao, H., Mackenzie, C. S., Mak, W. W. S., Rubin, M. A., Topkaya, N., Wade, N. G., Wang, Y., & Zlati, A. (2017). Stigma of seeking psychological Services: Examining college students across ten countries/regions. *The Counseling Psychologist, 45*(2), 170–192. <https://doi.org/10.1177/0011000016671411>
- Wang, X. (2021). The role of perceived susceptibility and collectivist values in support for using social distancing to prevent COVID-19 in the United States. *Journal of Prevention and Health Promotion, 2*(2), 268–293. <https://doi.org/10.1177/26320770211015434>
- Wilmots, E., Midgley, N., Thackeray, L., Reynolds, S., & Loades, M. (2019). The therapeutic relationship in Cognitive Behaviour Therapy with depressed adolescents: A qualitative study of good-outcome cases. *British Journal of Medical Psychology, 93*(2), 276–291. <https://doi.org/10.1111/papt.12232>
- Yakunina, E. S. (2011). Asian international students' intentions to seek counseling: Integrating cognitive and cultural predictors. *Asian American Journal of Psychology, 2*(3), 219–224. <https://doi.org/10.1037/a0024821>
- Zigarelli, J. C., Jones, J. M., Palomino, C. I., & Kawamura, R. (2016). Culturally responsive Cognitive Behavioral therapy. *Clinical Case Studies, 15*(6), 427–442. <https://doi.org/10.1177/1534650116664984>

Table 1*Participants' Demographic Data*

Demographic characteristic							
	Gender	Age	SES	Location	Education	Major	Year in US
1	Female	18-22	5	Indiana	College Senior	Social Science	2
2	Female	23-26	6	New York	Graduate	Psychology	9
3	Female	18-22	7	California	College Senior	Psychology	3
4	Female	27-30	6	Texas	Graduate	Psychology	9+
5	Others	18-22	7	New York	College Senior	Biology	6
6	Male	23-26	6	N/A	Graduate	Education	7
7	Female	18-22	7	New York	College Freshman	Psychology	5
8	Female	23-26	6	Wisconsin	Graduate	Biology	7
9	Female	23-26	6	New York	Graduate	Social Science	6

MENTAL HEALTH BARRIERS FOR CHINESE INTERNATIONAL STUDENTS

Table 2

Participants' MAKS Scores and Attitudes toward Mental Health Treatment

The Mental Health Knowledge Schedule (MAKS)		
Participant	MAKS	Attitude (response)
1	43	“I personally I am...doubtful of therapy or the power of therapy...I have not experience therapy for longer term, so might be biased, but I don't know how effective therapy is.”
2	40	“When I first started it...emm...it varies from person to person. So it is possible that this therapist is not helpful to me...”
3	42	“I will try therapy in the future... I am also interested in doing more therapy with more flexible schedule.”
4	53	“So I actually experience with doing therapy both remote and in person, so therapy is a good experience for me...they still have a good influence on me...there is a therapist with such knowledge and understanding and give me perspective to understand and have a better understanding of yourself.”
5	50	“I find it's very helpful. I think therapy also works as a preventive role.”
6	36	“That is, I actually didn't feel particularly comfortable during therapy...It was difficult for me to accept (therapist) analysis or opinions.”
7	42	“This process is slow...(therapy) is a long process. I don't know if it will be helpful or not.”
8	50	“I think (therapy) is very helpful, because I myself have also taken psychology classes... I think this is very helpful.”
9	51	“I feel that the therapy is useful...I feel that the therapist can understood me a little bit better when connecting our background together. I am looking for a long-term therapist now.”