

**SURVIVING THE INTERNATIONAL EXPERIENCE:  
EXPLORING THE MENTAL HEALTH OF GRADUATE INTERNATIONAL  
STUDENTS**

**SURVIVING THE INTERNATIONAL EXPERIENCE:  
EXPLORING THE MENTAL HEALTH OF GRADUATE INTERNATIONAL  
STUDENTS**

**By**

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**Abstract**

This qualitative research examines graduate international students' experiences, in particular, their mental health during their acculturation process to McMaster University. This study specifically investigates the challenges graduate international students encounter while pursuing their studies, how these challenges impact their mental health, and the strategies they develop to manage these challenges. Drawing from the findings, policy recommendations are provided for relevant school stakeholders, and implications for theorists to consider as they relate to international students' mental health in their particular social identity are presented as well.

This research study is organized under a critical framework. Critical theory (CT) is mainly used to do data analysis and to generate knowledge about graduate international students' mental health as well as reveal the hidden structures of their experience. Individual, semi-structured interviews were conducted with six graduate international students from different departments, countries, ages, and genders, to examine a variety of interpretations of the graduate international student experience at McMaster. Key themes, including challenges encountered as international students, conceptualizing mental health, and factors affecting their mental health struggles, are also discussed.

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## Chapter 1: Introduction

*“The ideas of the ruling class are in every epoch the ruling ideas; The class which has the means of material production at its disposal, has control at the same time over the means of mental production, so that the ideas of those who lack the means of mental production are subject to it.” (Marx & Engels, 1947)*

### A Story

A girl has come to Canada to pursue her post-secondary education, expecting to encounter an open and friendly culture here at McMaster. She is confident and bright in the beginning because she came with a good academic background and is proud of being a Master’s student at one of the best universities in the world. She is expecting to earn respect as well as a better educational background so that she can be inclusive and wise enough to return to her homeland and make a positive contribution to developing the quality of education there. She focuses hard on her academic courses to make the high costs she is paying for her education worth it, and to prove to everyone that, as a minority in this country, she has a lot to offer.

Of course, there are challenges. The girl encounters language barriers, cultural misunderstandings, and limited social resources. However, the girl takes it easy and keeps focusing on academics. As time goes by, the girl becomes more and more isolated from

Canadian society. When she notices this, only her and academics are in her world. When she notices, she is discriminated against by a cashier. When she notices, she is sniffed at by a bus driver. When she notices, she is pitied by the people around her. When she notices, she finds that she has no idea where McMaster is, or where the doors are to enter the buildings on the campus where she has lived for almost 12 months. She becomes cautious about speaking out, asking for help, communicating with classmates, speaking with professors, shopping, attending events, writing emails, and showing her emotions to her family. The girl is geographically isolated from her homeland, and culturally isolated from Canadian society. She fails to belong in the allegedly “open and friendly cultural environment,” and feels lost in the mix of values surrounding her. She develops strategies to survive here – yes, survive. She stays in her small bedroom, reading academic essays, listening to music, making videos, writing novels, watching movies, imitating actors, and soliloquizing occasionally.

“Who am I now?” The girl begins to reflect back on herself. She begins to force herself to socialize, to attend various academic seminars, look for organizations to get involved in, volunteer everywhere, and share rooms with others. However, she finds it hard to manage her new life here when she can only rely on herself. Even when she notices how isolated she is, it is tough for her to make changes. The girl’s frustration persists.

### **Impetus to Do this Research**

Overall, my research is inspired by my immigrant friends and the living experiences and challenges we have encountered while studying at McMaster. Canada is one of the most developed countries in the world, and is famous for its international generosity and wonderful living environment. The open and friendly environment, and the chance to expose myself to cultures from all over the world were what first inspired me to come here and further my education. Canada is reputed to have a wonderful social welfare system supporting Canadian citizens' and immigrants' well-being, which serves as an attraction for newcomers wanting to resettle.

However, the lived experience for graduate international students at McMaster is not as positive as we expect before our arrival. Contrary to initial perceptions, we experience isolation and marginalization both in our academic and social lives. When we look for academic editors to help us revise grammatical issues in our papers, we find out that there are only such editors for undergraduates. And while there is English assistance available for international students at the University, it is so rudimentary that we learn simple English letters from the very beginning. Many friends of mine who are graduate international students have said that they just focus on their studies and force themselves to be busy, because they know little about and have difficulty getting involved with organizations on campus. We experience stress, discrimination, language barriers, cultural misunderstandings and limited access to services.

When I realized that international students have different stories to tell about their experiences, between graduates and undergraduates, and within the graduate student population itself, I began to think about whether there are underlying knowledges not being explored, since many oppressions and false consciousnesses are being continuously internalized by graduate international students. However, when I tried to find evidence to explain the effects and realities of international students' mental health in the existing literature, I found that this knowledge is either fragmented between different disciplines or involves few international students' voices, which reinforced my impetus to do research that integrates international students' interpretations of their own lives.

### **Research Objective and Research Questions**

This research focuses on graduate international students' lived experiences at McMaster University. Based on this intellectual puzzle, the overarching goals of the research are:

1. To explore how graduate international students' lived experiences at McMaster impact their mental health; and
2. To examine graduate international students' perceptions of their own mental health.

Guided by my research goals, I developed the following research questions:

- 1) What are the challenges graduate international students encounter while studying

at McMaster University?

2) How do these challenges impact their mental health?

3) What are the strategies they develop to maintain their mental health?

In addition to wanting to reveal the hidden structures underlying graduate international students' experiences, the fact that I got my undergraduate degree in Social Work, and worked in youth psychology for two years gave me an advantage when it came to engaging with this research topic. My educational background in Social Work, along with my two years of working experience benefitted me because I was well-versed in the relevant literature, and had been exposed to various topics in relation to youth's mental health. Now, having been taught about Critical Analysis of Social Work in this Master's program, I am trying to find out if/how international students internalize dominant power structures and narratives during their acculturation processes.

I began my research at the beginning of my second term here, when I made contact with representatives from the School of Graduate Students ("McMaster University School of Graduate Studies," 2017) and the International Graduate Student Association ("McMaster's International Graduate Student Association," 2017). These two organizations are responsible for helping graduate international students, including providing services during orientation, academic and studying help, mental health assistance, and other miscellaneous things. I heard from those representatives that some public services for graduate students had been canceled, including mental health consultations. They also told me that there is a need for them to know graduate

international students' needs better, as well as understand the gaps between the understandings of graduate international students and the university. They were willing to assist me in the recruitment process for this study. Their support, plus our (graduate international students) multiple living experiences, pushed me to do this research that explores the lived experiences of international students at McMaster, and to see whether I can contribute to decreasing the existing knowledge gap related to the mental health needs of international students.

## Chapter 2: Literature Review

This critical literature review is guided by some questions related to international students' experiences while studying at McMaster university, and the overall impact that these experiences have on their mental health. The line between international students and immigrants has become blurry due to the recent immigration police change (Citizenship and Immigration Canada [CIC], 2008). This change allows international students to remain in the country for a period of time, in order to secure employment. The latter opens opportunities to apply for landed status hence become landed immigrants. Hence, I chose to draw from the extant literature, particularly pertaining to immigration and settlement--as this relates closely to the mental health struggles—both immigrants and international students endure in navigating the challenges their new environment poses.

In this chapter, I first provide a brief explanation of the social and political context surrounding my research topic. This is followed by a discussion of relevant research and concepts related to immigrants' mental health. Lastly, I examine the gaps in this literature.

### 2.1 Context: Settlement process

Immigration to another country brings about many challenges for individuals and families, including culture shock, systemic racism, financial issues, and the absence of social supports (Geeraert & Demoulin, 2013). Reported by George, & Tsang (2000), those challenges emerge from the settlement process, which “involves cultural issues, reception from the host country, the discrepancy between expectations and reality and the degree of cumulative stress throughout the migration process” (p. 383). These can greatly

impact the mental health of all the individuals involved (Montgomery & Terrion, 2016). The Longitudinal Survey of Immigrants to Canada (LSIC) reports that the four main challenges faced by newcomers upon their arrival to Canada, causing immediate stress are: finding housing, accessing health care services, accessing relevant education and training, and finding employment (Statistics Canada, 2001). George (2008) also states that both immigrants and refugees experience stress due to racial discrimination, not being fully aware of official settlement or integration policies, encountering restrictions to public services, and lacking Canadian professional experiences, depriving them of full employment equality. In an exploration into the causes of those challenges, both Kalbach, Driedger, and Halli (2000) and Simich, Maiter, Moorlag, and Ochocka (2009) argue that immigrants broadly experience cultural and linguistic barriers, which results in further impacts during the settlement process.

The number of international students who come to Canada to study in post-secondary institutions has increased significantly in the past couple of decades (Andrade, 2006), but the social supports provided to them are limited (Kathryn, 2016). International students' visa status robs them of the social supports necessary to comfortably manage settlement challenges (George, 2008). George (2008) adds that several government agencies and non-governmental organizations (NGOs) serve refugee/immigrant populations in Canada. The Canadian government provides various settlement services for Permanent Residents, but international students are not eligible to access these services. Their identity is not acknowledged by the context in which immigrants and

refugees negotiate their settlement process thus excluding international students from psychological supports during this difficult transition (Kathryn, 2016; Mori, 2000).

Other scholars further report that some of these challenges are also associated with the acculturation process. This refers to “the set of cultural and psychological changes that follow the contact between two cultural groups and their members (Berry, 2005)” (as cited in Berry, & Hou, 2016, p. 254). Immigrants tend to engage with both their new society and their heritage culture while adapting to and managing cultural changes (Berry, 2005; Berry et al., 2016; Kuo, 2014). As Berry (2006), and Palinkas and Pickwell (1995) state, acculturation is a complex and multidirectional process which includes psychological and behavioural changes. These changes are primarily related to expectations, attitudes, values, cultural behaviors (Betancourt & Lopez, 1993), sense of cultural identity (Ryder, Alden, & Paulhus, 2000), social norms, roles, and beliefs (Triandis, 1980). Furthermore, these changes emerging from acculturation may facilitate daily social interaction (Balls, Organista, & Kurasaki, 2003) or conversely increase stress between two competing cultures (Nguyen & Peterson, 1993).

Berry (2005) argues that immigrants are likely to both maintain their heritage and have their experiences influenced by their host nation while engaging within a multicultural context. Within the context of multiculturalism, people from different cultural backgrounds hold multiple identities, know several languages, develop many cultural competencies, and participate in different cultural communities (Berry et al., 2016). Interacting within multiple intercultural relationships can lead to conflicts (Jedwab,

2013), and these conflicts lead individuals and groups to develop coping mechanisms in order to get by in their new environment (Kuo, 2014).

In the process of negotiating with two competing cultures, there are four modes of acculturation a person may engage in: integration, assimilation, segregation/separation, and marginalization/rejection (Berry, 2005). Further discussed by Rudmin and Ahmadzadeh (2001), integration is attained when immigrants live well with their own cultural values and practices as well as adopting new ones from their host culture. Immigrants become assimilated when they feel a strong sense of belonging towards their host culture and a low sense of belonging with their source country. Segregation means that immigrants stick with their source country's norms and values and feel a low sense of belonging to the new culture, whereas immigrants feel marginalized when they are rejected by both the source culture and the new one.

Some studies indicate that several alternative health outcomes can emerge along with these different modes of integration (Koneru, Weisman de Mamani, Flynn, & Betancourt, 2007; Phinney & Devich-Navarro, 1997). Many researchers (Berry, 2005; Carranza, 2013; Koneru et al., 2007) report that racialized immigrants' mental health and the strategies they develop to address their mental health concerns are largely influenced by their acculturation process. Phinney et al. (1997) report that integration is strongly linked to most adaptive health outcomes, whereas marginalization/rejection is associated with deleterious outcomes. Other examples of mental health factors including stress, self-esteem, life satisfaction, socio-cultural adaptation (i.e. school adjustment), and specific

symptoms of affected mental health, are discussed by many scholars as being impacted by acculturation/integration modes (Berry, Phinney, Sam, & Vedder, 2006; Nguyen et al., 1993; Phinney et al., 1997).

According to Shin (1994), some acculturative stressors that impact international students, include language difficulties, cultural behaviour conflicts, and value conflicts (Berry, Poortinga, Segall, & Dansen, 2002). These stressors are not much different from those experienced by non-student immigrants and refugees. Shin's conclusions are supported by Mori (2000); Abe, Talbot and Gellhoed (1998); and Sawir, Marginson, Forbes, Nyland, Ramia (2012), who add that a lack of English proficiency, difficulty understanding new cultural norms, and cultural misunderstandings are primary sources of the challenges that international students encounter in the context of acculturation. Sherry, Thomas, and Chui (2010), further report that associated challenges in academic learning, racial discrimination, troubles with interpersonal skills, and insufficient access to social supports lead to feelings of alienation and homesickness.

On the other hand, Nunes and Arthur (2013) state that international students are regarded as a group that holds distinctive advantages in language proficiency and educational level—meaning they can make significant contributions to local economic development. On top of this, Canadian-educated international students are more likely to be regarded as skilled immigrants in the global market (CIC, 2008). Close to 70% of international students polled reported wanting to permanently remain in their new country (Spencer-Rodgers, 2000) and the Canadian government is constantly developing policies

designed to attract international students to Canadian universities (Nunes et al., 2013). Additionally, international students mainly interact with people at the Canadian universities and colleges they are enrolled at, where they are likely to become more familiar with Canadian cultural norms and values, and better accustomed to Canadian ways of living than those who have recently arrived from other countries” (Nunes et al., 2013, p. 35). The university’s physical environment plays a very important role in the students’ acculturation process.

Thus, international students can be considered an ignored ‘third kind’ of immigrant who is not a “normal” immigrant or refugee. Their particular identity as international students in Canada has a large impact on their settlement/acclimation process, further impacting their perception of mental health. However, literature directly discussing the experiences of international students is limited, particularly in relation to their mental health (Knaak & Patten, 2016; Yorgason, Linville, & Zitzman, 2008).

## **2.2 Conceptualizing Immigrants’ Mental Health**

Based on the importance of acculturation in this discussion, as well as international students’ particular social status, some key themes and debates emerge from the existing literature conceptualizing immigrants’ mental health. The following section highlights these themes.

*Differing conceptions of “Mental Health”.* According to the World Health Organization (WHO) conceptualization, the umbrella of “mental health” care covers the promotion of mental wellbeing, the prevention and treatment of mental illness, and the

rehabilitation of persons affected by mental illness (as cited in Thomson, Chaze, George, & Guruge, 2015). Furthermore, the strategic direction the Mental Health Commission took in 2009 that debates access to services was “getting to the right services at the right time to promote improved health outcomes” (Anderson & Davidson, 2001, p. 3).

Individuals within racialized groups conceptualize mental health in ways that are linked to their home country’s cultural values, further emphasizing their social context of adapting to life in a new environment (Simich et al., 2009). A study conducted by Simich et al. (2009) to learn about ethnolinguistic community perspectives on mental health involved five participating ethnolinguistic groups and ten community researchers in two regions of Ontario, Canada. They sought to evaluate meanings of mental health as well as available mental health services in the region (Simich et al., 2009). The study found that separate racialized groups define immigrants’ positive mental health in differing ways, with some highlighting a person’s ability to function in a variety of social contexts and maintain healthy social relationships as being indicative of positive mental health, while others talked about positive mental health being related to flexibility when negotiating Canadian cultural norms and values with their heritage culture. Managing oneself when adapting to a new environment, possessing mental and spiritual strength, and collectivity are other important factors to consider (Simich et al., 2009).

Along with these differing perceptions, immigrants define mental illness and their perception of mental health services provided in Canada quite differently. They mainly talk about cultural and linguistic barriers, as well as systematic barriers that they feel limit

their access to mental health care (Scheper-Hughes & Lock, 1987). Scheper-Hughes' and Lock's (1987) study indicates that different contexts as well as different social structures people live within may bring about varying acculturative changes and further influence them to conceptualize mental health differently. As awareness increases surrounding racialized groups' differing conceptions of mental health as well as their various social identities, we must be culturally sensitive while addressing those differences.

*Cultural sensitivity.* Cultural sensitivity is a much-discussed topic in the area of conceptualizing immigrants' mental health, with language differences, value differences, and racialized cultural norms being cited as the most influential factors affecting immigrants' mental health and coping strategies (Salant & Lauderdale, 2003; Thomson et al., 2015). There is an insufficient amount of intercultural learning between racialized groups and Western service providers. For example, many immigrants to Canada are actually unfamiliar with the topic of "mental health" (Saxena, Thornicroft, Knapp, & Whiteford, 2007), and there are not enough bilingual mental health practitioners or acceptable interpreters available to help bridge the meaning and cultural gaps in this context (Simich et al, 2009). There are significant cultural barriers, as illustrated by Thomson et al. (2015) related to "the immigrants' expectations of the healthcare provider-client relationship; stigma of mental illness and resultant reluctance to seek outside help; gender roles; and, belief in alternate practices" (Thomson et al., 2015, p. 1897), which severely limits immigrants' access to mental health care (MHC).

Even when we are able to see potential theoretical shifts that recognize the importance of taking multiple cultural assumptions into account when conceptualizing immigrants' mental health and needs, in practice the services do not accommodate these shifts (Thomson et al., 2015). The knowledge we develop surrounding the subject of cultural sensitivity relating to immigrants' mental health is fragmented across disciplines and is not integrated at a high enough level to make systemic changes in practice (Chen, Kazanjian, & Wong, 2008). The utilization of services among immigrants is still low, and the inadequacy of linguistically and culturally appropriate services is echoed among immigrant groups (Tiwari & Wang, 2008).

*Western approaches to mental health services.* Some critics argue that mental health services in Canada have been evolving into a political tool used by a neoliberal government to centralize people's mental health into a psychiatric paradigm (DeFehr, 2016). There is a marked disconnect between the Canadian government's conceptualization of mental health and priorities, and that of immigrants to the country. Canada's neoliberal context creates a situation in which social policy on mental health services are highly managerial in structure, and the ideology which shapes the mental health services model is informed by the popular psychological paradigm called "Mental Health First Aid" (MHFA).

