

The Mental Health and Acculturative Experiences of Graduate International Students: A
Qualitative Account of Acculturative Experiences, Mental Health Status, and Mental Health
Literacy

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List of all Abbreviations and Symbols

GIS – Graduate International Students

MHL – Mental Health Literacy

Abstract

The mental health and acculturative experiences are known to be challenging for international students situated within the Western context. While studies have reported on their mental health, mental health status and acculturation, there has been little focus on graduate international students specifically. Recognising that study level and age group can influence the lived experience of international students, this research qualitatively explored their experiences of acculturation within a Canadian context, and its influence on their overall mental health. GISs struggle with persistent feelings of otherness, often finding themselves on the outlines of academic and social spaces. Negative acculturative experiences adversely impact the mental health of GISs, and limit their help-seeking behaviours. Findings from this research can inform support services (counselling, immigration, acculturative supports) that are catered to GISs so that their acculturative and mental health needs are addressed.

Chapter 1: Introduction

Much research has been dedicated to identifying the gap in wellness states between post-secondary international and domestic students within Western countries (Clough et al., 2019; King et al., 2021). More broadly, post-secondary students experience an overall decline in health as they adjust to new educational, vocational and social spaces on university and college campuses (Linden & Stuart, 2020). While universities have worked to address the needs of post-secondary students, it is widely understood that existing wellness supports are underutilized by international students due to fear of stigma, cultural and linguistic variations in concepts related to health and wellness, and the overall inability of existing resources to support the diverse needs of this group (Baghoori et al., 2022; de Mossaic et al., 2020).

Up until recently, Western countries such as Canada, the UK and USA welcomed steadily increasing rates of international students, necessitating a focus on their mental health needs and concerns to retain the economic and social benefits that accompany their student membership (Minutillo et al., 2020). That said, the specific needs of this particular group remain misunderstood and underrepresented within existing resources (Minutillo et al., 2020; Skromanis et al., 2018). Migration and acculturation are important factors that complicate the mental health needs of international students (Cao et al., 2021). With students arriving from nations that share varying degrees of cultural distance with the host country (Malay et al., 2023), it becomes particularly difficult to account for the experiences that would originate from a diverse range of backgrounds. International students are known to be vulnerable to acculturative stress, which refers to the discomforts that stem from adjusting to a new cultural landscape (Soufi Amlashi et al., 2024), and associated risk factors such as discrimination (Tung, 2011), homogenisation (Squire et al., 2023) and ethnolinguistic barriers added to the mix (de Mossaic et al., 2020), international students present with a long list of complex vulnerabilities that remain underrepresented by mainstream wellness supports. Speaking to

some of the existing research, most studies are selective in either comparing international and domestic students or focusing exclusively on the experiences of certain ethnic backgrounds such as those from East Asian countries (Cao et al., 2021). This creates issues such as homogenisation (with varying ethnic groups being seen as a composite), and a potential underrepresentation of issues when ethnolinguistic differences are unaccounted for through international-domestic comparative research.

Another key issue is the underrepresentation of graduate level students in the research examining international student mental health and acculturation (Clarke, 2023). Most studies refer to international students broadly (i.e. with a mix of graduates and undergraduates) or focus exclusively on undergraduate students, thereby underrepresenting a categorically distinct group. Indeed, graduate students face a complex layer of challenges that set them apart from undergraduates, and these experiences interact with the vulnerabilities of mental health and acculturative experiences in unique ways. Given these limitations, this research sought to qualitatively explore the acculturative and mental health experiences of graduate international students (GIS). A qualitative approach ensures that the underrepresented group is more deeply and meaningfully explored, using the perspective of lived experience (Braun & Clarke, 2013). Reporting on the mental health and acculturative experiences of GISs can help to enhance the quantity and quality of university supports available to them. Given the paucity of research focused exclusively on this group (Clarke, 2023), in-depth explorations can facilitate greater understanding and awareness of their unique vulnerabilities and needs. The research was led by three broad research questions:

Research Question 1: What is the mental health status of graduate international students?

Research Question 2: What are the acculturative experiences of Graduate International Students?

Research Question 3: What is the mental health literacy of Graduate International Students?

In the chapters that follow, I draw on Berry (1997)'s theory of Acculturation and the epistemological perspective of Constructionism to recount the acculturative and mental health experiences of GISs. Chapter 3 will outline the methods used to study the mental health, mental health literacy and acculturative experiences of GISs, whereas chapter 4 will outline participant testimonies. Chapter 4 will be subdivided to delineate acculturative experiences, from that of mental health and mental health literacy. Followingly, chapter 5 will discuss mental health and acculturative experiences set against the research literature, and conclude with the limitations and future directions.

Chapter 2: Literature Review

Acculturation Framework

Acculturation, conceptualised by Berry (1997), refers to the process whereby individuals who migrate to a new country adjust, in several ways, to the receiving or host country. Berry (1997)'s conceptualization involves two key aspects – heritage culture maintenance and mainstream culture adoption. The heritage culture refers to the country from which a person originates, whereas the mainstream culture refers to the host or receiving society that an individual migrates to. The bidimensional model of acculturation presupposes that the mainstream and heritage cultural identities can vary independently (Ryder et al., 2000). Berry's (1997) framing echoes this idea, whereby acculturating individuals assess the extent to which (1) they want to maintain their heritage culture, and (2) they want to adopt the mainstream culture (relations with nationals of the receiving country, adoption of values, attitudes, behaviours and norms). Based on this, Berry (1997) conceptualised four acculturation strategies: (1) Integration – maintain heritage culture and partake in mainstream culture, (2) assimilation – adopt the beliefs and values of the mainstream culture, and let go of heritage culture, (3) separation – maintain beliefs and values of heritage culture and avoid relations with the mainstream culture, and (4) marginalization – neither culture is adopted.

