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Contents

Addressing Mental Health Issues of International Students at University Sains Malaysia: An Inquiry for Social Work Policy and Practice

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Abstract

In comparison with similar age groups in the general population, students who are studying in universities are more at risk of having mental health problems. Surprisingly, several studies reveal that international students are highly affected by mental health issues than their local counterparts. Seemingly, it is more related to their decision to study overseas that might present them several challenges, including mental health issues. Malaysian universities host a substantial number of international students but the issue of international students' mental health lack substantial attention there. The current research applying a mixed method, aims to address the mental health issues of newly registered international students at Universiti Sains Malaysia. In-depth discussion on the study findings' implications for practice, policy, and research for social work profession will be addressed in this research paper.

Keywords: International Students; Mental Health; Anxiety; Depression; Social Dysfunction.

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Introduction

In 2008, there were more than three million and three hundred thousand international students all over the world (OECD, 2010). More than 40% of international students chose to study in the US with 19%, while 21% of students were in France, Germany and Australia with 7% for each. Further, large numbers of international students were studying in Japan, Italy, Canada and Russia (OECD, 2010). International students are considered as a valuable income source for these countries, for example, the US and Australia gain about $19bn and $14bn for the UK (NAFSA, 2010; Phillimore & Koshy, 2010; UK Council for International Student Affairs, 2010).

Moreover, international students are not only valuable economically, but also they contribute in the community by sharing their culture and their different point of views, which will increase cultural consciousness and appreciation (Bevis, 2002; Harrison, 2002). International students bring with them extensive knowledge and skillfulness in several majors, which will have a significant contribution to the intellectual capital for the country where they study, which will also have a significant positive impact on work force. While, both, international students and the host country will share benefits as the latter will have more assets and the students will have their education, several factors will affect acculturation for international students; acculturation is the outcome of two or more different culture when they contact each other (Berry, 2005). Several possible challenges could happen to international students when they move to another country for study (e.g. acculturative stress) and adjustment problems (Sam & Berry, 2006). In this regard, some literatures have previously investigated a collection of stressors which international students could meet (Andrade, 2006; Chen, 1999; Mori, 2000).

International Students in Malaysia

All over the world, the higher education is developing with pace. In Malaysia, the number of universities is increasing which provide several new majors and courses, hence, accept more students either locally or from aboard every year. Mohamed Khaled Nordin, Malaysia's Minister of Higher Education illustrated that "We are in a global world and Malaysia wants to be a global player. We need to share knowledge and need collaboration worldwide. So, our role is to produce the type of graduate that can fit into all these things" (Oxford, 2010).

Malaysia witnesses an increase in the number of students from all over the world, which shows a significant role the country plays in education and knowledge sharing. By 2010, there were more than 90,000 international students in higher learning institutions of Malaysia. This number is increasing (Abdullah, 2009; Yusliza, 2010; Yusliza, & Chelliah, 2010). The majority of international students coming there are from Middle East, South East Asia, South Asia, and Africa. Some students also come from Europe.

Malaysian universities consider a mix of English and Malaysian language, Bahasa Malaya for education. However, English is the main medium for international students, specifically, for students in high education. The Malaysian government supports varieties in culture through internationalization. This can be noticeable through inbound and outbound mobility programs in universities. International students, expatriate, worker, and visitors play a notable role in building networks (social,

political, and economic) between other countries and Malaysia. At the same time, this observable fact creates new subcultures (Mahmud, Amat, Rahman, & Ishak, 2010).

Several studies have been conducted to discuss challenges the international students face in Malaysia. Alavi and Mansor (2011) classified some difficult troubles among international students at Universiti Teknologi Malaysia (e.g. social and recreational problems as well as curriculum and method of teaching problems).