MHFA emerged from the Australian Mental Health Literacy goal of early detection and treatment of mental disorders (Jorm, 2000) and it has become an important tool utilized by the government to encourage self-government, individualization, privatization,

and the distortion of mental illness simply into a psycho-centric system (Mahon, 2008; McKeen, 2006). Although this model is commonly accepted by the general Canadian public as being at least moderately acceptable, it is highly inadequate for the needs of immigrants and international students because the MHFA ignores broader social factors like full social net supports, multicultural sensitivity, the needs of long-term care for immigrants, and the intricacies of social identity (Hadiaczky, Hokby, Mkrtchian, Carli, & Wasserman, 2015). The MHFA is also a result of political centralization, which is a reflection of engagement disparities and power dynamics in policy-making. Psychologists and other dominant societal groups are consulted for and integrated into the psychocentric policy-making process of shaping mental health services, but the voices of marginalized community members such as international students are ignored (Martin, Sims, & Tong, 2012/2013).

*Canadian universities' approach to the subject of mental health provision.* There is a centralized and racialized pattern in mental wellness service provision across Canadian universities. Universities tend to focus on the impact of individual-level variables on students' mental health, examples including but not limited to language literacy, academic skills, and educational background (Andrade, 2006), while broader systemic variables (such as social, economic, political, and cultural factors) are largely ignored (Zhou, Divya, Topping, & Todman, 2008).

Given the reality that the voices of international students have not been sufficiently included in the development of mental health policy in Canadian universities, little is

known about their needs (Knaak et al., 2016; Yorgason et al., 2008). We fail to address mental wellness according to “specific context and appropriate development” (Kutcher, Wei, & Coniglio, 2016, p. 155).

Professors, domestic classmates, school administrators and staff, and international students themselves perceive the mental health issues and needs of international students differently (Andrade, 2006). Influenced by the social determinant of “cultural adaptation” on mental wellness, mainstream advocacy groups encourage updating school-based intervention strategies to help international students cope with their mental health issues (Andrade, 2006). In the case of professors, they are more likely to associate international students’ mental stress on difficulties stemming from their practical academic life – mainly related to language literacy and their ability to understand course materials (Andrade, 2006). Professors tend to use the frequency of international students’ engagement in class discussion as a gauge for their ability to understand course materials (Andrade, 2006). Administrators and staff overwhelmingly state that they believe there to be sufficient mental health services for international students, and they seem to run effectively due to the fact that very few international students go to mental health consultations on campus (Andrade, 2006). As for domestic students, they are likely to involve international students in group discussions but pay little attention to them when they are talking. They also perceive international students’ mental stress as being directly related to a lack of family supports, and the pressure they are under to achieve high grades (Andrade, 2006). International students tend to perceive themselves as not being

marginalized by others, and instead blame themselves for their stress because of their inability to adapt quickly to the culture around them (Andrade, 2006; Zhou et al., 2008).

*Potential shifts – Community-based services.* Some scholars believe that the mental health services landscape in Canadian universities is shifting. They see the policy development path once rooted in a hospital and physician-based tradition transitioning to one with significantly greater emphasis placed on community-based mental health care (Mulvale, Abelson, & Goering, 2007). They see this shift reflected in a variety of policy recommendations, (Health Services Restructuring Commission, 1999; Ministry of Health and Long-Term Care, 1993, 1998, 1999a, 1999b, 2000a), and cite community mental health care as a kind of reform that tries to include “a variety of programs and services, such as subsidized and supportive housing, case management, treatment through hospital outpatient departments and assertive community treatment (ACT) teams, peer support and self-help programs, crisis services, employment, and court diversion programs” (Mulvale et al., 2007, p. 364).

There is also an indication that mental health professionals and policy-makers are beginning to make connections between psychological treatment and a range of social determinants that necessitate intervention. Such shifts may further benefit international students who are distinctively identified both by themselves and by the Canadian population as being in urgent need of unique social supports to address challenges like social identity acknowledgement, language learning, cultural adaptation, financial issues, interrelationships, and crisis treatment (Sherry et al., 2010).

### **2.3 Critical Factors Affecting Immigrants' Mental Health Struggles**

Despite immigrants' mental health being conceptualized in different ways and from various perspectives depending on cultural background, there are several key factors which affect immigrants' mental health struggles and limit immigrants' access to MHC (Blignault, Ponzio, Rong, & Eisenbruch, 2008). The following paragraphs highlight these key elements.

*Mental Health Literacy (MHL)*. Over the last decade, it has been argued that mental health literacy is an essential standard used to measure the development of mental wellness (Kutcher et al., 2016). MHL is defined by the Canadian Alliance on Mental Illness and Mental Health as: “the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems” (Canadian Alliance on Mental Illness and Mental Health [CAMIMH], 2007, p. 4). From the 1980s to now, MHL has evolved and is considered instrumental in decreasing health inequities in populations, and enhancing the operation of health systems and the development of health policy (Institute of Medicine, 2012; Kickbusch, Pelikan, Apfel, & Tsouros, 2013). In order to best address the needs of varying populations, emphasis must be placed on its critical conceptualization, with the understanding that it must adapt to different “existing institutional and social vehicles, such as schools, the workplace, and mass media” (Kutcher et al., 2016, p. 155).

Canadian post-secondary students emphasize the enhancement of evidence-based resources on campus for college students to access and create spaces devoted to mental

wellness so that they can promote mental health knowledge, access appropriate care, decline self-stigma and understand coping strategies (Kutcher et al., 2016). Simple and easily accessible life-skills and mental health resources like curriculum sessions, hard copy or digital information packages, or peer support events are much more common than macro level discussions in this context (Kutcher et al., 2016).

There are tensions around building effective MHL during the immigration process. As the literature suggests, three main challenges that hamper the development of MHL include the fragmentation of MHL components when setting up interventions (Kutcher et al., 2014; Kutcher, Bagnell, & Wei, 2015; Kutcher et al., 2016), failing to standardize MHL measurement tools to systematic evidence-based resources (Marcus & Westra, 2012), and the application of the same intervention suggested from a limited sample to “unique groups without cultural adaptation of the intervention” (Kutcher et al., 2016, p. 156). As Kutcher et al. (2015) and Kutcher et al. (2014) discuss, we lack interventions that comprehensively improve MHL. Furthermore, as Marcus et al. (2012) and Pescosolido et al. (2008) point out, we do not standardize MHL measurement tools, and hundreds of 400 MHL research studies fail to use assessment tools of psychometric properties and/or do not sufficiently include all the components of MHL. When doing the surveys, researchers merely provide vignettes about people with “depression or variety mental disorder” (Kutcher et al., 2016, p. 155). Furthermore, there is insufficient concern for multiple cultural norms and values in these studies (Kutcher et al., 2016), and the heterogeneity within ethnic groups is likely to be taken into account inadequately, which

essentially eliminates cultural considerations being embodied in resulting interventions (Blignault et al., 2008). Of course, the limited literature available that relates directly to international students' mental health literacy also supports this concern.

*Cultural and systematic barriers in accessing MHC.* Although immigrants have a large need for access to professional mental health supports (Blignault et al., 2008), according to Minas et al. (1996), the utilization of mental health services by immigrants from a variety of cultural and linguistic backgrounds is low, and those immigrants often express frustration because they receive less than adequate care when they do seek it out. According to Blignault et al. (2008), communication difficulties, stigmatization, confidentiality concerns, service constraints and discrimination, inadequate cultural adaptation, and minimal heterogeneity in service provision are primary causes of this inadequate care. Also, as stated by Chan and Quine (1997) and Tabora and Flaskerud (1997), immigrants often prefer to rely on familial supports, friends, or herbalists and alternative health practitioners who possess culturally specific treatment knowledge.

As Blignault et al. (2008) discuss, their qualitative study of barriers to mental health services use among migrants from mainland China to south-east Sydney involving nine migrant participants, eleven bilingual clinicians, and ten community members concluded that limited knowledge of the local health system and a lack of greater community involvement are two other dominant systematic barriers limiting immigrants' access to health care. Other concerns, such as treatment costs, the process of acculturation (Eisenbruch, Chan, & Parker, 2005), overall globalization processes (Bhugra &

Mastrogianni, 2004), stigmatization and confidentiality issues, and a preference for public mental health services are also significant factor (Blignault et al., 2008; Montgomery et al., 2016).

***Insufficient integration of mental health services.*** It can be argued that mental health services networks in Canada have two distinctive characteristics: fragmentation and marginalization. Shapiro (2002) argues that the reality of health care services is that “where Canadians live, rather than what they need, determines access to services, residency requirements, the payment of user fees, and the continuity of service providers” (Shapiro, 2002, p. 18). The health care system is inconsistent; service provision and delivery vary from one jurisdiction to another as well as within a jurisdiction.

Relevant policy documents like the Canada Health Act and the Romano’s Report (2016) recognize the shifting needs of an integrated system. However, home care as well as mental health care has remained largely at the margins of current debates on health care in Canada (Martin et al., 2012/2013), due to an ongoing emphasis of the mainstream neoliberal model, with characteristics like self-provision strategies and a market-motivated welfare system expanding health disparities in the immigration context (Martin et al., 2012/2013).

***Unclear social status.*** As Phinney (1990) and Zhou et al. (2008) discuss, it is dangerous if we fail to accurately capture the particular social status of international students, and nearly impossible to measure the successes and challenges we are facing in the struggle for their rights. Although the inefficacy of our mental health systems is partly

related to individual factors (such as psychological condition, to what extent one is marginalized, the strength and size of one's social network), the reality is that the government provides limited social supports to help international students locate and empower themselves to an extent that they can live well, which is the more essential problem (Kathryn, 2016). Both the Canadian government and universities provide mental health services information ambiguously and without enough cultural consideration through websites, seminars, and other public discourses. Almost all university websites provide immigration information and health services for international students, and those with larger numbers give more details about CIC (Citizenship and Immigration) policies. However, a lot of this information is confusing or vague – for example, there is usually no explanation of what exactly constitutes a “valid study permit” (Arati, 2013), which is critical information for an international student to possess.

#### **2.4 Gaps in the Existing Literature**

There is a lot of literature related to studying challenges arising from mental health problems, as well as interventions related to immigration (Geeraert et al., 2013; George, 2008). However, the approaches discussed significantly ignore racialized groups' voices, therefore not fully understanding mental health from the perspective of multiple cultural groups. Many scholars attempt to learn about immigrants' mental health by “deducing hypotheses, testing hypotheses with replicated observations, and then coming up with results to support laws” (Neuman, 1997, p. 77). For example, they may do a broad range of surveys on immigrants to prove the necessity of MHFA discourse (Rimke, 2010).

Although there is large amount of literature (Geeraert et al., 2013; George, 2008; Montgomery et al., 2016; Simich et al., 2009) on the study of immigrants' mental health, and there are hints of an increased interest in international students' mental wellness, the literature directly related to international students' conceptualization of mental health is still limited. Furthermore, there are rare interpretations directly transcribed from graduate international students, which is a distinct group that is not a straightforward immigrant, refugee, or undergraduate post-secondary student (Knaak et al., 2016; Yorgason et al., 2008)

Currently, the existing research has begun to focus on challenges of the "third kind" of immigrant, international students (Comas-Diaz and Greene, 2013), but further work on how such a status influences their life and impacts their mental health, is missing. Existing knowledge focuses most on challenges that immigration brings to international students in general, rather than locating their mental health in their particular context to make policy recommendations. Furthermore, while it may be commonly acknowledged that there are challenges international students encounter that affect their mental health and serve as a barrier to mental wellness, we must do a better job of critically analyzing the differences and similarities in the experiences of international students, as not every person lumped into this category has the same history, priorities, or problems.

Finally, although some scholars talk about mental health approaches used in universities (Andrade 2006; Yorgason et al., 2008), there is no apparent collaborative research that involves racialized groups' interpretations of mental health services,

measuring the consistency between services users' perceptions of those public services and what the service providers claim to offer.

### Chapter 3: Methods

This research study mainly focuses on the experiences of graduate international students at McMaster University as they pursue their graduate degrees. In this chapter, the theoretical framework, and methodological approach such as recruitment process, interview process, and data analysis used throughout the course of this study are presented.

A qualitative research method is appropriate for this study because qualitative methods are ideal for the gathering of experiences (Mason, 2002). This is crucial to achieve the study's goals. The shared communications between the participants and the researcher are geared towards gaining insight into graduate international students' perceptions of their mental health during the process of acculturation (Neuman, 1997; Smith & Osborn, 2007).

#### 3.1 Theoretical Framework

*Critical theory (CT)*. Critical theory (CT) is used as a theoretical perspective throughout this study (Neuman, 1997; Payne, 2014). I have utilized this perspective to examine the experiences participants described in their interviews. Contrary to theoretical perspectives that do not take into account social structures or norms in analyzing human interactions, CT emphasizes the importance of social context elements (e.g. gender, class, race, social identity, interrelationships, social sections, texts) to explain the existing phenomena (Sinding, 2010). According to Payne (2014), CT also emphasizes the importance of societal structure, as well as cultural assumptions generated by dominant

powers which oppress subordinate groups, instead of “[focusing] on personal or interpersonal explanations” of social issues (Payne, 2014, p. 319).

As Jones-Devitt and Smith (2007) debate, within CT we are encouraged to avoid taking for granted social assumptions, and to develop critical thinking skills. Glaister (2008) states that CT is a great theoretical perspective because it encourages us to look at multiple viewpoints on social situations, and these multiple viewpoints constantly demand that we renew our inquiry into the ideas we are examining. CT encourages us to embrace a person’s particular standpoint and perception about their experiences (Smith, 2005).

As the Frankfurt School of Writers, in particular Habermas (1986 [1971]) reported, another important tenet of CT is that it seeks to reveal the power of dominant groups, how their privilege is maintained through a variety of public discourses on economics, politics, cultural assumptions, and living texts through which they acquire widespread acceptance for cultural and social ideas and enable their high degree of social control (Payne, 2014; Sinding, 2010). Rooted in and emerging from radical views of social work (Payne, 2014), CT offers critiques and alternatives to the present social order so that practitioners can analyze and deal with the social factors that underlie the social injustices and oppressions they grapple with (Payne, 2014).

CT critiques positivists’ arguments about determinism as well as interpretivists’ arguments about voluntarism, stating that there are both various forms of knowledge and absolute ideals separated from people’s current interpretations, with social equity being

one example (Allan, 2003; Neuman, 1997). CT also believes that oppressed groups are able to make change through consciousness-raising in praxis (Mullaly, 2007) and the creation of alliances (Payne, 2014). The primary priority of CT practitioners is to provide resources to oppressed groups in order to raise awareness of oppression and empower them to make changes (Fook, 2012; Neuman, 1997).

Using this critical framework, my research is meant to report participants' experiences at McMaster University and their perceptions about how these experiences impact their mental health, revealing any hidden, underlying structures that could affect their viewpoints (Neuman, 1997). I aim to find out which kinds of stories participants have accepted, and how these shape their thoughts and actions (Neuman, 1997; Payne, 2014) in relation to their perceptions about their own mental health and the strategies they have developed to deal with their stresses.

Overall, CT is an action-oriented approach (Neuman, 1997), which exactly meets my research goal of raising peoples' consciousness about international students' emotional needs and encouraging grassroots action (Neuman, 1997).

### **3.2 Researcher's Positioning**

*Insider.* In this study, I feel like I have dual roles. I am both, an “insider” and “outsider.” I am a graduate international student. In many ways, I am very much like the participants in my study because I have experienced similar things as a newcomer to McMaster, and encountered similar knowledge gaps in relation to the support systems around me. I also belong to the “third kind of immigrant” (international students)

grouping, international students, who are not refugees or straightforward immigrants. This allowed me to expose some of my own vulnerabilities to my participants, which enabled the establishment of trusting relationships. Also thanks to my “insider” role, I was able to be more like a “listener” than an “interviewer” with the participants. I could be totally present, letting the participants set the boundaries of their stories, and withholding judgment (O'Connell, 2006, p. 151). An additional benefit is that I was able to access participants, both formally and informally with much ease.

*Outsider.* I am also an outsider, as I come from a different cultural background than the participants. We speak different first languages, are of different ages, study in different disciplines, and come from varying religious backgrounds. I am also a researcher. My responsibility is to collect data. I have the privilege of having access to information, both personally and professionally. As a researcher, my primary goal is to gather knowledge for academic purposes and to make contributions to knowledge to further our understanding about graduate international students' experiences.

### **3.3 Recruitment Process**

Before I began to formally recruit participants for my study, I received permission from MREB. The criterion of participants' recruitment was that they were graduate international students at McMaster. It is also essential that they were individuals who 1) are willing to share their lived experiences at McMaster, 2) are open to talking about mental health, 3) are interacting within the university's institutions, and 4) are willing to bring international perspectives to develop mental health supports at McMaster. I used

posters, recruitment emails containing information packages (See Appendix A, E, F, G). Also, the School of Graduate Studies (SGS) and the International Graduate Students Association (IGSA) at McMaster provided assistance in forwarding recruitment information to graduate international students. The administrative assistant from the Social Work department helped forward the recruitment package to alumni.

### **3.4 Participants' Descriptions**

All participants were graduate international students who came from a wide variety of backgrounds and nations, various disciplines, and genders. In total, six individuals participated in this research. In terms of what they expected their roles could be in Canada, the participants self-identified as one or more of the following labels: traveler, researcher, language learner, immigrant, or international students. Five participants got scholarships to study at McMaster, and two participants had private sponsors in Canada to support them. At the time of the interviews, four participants were employed as TAs at McMaster, and one participant was working with immigrants and refugees here in Hamilton. Three participants have explicitly expressed that they expect to immigrate to Canada after completing their studies.

Here, I have a summary of some of the participants' relevant biographical/demographical information:

P1: Male, 27 years old. He has been in Canada for two years.

P2: Female, 25 years old. She has been in Canada for 5 months.

P3: Female, 30 years old. She has been in Canada for 2 years.

P4: Male, 23 years old. He has been in Canada for 7 months.

P5: Male, 22 years old. He has been in Canada for 7 months.