Although integration has been challenged as the most beneficial kind of acculturation (Bierwaczek & Kunst, 2021), other research suggests that it can enhance the mental health of migrants by way of better mental health literacy and help-seeking intention. Another benefit of integration is that it balances maintenance and adoption of cultures; it is known that migrants who emphasise either one of these aspects, without balance from the other, are more likely to experience psychological difficulties (Ward & Kennedy, 1994). That said, successful integration also requires a collective effort such that the dominant/host society

receives and accepts the unique experiences of a newcomer, while also being respectful of their efforts to find a cultural balance (Berry, 1997; Kunst et al., 2021).

Acculturative stress

In the course of acculturating to a new country, international students may experience acculturative stress – defined by Borrego et al. (2019) as the stress associated with adapting to a novel culture – when they face barriers like racism and discrimination, struggles with communicating in the host country’s language, loneliness, educational difficulties and finding social support within their educational institutions (Chataway & Berry, 1989; Tung, 2011). Racism and discrimination toward racialized international students has long been reported in the literature, particularly toward groups of Asian descent (Mittelmeier & Cockayne, 2023; Zhang-Wu, 2018). Systemic and interpersonal forms of racism have negatively impacted international students’ sense of belonging and sociocultural adjustment by undermining their sense of security (Dong et al., 2023). One timely example of systemic racism is the study permit cap introduced in Canada owing to the housing and employment crises in 2025 (Pottie-Sherman et al., 2024; Canada Student Job Crisis, 2025). In terms of the housing crisis, areas that are close to university campuses have particularly seen an increase in rental costs due to the high numbers of students, without a sustainable increase in available housing (Pottie-Sherman et. Al, 2024). While the housing crisis is a consequence of several factors including minimal government investment in affordable housing, treating housing as investment opportunities, and low interest rates (Winfield & Stirling, 2025), it appears that international students are facing the brunt of a larger systemic issue (Mu & Soong, 2025). Indeed, research reveals that the housing experiences of international students are fraught with racism, discrimination, price gouging and other challenges that make the group particularly vulnerable to housing precarity and scamming. These vulnerabilities are compounded by lack of knowledge regarding the housing market and tenant rights, language

proficiency, and the desperation to find housing in time (Pottie-Sherman et al., 2024). Mu and Soong (2025) highlight how policy makers have drawn negative attention to international students by positioning them as the major culprit for a broader systemic issue, inviting stereotyping and racism. In effect, this scapegoats the group for a larger composite of issues that is conveniently disregarded and displaced by reducing student migration as the chief response.

Another key challenge faced by international students is the dearth of social supports available to them in times of need (Kristiana et al., 2022). Lacking sufficient support is known to compromise the mental health of international students, further exacerbating their acculturative stress (Li & Peng, 2019). Making supportive connections can be especially challenging for international students who face language and cultural barriers that set them apart from the receiving culture's social groups (Kristiana et al., 2022). Language and cultural barriers have the potential to create misunderstandings that get in the way of easy and effective communication, the kind that feels easy in social settings. Sometimes, different pronunciation, limited vocabulary and ignorance toward cultural references can also rationalise the racism experienced by international students (Mittelmeier & Cockayne, 2023). Despite the benefit that friendships with host country nationals offer in alleviating homesickness and acculturative stress, international students often pursue friendships with peers belonging to their own cultural groups or other minority groups (Hendrickson et al., 2011).

Cultural Distance

Cultural distance refers to the perceived differences between the values, attitudes and behaviours of one culture and another; for international students, the comparisons lie in the differences between their home country's culture and the receiving society to which they migrate for studies (Hemmasi & Downes, 2013) International students sharing a larger

cultural distance with their host country may have more adjustment difficulties owing to greater language and cultural barriers (Hemmasi & Downes, 2013). Indeed, perceived cultural distance has been reported to undermine the academic, psychological and sociocultural adjustment of international students (Malay et al., 2023). It appears that ‘culture shock’, otherwise known as acculturative stress, accounts for many of the difficulties experienced by international students when they arrive to the host country for their studies. Greater perceived cultural distance results in more acculturative stress (Malay et al., 2023). One of the key cultural characteristics is individualism and collectivism – the former emphasises individual preferences, rights and values, whereas the latter prioritises interdependence and group harmony (Triandis, 1993). Given that most international students in Canada migrate from collectivist societies (India, China), the majority of this group may perceive a large cultural distance when faced with Canada’s individualistic values. International students’ perceived cultural distance and acculturative stress has implications for their mental health status and mental health literacy, as discussed next.

Mental Health Literacy

Mental Health Literacy (MHL), coined by Jorm (2000), refers to one’s ability to recognize various aspects of psychological distress or mental disorders, possess knowledge regarding the causes of mental health concerns, have awareness of self-help and professional help resources, and seek help when needed. GISs mental health literacy has implications for their acculturative stress and adjustment, as mental health knowledge and help seeking intentions can affect their overall wellness and resilience during difficult periods (such as the first few months after migration)

Some research suggests that being female, greater time spent in the host country, and prior contact with mental health services influence the willingness of international students to seek out knowledge regarding support services (Clough et al., 2019). International students

also have limited knowledge regarding counselling processes, undermine the utility of such services for their own problems, find existing resources as lacking in cultural awareness, or face linguistic barriers that influence knowledge-seeking and help-seeking intentions (Dombou et al., 2023). Openness to mental health resources may also be inhibited by strong adherence to cultural values that frown upon help-seeking efforts (Dombou et al., 2023). Collectivism is one such cultural attribute that may impede help seeking behaviours among international students. Given that collectivist societies value interdependence and prioritise social identification and group needs over individual needs (Natalia & Fridari, 2022), international students originating from such cultures may be more likely to seek out lay help-seeking resources from family or other community members rather than professional mental health services (Altweck et al., 2015).