Another study concentrated on the adjustment of international students in Malaysia, and the factors that play a role in this issue. A study by Yusoff and Chelliah (2010) demonstrated that the demographic factors such gender, material status, age, and the duration of residency all play a role in adjustment. Further, English proficiency, social support, and personal variables also have a major impact on international students' adjustment with new conditions. In this study, language was found to be a major factor of adjustment. Poor English and Malay language also cause difficulties for adjustment progression (Chen, 1999; Lin & Yi, 1997; Tseng & Newton, 2002). In Malaysian culture, locals use straight expressions that might be misunderstood as a kind of unfriendliness, so this might cause a degree of social isolation. Further, international students often complained about humidity, however, adjusting to new weather is something the students have to get used to it (Alavi & Mansor, 2011).

Sumer, Poyrazli and Grahame (2007) argue that some universities provide sufficient support and help for international students for better adjustment. International students in Malaysia have a positive point of view toward the facilities and services in universities, pointing that Malaysia is doing very well on this issue. However, most international students agree that they are facing with caring issues such as lack of cleanliness in hostels, unpredictable bus schedules, primary medical services at the university health centers, and the lack of English usage on signage and documents.

International Students and Mental Health Issues

In general, the life of international students is not far from challenges other students face with. Due to the transitional nature of students' life, they are exposed to stressors. They should adapt to the ongoing demands on the world and also should make the decision for some issues like job, family, religion, friends, and lifestyle (Yeh & Inose, 2003). Loneliness, independent decision, carrying duties alone, dealing with financial issues, social activities apart from families, changing in relationships, finding new friends, and changing in eating and sleeping habits will be associated with different effects which in turn influence the students' mental health (Samari, Lalifaz, & Askari, 2006). The majority of university students are young and consequently they are faced with problems. Compared with the same age students, university entrants are more exposed to the stressors. Between those, girls experience stress more than boys, so they are more at the risk of mental health issue as well as suicide (Izadinia, Amiri, Jahromi, & Hamidi, 2010).

Since college years represent a transition to adulthood, untreated mental illness may have remarkable implications for academic success (Kessler, Foster, Saunders, & Stang, 1995), productivity (Wang et al., 2007), substance use (Angst, 1998; Weitzman, 2004) and social relationships (Hunt & Eisenberg, 2010). In addition, some studies related to international students' problem showed that

they face some kind of mental health issues more than other students (Alavi & Mansor, 2011; Altbach, 1991; Khosravi, Azman, Mustafa Ayasreh, & Khosravi, 2018). Several Studies pointed that the adjustment with the culture of the host country is very hard and stressful (Choi, 1997; Khosravi et al., 2018; Mori, 2000; Sam, 2001; Sandefur & Laumann, 1998; Stewart-Brown et al., 2000; Tseng & Newton, 2002). These stresses are largely from adjustment-related acculturative issue. International students have to adjust themselves with new culture and new education and social environment. After almost thirty years of reviewing, Church (1982) found that international students faced with "language difficulties, financial problems, adjusting to a new educational system, homesickness, adjusting to social customs and norms, and for some students, racial discrimination" (p. 544).

Same goes for Lin and Yi (1997) who pointed to some problems peculiar for international students such as education difficulties due to English language, the different education system, financial pressures, psychosocial stress caused by new customs and social norms and changes in one's support system, personal troubles, and the intrapersonal troubles due to the process of acculturation and adjustment. Moreover, Mori (2000) mentioned five different exceptional sources of stress faced by international students: language, academic, interpersonal, financial, and intrapersonal problems.

Several studies pointed that entering an unfamiliar environment and adjusting to a new environment needs changes that might lead to being worry, confused, depressed, and subsequently facing with mental health issues (Choi, 1997; Lee, Koeske, and Sales, 2004; Lin & Yi, 1997; Oh, Koeske, & Sales, 2002; Ozer, 2015; Sümer, Poyrazli,& Grahame, 2008).

Budianto (2012) in a study of 277 Chinese international students and the relationship between their acculturative stress, subjective well-being and friendship, using structural equation model demonstrated that while the quality of long distance friendship had positive impact on subjective well-being, the quality of friendship with American students had negative impact on their subjective well-being and surprisingly increased their acculturative stress. There was no significant association between the quality of co-ethnic friendship and the subjective well-being or acculturative stress. Because of the validity problems of the instrument used for measuring the friendship quantity, they could not make any conclusion for this variable.