P6: Female, 23 years old. She has been in Canada for 1 year.

As illustrated above, the participants are all newcomers to Canada. All of them have interacted with the university as an educational institution, but they have all experienced different challenges.

### **3.5 Data Collection and Interview Process**

To explore the experiences of graduate international students at McMaster through a CT lens, it is important to collect data both from the community member's subjective storytelling and objective reality (Neuman, 1997). I chose to do individual semi-structural interviews lasting one hour (see Appendix C) with graduate international students. With their consent, I took notes and audio recorded the interviews for accuracy purposes. This information was outlined in the Letter of Information (Appendix B) given to each participant. I also recruited a transcriptionist to help me transcribe the audiotapes. To further guard the confidentiality of the participants, she was required to sign a confidentiality oath. We contacted each other through our personal email accounts. To exchange documents and information, we used Dropbox folders with passwords only the two of us knew. I deleted the Dropbox accounts, as well as all the documents shared online after I finished working with the transcriber. The transcriber was also required to delete the audio files and transcripts from her computer and disks after she finished the transcribing work.

Before initiating the data collection portion of my study, I practiced some interviewing skills, first with my supervisor and later with my friend to smooth out the logistics and oral expressions of interview questions. Then, I transcribed the practiced interview by myself to both exercise my transcribing skills and to reflect on the possible disadvantages of the interview. I received feedback about my interviewing skills from my supervisor, who suggested that I add more open-ended questions, revise some inappropriate questions, and provide the participants with more prompts to move the conversations forward.

Interviews took place at a time of the participants' choosing (i.e. on weekends) and in a place of the participants' choosing as well (i.e. an interview room in a library at McMaster). Participants were provided with the interview guidelines and consent forms before the interview officially began. They were encouraged to ask questions about the research and to choose the language they preferred when doing the interview.

I asked each participant for some general information (i.e. country of birth, date of arrival in Canada, program of study, and major), about their experiences at McMaster (i.e. studying, relationships, engagement with the campus' organizations, hobbies, or any support systems), what challenges they may have encountered and what strategies they have utilized to manage those challenges, and what successes they have experienced at McMaster. I conducted interviews in a participant's first language when they were from the same cultural background as me so that we were able to understand each other deeply.

I encouraged them to expose the feelings they were unable to express clearly when talking with solely English-using people.

Since participants might have felt uncomfortable when talking about their experiences, they were told they could stop the interviews at any time. They were told to be cautious when telling their stories, as using a lot of details may make their stories identifiable by others. At the end, some participants wanted a summarized report of the research.

### **3.6 Data Analysis**

After finishing the interviews, I gave each participant a false name and removed all the identifying information from the final write-up to ensure that participants' information was kept confidential. I reviewed every transcript at least twice, doing a "literal reading" to first gain a basic understanding of the data (Mason, 2002). In the end, I reviewed each transcript more than three times, with the final revisions allowing for interpretive and reflexive readings (Mason, 2002). Questions including "How does their context frame their experiences?"; "What elements change during the acculturation process?"; "How do these changes influence their perception of mental health?"; "What privileges have they maintained?"; "What are their priorities?"; "Whose interests are served?"; "Where is their voice lost?"; "What kinds of conflicts exist in the current social order of international students?"; "How do these conflicts frame their responses?"; and "Why do they perceive their mental health in this way?" were considered during the analysis of the data.

Also, as indicated in some of the relevant existing literature, dominant groups assume various premises while conceptualizing items, making policies, providing services, and setting up institutions (Payne, 2014). Thus, to do exploratory research on newcomers who know little about their new environment and have little chance to make their voice heard through the local, dominant power structure, one must ask, “How are their choices partly determined by cultural, historical and social forces? How do these systems and institutions operate, and what is the value base from which they operate?” (Smith et al., 2007). During my analysis of the transcripts, I kept the following questions in mind as well: “How are newcomers’ statuses influenced by international students’ experiences?”; “Which myths of oppression are disseminated to international students?”

I utilized Quirkos1.4.1 and Nvivo11 to do formal open coding. I combined my handwritten notes, which recorded participants’ body language, expressions, and emotions while doing the coding, and finally organized the codes into subcategories, categories, and themes. In line with what Mason (2002) stated about organizing and sorting data, doing open coding is “the initial step to descriptive inference information compiled during the study” (Miles & Huberman, 1994, p. 56). To better understand graduate international students’ perspectives while reporting their lived experience in relation to their mental health, as well as to fill the gaps in the existing literature, I mainly did data-driven coding (DeCuir-Gunby, Marshall, & McCulloch, 2011). The themes that came out of this coding process were later organized so that I could answer the study’s research questions. I did open coding of the larger context and coded on the “level of

meaning” (DeCuir-Gunby et. al., 2011). The next steps included: 1) a comparison of tags both within one transcript and amongst all the transcripts to see which similarities and differences I could discern from the data. There were several similarities between participants’ stories. These were integrated, first as categories and sub-categories, and later organized into themes. I reviewed all the labels at least twice; 2) I developed a brief code book, including all the code names, brief biographies (including demographic information, subcategories, categories, and themes), inclusion criteria, and examples to better formalize the operationalization of these codes (Fereday & Muir-Cochrane, 2006) to gain clearer insights.

I also encountered some challenges during the data analysis process due to the languages used during the interviews. Three participants chose to conduct their interviews in Chinese. Although their transcripts could be coded in Nvivo11 in Chinese, the quotations used in the thesis needed to be translated into English. So, I eventually integrated my handwritten coding with coding software. Integrating these two coding methods meant that the data analysis process took longer than originally expected, and put the reliability and validity of the indirect citations at risk due to the language barriers.

## **Chapter 4: Findings**

In this chapter, I present the participants' lived experiences in relation to their mental health while pursuing their graduate degrees at McMaster University. Their responses point towards several prevalent themes. I will explain what these major themes are, and will focus on the challenges the participants encounter, as well as the mental stresses they experience as a result of these challenges. This will be followed by the strategies the participants developed in order to cope with their various challenges.

All of the participants talked about the various expectations they had as they set out to study at McMaster University, including attaining a graduate degree, and pursuing a higher quality of life while in Canada. Also, all participants stated that prior to arrival in the country, they believed that there were several key advantages to studying in Canada, including either receiving a full scholarship, or being privately sponsored to study here. All participants stated that they came here either with a strong academic background or with rich working experiences. However, the challenges they came up against due to their visa status at the time of their arrival, and the expectations they had for their experience in Canada were difficult to meet.

### **4.1 Challenges Encountered at McMaster: Supports and Lack Thereof**

Participants stated that they encountered several challenges while they pursued their graduate studies at McMaster University. The following section highlights these challenges.

*Frustration: English as a second language.* Several participants noted that any challenges they encountered were exacerbated due to their language barrier. Participants reported feeling confusion and frustration about their academic learning and building broader social networks. P2 stated:

So sometimes it's so frustrating not being able to express accurately in English because I mix up the right word, or I am using the wrong ones or using the wrong conjugations so that people is focused on that and always interrupting my ideas, that's kind of frustrating to be honest...Well I know that's kind hard to pass. Yes, it's important. I don't feel comfortable not being able to speak freely and it's so frustrating for me...Or when I believe that I have a good idea and I want to express it and I can't find the key word that I want to express it and I use a simple word and I say okay I know that I can say this better in another way. Always when I begin I feel so frustrated.

As noted by this participant, English immersion is not only difficult, but also frustrating.

Others noted how lack of English fluidity impacts their academic learning. P2 said,

“Okay, I'm doing a great job, but I don't have a good level of English so I am going to lose, I am going to look less good.” P4 reported, “There is an international student who experiences language barrier. He is unable to understand the courses and he is unable to express his opinions in English in class either.” Additionally, P6 said that she feels there is a huge different between English used in academic learning and English used in daily life conversations and contexts. Mastering social English does not necessarily help her with school.

According to participants, proficient English is also needed to establish new support networks. P2 reported, “I am a Spanish speaking person, and my English is not the best thing in the world so I don't have other friends here.” P5 said, “It's hard to talk with

Canadians. They are not interested in our talking, and me either. Anyway, it's fine. We cannot understand each other." It is evident that language barriers present a marked difficulty for international students to interact with Canadians.

Other participants reported that the language barrier also makes it difficult to access services and information in broader networks, particularly when they feel overwhelmed and frustrated due to the multiple challenges they encounter. P3 reported, "So the language barrier also might be another reason that international students don't go see a psychiatrist. But most of the international students, as I said because of their speaking level or because they don't have that self-confidence to go out and present themselves, so this information might not be accessible to them."

Concerns about expressing themselves in a language other than their own is also a concern. P6 spoke about their concerns over accessing services: "There is poor psychological understanding between professional and participants if they don't express their emotions in their mother tongue. And I don't trust those professionals who even don't understand what I'm talking about and they only give the general advices." As P6 illustrates with their testimony, it can be hard for international students to trust the advice they get from service providers when they are not able to fully express themselves the way they would like to. They cannot be assured that the advice they are receiving is what they need.

Overall, reactions to English being a big challenge for international students were mixed, with a few saying that it is a large concern in some cases, but for most of them it is not a major issue.

***Encouragement: English proficiency not a concern.*** For some, however, speaking English as their second language is not really an impediment. P1 shared, "...When I came here, I found people from all over the world, they have accents, they have...they do mistakes, people are welcoming here, people are trying just to understand you and not to pick on your English." P3 stated, "I guess all my professors were very understanding and I can say I got an A- in most of the courses." P5 said, "I experienced a bit language barrier at the very beginning and then it never be a problem because there are so many Chinese here with me." P6 shared her pleasant experience with mastering the English language, "I socialize a lot to learn expressions from broader community. We are the same and they are willing to understand you and my English develop very quickly."

The different perceptions of the experience of speaking English as a second language among the participants indicates that not all international students see the language barrier as a negative thing. Participants negotiating through frustrations as a result of a language barrier stated that they receive various supports from people in their communities, including their supervisors, professors, classmates, and friends from the same cultural background who have experienced similar situations.

***Adjusting to a new environment.*** Participants reported that they experience a lot of stress due to their adjustment to a new environment. For example, P1 said:

I don't know how to approach out of ...to get some stuff done. Like a lot of stuff, like a lot of friends asked me about how to get a driving license. This stuff like the normal stuff like how...from where is the best place to buy things and when is the selling and from where you can rent a car, and how to get visa for some places, which is travelling like experience about flying, or travelling, or buying stuff. Finding houses or finding places to live. Yeah, it's all about the normal life.”

P5 said, “the stuff provided on campus are kind of expensive...I usually cook by myself but it takes extra time.” Others pointed out difficulties they have when dealing with things related to their visas, balancing their budgets, renting apartments, and mobilizing in their-to-day in a totally different environment. P3 added:

We are living in Dundas here in West Hamilton. And we don't have a car. So, he takes the bus. And it takes him an hour and a half to get there. And then an hour and a half to come back home. So, he leaves early in the morning around 8 and he comes back again around 8 in the evening...So, there were times that it was cold, it was snowing and I had to go to the Food Basics and with all the groceries coming waiting for the bus getting on the bus and then getting off the bus. So, there were times that it was difficult.

Some participants reported experiencing a lot of stress due to not knowing the working system here or because they are not used to their new lifestyle yet. For others, stress mainly related to financial and time management issues results from their unfamiliarity with the local system.

*Cultural and service dissonance.* Although participants stated that they receive some supports while studying at McMaster, they also mentioned that these services are limited. They reported that this makes them feel constricted in some ways. In particular, the majority of services they receive are related to orientation and courses on campus, services which are “voluntary” rather than “obligatory.” P2 noted:

...Something to say okay come and see the new people and make that activity obligatory yeah mandatory. Because some people say I don't want to go to that place. But when it is mandatory I feel this meeting that and at the beginning where I can at least identify who is the new people and you know that he is new so and so okay let's meet together just for the first time...I would say assist in activity that's for me the most important...If you do an activity voluntary nobody is going to attend because they don't have the commitment for that. If you give it voluntary people say no, maybe I don't need that. Or it's too late or too soon. So people just drop it right. But if it's something mandatory like okay if you want to study here you have to go to this course. And for real. That's the only way you can attract more people...[in another country], the summer course that I had it was mandatory so that's why everybody was there and it was the best thing they can do for us.

P2 stated that making things mandatory is the only way to effectively gather people and attract collective attendance. Both the voluntary services during the orientation process, as well as other selective courses provided on campus do not meet her needs of making friends or pursuing learning in broader networks. In addition, P5 reported that he benefited from the compulsory course which introduced CV writing skills, but he had expected to receive employment information as well. There appears to be a cultural difference here. Some participants may come from countries where “mandatory” rather than “voluntary” discourses are preferred.

Other participants added that services are difficult to find and almost “invisible.” One participant noted, “It seems there are almost all information on websites, but a lot of people don't know where they are.” Also, P2 remarked, “I don't even know if I get sick what I have to do,” while P4 spoke to the experience of missing/almost missing out on important events and workshops, “There are occasionally posters or announcement on the wall, but at that time I first time realize there was such an event on campus but it has been

over,” and “thanks to the compulsory course that teaches career-related stuff, I know there is workshop for developing skills to do CV and resume. Otherwise, we know nothing about those important information.” There appears to be a variety of services available at McMaster, but there are no guidelines for international students to access them.

Besides the information gap, the efficiency of accessible services does not seem to meet the majority of the participants’ needs. P4 noted:

...It make sense but it’s too slow for me to receive the response from those offices. It’s too poor efficient...like when I was looking for information about renting house, I haven’t got any response until I found the house by myself! We are newcomers as well and an experienced senior is very important to us. He can give advices in academic learning, employment, living tips and something like that to help me know how system is working here quickly. Such people is necessary to help us quickly fit in. However, this [service] is only available for undergrads.

P5 and P6 spoke to a similar experience. P6 said “Sometimes I ask staff for help, but they were unable to give me any advice because they said they had no ideas either.” Other students reported needing to further their language skills and not being able to find appropriate supports. P2 said:

And I was looking for more intensive courses but I have to pay for it and to be honest. But I understand that if I want something more I have to pay or have to look for another place. It starts to create that kind of courses number one for free, But not here but for example in Mohawk College or other options. But I say no I don’t want to pay. At this moment I am living with the money by my supervisor and no so.

The participants also stated that sometimes they find a service that they believe is right for them until they start using it and realize that it does not actually meet their needs.

They reiterated that they need services geared towards the development of “employment skills,” “attaining higher learning skills,” and “living a higher-level life.” The findings indicate that there is an existing dissonance between the needs of international students and what the university offers both culturally and structurally.

Not being able to attain the needed supports on campus, some participants search for community support. Their experiences have not been as positive as they had hoped.

... I went to the Immigrant Working Centre because I knew that they offer services to newcomers. But when I went there I realized that they just offer services to landed immigrants or refugees. Permanent residents or refugees. Our status was temporary visas. So, they said, ‘We cannot offer services to you because you are temporary residents’.

And P6 said:

...I tried to go to Canadian Services to ask for help but it didn’t work out. Because I was not given a Canadian social insurance number. I didn’t know I need to apply for it and even when I knew about it now, I was not being able to apply for it due to my ineligible study permit.

There are many barriers to international students accessing public services in networks outside the university due to their visa status. Participants experience challenges similar to those experienced by immigrants and refugees, including language barriers, financial issues, and challenges related to readjustment. However, given their visa status as students, they are not entitled to receive a whole range of services that are available to non-student immigrants and refugees.

Regardless of frustrations international students experience when they were not able to properly access social supports due to their visa status, participants said that they do have some positive experiences when they try to access supports at the university.

*Gaining small victories.* A few participants voiced their appreciation for the supports they receive in learning English and solving their immigration problems. P2 took the 6-week English program for free on campus to receive writing tips, which seemed to be a significant help for them. P3 received a one-to-one consultation for immigration issues, which helped them to gain deeper knowledge of Canadian immigration policies. P4 and P5 both shared their pleasant experience of having been provided a detailed booklet by their department introducing orientation affairs, along with having received academy-related stuff from their respective departments' administrative assistants and the Students' Association. These packages provided them with some helpful information. P3 stated:

CUPE, they also were very supportive, I must say. They were very active and they had different campaigns they had different petitions supporting I must say they mostly focused on Teaching Assistants and Research Assistants. But most International students are also Teaching Assistants and Research Assistants. Yeah, they were also very helpful.

Participants also noted that there are virtual supports on campus, including both orientation-specific online groups who provide pertinent information, as well as a few relevant services catered specifically to international students. Those international students who have accessed these services said that they were more or less beneficial to them. Other than CUPE, P2 also described the fact that there is a lot of information about campus activities and supports available electronically:

Here on campus, there is a lot of options, there is a lot of groups. I saw everything, the athletic centre, they offer courses for everything and I said yeah that's what I have to search if I want to meet new people right...Everything is in the internet you just have to look for the right key words. I think there is a good

information that is the key I can search very quickly depends on the words you use. The country I come from university more information was spread around campus. But everything here is on line.

Although some participants stated that there is limited information provided through posters or emails, or expressed frustration at the “information bubble,” for others the online information coverage is much appreciated. The Students’ International Association not only provides academic guidelines, it also provides information about social events to encourage collective socialization. Four participants stated that they have made friends who come from all over the world at these events.

A few participants reported that they feel welcome and encouraged at McMaster. A couple of participants said that they receive a lot of support from their supervisors. One participant said: “my supervisor is like my only friend,” and “my supervisor and myself are two core factors to support me here.” P3 talked about her appreciation for her professors, and classmates. She shared that they understood her situation as an international student, and the embarrassment she felt when speaking English in her classes: “they were also willing to have me any time that I said like, I need to talk to you about some issues or something. They were always open. We can meet as soon as possible anytime.” The warm reception and support they receive from supervisors, professors, and classmates mitigates the frustrations associated with their academic struggles to some extent. P2 said:

...For my research, I think it is okay. People here are really, really friendly. Like my supervisor, he’s young and he’s completely relaxed and I see him so far as someone I can tell my problems. He’s very open...Here I believe that people is more open to the idea of being closer and there is more interaction between a

supervisor and a student. It is not someone that is in an office far from you...and I have a good relationship with my supervisor and I am still motivated to do my work.