Help-seeking patterns of GIS

Broadly, international students are reported to utilise fewer mental health supportive resources than their domestic counterparts (Hyun et al., 2007). International students vary in their perceptions of psychological supports based on age and maturity, cultural values, and gender norms (Chen & Lewis, 2011). Within East Asian cultures, for instance, cultural values and minimal or stigmatized contact with psychological services manifests as a broadly negative perception regarding the efficacy and utility of professional psychological support (Chen & Lewis, 2011). Indeed, going to therapy could be taken as a sign of weakness, thereby inviting unwanted attention from community members who may stigmatise the one seeking out help. Furthermore, the act of seeking help itself could work to magnify the issue that one faces, creating the potential for increased distress (Maeshima & Parent, 2022).

Another concern that can arise relates to the trustworthiness of therapists or psychiatrists; many individuals may perceive health professionals as ‘strangers’ who should not have access to their personal issues (Ji & Nagata, 2024). While this may reflect the

intention to safeguard vulnerable aspects of one's personal life, it also relates to fear of stigma and stereotyping – with the latter perceived as an unintended consequence that may arise out of offering information relating to one's family or culture. International students may also be resistant to formal mental health support when they perceive it to lack cultural sensitivity (by way of values and personnel), and when they worry about miscommunications created by language barriers (Willis-O'Connor, 2014; Willis-O'Connor et al., 2016). More broadly, experiences with stereotyping and other forms of micro-aggressions during initial contact with support providers can strongly discourage students to seek out further support, and by word of mouth, discourage other international students who anticipate facing the same risks (Willis-O'Connor, 2014). Beyond this, international students also report barriers to help-seeking owing to time constraints, financial costs, and ease of access (Clough et al., 2019).

Aside from the aforementioned barriers, international students' lower mental health literacy (compared to their domestic counterparts) can account for the poorer recognition of their own mental health symptoms (Clarke, 2023). Lacking symptom recognition, GIS fail to consider the potential value of mental health support.

Mental Health status of GIS

International students, and more specifically GIS, are confronted with a range of challenges that complicate their academic and migration experiences within the Western context. Issues such as social isolation, financial difficulties, minimal social support, homesickness and language and cultural barriers complicate the adjustment of GIS, and reduce their overall well-being (Hyun et al., 2007; Girmay et al., 2019). Challenges are further exacerbated when university departments lack the personnel and resources to successfully support the mental health and acculturative needs of GISs (Girmay et al., 2019).

Owing to the added set of challenges that accompany the international student experience, graduate students are reported to have poorer mental health than their domestic counterparts (Clarke, 2023; Ogunsanya et al., 2018). Indeed, acculturative stress has been reported to be the strongest determinant of physical and mental health related quality of life for this sub-group (Ogunsanya et al., 2018). Issues such as excessive workload, poor interpersonal relations, racial discrimination and limited mental health support are also known to result in poor mental health symptoms such as suicide ideation, anxiety disorders and other stress-related chronic conditions among GISs (Anandavalli et al., 2021; Clarke, 2023). The expectation that international students must adapt to the host country may also legitimize their mental health issues, and downplay the need for more curated supports (Anandavalli et al., 2021).

The mental health experiences of GISs remain complex, and their needs largely unmet (Clarke, 2023; Girmay et al., 2019). Recognizing this complexity, and the need for greater understanding of GISs mental health support needs, the following section will discuss GIS participant's mental health status, mental health literacy and help seeking intentions.

Chapter 3: Method

Most of the existing research on international student mental health has taken a quantitative approach. These projects have assumed that the mental health, knowledge bases and experiences of international students exist in an undisputed, objective manner, thereby seeking to understand these phenomena using survey research and related measures (Braun & Clarke, 2013). In this way, quantitative research projects take a positivist ontological position that manifests in wide-ranging but shallow data (Braun & Clarke, 2013). This detachment - of researcher from research participant - has contributed to deficits such as the homogenisation of an otherwise varied and diverse student population (Squire et al., 2023). To account for this deficit, my research will take a qualitative and constructionist standpoint that focuses more deeply on the lived experiences of graduate international students. Given this, my ontological position can be described as relativistic as the goal is to centre the voices of research participants and position them as the knowledge creators of their own experiences (Braun & Clarke, 2013).

Reality, and by extension knowledge, is then created in conjunction with the participants I aim to study, instead of me seeking out an 'objective' reality that could be (falsely) applied to represent the mental health knowledge and experiences of international students. In taking an interpretivist ontological position, my aim is to clearly describe the mental health experiences of graduate international students, but also explore the ways in which diverse ethnic backgrounds account for the unique experiences of international students. Given that cultural influences manifest in unique ways within and between ethnic and racial groups, the flexibility and exploratory nature afforded by qualitative methods becomes necessary for accurately framing the ethnolinguistic elements of acculturation, mental health literacy and mental health status (Braun & Clarke, 2013). While mental health has been researched as a largely realist and quantifiable phenomenon (Janusz et al., 2010), it

becomes especially uncertain, subjective and relative when viewed through the lens of cultural heterogeneity. Given this, an interpretivist framing is best suited to addressing current deficits in existing literature.