In a systematic review of 64 studies published between 1990 to 2006 on predictors of international students' psychosocial adjustment, Zhang and Goodson (2011) summarized that the most frequently reported predictors included social support, stress, region/country of origin, English language proficiency, gender, personality, acculturation, social interaction with Americans, length of residence in the US, and self-efficacy.

Another study by Forbes-Mewett and Sawyer (2011) regarding the factors that contribute to the mental health problem of international students in Australia revealed that there are three main factors that trigger the strains and stresses experienced by these students. These are: experiencing the new educational system, the new and wide variety of practical skills and knowledge needed to handle living in Australia, and their propensity to postpone the professional help regarding their mental health problems.

Cetinkaya-Yildiz et al. (2011) studied the predictors of psychological distress among three hundred thirty four international students in Turkey. Using the multiple regression analysis, the findings revealed that factors such as integration to social life in Turkey, life satisfaction, length of stay, and Turkish language proficiency are associated with the level of international students' psychological distress. As they concluded that personal factors and individual characteristics contribute to psychological distress, there is an urgent need for programs in their home country to prepare them for life abroad.

Although the aforementioned literature focuses on the causes of mental health problems, they lack to clearly show the prevalence of mental health issues among international students. The current study therefore aims to cover this issue by focusing on the prevalence of mental health problem among international students at USM.

Methodology

A mixed-method was employed in order to collect and analyze the data. In order to collect the quantitative data, a self-administered General Health Questionnaire 28 (GHQ-28) was administrated with sixty newly registered international students who were recruited through a convenience sampling. In choosing this sample, three inclusion criteria were followed. The inclusion criteria included international students who: (a) arrived in Malaysia less than one year; (b) studying in the main campus of USM; and (c) willing to participate in the study.

In collecting the qualitative data, 30 of the 60 selected samples who were willing to participate, assigned to the 3 focus group discussions (FGDs), in which participants specifically raised the mental health issues of newly registered international students.

Both of the quantitative and qualitative data were analyzed using the Statistical Packages for Social Sciences (SPSS) Version 21 and NVivo 10 software programs, respectively. Descriptive statistics and content analysis were applied to analyze the quantitative and qualitative, respectively.

General Health Questionnaire

The GHQ-28 was used in this study to analyze the mental health. The GHQ has been extensively used in different studies around the world (Ebrahimi, Afshar, Doost, Mousavi, & Moolavi, 2012; Goldberg, Lehman, & Rollins, 2003; Jackson, 2007; Maniam, 1996; Quek, Low, Razack, & Loh, 2001) to assess the mental health status particularly in finding the emotional disorders such as distress. From the time when Goldberg introduced the GHQ in 1978, it has been translated into thirty eight different languages, a testament to check the validity and reliability of the questionnaire (Jackson, 2007). The 28- item GHQ was derived from the original 60-item version by factor analysis (Goldberg & Hillier, 1979). The advantages of using the short item of GHQ include the short completing time, additional information being provided by the four subscales, and similar reliability and validity compare with longer version. The GHQ-28 contains four 7-item subscales. These include: somatic symptoms, anxiety/insomnia, social dysfunction and severe depression (Goldberg & Hiller, 1979).

Each item in the GHQ-28 inquires about the latest experience of a particular symptom and 50% of the items are offered positively (agreement indicates non-attendance of symptoms). Another 50% are offered negatively (agreement indicates existence of

symptoms). The four subscales each containing seven items are as follows:

    A- somatic symptoms (Items 1-7)
    B- anxiety/insomnia (Items 8-14)
    C- social dysfunction (Items 15-21)
    D- severe depression (Items 22-28)

For every item, there are 4 probable answers on hand (0-not at all, 1-no more than usual, 2-rather more than usual, 3-much more than usual). In the current research, the Likert scoring procedure (0, 1, 2, and 3) was applied where the total scale score ranges from 0 to 84. The higher score of mental health test showed the poorer mental health of the participants. The Likert scoring method was used in the scoring the GHQ for the objective of this study.