As P2 reported, she benefits from the open culture here in Canada, and is well-supported by her supervisor. The university comes through as a core place for international students to access supports and maintain a positive outlook. They generally have healthy interactions with supervisors, and classmates, supportive classes, and access to formal supports that assist them both academically and mentally. Principally, a graduate international students' supervisor is a core actor in their adjustment period.

Participants also reported being encouraged through daily socialization. P1, P2, P4, and P5 all said that they have met people from the same cultural background as them very quickly through a meeting with mentors and an online international students' association forum where they get a lot of information and psychological support. The participants reported not experiencing barriers or embarrassment trying to make friends and hang out with people who speak the same language as them. P3 shared a lot about her experience with her landlady, who is the core person in her life who has helped her adjust to the area and live better here:

I can say another factor that really helped us was I found a landlady and she was -----and she was very helpful, very supportive. And she was like, you know, guiding us in Hamilton. Like giving us the addresses that we needed to know, like for example if you want to buy groceries you should go to this Wal-Mart and Food Basics, I don't know, Costco. Also, she introduced us to her family and now they are like our own family. Like they say in Canada, friends turn into families. I experienced that in my case. She's like my second Mom in Canada right now. She was really willing to share her own experience because she also came here 20 years ago. And she was also, in like, I guess she was a newcomer, maybe. But she was very kind and very supportive.

P5 receives support from family:

My sister helped so much. She has been living here for more than 10 years and know the social system well. When I arrived here in Canada, it was she that help me deal with banking, renting house, buying stuff and everything. It was she that recommended me to study here. I'm lucky to have her here that can support me and help me deal with a lot of stuff.

The quotations above indicate that participants' support systems include members of their wider communities, some of which are from people from similar cultural backgrounds, people experiencing (or who had experienced) the same situations as them, as well as from Canadian sponsors. Support related to day-to-day living tips, academic suggestions, informal feedback, socialization skills and so on, are beneficial to graduate international students' physical and psychological adjustment.

All of the above quotations indicate that there are both challenges and victories during graduate international students' settlement. However, the inconsistent experiences, especially of those that have received limited and "insufficient" supports, indicate there are gaps that need to be addressed.

*Managing independent studies.* Some participants reported experiencing challenges with self-directed learning while in their research program. They stated that they experience a lot of stress while managing independent studies at McMaster. The following participant reported how he was unable to handle independent study stress in the same way that he used to manage his stress while doing exams:

I feel like that in the research, because in courses...because in courses, there is deadlines, so they are fine. You know what you are going to study, so it's fine to me to manage. But in the research, the research is the open thing. So, you have

to be self-motivated, self-committed to do it. So if you like sometimes, I'm not in my...I'm not in my research in the first priority, always.

As noted above, P1 sometimes fails to sufficiently self-motivate or prioritize their independent research. P4 and P2 experience similar difficulties while doing independent research. P2 said:

...It is different from learning back home. I was worried about my research studies if there were no peer supports to help me...The course for undergrads here are totally high quality and excellent, but ours are so randomly arranged. there are so many assessments for undergrads like examination, report, paper, but we have nothing. The examination are so easy to pass.

P4 said:

...That's why I would say the research program is very depends on students' self-learning competency and on their supervisors. If the supervisor is very committed, the student is more likely to go well with their research. If not, it is hard for the student to do well...I'm lucky to have a so responsible supervisor...It will be much better for professors to provide textbook or any other course materials to international students ahead of time, it will help them to be familiar with the course and negotiate the language barriers.

It appears that participants struggle with non-standard assessments in research programs, and they emphasize the importance of selecting the right supervisor. Also, as P4 noted, international students still experience language barriers while pursuing their studies.

Learning in a different cultural context can be difficult, either because international students are not familiar with Canadian educational models, or possibly due to alternative cultural understandings of academic learning. In addition, the different structures of undergraduate and graduate programs seem to contribute to the confusion felt by international students.

*Perceived racism and discrimination.* Many participants stated that they experience racism and discrimination first-hand when interacting with Canadians—both in academic spaces and in their daily life. A participant reported the following experience related to “school preference”: “The first question a professor asked me is, ‘Which university are you from back home?’ And because I did not study at [one of the most highly-ranked universities in China], not only some professors, but those students from well-known universities look down upon on me.” P5 added that “it is heard that people from England, States or something like that is easier to publish essays than us from China. But it’s not confirmed. It’s just a rumour.” Not limited to only the academic context, participants experience racism and discrimination in their daily life:

You know what, I have suffered a lot after coming here. I was watching my cell phone when walking across the road. A woman suddenly yelled to me, “watch out! Why don’t you buy a car if you don’t know how to walk on the road. Of course, you are unable to afford. Go back to your country!” I was so surprised and angry. She took me as poor and rude for granted just because I didn’t walk in the road as they expected...Also when I was sharing about my opinions in our group discussion on class, one of my classmate saw me as crazy! But I think I’m not crazy. It’s just because I have the totally different perspective from her...

According to the participants, they experience racism and discrimination during their settlement process.

Altogether, the participants reported that these challenges impact their wellbeing, causing them to experience “mental stress.”

#### **4.2 “Mental Stress”**

Participants experience a lot of confusion and frustration resulting from their many challenges while studying at McMaster. They reported that this confusion causes them to

suffer from “mental stress” rather than a decline in mental health. P5 insisted that he does not experience mental health issues and feels much more relaxed after coming to Canada. P2 said, “I think it’s [mental health] for real problems and I don’t think that my problems are too real.” Also P4 and P6 both reported that they do not regard the stress they experience as being too severe and necessitating professional help. However, participants continually reported that they do not live a 100% mentally satisfying life.

The findings indicate that most participants struggle with “mental stress” and resist seeking out mental health services. P2 stated:

I don’t have the need...I think at this moment I am not doing 100% good when I say on my own I am trying to carry with the situation and I believe that when I feel that okay I can’t call this anymore I’m going to look for professional information. But I think it’s like the next stage. This moment is very upfront where it is happening...I think even if I am not the happiest person right now I can handle this. Like I understand what is happening and yeah so professional help looks well like professionals. I don’t believe my problems are important to look for help. Yes, I think I can do it on my own.

P2 also said:

But it’s just I never look for a professional person for that because I think they are not going to understand what is happening in my mind...Not like a professional they will be worry to have someone in front of you because it’s not just words like when people see how you act how you change your voice or I guess your gestures how you change your gestures, talking about that makes you realize how hard it is for that person.

P1 and P6 reported not being able to fully trust medical or mental health professionals enough to expose themselves emotionally. According to P6:

They will only give the general advices, but I don’t think it does make sense to me. I need to have someone who know me very well and understand what I’m talking about...Also, there seems no consultants on campus who can speak [the same language as me] while taking my deeper emotions into account.

P1 said:

...If they are really...like the same as my friends described, they are professional, they are not bias, and they keep privacy, and actually they will help, I will go there...If I'm going to a consultant, to go to a mental health consultant, I would like that no one of my friends that have the same culture to know that I went to a consultant.

Both the area of mental health and the scope of mental health professionals are understood differently among participants than they are by mainstream society in Canada. There is some concern that professionals, while perhaps well-meaning, would not be able to provide them with adequate care because they would not understand them, culturally. These factors contribute to participants' hesitation in seeking out mental health services.

All participants referenced struggling with “mental stress,” but they do not regard it as a “real problem” requiring professional help. This may be influenced by their cultural background which might stigmatize people struggling with mental health. These kinds of attitudes were explicitly referenced by P1 and P4. P1 said, “because back home, if you are going to a mental health consultant, for our culture, we used to have it as...It's a...shame or bad thing. So, this is in my background.” P4 said they “...rarely accessed mental health education back home.” While cultural pressures are a factor in their lack of access to mental health supports, participants' limited access to information about mental health and relevant services on campus matters as well. For example, all participants stated they know little about mental health services on campus for graduate international students, and never received information about mental health care in their introduction to McMaster. One participant said:

Now because I get to know there is a service that we have and...I get feedback from other friends, that they told me there are professional are very helpful and keep privacy. So, yeah. Maybe I will consult it...So maybe couple of sections that for...[indistinct] those consultants, give it an explain what's it by mental health and what's problem considered be a mental health, and how they can help them. This would be great.

Other participants reported that they feel resistant because they expected to encounter more spontaneous ways to meet their emotional needs. For example, P2 reported:

So, if I remember to look for advice from someone who knows me very well and at this moment I don't have someone on campus that I have that feeling that okay that person knows who I am. Yeah so that's why. I would like to speak in person about my problems, but I don't have the confidence. No one knows me very well at this moment here on campus.

She also said that she feels weird meeting with professionals because she believes they are only supposed to solve "higher level" mental problems. It seems she resists putting herself in a position where she would have to acknowledge that she has problems and needs help dealing with them. Others prioritize academic learning and financial issues as a way to ease their mental stress. P3 reported, "I think one of the reasons that maybe international students are reluctant to go see a psychologist and ask for help is because of the money. They can't afford to spend money for that reason." And some participants prefer quick healing and specific advice over trying to access such information here at McMaster. Just as P1 said:

I'm not patient to wait and make the time here this problem. Usually I will look for...quick fixing. So, I want every fast thing. I want very effective thing. I want to feel different in a short time. Usually I like this. So, when I found about these consultants, I thought this will...[indistinct] this recovering...I will expecting

that to be faster when I consult someone. I don't know, I didn't experience that, like this is my expectation!

However, one participant has sought out services to cope with her mental stress. She said:

At that time, they cut mental health services for graduate students. I am talking about the year 2015 to 2016. And we also signed a petition in order to have the service back. But after I graduated I was disconnected from the campus, and honestly, I don't know what happened to that.

Others, however, were aware of their mental health struggles and of the need for more specialized services. P3 said:

I remember clearly that at that time there was no service provided to graduate students in terms of mental health. Although there were some questionnaires and surveys showing that international students are suffering from different levels of mental health and disease. Like the most common was anxiety and depression. But there was no service providers to them unfortunately...As I told you, I know not enough. At that time I was studying, there was no service.

With one exception, all the quotations presented above indicate various perceptions of mental health status, as well as accessing support when in need. However, due to various cultural norms, lack of available information, and prioritizing other things such as academic learning, their mental health became secondary.

***Homesickness due to lack of supports.*** Some participants reported feeling homesick while adjusting to their new environment, in particular when having limited social supports to help them meet their emotional needs while in Canada. P3 said, "I feel homesick for my mother and friends. But the thing is I am not homesick for my home, my job. No, only my friends and my mother." P2 also reflected:

...Yeah, because I don't have that much close friends unlike my family members around me, like...Yeah, but it was so bad. Sometimes [volume up] I feel lonely because I...having friends is not like...having a very close one

like...a person to you. So I feel...even I have a lot of friends I feel a little bit lonely because like, Yeah, I want to share some stuff with someone but...he is not...this person is not there, even I have a lot of friends...But sometimes I feel lonely. I have to have a partner something like that. So...this is thing that make me, make me not fully 100% satisfied.

As participants reported, they wish they had core people in their lives, such as friends and family members, around to support them emotionally.

#### **4.3 Strategies: Understanding Challenges as A Learning Process**

Despite their many challenges, most participants stated that staying positive and understanding their challenges is a learning process:

I learned a lot of stuff from it, but it was especially what happened was my first...it was my experience, I didn't experience something like this before. But yeah, you get...you learned a lot from these experiences. Maybe it left something not good in yourself, from inside, but it was a good learning experience.

The following comment describes the participant's regard for studying abroad as a precious yet expensive experience:

I'm trying to make it like this. Because we shouldn't live with the sad moments. Because usually I like to...improve myself. This will make me, as I told you, like get feedback from people. So, I care about the feedback, because all those are I want to be better. So, and my brain...like my brain...the strategy is that my brain is using to be better is to focus on the bad stuff on myself to improve it.

Participants also reported developing personal self-care techniques, including “avoiding someone who giving bad emotional impacts on me,” “forcing myself to be busy,” “talk with family and close friends,” “listen to music, jog, take a shower, take a nap,” “walk around,” “drawing and fall asleep,” and “hang out with friends.” Participants

stated that these techniques allow them to do some quick healing and ease some of their “mental stress.” The effects of these strategies, however, do not last for long. P3 reported:

...Honestly I preferred that busy schedule. Because I didn't have enough time to think about anything else. You know I didn't have enough time to think about I'm homesick and alone in Canada. I'm anxious about my future. You know I honestly didn't have any time to think about that. And I prefer to come to campus instead of staying at home all alone with myself.

P4 said that he withdraws himself from hard academic learning and watches a movie or walks around the lake, which helps him to recover from the mental stress and move forward. P2 also noted:

...I try to share with so many friends and family. And they gave me some advice, and just keep up and I know what's happening and just keep working there is a reason...I will say yes. But I'm not crazy, right. Yes, it's okay. This is not 100% effective because I still have frustrations.

P1 shared the same feelings:

Um...I found it difficulty to stop my brain to think about this, because usually I think about the bad...like I think, I think, I think...about the bad stuff all the time, like not the good stuff. So, if I experience bad thing, my brain will be always thinking about these bad things, so it let me down.

The quotations above indicate that the participants' mental stress persists even when they engage in self-care. They have developed strategies to attain quick healing and move forward. However, their persisting mental stress indicates that there is need to provide more proper supports to meet their emotional needs.

## Chapter 5: Discussion

This chapter presents the depth of my research findings and implications for both practice and policy. The limitations of the study are presented last. The findings reveal the underlying structures of the international students' experiences while carrying out their studies at McMaster University.

The findings from this study are similar to what other scholars have argued. That is, graduate international students experience challenges and acculturative stressors related to language barriers, cultural shock, and value conflicts (Berry et al., 2016) just like non-student immigrants and refugees do. The difference is that graduate international students are not provided with the same settlement and social supports as non-student immigrants and refugees. In addition, international students can be understood as being a “third kind of immigrant” (Nunes et al., 2013), whose difficulties are exacerbated due to ineffective and non-inclusive policies (CIC, 2008). These findings indicate that international students' blurred identities result in their high levels of isolation from accessing broader social communities. The findings signal to international students' experiences of frustration while seeking out social supports in wider social networks. Only one participant who had become close with her landlady (a woman from the same cultural background as her) said that she received a lot of supports. However, most of the participants' reported that their social networks were limited to around McMaster's campus. Furthermore, the findings indicate that the challenges international students encounter when interacting with institutions outside the university are mainly caused by their particular immigration

status as international students. This becomes part of their social identity, and it is not properly acknowledged by the political and social context that recognizes the official status of immigrants and refugees. This results in international students encountering both cultural and structural barriers when trying to access public services, both on and off campus.

This research is specifically situated within the university's context, examining the consistency between services users' perceptions of public services. international students either know little about their local systems, or rarely involve themselves in relevant organizations on campus. My findings indicate that international students experience both cultural and systematic barriers to accessing information and services in broader networks on campus, making them feel even more "insufficient" and "limited." In exploring potential causes of this feeling of constraint, it became evident that cultural shifts, often influenced by their heritage/cultural background, or their lack of access to their new culture, contribute significantly to international students' stress levels when they reach out to these services, particularly due to the stigma associated it with it.

According to the data collected, the challenges international students encounter during their acculturation process emerge from their academic work, limited socialization, racial discrimination, restrictions accessing public services, language difficulties, and readjustment, all of which impact their mental health. However, influenced by alternative cultural norms and their social identities as international students, they perceive and label their mental health issues as being "mental stress." This point to a new way of

conceptualizing mental health from the perspective of international students. Participants' collective stories indicated that academic success appeared to supersede mental health struggles. Hence informing a tendency to dismiss these concerns as not being a "real problem".

This research challenges the terms of "mental health" as conceptualized in mainstream literature, and explores understandings of mental health from the perspective of international students. Besides referring to mental health as "mental stress," participants understand the concept of mental health in different ways. Some of them connect mental wellness with being able to manage their academic learning well, while others make links between mental health and navigating their adjustment to Canada. A few regard themselves as mentally healthy because they have positive interactions with their supervisors and classes, and another group associates having a healthy mental state with flexibility and the ability to manage their time and finances. According to my participants, reasons like religious beliefs, financial issues, academic priorities, limited information networks, concerns about confidentiality, and language barriers lead international students to perceive that they do not experience mental health problems and/or do not need to seek help from professionals.

This research also shows that there is a lack of mutual intercultural learning about international students' mental health between international students and the university. Differing from debates about providing "bilingual clinics" and "interpreters" for racialized groups (Simich et al, 2009), there is inadequate cultural sensitivity in

measurements to assess international students' needs. Dominant groups' conceptualization of mental health "problems" as well as the necessity of consulting a mental health care professional for help with these problems is overwhelmingly perceived by participants as "generalized" and "as only necessary for those with "higher level mental issues."

This research also examines the dominant narratives that take control of international students' lives. I concur with Gribble (2008), who suggests that international students live in a politicized context that positions them as potential skilled immigrants to Canada and immigrants "who become academics are integral for enhancing research and innovation" (as cited in Nunes et al., 2013, p. 35). Influenced by this discourse, graduate international students prioritize academic learning, developing employment skills, and mastering the English language over developing effective coping mechanisms. The presence of this unfortunate discourse is supported by the participants' stories. They state that they experience constraints and stress when there are no services geared towards "developing employment skills," "attaining higher education," and "developing language skills." Such public discourses reinforce the cultural and service dissonance perceived by the participants.

### **5.1 Implications for Practice**

Overall, international students experience challenges which impact their mental health as being intrinsically related to their academic learning, adjustment to their new country, their language competency, racism and discrimination, and further professional

development success (i.e. employment). Based on this understanding, participants stated their preference for evidence-based resources (i.e. peer supports, online courses, and face-to-face seminars) to popularize knowledge of local supports, which can provide them with guidelines about the culture they are adjusting to, the working system, living tips, ways to access information, and many other affairs, rather than the “mental health services” as they are currently conceptualized in western culture.

It is evident that there are cultural and structural barriers to international students accessing services, and this research indicates that there is a need for community alliances to include international students’ voices. Relevant students’ association organizations, mental health practitioners, and various departments on campus need to work together to create educational platforms, events, curricula, and workshops. Only this way can we develop a widespread awareness of international students’ particular needs among service providers and community members.