Drawing on the social constructionist paradigm, I aim to present the voices of graduate international students with the use of semi-structured interviews. As a non-positivist paradigm, constructionism assumes that lived experience is socially constructed by individuals and social groups through the narratives that they create and share with one another (Braun & Clarke, 2022). These narratives are also influenced by time, spatial characteristics and the nature of social relationships that contextualise any lived experience. For instance, both participant accounts, and the reflexive analysis of data is subjectively influenced and designed by the researcher (Braun & Clarke, 2022). Given the interpretive nature of the constructionist paradigm, stories are considered to be the research data. This has important implications for the current study, as my goal is to represent a culturally diverse range of mental health experiences - experiences that I may be unfamiliar with, or find complex to interpret given my unique positionality in relation to participants. In sum, the stories that are offered to me by participants comprise the full content of the social phenomena (mental health, mental health literacy, acculturation) that I seek to explore.

Author Positionality

Given that narratives are influenced by the social context of any storytelling, the contextual influence of researcher-participant relationship has bearing on the story that participants produce (Braun & Clarke, 2022; Spector-Mersel, 2010). Owing to the influence of my presence on the knowledge that was produced through interviewing, it is necessary that I reflect on my own positionality as a researcher to be reflexive (Corlett & Mavin, 2018).

As a graduate international student myself, I am bound to have assumptions, biases and preconceived notions regarding the narratives that were produced by participants,

especially those that share my ethnic background. Having occupied an international student status for all of my undergraduate studies, and now as a second-year student of my Master's program, I have a wide range of acculturative experiences that sometimes relates to existing literature on relevant topics, but oftentimes confound it. I anticipate my biases to be especially pronounced in terms of mental health status - which research posits to be comparable to domestic counterparts. To minimize biases, I maintained a reflexive journal to keep track of my data analysis process. Notes were continually reviewed to ensure that my lived experience, and stories that have already been shared to me by fellow international students within informal settings, did not set the tone or standard of the narratives offered by research participants of the present study. I was also keenly aware of the need to position my own acculturative status, and the ways in which greater identification and comfort with Canadian norms and values may blind me to the experiences of participants who have had lesser time to acculturate, or have otherwise chosen to emphasize cultural maintenance. Relatedly, my knowledge background and acculturative status were de-centered when analyzing the mental health literacy of GISs as mental health awareness and help-seeking attitudes are influenced by a range of factors such as cultural background, age, gender and socioeconomic status. In sum, my intersecting identities as an international Master's student and woman of colour were considered throughout the processes of questionnaire development and data analysis. My aim was to draw upon my own experiences to articulate those of others, but also use my lived experience to contrast the narratives that may not align very well with my own reality. Continued reflection and reflexivity ensured my ability to receive narratives as they are told by the narrator.

Method

This project was conducted using the qualitative method of interviewing. Interviews took a semi-structured format to allow for the inclusion of both closed-ended and open-ended

questions, with the additional opportunity of follow up questions (Adams, 2015). Given the flexibility required within a constructivist epistemology, a fully structured interview may inhibit the potential for participants to steer conversations in unexpected directions where relevant insights may be gathered (Adams, 2015). To minimize researcher and participant fatigue, interviews were limited to 60-minute slots (Adams, 2015). Interviews were conducted either in-person or over Zoom, depending on the preference of each participant. In both cases, interviews were recorded for transcription and data analysis.

The interview questions were designed to answer the three research questions. Questions that probed into the mental health status of participants used synonymous terms such as ‘psychological well-being’, ‘mental well-being’, and more symptomatic phrases such as ‘feeling happy/sad’, ‘feeling anxious or worried’, ‘feeling well-adjusted or poorly adjusted’, to name a few. To assess mental health literacy, a wide range of phrases and constructs were required to encapsulate the multi-faceted construct that comprises knowledge regarding symptoms and support, intent to seek support and other related factors. Questions relating to mental health literacy were designed to be more straightforward, requiring less paraphrasing or rewording compared to those applying to mental health status. This does not indicate that mental health literacy is less complex or multi-faceted than mental health status, rather, the concept of ‘mental health’ may carry stigmatising attributes that limit the number of meaningful responses. Finally, students were also asked to reflect on their acculturative experience as it relates to the three research questions. Questions pertaining to acculturative preferences, cultural distance, individualism and collectivism, and stigma were asked to elicit pertinent information that helped to contextualize the identified themes. The interview guide can be found in Appendix A.

Participants

Fourteen graduate international students at different levels of study and faculty orientation were interviewed. Participants were required to meet the eligibility criteria of (1) hold international student status (using a Study Permit), (2) have spent at least a month in Canada, (3) enrolled in a graduate-level program at McMaster University. The choice to focus on graduate level students was informed by the dearth of qualitative mental health research available on this population. Data collection concluded after interviews with 14 participants, with the dataset comprising a range of ethno-culturally diverse experiences.