In the current study, a cut-off score of 47.6 was used to define cases and non cases for presenting symptoms of psychological distress. Due to limited research on the prevalence of mental health among international students, the mean score was used as a guide for threshold. According to Goldberg, Oldehinkel, and Ormel (1998), the mean score found in an exploratory study will provide a guide to the best threshold. Also Willmott, Boardman, Henshaw, and Jones (2004) stated that the median score was the optimal threshold in settings where specifity and sensetivity are unknown.

Focus Group Discussion

In order to conduct the focus group disscutions, all 30 participants were randomly assigned in 3 groups, each with 10 person. The discussions were related to mental health issues the international students face with when they are moved to a new country. There was no force for participants to attend to the discussions. They were fully informed that all disscussed issues will be kept confidencial and will be reveal in the stduy anonymously. All the statements of participants were transfered to NVivo10 software program developed by QSR International Pty Ltd. The software does not analyze the researchers; it just makes the analysis more accurate and trustworthy. After importing the statements, researchers created a node for each question and gathered all responses in it. This allowed them to have an easy access and reading all the way through the collected data.

The analysis began by coding themes; initial themes (nodes) were set according to the main research questions, literature review, and a theoretical framework. The initial themes were refined based on the first reading of the collected material. Thereafter, the responses for every question were re-tested, examined, and coded according to the initial themes, with extra themes added upon the need. The coding brought several new patterns (child-nodes), which showed the significance of some themes over others. These themes give various stages of the research phenomenon. Addition, the researchers used the query stage in NVivo by using text search query that allows them to look for contexts in which certain concepts invoked most often. The word frequency query reveals words and concepts the respondents refer most often. Based on the new composition of nodes and their perceived significance, further analysis and reorganization of nodes were required.

Findings
Quantitative Findings
The descriptive findings highlighted that 43.3% of participants met the criteria for having psychological distress. Among the subscale of mental health, severe depression (51.7%) was found to be more prevalent among the participants, followed by somatic symptoms (48.3%), social dysfunction (48.3%), and anxiety (43.3%) (see Table 1).

Table 1. Frequency and Percentage of Psychological Distress among Participants		
	Low	High
	Frequency (%)	Frequency (%)
Total Mental Health	26 (43.3%)	34 (56.7%)
Somatic Symptoms	29 (48.3%)	31 (51.7%)
Anxiety/Insomnia	26 (43.3%)	34 (56.7%)
Social Dysfunction	29 (48.3%)	31 (51.7%)
Severe Depression	31 (51.7%)	29 (43.3%)

Table 2 shows that 48.3% of male participants reported a low level of mental health. Among the Female participants 38.7% reported a low level of mental health.

Table 2. Frequency and Percentage of Psychological Distress among Participants by Gender			
Gender	N	Low	High
		Frequency (%)	Frequency (%)
Male	29 (48.3%)	14 (48.3%)	15 (51.7%)
Female	31 (51.7%)	12 (38.7%)	19 (61.3%)

Table 3 shows the frequency and percentage of psychological distress among participants by age. The findings revealed that among participants with different age, 50% of the participants with the age range of 30 to 49 years old reported the low level of mental health.

Table 3. Frequency and Percentage of Psychological Distress among Participants by Age			
Age	N	Low	High
		Frequency (%)	Frequency (%)
18-29 years old	31	12 (38.7%)	19 (61.3%)
30-49 years old	28	14 (50%)	14 (50%)
50-64 years old	1	0 (0%)	1 (100%)
65 years old	0	0 (0%)	0 (0%)

Table 4 reveals that among the participants those who were living in Malaysia for 1 to 3 months had the low level of mental health (71.4%). At the same time the participants who were living in Malaysia for 4 to 7 months had the high level of mental health.