I have compiled some policy recommendations for relevant stakeholders. These recommendations mainly call for awareness raising of the international students’ experience during settlement, developing cultural sensitivity in mental health service supports, empowerment, collaboration among services sectors, and mutual intercultural learning.

***For SGS and IGSA.*** Set up a Graduate International Students’ Advisory Group to involve a broader range of graduate international students into the policy-making process. Integrate easy access resources on campus (evidence-based and non-evidence based) for

graduate international students, and specialize services for graduate international students (whose needs are sometimes very different from those of undergraduates), including providing more expertise with academic assistance, quick healing in mental health supports, guidelines to obtaining research funding, and visa-related assistance. Unpacking diverse cultural norms and understandings (i.e. “mandatory” vs “voluntary”) when delivering information and services for international students is of outmost importance.

*For the Mental Wellness Centre at McMaster.* Develop infrastructure to popularize knowledge of mental health for international students, and engage in community-based research. They could devote expertise towards promoting mutual learning about mental health, and students from different cultural backgrounds could be recruited to volunteer their services in different languages. This strategy would lower language barriers and cultural distance during diagnosis. Finally, mental wellness assessments and measurements could be normalized for graduate international students to refer to.

*For the different departments at McMaster.* Raise wider awareness of the need for frontline staff to be culturally sensitive when supporting international students and develop the quality of care that staff and faculty members provide for graduate international students through training. They should provide guaranteed internships for graduate international students so that they can gain working experience and be empowered.

## **5.2 Implications for Theory**

In line with the rationale of critical science and the implementation of CT, the findings of this study contribute to the current literature in several ways. They confirm that there are structural and cultural barriers preventing graduate international students from fully accessing public services and addressing their mental health struggles, which results in international students' high level of isolation. Through shifting the research perspective from service providers to service users, this research gives a snapshot view of what social justice work by and for excluded groups could look like, in some ways questioning the university's authority when it comes to understanding what the groups under its authority need.

The conclusions of this research unveil a new way of conceptualizing mental health from the graduate international students' standpoint, providing alternatives for addressing international students' emotional needs, and developing social supports.

### **5.3 Limitations of the Research**

There are a few significant limitations to this research. Firstly, the small sample size I drew data from in this study presents a problem. In further studies, a much larger pool of participants would yield more representative data. The number of participants is not large enough to accurately represent all graduate international students, at McMaster or beyond it. Another limitation is that not all disciplines/departments at McMaster are represented by the participants, so the data does not capture the experiences of graduate international students from certain disciplines.

As to the use of CT in this research, there are limitations involved in balancing what changes we can make in providing immediate supports and radical changes (which would take more time and effort to introduce). This research is aimed at exploring international students' mental health, as well as revealing the underlying structures of their experiences. I hope that the findings on this study serve to encourage grass-root changes, and pressure the Canadian post-secondary educational system to promote mutual cultural learning. Both of these pathways take a long time to develop, and graduate international students' urgent needs, such as accessing services in broader networks and eliminating mental stress, are issues that need to be addressed in a more immediate future.

The fact that some interviews were conducted in Chinese and later translated to English, involved losing rich and valuable data. By the way of example, idioms or expression used in Chinese were translated to one English word (closest to its meaning), as its literal translation would not have any meaning in English

## References

- Abe J., Talbot, D.M., & Gellhoed, R. (1998). Effects of a peer program on international student adjustment. *Journal of College Student Development, 39*, 539-547.
- Allan, J. (2003). Theorising critical social work. In J. Allan, B. Pease & L. Briskman (Eds.), *Critical social work: An introduction to theories and practices* (pp. 32-51). Australia: Allen & Unwin.
- Anderson, R.M., & Davidson, P.L. (2001). *Improving access to care in America: individual and contextual factors*. In: Rice, T.H., Kominski, G.F. (Eds.), *Changing the U.S. health care system* (pp. 3-30). San Francisco: Jossey-Bass.
- Andrade, M. S. (2006). International students in English-speaking universities: Adjustment factors. *Journal of Research in International Education, 5*(2), 131-154.
- Arati, S. (2013). *A comparative analysis of information for international students provided by U.S. and Canadian universities on their websites*. Retrieved from ProQuest Dissertations & Theses (A&I 1547382038).
- Balls Organista, P., Organista, K. C., & Kurasaki, K. (2003). The relationship between acculturation and ethnic minority mental health. In K. M. Chun, P. Balls Organista & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 139-161). Washington, D.C.: American Psychological

Association.

Betancourt, H., & Lopez, S. R. (1993). The study of culture, race, and ethnicity in American psychology. *American Psychologist*, 48, 629-637.

Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. Padilla (Ed.), *Acculturation: Theory, models and some new findings* (pp. 9–25). Boulder, Colorado: Westview.

Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29, 697-712.

Berry, J. W. (2006). Acculturation: A conceptual overview. In M. H. Bornstein & L. R. Cote (Eds.), *Acculturation and parent-child relationships: Measurement and development* (pp. 13-30). Mahwah, New Jersey: Erlbaum.

Berry, J. W., & Hou, F. (2016). Immigrant acculturation and wellbeing in Canada. *Canadian Psychology/Psychologie Canadienne*, 57(4), 254-264.

Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity and adaptation. *Applied Psychology: An International Review*, 55, 303-332.

Berry, J., Poortiga, Y., Segall, M., & Dasen, P. (2002). *Cross-cultural psychology: Research and applications* (2nd ed.). New York: Cambridge University Press.

Bhugra, D., & Mastrogianni, A. (2004). Globalisation and mental disorders. Overview

with relation to depression. *British Journal of Psychiatry*, 184, 10-20.

Blignault, I., Ponzio, V., Rong, Y., & Eisenbruch, M. (2008). A qualitative study of barriers to mental health services utilisation among migrants from mainland China in south-east Sydney. *International Journal of Social Psychiatry*, 54(2), 180-190.

Canadian Alliance on Mental Illness and Mental Health (CAMIMH). (2007). *Mental health literacy in Canada: Phase one report mental health literacy project*. Ottawa, Ontario: Author.

Canada Health Act and the Romano's Report. (2016). Retrieved from <https://www.canada.ca/en/health-canada/services/publications/health-system-services/canada-health-act-annual-report-2015-2016.html>

Carranza, M. E. (2013). Salvadorian ethnic pride: A bridge for reducing mother-daughter conflict due to acculturation into Canadian society. *Canadian Social Work Review/Revue Canadienne De Service Social*, 29(1), 61-85.

Chan, Y.F. & Quine, S. (1997). Utilisation of Australian health care services by ethnic Chinese. *Australian Health Review*, 20, 64-77.

Chen, A. W., Kazanjian, A., & Wong, H. (2008). Determinants of mental health consultations among recent chinese immigrants in british columbia, canada: Implications for mental health risk and access to services. *Journal of Immigrant and Minority Health*, 10(6), 529-540.

- Citizenship and Immigration Canada. (2008). *Backgrounder: Post-graduation work permit program*. Ottawa, ON: Government of Canada. Retrieved from <http://www.cic.gc.ca/english/department/media/backgrounders/2008/2008-04-21.asp>
- Comas-Forgas, R. & Green, B. (2013). *Psychological health of women of color: Intersection, challenges and opportunities*. Santa Barbara, California: ABC-CLIO, LLC.
- DeFehr, J. N. (2016). Inventing mental health first aid: The problem of psychocentrism. *Studies in Social Justice, 10*(1), 18-35.
- DeCuir-Gunby, J., Marshall, P., & McCulloch, A. (2011). Developing and using a codebook for the analysis of interview data. *Field Methods, 23*(2), 136-155.
- Eisenbruch, M., Chan, B., & Parker, G. (2005). The meaning of suffering – A Chinese explanatory model tool for depressive episode (Abstract). *Australian and New Zealand Journal of Psychiatry, 39*(2), A51.
- Fereday, J., and Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*, 1-11.
- Fook, J. (2012). *Social Work: A Critical Approach to Practice* (2<sup>nd</sup> ed.). Los Angeles: Sage.
- Geeraert, N., & Demoulin, S. (2013). Acculturative stress or resilience? A longitudinal

- multilevel analysis of sojourners' stress and self-esteem. *Journal of Cross-Cultural Psychology*, 44, 1239-1260.
- George, U. (2008). Mexican migration to Canada: Case study report. *Journal of Immigrant & Refugee Studies*, 6(3), 463-474.
- George, U., & Tsang, A. K. (2000). Newcomers to Canada from former Yugoslavia: Settlement issues. *International Social Work*, 43(3), 381-393.
- Glaister, A. (2008). 'Introducing critical practice', In S. Fraser, & S. Matthews (Eds.), *The critical practitioner in social work and health care* (pp. 8-26). London: Sage.
- Gribble, C. (2008). Policy options for managing international student migration: The sending country's perspective. *Journal of Higher Education Policy and Management*, 30, 25-39. doi:10.1080/13600800701457830
- Habermas, J. (1986 [1971]). *The theory of communicative action: reason and the rationalization of society*. vol. 1: *Reason and the rationalization of society*. Cambridge: Polity.
- Hadiaczky, G., Hokby, S., Mkrтчian, A., Carli, V., & Wasserman, D. (2015). MHFA is an effective public health intervention for improving knowledge, attitudes, and behavior: A meta-analysis. *International Review of Psychiatry*, 26(4), 467-475.
- Health Services Restructuring Commission. (1999). *Advice to the Minister of Health on building a community mental health system in Ontario*. Retrieved from: [http://192.75.156.24/phase2/rr\\_mha\\_0399.doc](http://192.75.156.24/phase2/rr_mha_0399.doc).

- Institute of Medicine. (2012). *Facilitating state health exchange communication through the use of health literate practices*. Washington, D.C.: The National Academies Press.
- Jedwab, J. (2013). *The multiculturalism question: Debating identity in 21st-century Canada*. Montreal, Canada: McGill-Queen's University Press.
- Jones-Devitt, S., & Smith, L. (2007). *Critical thinking in health and social care*. London: Sage.
- Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177, 396-401.
- Kalbach, M. A., Driedger, L., & Halli, S. S. (2000). Immigrant Canada: Demographic, economic & social challenges. *Canadian Journal of Urban Research*, 9(2), 226.
- Kathryn, C. (2016). *Factors influencing the perceived stress and sociocultural adaptation of international students: Policy and leadership implications*. Retrieved from ProQuest Dissertations & Theses (A&I 1809117273).
- Kickbusch, I., Pelikan, J., Apfel, F., & Tsouros, A. (2013). Health literacy: the solid facts. *Copenhagen: WHO Regional Office for Europe*, 7–8. Retrieved from: <https://doi.org/10.1016/j.socscimed.2008.09.050>
- Knaak, S., & Patten, S. (2016). A grounded theory model for reducing stigma in health professionals in Canada. *Acta Psychiatrica Scandinavica*, 134, 53-62.

- Koneru, V. K., Weisman de Mamani, A. G., Flynn, P. M., & Betancourt, H. (2007). Acculturation and mental health: Current findings and recommendations for future research. *Applied and Preventive Psychology, 12*(2), 76-96.
- Kuo, B. C.H (2014). Coping, acculturation, and psychological adaptation among migrants: A theoretical and empirical review and synthesis of the literature. *Health Psychology & Behavioral Medicine, 2*(1): 16-33.
- Kutcher, S., Bagnell, A., & Wei, Y. (2015). Mental health literacy in secondary schools: A canadian approach. *Child and Adolescent Psychiatric Clinics of North America, 24*(2), 233-244.
- Kutcher, S., & Wei, Y. (2014). School mental health literacy. *Education Canada, 54*, 22-26.
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie, 61*(3), 154-158.
- Kutcher, S., Wei, Y., & Morgan, C. (2016). Mental health literacy in post-secondary students. *The Health Education Journal, 75*(6), 689-697.
- Mahon, R. (2008). Varieties of liberalism: Canadian social policy from the “golden age” to the present. *Social Policy & Administration, 42*(4), 342-361.
- Marcus, M., & Westra, H. (2012). Mental health literacy in Canadian young adults: Results of a national survey. *Canadian Journal of Community Mental Health,*

- 31(1), 1-15. Martin-Matthews, A., Sims-Gould, J., & Tong, C. E. (2012/2013). Canada's complex and fractionalized home care context: Perspectives of workers, elderly clients, family carers, and home care managers. *Canadian Review of Social Policy*, 68/69, 55-74.
- Mason, J. (2002). *Qualitative researching* (2nd ed.). London: SAGE.
- McKeen, W. (2006). Diminishing the concept of social policy: The shifting conceptual ground of social policy debate in Canada. *Critical Social Policy*, 26(4), 865-887.
- Miles, M. B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook*. (2<sup>nd</sup> ed). Thousand Oaks, California: SAGE.
- Minas, I. H & Australia. Bureau of Immigration, Multicultural and Population Research (1996). *Mental health services for NESB immigrants : transforming policy into practice*. Canberra: Australian Government Pub. Service.
- Ministry of Health and Long-Term Care. (1993). *Putting People First: The Reform of Mental Health Services in Ontario*. Toronto: OMHLTC.
- Ministry of Health and Long-Term Care. (1999a). *Making it Happen: Implementation Plan for Mental Health Reform*. Toronto: OMHLTC.
- Ministry of Health and Long-Term Care. (1999b). *Making It Happen: Operational Framework for the Delivery of Mental Health Services and Supports*. Toronto: OMHLTC.

- Ministry of Health and Long-Term Care. (2000a). *Consultation on Proposed Legislative Changes to the Mental Health Act and the Health Care Consent Act*. Toronto: OMHLTC.
- Montgomery, N. D. & Terrion, L. J. (2016). Tensions along the path toward mental health literacy for new immigrant mothers: Perspective on mental health and mental illness. *International Journal of Mental Health Promotion*, 16(2), 83-94.
- Mori, S.C. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development*, 78(2),137-44.
- Mullaly, B. R.P.(2007). *The new structural social Work (4<sup>th</sup> ed)*. Ontario: Oxford University Press.
- Mulvale G., Abelson J., & Goering P. (2007). Mental health service delivery in Ontario, Canada: how do policy legacies shape prospects for reform? *Health Economics, Policy and Law*, 2, 363–389.
- Neuman, L. (1997). The Meanings of Methodology. In E.L. Neuman (ed.), *Social research methods: Qualitative and quantitative approaches* (pp. 43-66). Boston: Allyn & Bacon.
- Nguyen, L., & Peterson, C. (1993). Depressive symptoms among Vietnamese American college students. *Journal of Social Psychology*, 133, 65-71.
- Nunes, S., & Arthur, N. (2013). International students' experiences of integrating into the workforce. *Journal of Employment Counseling*, 50(1), 34-45.

- O'Connell, A. (2006). Research as resistance: Critical, indigenous, and anti-oppressive approaches. *Resources for Feminist Research*, 31(3), 148-151.
- Palinkas, L. A., & Pickwell, S.M. (1995). Acculturation as a risk factor for chronic disease among Cambodian refugees in the United States. *Social Science & Medicine*, 40(12), 1643–1653.
- Payne, M. (2014). *Modern social work theory (4<sup>th</sup> ed)*. Chicago, Illinois: Lyceum Books.
- Pescosolido, B., Jensen, P., Martin, J., et al. (2008). Public knowledge and assessment of child mental health problems: finding form the national stigma study—children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(3), 339-349.
- Phinney, J.S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin*, 108, 499-514.
- Phinney, J. S., & Devich-Navarro, M. (1997). Variations in bicultural identification among African American and Mexican American adolescents. *Journal of Research on Adolescence*, 7, 3–32.
- Rimke, H. (2010). Consuming fears: Neoliberal in/securities, cannibalization, and psychopolitics. In J. Shantz (ed.), *Racism and borders: Representation, repression, resistance* (pp. 95-113). New York: Algora Publishing.
- Rudmin, F. W., & Ahmadzadeh, V. (2001). Psychometric critique of acculturation psychology: The case of Iranian immigrants in Norway. *Scandinavian Journal of*

*Psychology*, 42, 41-56.

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or multidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology*, 79, 49-65.

Salant, T., & Lauderdale, D. S. (2003). Measuring culture: A critical review of acculturation and health in Asian immigrant populations. *Social Science & Medicine*, 57, 71-90.

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Global mental health 2: Resources for mental health: Scarcity, inequity, and inefficiency. *The Lancet*, 370, 878-889.

Sawir, E., Marginson, S., Forbes-Mewett, H., Nyland, C., & Ramia, G. (2012). International student security and English language proficiency. *Journal of Studies in International Education*, 16(5), 434-454.

Scheper-Hughes, N., & Lock, M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly*, 1, 6-41.

Shapiro, E. (2002). *The health transition fund synthesis series: Home care*. Ottawa, ON: Minister of Public Works and Government Services Canada. Retrieved from <http://www.hc-sc.gc.ca/hcs-sss/pubs/home-domicile/2002-htf-fass-home-domicile/index-eng.php>

- Sherry, M., Thomas, P., & Chui, W.H. (2010). International students: A vulnerable student population. *Higher Education, 60*(1), 33-46.
- Shin, K. R. (1994). Psychosocial predictors of depressive symptoms in Korean–American women in New York City. *Women & Health, 21*(1), 73-82.
- Simich, L., Maiter, S., Moorlag, E., & Ochocka, J. (2009). Taking culture seriously: Ethnolinguistic community perspectives on mental health. *Psychiatric Rehabilitation Journal, 32*(3), 208-214.
- Sinding, C. (2010). Using institutional ethnography to understand the production of health care disparities. *Qualitative Health Research, 20*(12), 1656-1663.
- Smith, D. E. (2005). *Institutional ethnography: A sociology for people*. Toronto: AltaMira Press.
- Smith, J.A., & Osborn, M. (2007). Interpretative Phenomenological Analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (53-80). Thousand Oaks, CA: SAGE Publications Inc. Retrieved from: [http://www.sagepub.in/upm-data/17418\\_04\\_Smith\\_2e\\_Ch\\_04.pdf](http://www.sagepub.in/upm-data/17418_04_Smith_2e_Ch_04.pdf)
- Spencer-Rodgers, J. (2000). The vocational situation and country of orientation of international students. *Journal of Multicultural Counseling and Development, 28*, 32–49.
- Statistics Canada. (2001). *Longitudinal Survey of Immigrants to Canada: A Portrait of Early Settlement Experiences*. (Catalogue number 89-614-XIE). Retrieved from

<http://www.statcan.ca/english/freepub/89-614-XIE/89-614-XIE2005001.pdf>.