To recruit participants, I reached out to graduate student associations and groups catering to the needs of graduate international students (such as the International Student Services and clubs that represent non-Western individuals and cultures). Participants who completed the interview were also requested to share the research study with GIS peers to facilitate snowball sampling. Through the use of purposive and snowball sampling, I was able to obtain a diverse participant pool that offered insight into how cultural factors (such as acculturation, cultural distance, collectivism/individualism) influence the mental health status and mental health literacy of graduate international students. Table 1 report on participant demographics:

Participant Pseudonyms	Age	Gender	Cultural Background/Country of Citizenship	Faculty of study	Length of stay	Acculturative preference
Ayda	35-40	Female	Iran	Engineering (Master's)	1.2 years	Integration
Amir	35-40	Male	Iran	Business (Master's)	2 months	Integration
Mia	30-35	Female	India	Engineering (PhD)	1.1 years	Integration
Narin	30-35	Female	Bangladesh	Health Sciences (PhD)	3.5 years	Integration

Annika	20-25	Female	India	-	1 year	Integration
Afsa	40-45	Female	Iran	Engineering (PhD)	3 years	Separation
John	30-35	Male	India	Engineering (PhD)	2 years	Separation
Esha	30-35	Female	Bangladesh	Science (PhD)	2.3 years	Integration
Min	20-25	Male	China	Science (PhD)	5 months	Assimilation (slight preference)
Reem	30-35	Female	Iran	Business (PhD)	5.5 years	Integration
Raj	20-25	Male	India	Engineering, (Master's)	2 years	Integration
Jess	25-30	Female	United States of America	Science (PhD)	5 years	Integration
Dan	25-30	Male	Chinese	Social Science (PhD)	11 years	Integration
Eric	30-35	Male	United States of America	Science (PhD)	5.5 years	Integration

Table 1: Participant Demographics and Acculturative Status

Analysis

Data obtained from the interviews were analyzed using Braun and Clarke (2021)'s reflexive thematic analysis (RTA). RTA is best suited to identifying a range of under-researched themes that are relevant to the research questions, and facilitating thick descriptions of said themes. Thick descriptions are not limited to simple descriptions or re-tellings of participant accounts; rather, the focus is on the contextual factors and subjective interpretations that give meaning to participant experiences (Braun et al., 2023) RTA also offered the potential to generate unexpected insights from the data gathered by encouraging a certain amount of flexibility (Braun & Clarke, 2006). Another benefit of the flexibility afforded by RTA was that it allowed for an in-depth understanding of data around complex topics such as the mental health experiences of students originating from various ethnocultural backgrounds. Thick descriptions and deep insight into experiences was

necessary to holistically characterize themes relevant to the complex research questions that were posed.

Chapter 4.1: Results (Acculturative experiences)

Theme 1 <ul style="list-style-type: none"> • Subtheme 1 • Subtheme 2 • Subtheme 3 	Persistent feeling of otherness <ul style="list-style-type: none"> • Acceptance and social support • Discrimination • Language barriers
Theme 2 <ul style="list-style-type: none"> • Subtheme 1 	Foundations of resilience <ul style="list-style-type: none"> • Cultural supports and mindset shifts

Figure 2: Acculturation themes

Theme 1: Persistent feeling of otherness

Save for one, every participant reported the experience of feeling othered within their social and academic spaces despite the majority preference for acculturative integration. As reflected in the subthemes, key aspects that undermined a sense of belongingness within the Canadian social fabric included feelings of superficial social acceptance or rejection, deficits in local social supports, and acculturative stressors that limit the potential of GIS to grow interpersonal connections. More explicit and dire forms of social rejection were represented in participants' experiences of discrimination, and difficulties with language barriers.

1.1.Acceptance and Social Support – When prompted to reflect on acceptance within

social and academic spaces, participants reported difficulties with forming deeper connections:

In the beginning sort of getting used to a different social atmosphere was a little bit, not challenging, but it took some time to get used to. So, for example, I guess people can be welcoming and kind towards you but then to sort of develop a deeper friendship, sometime, that can be a little bit difficult...(Dan)

We just attend the class, and as soon as the class rings...they (students) already know a few people of their community, right? [S]o they just talk to them, and they just like keep on going. But if we talk, they talk, they just talk, that's it. We ask something, they say, and they move on. (Annika)

Forming meaningful relationships was a challenge for both Dan and Annika, despite spending at least a year in Canada. Given the significant amount of time that Dan had spent in Canada as an international student (5+ years), this testimony has significant bearing. Annika also expressed the difficulties with making friends that are not a part of your own community, referencing the challenges that come with penetrating Canadian social groups. Relatedly, Min reflected on the stricter interpersonal boundaries found in Canada, compared to China:

...I think, in China... the distance is very close... sometimes, you know, for example, like I borrow stuff from others. I figure it's fine. Everybody's ...gonna borrow their things to me. But like here, sometimes I have to like rethink, right? Like it's a little bit different, because the distance here I think it's more like clear. (Min)

In a different setting, Min expressed how his age and study level set him apart from fellow players of a communal sport:

(V)olleyball is a group activity. It's not like alone activity. So sometimes, I would say, the undergrads they would.. they're not seemingly that friendly to like accept you but just, I think it's normal. It's like they have their own like friend zones. I'm like, right, I'm alone, I'm international. I'm like, Grad student, that kind of thing. (Min)

On the other hand, Mia describes how she feels accepted within the international community, but not within the Canadian social space:

So, all my friends are the people that I work with. It's not very healthy to be, but somehow that's [laughs] about it. So, within that ...academic community, as I mentioned, it is fairly dominated by international students. So, I don't find any

difficulty... [in] gelling with them. But I've actually not had any experience to meet someone like Canadian outside of my academic space. (Mia)

Compared to the aforementioned experiences of GIS originating from various countries, participants from the United States reported better or complete social acceptance:

"Yeah, I feel no kind of rejection of any sort, but that probably makes sense because it's almost like it, you know you could mistake me for a Canadian pretty easily." (Eric)

Yeah, yeah, I think so. I mean to an extent like, I think everyone, all of my peers are very much like, 'Yeah, we're in grad school. We're all depressed. This is great'. And I think a lot of the other professors in the department are very like interested in accommodating and like reducing stigma around mental health. (Jess)

Lacking observable markers of distinction, American participants appeared to have fewer barriers of entry into Canadian cultural communities owing to the smaller cultural distance between US and Canada. With language and cultural barriers largely absent, the acceptance of American participants is far smoother than that of GISs originating from countries with larger cultural distances. However, acceptance has not equated to meaningful social support for Eric (US):

Yeah, I think it's actually been a little bit challenging, because for a couple of reasons, one, because of the pandemic. I got here and only had about 6 or 7 months before everything got shut down. I didn't see anyone for a long time, so that was difficult. And then also I just happen to be older than most of my fellow grad students...And then I came here...I was older, and it's not like an outdoorsy town, and it's not like the same type of people who I am used to, who I grew up with.