Table 4. Frequency and Percentage of Psychological Distress among Participants by Long Living in Malaysia			
Long Living	N	Low	High
		Frequency (%)	Frequency (%)
For 1-3 Month	7	5 (71.4%)	2 (28.6%)
For 4-7 Month	34	13 (38.2%)	21 (61.8%)
For 8-11 Month	19	8 (42.1%)	11 (57.9%)

Additional findings revealed that participants who were living in hostel (69.2%), and single participants (57.7%) were more prone to psychological distress as compared to other participants.

Qualitative Findings

Three major themes that emerged are namely depression, anxiety, unable in controlling stress and emotions, social dysfunction, and health issues.

Depression

Depression appeared as the issue that was most talked about in the focus group. The symptoms of depression that were seen as challenges among participants were lack of energy, feeling of helplessness, and anger and irritability. Below are some of the statements of participants in this regard.

Lack of energy

"*Sometimes I have feeling that I am out of energy to do my daily careers without any physical problem*".

"*Before I used to do so many things in one day but now I feel so weak. Might this is the reason that I am not so much motivated to do my responsibilities*".

Feeling of Helplessness

"*I do feel that I don't have anyone here to help me if I will face with a problem. This makes me a bit scare. I always think of finding someone close to help me in the time of need*".

"*Back in my country, I used to have so many people around me either my family or my friends but after I came to Malaysia I feel I am so alone and no one is ready to help me if I need*".

Anger and Irritability

"*These days I feel that I have changed. Anything can make me angry. I become so sensitive*".

"*I feel I have lost my control over my anger. Two days ago, I went to the bank machine one of the students was after me in the line but he wanted to pass me. Suddenly, I shouted on him that this is my time. Yes he did mistake but I should control myself and told him that this is not your right instead of shouting*".

Anxiety

Another issue that was mentioned by participants in the focus groups was anxiety. The elements of anxiety that challenged the participants were lack of sleep and feeling nervous.

Lack of Sleep

"*I cannot sleep properly during the night so that all the day I feel sleepy*".

"*I have so many problems in sleeping. Sometimes midnight I wake up and I can't sleep again*".

"*Sleeping becomes as a big issue for me. I wish I could sleep properly*".

Feeling Nervous

"*I feel worry so much without any strong reason*".

"*I feel I am under so much strain and sometimes feel heat in my body because of that*".

"*I feel I am late in my things and so many things are around me that I have to do them but I can't*".

Unable in Controlling Stress and Emotions

The other issue highlighted by the participants was their problems in

controlling stress and emotions. Below are some of their statements.

"I feel so much stress and I am not able to control it like before".

"I like to control my emotions like anger but it becomes so hard these days to me".

"In facing my daily things I feel so much stress which is not normal. I should control my stress more otherwise I won't be able to be effective in my study".

Social Dysfunction

Other than aforementioned issues, social dysfunction is the other issue highlighted by the participants.

"I feel it takes me so long to do things in compare to before".

"I am not so much satisfied with my functions these days".

"Sometimes, I feel I don't have ability to make decision about my things".

"I feel I am not so much useful these days".

"I feel I am not doing well these days. I am not satisfied with myself".

Health Issues

Alongside with the mental health issues that newly registered international students faced with, they also revealed some health issues that were challenging them. In general, the participants mentioned the health issues as fever, flu, and headache.

Discussion and Conclusion

This research aimed to determine the prevalence of mental health issues among newly registered international students at USM. The findings in both quantitative and qualitative parts showed that the newly registered students at USM faced with some mental health issues. The research participants' statements shed light on the increasing incidence and severity of mental

health problems amongst international students. Among the mental health subscales, severe depression was more prevalent among them followed by somatic symptoms, social dysfunction, and anxiety.

First, the findings of the current study revealed that a quiet high percentage of international students were experiencing psychological stresses (43.3%). Severe depression (51.7%) was found to be more prevalent among the participants, followed by somatic symptoms (48.3%), social dysfunction (48.3%), and anxiety (43.3%).

Second, gender-wise, male participants (43.3%) reported low level of mental health more than females. Third, in compare to the other age groups, the participants with the age range of 30 to 49 had the most participants with low level of mental health.