- Tabora, B.L., & Flaskerud, J.H. (1997). Mental health beliefs, practices and knowledge of Chinese American immigrant women. *Issues in Mental Health Nursing, 18*, 173–189.
- Thomson, M. S., Chaze, F., George, U., & Guruge, S. (2015). Improving immigrant populations' access to mental health services in Canada: A review of barriers and recommendations. *Journal of Immigrant and Minority Health, 17*(6), 1895-1905.
- Tiwari, S.K., & Wang, J.L. (2008). Ethnic differences in mental health service use among white, Chinese, South Asian and South East Asian populations living in Canada. *Social Psychiatry and Psychiatric Epidemiology, 43*, 866–71.
- Triandis, H. C. (1980). Reflections on trends in cross-cultural psychology. *Journal of Cross-Cultural Psychology, 11*, 35–58.
- Yorgason, J.B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health, 57*(2), 173-181.
- Yuefang, Z., Jindal-Snape, D., Topping, K., & Todman, J. (2008). Theoretical models of culture shock and adaptation in international students in higher education, *Studies in Higher Education, 33*(1), 63-75.



**McMaster University Research Ethics Board (MREB)**

FACULTY/GRADUATE/UNDERGRADUATE/STAFF

**APPLICATION TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH**

**[Behavioural / Non-Medical]**

<b>Date:</b> May 9 <sup>th</sup> 2017	<b>Application Status:</b> New: [ <input type="checkbox"/> ] Change Request: [ <input checked="" type="checkbox"/> ]	<b>Protocol #:</b>
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**Helpful Hints Mouse over bold blue hypertext links for help with completing this form.**

- Use the most recent version of this form.
- Refer to the McMaster University [< Research Ethics Guidelines and Researcher’s Handbook >](#), prior to completing and submitting this application.
- For [<help>](#) with completing this form or the ethics review process, contact the Ethics Secretariat at ext. 23142, or 26117 or [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)
- To change a previously cleared protocol, please submit the “[< Change Request >](#)” form.

**PLEASE SUBMIT YOUR APPLICATION PLUS SUPPORTING DOCUMENTS (scanned PDF signature) BY E-MAIL**

You can also send the signed signature page to: **Ethics Secretariat, Research Office for Administration, Development and Support (ROADS), Room 305 Gilmour Hall, ext. 23142, [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca).**

**SECTION A – GENERAL INFORMATION**

**1. Study Titles:** (Insert in space below)

<b>Title:</b> More Than Surviving: The Mental Health Literacy* of International students
1a: <b>Grant Title:</b> <i>(Required for funded research. Click this <a href="#">&lt; link &gt;</a> to determine your "grant title").</i>

**2. Investigator Information:** This form is not to be completed by [Faculty of Health Science researchers](#) .

\*Faculty and staff information should be inserted above the black bar in this table.

Student researcher and faculty supervisor information should be inserted below the black bar in the table below.

	<b>Full Name</b>	<b>Department</b> <i>&amp; or name of university if different from McMaster</i>	<b>Telephone Number(s) &amp; Extension(s)</b>	<b>McMaster E-mail Addresses</b>
<b>Principal Investigator*</b>				
<b>Co-Investigator(s)</b> <i>(Insert additional rows as required.)</i>				
<b>Research Assistants or Project Coordinators*</b>				
<b>Student Investigator(s)*</b>	Ying Dong	Social Work	289-700-3450	dongy19@mcmaster.ca
<b>Faculty Supervisor(s)*</b>	Mirna E. Carranza	Social Work	905-525-9140	carranz@mcmaster.ca

**3. Study Timelines:** (Contact the Ethics Secretariat at X 23142 or [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca) for urgent requests.)

(a) What is the date you plan to begin recruiting participants or obtain their permission to review their private documents (Provide a specific date)?

**May 15<sup>th</sup> 2017**

(b) What is the estimated last date for data collection with human participants?

**June 5<sup>th</sup> 2017**

**4. Location of Research:** List the location(s) where research will be conducted. Move your mouse over this [Helpful Hint](#) > for more information on foreign country or school board reviews and contact the Ethics Office at X 23142 or 26117 for information on possible additional requirements:

(a) McMaster University [  ]

(b) Community [  ] Specify Site(s)

(c) Hospital  Specify Site(s)

(d) Outside of Canada  Specify Site(s)

(e) School Boards  Specify Site(s)

(f) Other  Specify Site(s)

**5. Other Research Ethics Board Clearance**

(a) Are researchers from outside McMaster also conducting this research? If **yes**, please provide their information in Section 2 above.

**Yes**  **No**

(b) Has any other institutional Research Ethics Board already cleared this project?  **Yes**  **No**

(c) If **Yes** to (5b), complete this application and provide a copy of the ethics clearance certificate /approval letter.

(d) Please provide the following information:

<p><b>Title of the project cleared elsewhere:</b></p> <p><b>Name of the other institution:</b></p> <p><b>Name of the other board:</b></p> <p><b>Date of the other ethics review board's decision:</b></p> <p><b>Contact name &amp; phone number for the other board:</b></p>
--

(e) Will any other Research Ethics Board(s) or equivalent be asked for clearance?  **Yes**  **No**

If yes, please provide the name and location of board(s).

--

***GENERAL INSTRUCTIONS AND HELPFUL TIPS (Please read first):***

*Please be as **clear** and **concise** as possible and **avoid technical jargon**. Keep in mind that your protocol could be read by reviewers who may not be specialists in your field. Feel free to use headings, bolding and bullets to organize your information. Content boxes on this application expand.*

**6. Research Involving Canadian Aboriginal Peoples** i.e., First Nations, Inuit and Métis  
(Check all that apply)

(a) Will the research be conducted on Canadian Aboriginal lands?  Yes  No

(b) Will recruitment criteria include Canadian Aboriginal identity as either a factor for the entire study or for a subgroup in the study?  Yes  No

(c) Will the research seek input from participants regarding a Canadian Aboriginal community's cultural heritage, artifacts, traditional knowledge or unique characteristics?  Yes  No

(d) Will research in which Canadian Aboriginal identity or membership in an Aboriginal community be used as a variable for the purpose of analysis of the research data?  Yes  No

(e) Will interpretation of research results refer to Canadian Aboriginal communities, peoples, language, history or culture?  Yes  No

***If "Yes" was selected for any questions 6.a-6.e above, please note that the TCPS (Chapter 9) requires that researchers shall offer the option of engagement with Canadian Aboriginal communities involved in the research.***

***<http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>. For advice regarding TCPS guidelines for conducting research with Canadian Aboriginal peoples, please contact Karen Szala-Meneok at X 26117 or [szalak@mcmaster.ca](mailto:szalak@mcmaster.ca)***

(f) Please describe the nature and extent of your engagement with the Aboriginal community(s) being researched. The nature of community engagement should be appropriate to the unique characteristics of the community(s) and the research. The extent of community engagement should be determined jointly by the researchers and the relevant communities. Include any information/advice received from or about the Aboriginal community under study. ***The TCPS notes; "although researchers shall offer the option of engagement, a community may choose to engage nominally or not at all, despite being willing to allow the research to proceed". If conducted research with several Aboriginal communities or sub-groups, please use headings to organize your information.***

***ATTACHMENTS: Provide copies of all documents that indicate how community engagement has been or will be established (e.g., letters of support), where appropriate.***

(g) Has or will a research agreement be created between the researcher and the Aboriginal community?



- CIHR & agency #
- SSHRC & agency #
- Health Canada & agency #
- Canada Graduate Scholarship & Agency #
- USRA
- NSERC & agency #
- ARB
- CFI & agency #
- Post Graduate Scholarship & Agency #
- Other agency & # (*Specify*)

(e): Are you requesting ethics clearance for a research project that was not originally designed to collect data from human participants or their records (i.e., your research project originally did not involve collecting data from humans or their records) but you now intend to do so?  **Yes**  **No**

**9. Conflicts of Interest**

- (a) Do any researchers conducting this study, have multiple roles with potential participants (e.g., acting as both researcher and as a therapist, health care provider, family member, caregiver, teacher, advisor, consultant, supervisor, student/student peer, or employer/employee or other dual role) that may create real, potential, or perceived conflicts, undue influences, power imbalances or coercion, that could affect relationships with others and affect decision-making processes such as consent to participate?  
 **Yes**  **No**

- (i) If **yes**, please describe the multiple roles between the researcher(s) and any participants.

No. I will not be interviewing any of my peers-as there is only one more international student in the School of Social work.

- (ii) Describe how any conflicts of interest identified above will be avoided, minimized or managed.

(b) Will the researcher(s), members of the research team, and/or their partners or immediate family members:

- (i) receive any personal benefits (for example a financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options etc.) as a result of or being connected to this study?  
 **Yes**  **No**

(ii) If **yes**, please describe the benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits which are integral to the conduct of research generally).

(c) Describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the sponsor has placed on the investigator(s), if applicable.

## SECTION B – SUMMARY OF THE PROPOSED RESEARCH

### 10. Rationale

For the proposed research, please describe the *background* and the *purpose* concisely and in lay terms, as well as any overarching research questions or hypotheses to be examined.

***Please do not cut and paste full sections from your research proposal.***

**Helpful Definition:** In this research Mental Health Literacy (MHL) will be understood as “the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems” (Canadian Alliance on Mental Illness and Mental Health [CAMIMH], 2007: 4); and as the enhancement of evidence-based resources on campus for college students to access so that they can promote mental health knowledge, access appropriate care, decline self-stigma and acknowledge coping strategies (McGorry, 2005; Thompson, Hunt and Issakidis, 2004; Wells et al., 1994; as referenced in Stan, 2016:690).

#### **Background:**

Over the last decade, as Jessica, David and Tracy (2012) have argued that mental health literacy is an essential measure to develop mental wellness (as referenced in Kutcher, Wei and Coniglio, 2016:10). Immigration brings about many challenges i.e., culture shock, systemic racism, financial issues, and absence of social supports (Lysgaard, 1955; Oberg, 1960; Geeraert and Demoulin, 2013). Hence impacting the mental health of all those involved (Montgomery and Terrion, 2016; Alireza, 2005; Geeraert et al., 2013; Schwartz, Unger, Zamboanga and Szapocznik, 2010; Ward, Bochner and Furnham, 2001). However, literature directly discussing mental wellness on international students is limited.

International students are considered part of the ‘third kind of people’ who are neither immigrants nor refugees. In recent years, international students to Canada have increased significantly, but their social support seems to be limited. Hence impacting their mental wellness, as they too endure multiple changes and challenges (Alireza, 2005; Andrade, 2006; Pollak, 2015; Shik & Wai, 1995; Pinto & Melissa, 2010; Kathryn, 2016). Little is known about their needs (Maiter et al., 2008; Yorgason, Linville and Zitzman,

2008)

**-Purpose:** The purpose of this research is to explore the mental health literacy of international students—particularly of McMaster University; and to contribute to decreasing the existing knowledge gap.

## 11. Participants

Please use the space below to describe the:

- (a) approximate number of participants required for this study
- (b) salient participant characteristics (e.g., age, gender, location, affiliation, etc.)

***If researching several sub-populations, use headings to organize details for items (a) and (b).***

- a) 10-11 international students carrying out their studies at McMaster University.
- b) Salient participant characteristics:
  - Students will be graduate international students from various disciplines
  - Both male and female
  - From various parts of the globe (i.e. China, Arab, Egypt, Iran, Ireland, Korea, Japan)
  - Age 18-30

## 12. Recruitment

Please describe in the space below:

- (a) how each type of participant will be recruited,
- (b) who will recruit each type of participant,
- (c) relationships (if any) between the investigator(s) and participant(s) (e.g. instructor-student; manager-employee, family member, student peers, fellow club members, no relationship etc.),
- (d) permission you have or plan to obtain, for your mode of recruitment for each type of participant, if applicable.

***If researching several sub-populations, use headings to organize details for items (a) – (d). Click "[Tips and Samples](#)" to find the "How to Unpack the Recruitment Details" worksheet and other samples.***

***ATTACHMENTS: Provide copies of all recruitment posters, advertisements letters, flyers, and/or email scripts etc. and label these as appendices (e.g., Appendix A or 1).***

I am a member of the international students' advisory group. The School of Graduate Studies (SGS) and the International Graduate Students Association (IGSA) in McMaster will provide assistance in forwarding the

recruitment package to international students.

- a) Once I obtain ethical clearance from REB, I will seek permission from the student center in McMaster to place posters (Appendix A) on campus. And recruit through email as well.
- b) I have prepared an information package which contains:
  - Letter of information/consent (Appendix B)
  - Interview questions (Appendix C)
  - Counselling Services Information Sheet (Appendix D)
- c) Also an Email recruitment will be sent:
  - Step 1: Researcher's email to participants (Appendix E)
  - Step 2: School of Graduate Studies (SGS) email to participants (Appendix F)
  - Step 3: International Graduate Students Association (IGSA) email to participants (Appendix G)

### 13. Methods

Describe sequentially, and in detail all data collection procedures in which the research participants will be involved (e.g., paper and pencil tasks, interviews, focus groups, lab experiments, participant observation, surveys, physical assessments etc. —*this is not an exhaustive list*). Include information about who will conduct the research, how long it will take, where data collection will take place, and the ways in which data will be collected (e.g., computer responses, handwritten notes, audio/video/photo recordings etc.).

***If your research will be conducted with several sub-populations or progress in successive phases; use sub-headings to organize your description of methodological techniques.***

***ATTACHMENTS: Provide copies of all questionnaires, interview questions, test or data collection instruments etc. Label supporting documents as appendices (e.g., Appendix A or 1) and submit them as separate documents - not pasted into this application.***

***Click "[Tips and Samples](#)" to find the "How to Unpack the Methods" worksheet and other samples.***

This is a **qualitative study**. A qualitative study is appropriate because it helps with the gathering of experiences (Mason, 2002) of international students while studying in McMaster. This will be crucial as to constitute compelling interpretations about the international students' mental health literacy while carrying their studies at McMaster University.

**Data collection** will involve 10-11 individual interviews (Appendix C) with international students.

One face-to-face, one hour interview will be conducted. For accuracy and verification purposes, these will be audiotaped with the participants' consent. Handwritten notes will also be taken. They will take place most probably on weekends or in the evening, at a place of their choosing (i.e. an interview room in a library at McMaster University).

Data collection will take place during May 15<sup>th</sup> 2017 to June 5<sup>th</sup> 2017.

14. **Secondary Use of Identifiable Data** (*e.g. the use of personally identifiable data of participants contained in records that have been collected for a purpose other than your current research project*):

(a) Do you plan on using identifiable data of participants in your research for which the original purpose that data was collected is different than the purpose of your current research project?  **Yes**  **No**

If **yes**, please answer the next set of questions:

(b) Do you plan to link this identifiable data to other data sets?  **Yes**  **No**

If **yes**, please describe in the space below:

(c) What type of identifiable data from this data set are you planning to access and use?

Student records (please specify in the space below)

Health records/clinic/office files (please specify in the space below)

Other personal records (please specify in the space below)

(d) What personally identifiable data (e.g., name, student number, telephone number, date of birth etc.) from this data set do you plan on using in your research? Please explain why you need to collect this identifiable data and justify why each item is required to conduct your research.

(e) Describe the details of any agreement you have, or will have, in place with the owner of this data to allow you to use this data for your research. **ATTACHMENTS: Submit a copy of any data access agreements.**

(f) When participants first contributed their data to this data set, were there any known preferences expressed by participants at that time about how their information would be used in the future? [  ] **Yes** [  ] **No**

If **yes**, please explain in the space below.

(g) What is the likelihood of adverse effects happening to the participants to whom this secondary use of data relates? Please explain.

(h) Will participants whose information is stored in this data set (which you plan to use for secondary purposes) consent to your use of this data?

[  ] **Yes** [  ] **No**

Please explain in the space below.

#### 15. **Research Database**

Does your research involve the creation and/or modification of a research database (databank) containing human participant information? A research database is a collection of data maintained for use in **future** research. The human participant information stored in the research database can be identifiable or anonymous.

[  ] **Yes** [  ]

**No**

If "Yes" was answered to the above question, you will need to fill out and submit MREB's "Supplementary Form for Creating or Modifying a Research Database Containing Human Participant Information" along with this application.

NOTE: If you intend to collect or store personally-identifying health information, now or at a later stage in your research, your protocol must be cleared by Hamilton Integrated Research Ethics Board (HiREB) rather than MREB. For further advice contact MREB at x 23142 or X 26117 or HIREB x 905 521-2100 X 44574.

#### 16. **Experience**

What is your experience with this kind of research? Include information on the experience of all **individual(s)** who will have contact with the research participants or their data. **For example,**

***you could mention your familiarity with the proposed methods, the study population(s) and/or the research topic.***

-I have vast experience as a quantitative research, but limited experience in qualitative research. However, my thesis supervisor, Dr. Mirna E. Carranza, has extensive experience as a qualitative researcher. Her research interests include immigrant, acculturation, issues of identity processes, transnational relationships and their impact on successful settlement processes and mental health.

-Also, my supervisor and I had a mock interview wherein much feedback was provided to me. Furthermore, before I begin the data collection my supervisor and I will carry out role plays—interviewer and interviewee where I will receive more feedback. Ongoing supervision will be provided as I carry out data collection.

**17. Compensation**

<b>No</b>		<b>Yes</b>
	(a) Will participants receive compensation for participation?	[ ]
[ <input checked="" type="checkbox"/> ]		
[ <input checked="" type="checkbox"/> ]	Financial	[ ]
[ <input checked="" type="checkbox"/> ]	Other (specify)	[ ]

(b) If yes was answered for any of the above choices, please provide details. **See < [Helpful Hints](#) > for funded research projects.**

(c) If participants choose to withdraw, how will you deal with their compensation?

**SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH**

**18. Possible Risks**

(a) Indicate if the participants might experience any of the following risks:

- i.) Physical risk (including any bodily contact or administration of any substance)? [ ] Yes [  ]
- No**
- ii.) Psychological risks (including feeling demeaned, embarrassed worried or upset)? [  ] Yes [ ]
- No**
- iii.) Social risks (including possible loss of status, privacy and / or reputation as well as economic risks)? [  ] Yes [ ]
- No**
- iv.) Are any possible risks to participants greater than those the participants might encounter in their everyday life? [ ] Yes [  ]
- No**

(b) If you checked **yes** for any of questions **i – iv** above, please describe the risk(s) in the space below.

- The participants may feel uncomfortable when talking about their experiences.
- They may find it stressful to talk about mental health challenges.
- They may feel frustrated when recognizing they are potentially in a marginalized position as international students due to the various barriers they encounter while studying at McMaster.
- They may worry about how others will react to what they'd say.
- As they disclose information, others may recognize them by the stories we share about themselves.

(c) Management of Risks: Describe how each of the risks identified above will be managed or minimized. Please, include an explanation regarding why alternative approaches cannot be used.

- They will be informed they can stop the interview at anytime; and that they have the choice not to answer a particular question or to stop the interview at any time.
- They will be reminded to be mindful to only share stories that are publicly known to others.
- At the end of the interview, they will be provided with a Counselling Services Information Sheet (Appendix D), which they can access if they choose to do so.

(d) Deception: Is there any deception involved in this research?

[ ] Yes [✓] No

No

i.) If deception is to be used in your methods, describe the details of the deception (including what information will be withheld from participants) and justify the use of deception.

ii.) Please describe when participants will be given an explanation about why deception was used and how they will be debriefed about the study (for example, a more complete description of the purpose of the research).

***ATTACHMENTS: Please provide a copy of the written debriefing form or script, if applicable.***

### 19. Possible Benefits

Discuss any potential benefits to the participants and or scientific community/society that justify involvement of participants in this study. (***Please note: benefits should not be confused with compensation or reimbursement for taking part in the study.***)

- The research may not benefit the participants directly.

-The participants may develop insights about their own resiliency.

-The findings will be utilized to inform McMaster's University's authorities about the mental health needs of international students.

## SECTION D – THE INFORMED CONSENT PROCESS

### 20. The Consent Process

(a) Please describe how consent will be documented. Provide a copy of the Letter of Information / Consent Form (if applicable). If a written consent form will not be used to document consent, please explain why and describe the alternative means that will be used. While oral consent may be acceptable in certain circumstances, it may still be appropriate to provide participants with a Letter of Information to participants about the study.

***Click "[Tips and Samples](#)" for the McMaster REB recommended sample "Letter of Information / Consent Form", to be written at the appropriate reading level. The***

**"Guide to Converting Documents into Plain Language"** is also found under ["Tips and Samples"](#).

***ATTACHMENTS: Provide a copy of the Letter of Information and Consent form(s) or oral or telephone script(s) to be used in the consent process for each of your study populations, where applicable.***

-I will use the letter of information (Appendix B) to obtain permission from all the participants.

-I will obtain signed informed consent when meeting them face-to-face.

(b): Please describe the process the investigator(s) will use to obtain informed consent, including who will be obtaining informed consent. Describe plans for on-going consent, if applicable.

-The letter of information (Appendix B) will be attached to the email recruitment (Appendix E, F & G).

-As to the participants who are recruited through posters, I will bring the letter of information to them directly.

-When meeting with participants, they will be provided the written letter of information and consent form.

## 21. Consent by an authorized person

If participants are minors or for other reasons are not competent to consent, describe the proposed alternate consent process. ***ATTACHMENTS: Attach the Letter of Information and Consent form(s) to be provided to the person(s) providing the alternate consent. Click ["Tips and Samples"](#) to find samples.***

## 22. Alternatives to prior individual consent

If obtaining written or oral documentation of an individual participant's consent prior to start of the research project is not appropriate for this research, please explain and provide details for a proposed alternative consent process. ***ATTACHMENTS: Please provide any Letters of Information and or Consent Forms.***

## 23. Providing participants with study results

How will participants be able to learn about the study results (e.g., mailed/emailed brief summary of results in plain language; posting on website or other appropriate means for this population)?

I expect to have this study completed by approximately **July 5th, 2017**. A brief summary of the results will be sent to those participants who request it.

**24. Participant withdrawal**

a) Describe how the participants will be informed of their right to withdraw from the project. Describe the procedures which will be followed to allow the participants to exercise this right.

Participation in this study is voluntary. The participants can stop (withdraw), from the interview, for whatever reason, even after signing the consent form or part-way through the study or up until approximately June 5th, 2017 with no penalty.

b) Indicate what will be done with the participant’s data and any consequences which withdrawal might have on the participant, including any effect that withdrawal may have on the participant’s compensation or continuation of services (if applicable).

In cases of withdrawal, any data they have provided will be destroyed unless they indicate otherwise.  
If the participants do not want to answer some of the questions they do not have to, but they can still be in the study.  
If the participants decide to withdraw, there will be no negative consequences to them.

c) If the participants will not have the right to withdraw from the research, please explain.

**25. SECTION E – CONFIDENTIALITY & ANONYMITY**

**Confidentiality** concerns the protection, privacy and security of research data. Consult the Data Security Checklist at <http://reo.mcmaster.ca/educational-resources> for best practices to secure electronic and hard copy versions of data and study documents.

(a) Will the data you collect be kept protected, private and secure from non-research team members?

Yes  No

If **No**, then explain why not, and describe what steps you be put in place to advise participants that data will not be kept protected, private and secure from non-research team members.

(b) Describe the procedures to be used to ensure that the data you collect in your research will be kept protected, private, and secure from non-research team members. In your description, explain who will have access to the data and what data security measures will be put in place during data transfer and data storage.

**-data stored and transfer:** 1) I will use Encrypted File System (EFS) to protect confidentiality. 2) Storing and transporting data using USB keys. 3) Creating Better Passwords to protect data and the participants' personal information. 4) Sending Emails security if I'm off campus. 5) Emailing data back to McMaster while doing interviews off campus. 6) Using anti-virus software protection. 7) Separating all the written materials (i.e. consent forms, interview transcripts, data analysis, personal information forms) into several locked boxes in my house. Participation in this study is confidential. I will not use the participants' name or any information that would allow them to be identified. No one but me will know whether the participants were in the study unless they choose to share with someone. The information/data the participants provide will be kept in a locked desk/cabinet in my house where only I can access. Information kept both on a computer and on an encrypted USB will be protected by a password. Once the study has been completed, the data will be destroyed.

(c) Will the research data be kept indefinitely or will it be deleted after a certain time period? Please explain. In your answer, describe why you plan to keep data indefinitely or not. If deleting data after a certain time period, explain why you chose the time period you did. Describe how participants will be informed whether their data will be deleted or not.

I will destroy the data and in my computer, in hard disks as well as audiotapes as soon as the research thesis and reports have been completed.

**Anonymity** concerns whether participant identities are made known or not. The anonymity promised to participants can be different during different stages of research (i.e., during recruitment, during data collection, during data storage, and during the dissemination of research findings).

(d) Describe the extent to which participant identities will be made known in each of the following activities: during recruitment, during data collection, during data storage, and during the dissemination of research findings. In your description, explain what steps or procedures you plan to put in place to keep participant identities unknown in each of those activities.

**-recruitment:** Participants will contact me directly.

**-data collection:** All identifying information will be removed. After the transcription, false names will be attributed to each participant and carry forward with the analysis.

**-data storage:** No identifying information of the participants will be known. I will separate all the materials (i.e. consent forms, interview transcripts, data analysis, personal information forms) into several locked

boxes. And I will use anti-virus software protection to protect their personal information.

**-dissemination of research findings:** No identifying information will be used in the writing of the thesis and/or summary of findings to be provided to participants.

## SECTION F -- MONITORING ONGOING RESEARCH

### 26. Adverse Events, Change Requests and Annual Renewal/Project Status Report

- a) **Adverse events** (Unanticipated negative consequences or results affecting participants) must be reported by faculty researcher or supervisor to the REB Secretariat (Ethics Office – Ext. 23142) and the MREB Chair, as soon as possible and in any event, no more than 3 days after they occur.  
See: [https://reo.mcmaster.ca/policies/copy\\_of\\_guidelines#12-0-adverse-events](https://reo.mcmaster.ca/policies/copy_of_guidelines#12-0-adverse-events)
- b) **Changes to cleared research:** To obtain clearance for a change to a protocol that has already received ethics clearance, please complete the “< **Change Request** >” form available on the MREB website or by clicking this link. Proposed changes may not begin before they receive ethics clearance.
- c) **Annual Renewal/Project Status Report** Ethics clearance is for only one year.

The minimum requirement for renewing clearance is the completion of a “Annual Renewal/Project Status Report” in advance of the (1 year) anniversary of the original ethics clearance date. ”

#### **PLEASE NOTE:**

**It is the investigator’s responsibility to complete the Annual Project Status Report that is sent each year by email 8 weeks in advance of the anniversary of the original ethics clearance to comply with the Research Integrity Policy. If ethics clearance expires the Research Ethics Board is obliged to notify Research Finance who in accordance with university and funding agency regulations will put a hold on funds.**

27. **Additional Information:** Use this section or additional page(s) to complete any part of this form, or for any other information relevant to this project which you wish to provide to the Research Ethics Board.

### 28. POSTING OF APPROVED PROTOCOLS ON THE RESEARCH ETHICS WEBSITE

- a) It is the policy of MREB to post a list of cleared protocols on the Research Ethics website. Posted information usually includes: title, names of principal investigators, principal investigator department, type of project (i.e. Faculty; PhD; Masters, Undergraduate etc.)

- b) You may request that the title be deleted from the posted information.
- c) Do you request that the title be eliminated from the posted information? [  ] **Yes**  
[  ] **No**
- d) The ethics board will honour your request if you answer **Yes** to the above question **27 c)** but we ask you to provide a reason for making this request for the information of the Board. You may also use the space for any other special requests.
- e) < [List of MREB Cleared Protocols](#) > < [List of Undergraduate SREC Cleared Protocols](#) >

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### Supporting Materials Checklist:

#### Instructions:

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*Complete this checklist to identify and describe your supporting materials to ensure your application form is complete*

- *When supplying supporting materials, ensure that they are properly labeled (e.g., “Appendix C: Interview Guide for Teachers”) and referenced in your protocol (e.g., “The interview guide for teachers – see Appendix C – is...”).*
- *Do not cut and paste supporting materials directly into the application form; submit each as a separate appendix.*
- *If you have multiple supporting materials of the same type (e.g., multiple letters of information that target different populations), list each supporting material on a separate row in this checklist. Add a new row to the table if necessary.*

<b>Supporting Materials Checklist</b>	<b>I will use this type of material in my study</b>  <i>(Insert X below)</i>	<b>I have attached a copy of this material in my protocol</b>  <i>(Insert X below)</i>	<b>This is how I labeled and titled this material in my protocol</b>  <i>(e.g., Appendix A – "Email Recruitment Script for Organizational Workers")</i>
<b>Recruitment Materials</b>			
Study Information Brochure			
Video/audio recording that explains study details			
Participant Screening Form			
Recruitment Advertisements			
Recruitment Poster	<b>X</b>	<b>X</b>	Appendix A – "Recruitment Poster"
Recruitment Script – Verbal/Telephone			
Recruitment Script – Email (direct to participant)	<b>X</b>	<b>X</b>	Appendix E - "Email Recruitment Script (direct for participants)"
Recruitment Script – Email (From holder of participant's contact information)	<b>X</b>	<b>X</b>	Appendix F,G – "Email Recruitment Script Sent on Behalf of the Researcher by the Holder of the Participants' Contact Information"
Recruitment for follow-up interview			
Snowball Recruitment script			
Reminder/thank you/ card/script/email			
Appreciation Letter/certificate – For Participants			
Other			
<b>Informed Consent Materials</b>			
Consent Log (to record oral consent)			
Oral/Telephone Consent Script			
Letter of Information & Consent Form – <b>Participants</b>	<b>X</b>	<b>X</b>	Appendix B– "Letter of information / consent"

<b>Supporting Materials Checklist</b>	<b>I will use this type of material in my study</b>  <i>(Insert X below)</i>	<b>I have attached a copy of this material in my protocol</b>  <i>(Insert X below)</i>	<b>This is how I labeled and titled this material in my protocol</b>  <i>(e.g., Appendix A – "Email Recruitment Script for Organizational Workers")</i>
Letter of Information & Consent Form – <b>Parent</b>			
Letter of Information & Consent Form - <b>Guardian</b> or <b>Substitute Decision Maker</b>			
Letter of Information & Assent Form – <b>Minors</b>			
Online survey brief information/consent and implied consent buttons			
Letter of Support for Study			
Research Agreement			
Other			
<b>Data Collection Materials</b>			
Information Sharing/Data Access/Transfer Agreement (for secondary use of data)			
Demographic form - Participant's			
Instructions for participants			
Interview Guide – (Questions for face to face, telephone, Internet/email interview)	<b>X</b>	<b>X</b>	Appendix C – "Interview Questions"
Interview Guide – Questions for Focus Groups			
Questionnaire or Survey questions & instructions (Paper and pencil or online formats)			
Rating Scales/inventories/Assessment Instruments			
Role-play/simulation scripts			
Stimuli used to elicit responses			

<b>Supporting Materials Checklist</b>	<b>I will use this type of material in my study</b>  <i>(Insert X below)</i>	<b>I have attached a copy of this material in my protocol</b>  <i>(Insert X below)</i>	<b>This is how I labeled and titled this material in my protocol</b>  <i>(e.g., Appendix A – "Email Recruitment Script for Organizational Workers")</i>
Images (photos, diagrams etc.) depicting instruments, equipment, exercises etc.			
Other			
<b>Debriefing Materials</b>			
Debriefing Form			
Deception Study - Debriefing Letter & post debriefing consent form			
Deception Study- Debriefing script – verbal			
Other			
<b>Confidentiality Materials</b>			
Confidentiality Oath/ Agreement			
Confidential Study Code Key Log			
Other			
<b>Materials for previous review by other REBs</b>			
Application form –Other REBs (Original)	<b>X</b>	<b>X</b>	
Application form – Other REBs (Revised)			
Communication between REB & researcher (letters, emails, faxes etc.)			
Clearance Certificate (Other REBs)			
Other			

**29. Researcher Assurance: < SECTION G – SIGNATURES >**

I confirm that I have read the McMaster University Research Integrity Policy <http://www.mcmaster.ca/policy/faculty/Research/Research%20Integrity%20Policy.pdf>, and I agree to comply with this and other university policies, guidelines and the Tri-Council Policy Statement (TCPS) and of my profession or

Supporting Materials Checklist	I will use this type of material in my study  <i>(Insert X below)</i>	I have attached a copy of this material in my protocol  <i>(Insert X below)</i>	This is how I labeled and titled this material in my protocol  <i>(e.g., Appendix A – "Email Recruitment Script for Organizational Workers")</i>
Other Supporting Materials			
<b>Supervisor Assurance for Graduate or Undergraduate Student Research:</b>			
I am the supervisor for this proposed student research and have read this ethics application and supporting documents and deem the project to be valid and worthwhile, and I will provide the necessary supervision of the	Compensation Log	Participant Appreciation(s) letter, script, email or certificate etc.	Project including ensuring that the project will be conducted as cleared and to
Research of Faculty Certificates of Student Research <i>(Add lines for additional supervisors.)</i>		PLEASE PRINT NAME HERE	Date
Scientific Licenses			
Other <i>The signature page may also be emailed as a scanned PDF or be sent by campus mail to GPF-305.</i>	<b>X</b>	<b>X</b>	Appendix D – "Counselling Services Information Sheet"

**Certificate of Ethics Clearance to Involve Human Participants in Research**

 <p>McMaster University Inspiring Innovation and Discovery</p>		<p><b>McMaster University Research Ethics Board (MREB)</b>                  c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: <a href="mailto:ethicsoffice@mcmaster.ca">ethicsoffice@mcmaster.ca</a></p> <p><b>CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</b></p>	
<p>Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/> Project Number: 2017 073</p>			
<p><b>TITLE OF RESEARCH PROJECT:</b></p> <p>More Than Surviving: Mental Health Literacy of International Students</p>			
<b>Faculty Investigator(s)/ Supervisor(s)</b>	<b>Dept./Address</b>	<b>Phone</b>	<b>E-Mail</b>
M. Carranza	Social Work		carranz@mcmaster.ca
<b>Co-Investigators/ Students</b>	<b>Dept./Address</b>	<b>Phone</b>	<b>E-Mail</b>
Y. Dong	Social Work	289-700-345	dongy19@mcmaster.ca
<p>The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:</p> <p><input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification.  <input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification.  <input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:</p>			
<p><b>COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.</b></p>			
<p>Reporting Frequency: Annual: May-12-2018 Other:</p>			
<p>Date: May-12-2017</p>		<p>Chair, Dr. S. Bray </p>	

**Oath of Confidentiality for Assistants Working for the Researcher**



## Oath of Confidentiality for Assistants Working for the Researcher

(Check the following that apply)

I understand that as:

an interpreter

transcriber

audio assistant

video assistant

research assistant

other (Please specify) \_\_\_\_\_

for a study being conducted by Ying Dong of the Department of Social Work, McMaster University, under the supervision of Professor Mirna E. Carranza, confidential information will be made known to me.

I agree to keep all information collected during this study confidential and will not reveal by speaking, communicating or transmitting this information in written, electronic (disks, tapes, transcripts, email) or in any other way to anyone outside the research team.

Name: Aha Blume Signature: Aha 2 Blume  
(Please Print)

Date: June 9 2017

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

## Appendix A--Recruitment Poster

### Participants needed for a study: More Than Surviving: The Mental Health Literacy of International students

Looking for participants to take part in a **face-to-face 60 min  
interview**

10-11 graduate international students at McMaster University.