GISs originating from other countries also report their difficulties with forming meaningful social supports. Lacking immediate or complete acceptance, meaningful connections tend to

be formed with people originating from their own cultural background, or with the other GIS' that they work or study with. For instance:

So, there are ... Indian students in ... my... friend circle, there are students from Iran, Turkey,... Nigeria. So, we all work in the same lab space. We see, we meet daily. So sometimes we go out for...food or something. (*Mia, India*)

Either way your friend will be most of the time...[an] international student, who are also in a similar situation. It can be from your home country, or any other countries, but making a Canadian friend, or included here in society, is hard. (*Narin*)

For others, social support has been even harder to come by: "Social... I didn't see anything for social support. And I think, that I am alone with my problem." (*Amir*)

Honestly, I have no close friends in Canada. I have just my fiancé, you know? I just trust him and talk to him. It's true that I sometimes share my feelings with like my lab manager, or like some Canadian friends. But they're not real friends. They are not close friends, you know? (*Afsa*)

Amir's short duration of stay, and Afsa's preference for acculturative separation, also present as classic examples of acculturative stress. Amir's feeling of isolation exacerbates the mental load of adjusting to a new country, whereas Afsa's superficial friendships are a consequence of the key differences between her own cultural background and Canada, and the subsequent choice to maintain heritage culture values.

Yet others feel the loss of previous supports, or let down by poor quality friendships: "*I- right now, I have just been away...[from] my bunch of ... Chinese friends. You know, they were over there, and ... I'm alone ...living here. So, I think I'm ... I'm gradually ... missing ... [the] support I have with them.*" (*Min, China*)

Raj (India) also reflected on prior experiences where friends only approached him for help, rather than connection: "... *I'm just restricting myself not to get hurt again... just*

working for them (friends)... when people just try to come and ask for help and once it's done, [they leave]..."

Meaningful friendships and support were lacking for most GIS participants. Given that supports were either fellow international students, or cultural community members, participants draw attention to the 'us v/s them' mentality that often separates international and domestic students.

1.2. Discrimination – Out of the 14 GIS that were interviewed, 8 reported varying experiences of discrimination. The most commonly experienced form of discrimination appeared to be systemic forms of exclusion build into academic and occupational settings. For instance, Narin and Dan highlight the exclusion of international students from job competitions and academic funding opportunities: *"For example...system, is like that, a lot of scholarship is available for Canadian student. It's not available for me, I cannot apply."* (Narin). *"(W)henever I apply to like TA, oh, maybe less about TA, like sessional jobs, or like any kind of jobs in Canada sometimes their preferences always given to PR or Canadians over other work permit holder."* (Dan)

Relatedly, Annika expresses her frustration regarding the different treatment she receives in relation to the Canadian colleagues at her part-time job:

(W)e are doing the same job for the same price and everything... but the way they trust them (Canadians) and give like – they might join after me or something, but the way they talk to them or be leveraged, like give them the hours they asked for, or ... adjust them with their stuff – It's kind of like, it's not good. (Annika)

Beyond these implicit forms of systemic exclusion, participants also highlight instances of outright racial aggression. Raj reflects on a hate crime:

So ... when I landed over here...on the second month, I was just working Tim Horton's as part-time team member, and I was doing my usual shift...my drive

through. And it was on the closing time and the drive through was closed and the store was closed...[when] a customer just came to the drive through, and he was ordering, and we just denied him that the store is closed. He just right away called to the customer service and said, like, 'this Tim Hortons is not serving me, and they're just doing a discrimination to us'...and he just took a stone or something, just broke it (the window), and just said to my face that 'you fucking Indians are just ruining the country, and you're just eating, or you're just getting paid by my taxes, and you just need to go back'. (Raj)

Raj's experience is reflective of the growing racism experienced by Indian students that is often on account of anti-immigrant sentiments associated with the housing and employment crises in Ontario (CIMM, 2024; Canada Student Job Crisis, 2025). Adding insult to injury, Raj's experience of such stark racial discrimination occurred within the second month of his stay in Canada – a time when acculturative stress and adjustment issues are already at their peak (Dillon et. Al, 2013). In a similar vein, Min describes his experience of being insulted and discriminated in a public setting on two different occasions:

(D)uring the time I was in a bus and there were like 2 accidents...there are people, random people who would talk to me and like, says some, like very disgraceful words...Then I feel kind of just like discriminated and like insulted...But also, normally, I won't take any action just like...I don't sit there, and like sitting away from them, and just wait for them to get off. But there are like 2 experiences....(Min)

Similar to Raj, it appears that Min also experienced racism during the period of peak acculturative stress (Demes & Geeraert, 2015), given that his length of stay in Canada was 5 months at the time of interview. The observable identities of these 2 participants – Raj as Indian, and Min as Chinese – reflect how long-standing racial stereotypes continue to be used

to victimize minority groups. Annika's experience of being treated differently to her Canadian colleagues also reflects racial and cultural exclusion.