Forth, the participants who were living in Malaysia for 1 to 3 months had low level of mental health (71.4%). Finally, the participants who were living in hostel (69.2%), and single participants (57.7%) were more prone to psychological distress as compared to other participants.

Due to lack of researches on mental health issues among international students, it is not possible to compare the finding of this study with the others. To the knowledge of the researcher to date, there was no similar study to compare the results of current study.

Successful prevention of mental health issues among international students at USM and in other similar universities might depend on colleges and universities providing programs that develop the social support systems of these students. Redhwan, Sami, Karim, Chan, and Zaleha (2009) suggested that the university should provide students with programs that help them identify effective stress management strategies. Time management seminars,

counseling services and healthy co-curricular activities can well be implemented in the university to help new international students reduce their mental health issues. A well-organized buddy system could also be implemented whereby each new international student is assigned a mentor to guide and advise them when they face stressful problems.

In addition, Lin and Yi (1997) recommended different stage programs for international students' adjustment which includes: pre-arrival adjustment (before arrival), initial adjustment (first 6 months), on-going adjustment (6 months to graduation), and return-home adjustment (upon graduation to first 6 months after returning home). Such specialized programs could help international students become more successful in their academic areas and increase satisfaction with their academic stay in Malaysia. Programs relevant to early stage adjustment might start from the student's country of origin, with later stage adjustment supported by programs in Malaysia.

It is so important to educate health providers and mental health social workers who are working in universities to increase their awareness of mental health issues that international students face with. In addition, student service professionals can conduct culturally sensitive outreach programs to increase international students' awareness of the available resources to normalize their experiences (Wei et al., 2007). Counseling centers could also be located close to or in the same building as the health center or student affairs office to be found so fast by the new international students when they need help.

The current research has a number of limitations that must be addressed. First, the convenience sample of newly registered international students is probably not representative of all USM international students. The small sample size also limits the ability to generalize these findings.

Future research on larger and more representative samples is necessary to establish the generality of the findings for USM international students, and to extend the findings to other groups of international students rather than new registered international students.

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بررسی مشکلات مربوط به سلامت روان دانشجویان بین‌المللی در دانشگاه علوم مالزی: جستاری برای بهبود عملکرد و سیاست‌گذاری در حرفهٔ مددکاری اجتماعی

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چکیده

در مقایسه با سایر گروه‌های همسالان در جامعه، دانشجویان در معرض خطر بیشتری از جهت ابتلا به مشکلات سلامت روان هستند. همچنین نتایج مطالعات زیادی در سراسر دنیا نشان داده که دانشجویان بین‌المللی در مقایسه با سایر دانشجویان، بیشتر تحت تأثیر مسائل و مشکلات سلامت روان قرار دارند. تصمیم برای ادامه تحصیل خارج از کشور محل اقامت ممکن است چالش‌ها و مشکلات زیادی را پیش‌روی دانشجویان بین‌المللی قرار دهد که ازجمله این چالش‌ها می‌تواند تجربه مشکلات مربوط به سلامت روان باشد. در چنین شرایطی، دانشگاه‌های کشور مالزی سالانه پذیرای تعداد چشمگیری از دانشجویان از بسیاری از کشورهای دنیا است ولی متأسفانه خلا چشمگیری در تحقیقات انجام شده در این کشور در زمینه بررسی و مطالعه مشکلات سلامت روان دانشجویان بین‌المللی وجود دارد. بنابراین تحقیق حاضر با به‌کارگیری روش تحقیق ترکیبی (کمی و کیفی) به بررسی مشکلات سلامت روان دانشجویان بین‌المللی ورودی جدید در دانشگاه علوم مالزی پرداخته است. همچنین تحقیق حاضر به طور مفصل به تحلیل عمقی از نتایج تحقیق و کاربرد آنها در عمل، سیاست وتحقیق در حرفهٔ مددکاری اجتماعی پرداخته است.

واژه‌های کلیدی: دانشجویان بین‌المللی، سلامت روان، اضطراب، افسردگی، کژکارکردی اجتماعی.

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