- 1) International students enrolled in graduate studies
- 2) From various parts of the globe (i.e. China, Arab, Egypt, Iran, Ireland, Korea, Japan) and various disciplines
- 3) Both male and female
- 4) 18-30 of age

In appreciation for your time, a free snack and/or drink will be provided.

The interview will occur at a place and time of your choosing i.e. on campus  
such as an interview room in a library

For more information about this study  
please contact:

Ying Dong  
School of Social Work  
289-700-3450  
Email: dongy19@mcmaster.ca

**This study has been reviewed by, and received ethics clearance by the McMaster  
Research Ethics Board.**

Call Ying Dong  
289-700-3450

Or  
Email:  
dongy19@mcmaster.ca

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289-700-3450

Or  
Email:  
dongy19@mcmaster.ca

## Appendix B—Letter of Information/Consent Form

DATE: May 9<sup>th</sup> 2017

### A Study: More Than Surviving: The Mental Health Literacy of International students

**Student Researcher:**

Ying Dong, MSW, Candidate

School of social work

McMaster University

Hamilton, Ontario, Canada

**289-700-3450**

E-mail: dongy19@mcmaster.ca

**Faculty Supervisor:**

Mirna E. Carranza, Associate  
Professor

School of social work

McMaster University

Hamilton, Ontario, Canada

**905-525-9140**

E-mail: carranz@mcmaster.ca

**Purpose of the Study:**

This research is a requirement for a Master’s thesis in Social Work. The purpose of this research is to explore the mental health literacy of international students—particularly of McMaster University; and to contribute to decreasing the existing knowledge gap related to the mental health needs of international students.

**Helpful Definition:** In this research “Mental Health Literacy (MHL)” will be understood as “the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems” (Canadian Alliance on Mental Illness and Mental Health [CAMIMH], 2007: 4), and as the enhancement of evidence-based resources on campus for college students to access so that they can promote mental health knowledge, access appropriate care, decline self-stigma and acknowledge coping strategies (McGorry, 2005; Thompson, Hunt and Issakidis, 2004; Wells et al., 1994; as referenced in Stan, 2016:690).

This study will examine challenges and success faced by international students while carrying their graduate studies at McMaster University.

**Procedures involved in the Research:**

You will be shown the interview questions list firstly. One face-to-face, one hour interview will be conducted. For accuracy and verification purposes, these will be audio-taped with your consent.

Handwritten notes will also be taken. They will take place at a time and place of your choosing i.e. interview room in a library at McMaster.

I will be asking you some basic information (i.e. country of birth, arrival in Canada, program of study and major), your experiences at McMaster (i.e. studying, your relationships, engagement with campus' organizations, hobbies, or any support systems), challenges and success you have had at McMaster and strategies you have utilised to manage those challenges.

**Potential Harms, Risks or Discomforts: Are there any risks to doing this study?**

The risks involved in participating in this study are minimal. However, you may feel uncomfortable when talking about your experiences. You may find it stressful to talk about mental health challenges. You may feel frustrated when recognizing you are potentially in a marginalized position as international students due to the various barriers encounter while studying at McMaster. You may worry about how others will react to what you would say. As you disclose information, keep in mind that others may recognize you by the stories you share about yourself. You are encouraged to only share what is publicly known

You can stop the interview at anytime. You have the choice not to answer a particular question and/or pause if you do desire. At the end of the interview, you will be provided with a Counselling Services Information Sheet, which you can access if you choose to do so.

**Potential Benefits: Are there any benefits to doing this study?**

- The research may not benefit yourself directly.
- You may develop insights about your own resiliency.
- The findings will be utilized to inform the McMaster's University's authorities about the mental health needs of international students.

**Payment or Reimbursement:** None

**Confidentiality: Who will know what I said or did in the study?**

Participation in this study is confidential. I will not use your name or any information that would allow you to be identified. No one but me will know whether you were in the study unless you choose to share with someone. The information/data the participants provide will be kept in a locked desk/cabinet where only I will have access to it. Information kept both on a computer and on an encrypted USB will be password protected. Once the study has been completed, the data will be destroyed.

All interviews will be transcribed. All identifying information will be removed and pseudonyms will be assigned to perform the analysis. No identifying information will be used in the writing of the thesis and/or summary of findings to be provided to participants.

I will destroy the data and in my computer, in hard disks as well as audiotapes as soon as the research thesis and reports have been completed.

**Data stored and transfer:** 1) I will use Encrypted File System (EFS) to protect confidentiality. 2) Storing and transporting data using encrypted USB keys. 3) Creating Better Passwords to protect data and the participants' personal information. 4) Sending Emails securely if I'm off campus. 5) Emailing data back to McMaster while doing interviews off campus. 6) Using anti-virus software protection. 7) Separating all the written materials (i.e. consent forms, interview transcripts, data analysis, personal information forms) into several locked boxes in my house.

**Participation and Withdrawal: What if I change my mind about being in the study?**

The participation in this study is voluntary. You can stop (withdraw), from the interview, for whatever reason, even after signing the consent form or part-way through the study or up until approximately June 5<sup>th</sup> 2017 with no penalty.

In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study. If you decide to withdraw, there will be no negative consequences to you.

Your decision whether or not to be part of the study will not affect your continuing access to services from McMaster.

**Information about the Study Results: How do I find out what was learned in this study?**

I expect to have this study completed by approximately July 5<sup>th</sup> 2017. If you would like a brief summary of the results, please let me know how you would like it sent to you.

**Questions about the Study:**

If you have questions or need more information about the study itself, please contact me at:

Email address: [dongy19@mcmaster.ca](mailto:dongy19@mcmaster.ca),

Telephone: 289-700-3450 .

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat

Telephone: (905) 525-9140 ext. 23142

C/o Research Office for Administrative Development and Support

E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

CONSENT

- I have read the information presented in the information letter about a study being conducted by **Ying Dong**, of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately June 5<sup>th</sup> 2017.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant (Printed) \_\_\_\_\_

1. I agree that the interview can be audio recorded.

... Yes.

... No.

2. ...Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address \_\_\_\_\_

Or to this mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

... No, I do not want to receive a summary of the study's results.

## Appendix C—Interview Questions

**More Than Surviving: The Mental Health Literacy of International students**

**Ying Dong, (Master in Social Work, Candidate)**

**(School of Social Work, McMaster University)**

**Information about these interview questions:** This gives you an idea what I would like to learn about your experiences and your mental health literacy in McMaster. Interviews will be one-to-one and will be open-ended (not just “yes or no” answers). Because of this, the exact wording may change a little. Sometimes I will use other short questions to make sure I understand what you told me or if I need more information when we are talking such as: “*So, you are saying that ...?*”, to get more information (“*Please tell me more?*”), or to learn what you think or feel about something (“*Why do you think that is...?*”).

- 1) General Information about you:** Age, country of birth, arrival in Canada, program of study and major
- 2) Information about your experiences at McMaster:** Tell me about your experiences studying at McMaster. (i.e. studying, your relationships, engagement with campus’ organizations, hobbies, or any support systems).
- 3) Life at McMaster:** What have been some of the challenges you have faced while studying at McMaster?  
What impact have these had on you?
- 4) Information about strategies utilized to negotiate the challenges:** How have you managed these challenges? What’s helped?

Is there anything you would like to add that you consider significant?

**END**

## Appendix D—Counseling Services Information Sheet

Ying Dong

### More Than Surviving : Mental Health Literacy of International students Counseling Services Information Sheet

- *Here is a list of services where you can find someone to talk to, if you have something on your mind, or you feel uncomfortable when the interview recall mental stress.*
- *If, at this time, you aren't ready to use one of these services, you might want to talk to a trusted family member or friend that you would normally go to when you have something on your mind.*

#### **MCMASTER UNIVERSITY:**

##### **Student Wellness Centre**

MUSC B101 ext. 27700

offers personal counseling among other psychological services.

<http://wellness.mcmaster.ca/personal/personal-counseling/about-personal.html>

##### **McMaster Chaplaincy Centre**

MUSC 231 Ext. 24207

Pastoral support with personal counseling and bereavement support groups.

Web: <http://www.mcmaster.ca/chaplain/>

Email: [chaplain@mcmaster.ca](mailto:chaplain@mcmaster.ca)

##### **Queer Students Community Centre**

(MSU Service) MUSC 221 Ext. 27397

Student peer support, resources

Web: <http://www.msumcmaster.ca/qsc.htm>

Email: [qsc@msu.mcmaster.ca](mailto:qsc@msu.mcmaster.ca)

#### **HAMILTON:**

##### **Distress Centre Hamilton**

The Distress Centre Hamilton, offers 24 hour telephone support, crisis intervention, and referral to other agencies where appropriate, for people in distress. This Centre is staffed by trained volunteers.

24 Hour Crisis Line: You will speak to a trained volunteer. The line may be busy at times but this number is in service. 905-522-8611

##### **Distress Centre Halton, North Halton Office:**

Provides free, anonymous, confidential, listening, befriending, crisis intervention and prevention telephone service to the community of North Halton and the surrounding area.

Phone lines staffed by highly trained volunteers \* provide a listening ear for problems and concerns \* assistance in exploring alternatives \* help caller find own solutions \* befriend those who are lonely \* provide support in times of trouble or despair \* intervene in crisis situations \* provide referrals to other community agencies for further assistance.

Office telephone: 905-877-0655

Crisis telephone: Distress Line 905-877-1211

Fees: none

**Distress Centre Halton:**

Provides telephone support on the Distress Line 365 days a year. Provides online support with Crisis Chat/Text during limited hours.

\* all services are confidential, anonymous, free and available to all age groups  
 \* staffed by volunteers who receive extensive training including communication, sensitivity, crisis management and active listening

Distress Lines: 905-849-4541 \* 905-681-1488

Fees: none

**Hamilton Chinese Community Services Centre (global context):**

<b>Phone Numbers:</b>	905-818-5260	
<b>After Hours:</b>	905-308-8311	
<b>Email:</b>	<a href="mailto:hccscoffice@yahoo.ca">hccscoffice@yahoo.ca</a>	
<b>Website:</b>	<a href="http://www.hamiltonchinese.com">www.hamiltonchinese.com</a>	
<b>Address:</b>	118 Bay St N Hamilton, ON L8R 2P4	<a href="#"><u>Map</u></a>
<b>Intersection:</b>	Bay St N and Cannon St W	
<b>Accessibility:</b>	 Partially Accessible	
<b>Accessibility Notes:</b>	Accessible by appointment	
<b>Hours:</b>	10 am-5 pm	
<b>Contacts:</b>	Robert Zhou - President 905-308-8311 * <a href="mailto:robertgwzhou@hotmail.com">robertgwzhou@hotmail.com</a>	

	Alice Ma <a href="mailto:alicexinma@yahoo.ca">alicexinma@yahoo.ca</a>
<b>Service Description:</b>	Operates and facilitates a variety of programs and activities that promote Chinese language, culture, arts, and heritage and provides information to local Chinese residents through the local Chinese newspaper, <a href="http://www.hamiltonchineseexpress.com">www.hamiltonchineseexpress.com</a> .
<b>Fees:</b>	None
<b>Application:</b>	Contact for information
<b>Eligibility - Population(s) Served:</b>	Open to all
<b>Languages:</b>	English ; Chinese
<b>Area(s) Served:</b>	Hamilton (City of)
<b>See Also:</b>	<a href="#">Community Resource Centres</a> <a href="#">Ethnocultural Groups</a> <a href="#">Immigrant, Newcomer and Refugee Services</a>

**C.O.A.S.T.**

[https://coasthamilton.ca/?page\\_id=57](https://coasthamilton.ca/?page_id=57)

**Mental Health Helpline:**

free, anonymous, confidential support. Toll free, 1-866-531-2600.

**Catholic Family Services of Hamilton-Wentworth**

905-527-3823.

**Other Sources:**

For more information and resources offered by McMaster University and throughout Hamilton visit <http://wellness.mcmaster.ca/personal.html> or “Inform Hamilton” <http://www.inform.hamilton.ca/>.

**Appendix E—Email Recruitment Script (direct for  
participants)  
Ying Dong,  
Masters in Social Work, Candidate  
More than surviving: The Mental health literacy of international  
students**

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**E-mail Subject line:** McMaster study about international students

As a part of my graduate thesis in social work at McMaster University I am inviting you to participate in one face-to-face interview that will take about 60min. The overall goal of this

research is to explore the mental health literacy of international students. This study examines challenges and success faced by international students while studying at McMaster.

I am looking for 10-11 graduate international students from various parts of the globe (i.e. China, Arab, Egypt, Iran, Ireland, Korea, Japan) and from various disciplines; both male and female participants are welcome between 18-30 of age are welcome to take part in the interview.

The interview will take place at a time and place convenient to participants i.e. an interview room in a library at McMaster.

The risks involved in participating in this study are minimal. However, you may feel uncomfortable when talking about their experiences. You may find it stressful to talk about mental health challenges. You may feel frustrated when recognizing they are potentially in a marginalized position as international students due to the various barriers they encounter while studying at McMaster. You may worry about how others will react to what you say. As you disclose information, you must keep in mind that others may recognize you by the stories you share about yourself.

You may stop anytime, and have the choice not to answer a particular question or to stop the interview at any time. You are encouraged to only share what is publicly known. At the end of the interview, a Counselling Services Information Sheet, will be provided with which you can access if they choose to do so.

You are able to stop being in this study any time during the interview and afterwards up to **June 5<sup>th</sup> 2017**. I have attached a copy of the letter of information about the study that gives you more details. This study has been reviewed and cleared by the McMaster

Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Research Office for Administration, Development and Support  
(ROADS)  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

I would like to thank you in advance for your time and consideration. After a week, we will send you a one-time follow-up reminder.

**Ying Dong**  
Master in Social Work, Candidate  
School of Social Work  
McMaster University, Hamilton Ontario  
**Tel: 289-700-3450**  
dongy19@mcmaster.ca

**Appendix F—Email Recruitment Script Sent on Behalf of the Researcher by the Holder of the Participants’ Contact Information” (SGS)**

**Ying Dong**

**Master in Social Work, Candidate**

**Study Title: More than surviving: The Mental health literacy of international students**

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**Sample E-mail Subject line:** McMaster study about international students

Dear graduate international students,

Ying Dong, a McMaster student, has contacted School of Graduate Studies (SGS) asking us to share with international students the study she is doing related to the mental health literacy of international students in McMaster. This research is part of her Master in Social Work McMaster University.

The following is a brief description of her study.

Ying Dong is inviting you to take part **in a face-to-face 60min interview** that will take place at a convenient time and place (not here at SGS). The purpose of this research is to explore the mental health literacy of international students. This study examines challenges and success faced by International students while studying in McMaster.

Here comes some recruitment items:

- 10-11 graduate international students at McMaster University.
- From various parts of the globe (i.e. China, Arab, Egypt, Iran, Ireland, Korea, Japan) and various disciplines
- Both male and female
- Age 18-30

Ying has explained that **you can stop taking part in the study at any time** during the interview or to not respond to specific questions if you feel uncomfortable but still continue with the interview. She has asked us to attach a copy of the letter of information/consent form to this email. That letter gives you full details about her study.

If you are interested in getting more information about taking part in Ying’s study please read the brief description below or **CONTACT Ying Dong DIRECTLY** by using her McMaster telephone number or email address. **Tel: 289-700-3450** or

[dongy19@mcmaster.ca](mailto:dongy19@mcmaster.ca) . The researcher will not tell me or anyone at SGS who participated or not. Taking part or not taking part in this study will not affect your status or any services you receive here at SGS.

In addition, this study has been reviewed and cleared by the McMaster Research Ethics Board. If you have questions or concerns about your rights as a participant or about the way the study is being conducted you may contact:

McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
Gilmour Hall – Room 305 (ROADS)  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

Sincerely,  
Andrea Cole  
Coordinator - Recruitment, Retention, and Diversity  
Grad Student Life Team, School of Graduate Studies  
McMaster University, Gilmour Hall 212  
905 525 9140 Ext. 23437  
[coleand@mcmaster.ca](mailto:coleand@mcmaster.ca)

**Appendix G—Email Recruitment Script Sent on Behalf of the Researcher by the Holder of the Participants’ Contact Information” (IGSA)**

**Ying Dong**

**Master in Social Work, Candidate**

**Study Title: More than surviving: The Mental health literacy of international students**

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**Sample E-mail Subject line:** McMaster study about international students

Dear graduate international students,

Ying Dong, a McMaster student, has contacted International Graduate Students Association (IGSA) asking us to share with international students the study she is doing related to the mental health literacy of international students in McMaster. This research is part of her Master in Social Work McMaster University.

The following is a brief description of her study.

Ying Dong is inviting you to take part **in a face-to-face 60min interview** that will take place at a convenient time and place (not here at IGSA). The purpose of this research is to explore the mental health literacy of international students. This study examines challenges and success faced by International students while studying in McMaster.

Here comes some recruitment items:

- 10-11 graduate international students at McMaster University.
- From various parts of the globe (i.e. China, Arab, Egypt, Iran, Ireland, Korea, Japan) and various disciplines
- Both male and female
- Age 18-30

Ying has explained that **you can stop taking part in the study at any time** during the interview or to not respond to specific questions if you feel uncomfortable but still continue with the interview. She has asked us to attach a copy of the letter of information/consent form to this email. That letter gives you full details about her study.

If you are interested in getting more information about taking part in Ying’s study please read the brief description below or **CONTACT Ying Dong DIRECTLY** by using her McMaster telephone number or email address. **Tel: 289-700-3450** or [dongy19@mcmaster.ca](mailto:dongy19@mcmaster.ca) . The researcher will not tell me or anyone at IGSA who

participated or not. Taking part or not taking part in this study will not affect your status or any services you receive here at IGSA.

In addition, this study has been reviewed and cleared by the McMaster Research Ethics Board. If you have questions or concerns about your rights as a participant or about the way the study is being conducted you may contact:

McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
Gilmour Hall – Room 305 (ROADS)  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

Sincerely,  
VIDANG  
Email address: [dangvt2@mcmaster.ca](mailto:dangvt2@mcmaster.ca)