1.3. Language barriers. Most participants discussed experiencing language barriers that made it difficult to communicate with Canadian peers, and within group settings, resulted in feelings of otherness or exclusion. Annika (India) reflects on the anxieties that come with language and cultural barriers:

Sometimes when I have to network with someone or talk to these new people...my stress level and my anxiety would go up because...I'm not from here [so] the language barrier and the things they know, the local things like the news or...something about the things that's happening around Canada, like the way they talk, ...[is unfamiliar] because I don't have a habit of seeing news...even back home.

Similarly, Esha (Bangladesh) and Reem (Iran), find it difficult to understand and engage in Canadian jokes:

That's why I always attend the events. Sometimes I like those things but sometimes if it's too boring, what they are talking about, I really get lost why you are laughing. I don't get their joke...And I also hear these things from many people. They don't understand the Canadian jokes. (Esha, Bangladesh)

And they say something, and I'm like, I don't [understand]...There was this joke that my friend made in a seminar on campus, and I didn't hear what he said, and I was like sorry, what? Sorry, what? Pardon me! And I completely killed the man's joke [laughs]. So that's something that keeps me from, you know, being fully out there.

(Reem, Iran)

For Afsa, the insecurities stemming from her accent were more explicitly reinforced:

First time when I like come to my office...and one person says that 'Oh, you have a thick accent', and from that time I'm really afraid of like talking in front of her,

because I think like she will judge me. And yeah, there are some people that I don't want to tell they are racist. But you can feel that, you know? You can feel some behaviour and some like...And yeah, I feel insecure honestly about my accent.

Afsa's acculturative choice of separation (Berry, 1997) may also be reinforced by interactions such as these. Overall, the language barriers faced by GIS comprise a range of difficulties, and the insecurities stemming from them may be reinforced by implicit or explicit negative responses from peers.

Theme 2: Foundations of resilience

Despite the wide range of acculturative and health concerns reported by GIS, most (11) preferred acculturative integration. Of the 3 that emphasised other acculturative strategies, only one reported severe acculturative stress and poor mental health symptoms despite spending three years in Canada. This theme explores how GISs remain resilient despite the unique challenges that they face. Resilience is exemplified in the choice to remain in Canada despite significant challenges but also, and to a greater extent, the ability to withstand the struggles that are associated with adjusting to a new environment that systemically engenders social exclusion.

2.1. Cultural supports and mindset shifts

GISs find it helpful to connect with peers originating from their own cultural community, or from the larger international student community. Such peers offer resources, encouragement and understanding, with the latter aspects proving particularly helpful coming from those who traverse through similar struggles:

I had help from people of my same community. I have a relative, like my family member staying in Niagara, so they were also able to help me, and... where I'm doing PhD, I see very less Canadian. There's almost international students throughout, so

they may not be Indian per se, but all of them, they are coming from the same experience, right? They are also trying to adjust to this country. (Mia, India)

“One thing is to like, connect with Chinese people who have lived here before because they have ... knowledge, or ... experiences [that] they can share with you.” (Min, China)

Despite helpful resources and effective coping strategies, sometimes moving forward and embracing the positives is the only solution:

I made friends, I talked to my boyfriend a lot, lots of video calls with my family and him, friends here and that’s it. The other parts was pain to be honest with you...

(S)ometimes you don’t cope; you just have to go forward. (*Reem, Iran*)

But yeah, just facilities (resources) I had, now I don’t have all of them. But it’s also interesting that okay, I didn’t have such a beautiful nature in my country – clean air, blue sky. So I just say that ‘okay, I lost... those facilities but I have this, and it’s a new experience’ and I get used to it.” (Ayda, Iran)

Ayda’s long-term struggle with moving to Canada and restrictive cultural background encouraged a greater appreciation for being in Canada despite the many material losses that accompanied her move:

[T]he culture in our country is...not completely a situation that you have complete freedom. Also, my family had conservative cultures. That’s why I’m here so late. I was about 22 or 23 that I decided to come to Canada, but it took like 13 years after that I was able to come to Canada because of the culture of my family that ‘oh, you cannot go alone, you have to marry’. I married, and then, yeah, it took a long time...to convince my husband... yeah, it was a fight and challenging period.

Chapter 4.2: Results (Mental health status and Mental health literacy)

Theme 1 <ul style="list-style-type: none"> • Subtheme 1 • Subtheme 2 	Mental Health Literacy of GIS <ul style="list-style-type: none"> • Mental health distress and symptom recognition • Knowledge regarding self-help interventions
Theme 2 <ul style="list-style-type: none"> • Subtheme 1 • Subtheme 2 <ul style="list-style-type: none"> ○ Sub-subtheme 1 ○ Sub-subtheme 2 ○ Sub-subtheme 3 	Mental health status and Help-seeking intentions of GIS <ul style="list-style-type: none"> • Mental health status • Help-seeking intentions <ul style="list-style-type: none"> ○ Perception regarding professional support and help- seeking intent. ○ Changes in help-seeking intent after move to Canada. ○ Barriers to help-seeking <ol style="list-style-type: none"> 1. Prior experience proved to be unhelpful 2. Issues with accessibility

Figure 3: Mental health status and Mental health literacy

Theme 1: Mental Health Literacy of GIS

Most GIS participants demonstrated moderate to good mental health literacy by way of (1) mental health distress and symptom recognition, (2) awareness of causal factors affecting mental health, and (3) knowledge regarding helpful interventions.

1.1. Mental health distress and symptom recognition

Participants were able to identify common mental health conditions such as depression and anxiety:

You start to get anxiety because you are lonely and after that your next step is...

having panic attack, and...slowly you are going to the depression.... So for me, I will

say, like loneliness should be included. [F]rom loneliness to schizophrenia and other things as well, is all a broader spectrum for the mental illness. (Narin, Bangladesh)

“Whenever I think about mental illness... my mind strikes for depression first.” (Raj, India)

“I heard many people, even my friends, feel depression. It could be severe or very low but some...have such anxiety or depress[ion].” (Ayda, Iran)

GISs also highlighted other key signs of poor mental health or mental illness such as:

“Uncontrollable anxiety...towards expected or regular work, stress or life situation.” (Mia, India)

“...a difficulty in functioning in ...everyday situations, accompanied with... certain changes in mood or changes in stress levels and ability to cope with things that you previously didn’t find difficult.” (Jess, US)

“Distancing... from being social. We don’t like to talk to people...” (Annika, India)

“...[B]eing very reactive and sort of waiting there to go off like a bomb”. (Reem, Iran)

“[Y]ou don’t have any purpose in your life, that could be a sign of mental disease as well.” (Ayda, Iran)

Excessive anxiety, impaired functioning, and interpersonal issues were some of the distress signals highlighted by GIS. That said, two participants showed limited awareness regarding mental health symptoms:

“I heard about something but [don’t know] much.” (Amir, Iran)

“I don’t understand much. I tried to google it myself to see what it is and sometimes you know how Google directs us to the unwanted things which we don’t even have.” (Raj, India)

(1) Causal factors affecting mental health

GISs raised several determinants of poor mental health, such as genetic and dispositional factors:

I don't know like why... something might trigger it, but same incident happening to 2 people may not trigger the same reaction in them, right?... Maybe ... they might be like mentally wired that way... maybe they were brought up that way. (Mia, India)

“...can happen due to personal disorder.... It can be genetical.” (Esha, Bangladesh)

Others reflected on the influence of a poor upbringing or past traumatic experiences:

I think most of them link back to the childhood. Well like, I didn't have happy childhood, honestly... And I know that in many cases, when I... talk to many people [who] have ...anxiety... or like can't control the stress..., face depression...they said, like, 'yeah we don't have A good time with our parents, when we were ... kids'.
(Afsa, Iran)

“Upbringing [of] parents, trauma both in childhood and in adulthood.” (Reem, Iran)

Relatedly, conservative cultures were also identified by participants as a risk factor:

[In] (s)ome countries... the culture is really conservative. They obey such rules that they don't think about it [the rules]. If you forbid your child from not doing this, what is the idea behind that? ...Something is continuing between generations without thinking, so it could be ...the reason of ...traumas and mental illness as well.” (Ayda, Iran)

“I think the culture of a country and a family very important for this...” (Amir, Iran)

Beyond these frequently cited factors, some participants also reflected on loneliness and minimal support as causal factors specifically affecting international students:

So, these kind of things (challenging experiences)... which is kind of intense, makes us feel anxious and since we are alone...here, like not going back to family, ... we have a lot of time to think about all the stuff which is happening around us so that might trigger us... (Annika, India)

Yeah, among international students In Canada, there are the sort of obvious factors, that you are in a new environment that you are less familiar with. So, there's ... a heightened daily load in terms of ... not [being] able to like just go grocery shopping thoughtlessly, or, ... just do things... everything takes more effort because you're less familiar with it until you have lived here for a couple of years, and you don't have as much of a support system to ask for like 'oh, can you go do this for me?' from your family or friends, people that you know, and that sort of lack of support system can be difficult... (Jess, US)

1.2. Knowledge regarding self-help interventions

When asked to reflect on how participants cope with feelings of anxiety, stress or low mood, most GISs reported engagement in mood elevating activities such as physical exercise or spending time in nature (Frühauf et al., 2016), social connectedness (Wickramaratne, et al., 2022), and cognitive reframing (Munroe et al., 2022).

Physical activity/ involvement in nature:

“(S)ometimes just like going for a walk like having a fresh air or running, like draining my energy down.” (Annika, India)

“(I)f I’m dealing with it in a healthy way, I will do something that requires all of my attention, like run or work out.” (Eric, US)

Social connectedness:

“I would talk to other people. I, you know, by phone or just like in person, and like you will share your stories and feelings and the other people would definitely like, cheer you up.”

(Min, China)

“[On walks] I just meet few people on the road just like that, and just talk to them, say, ‘Hi!’ and it just creates new conversation and a new connection as well.”(Raj, India)

Cognitive reframing:

“I think, live in the present, not in the future or not in the past... Yeah, whatever happened has happened, whatever is going to happen is happened. Just keep that in mind, and we’ll be able to be stabilized within some time.” (John, India)

“You sleep at night, and, like the other day you feel like better right? Because you...forgot that thing (the stressor) a little bit, just like, you know, time would kind of like heal your feelings.” (Min, China)

Other participants engaged in behaviours characterized by avoidance, selective attention and distancing – all of which fall under the category of maladaptive coping mechanisms (Aloka et al., 2024). Within the minority using such strategies, distractions or sleep were most frequently reported:

“I just lie down on bed. I sleep a lot, and I don’t know why, even though I don’t sleep I watch reel, Instagram reel. Facebook, watching TV drama, books...” (Narin, Bangladesh)

(W)hen I’m writing, and I experience a level of anxiety..., and ... I’ll just... reach for food or reach for a beer or you know, it’s just like an automatic coping. I need to be doing something with my hands, or I need to be filling that space with something, I can’t just sit and let the anxiety be anxiety. (Eric, US)

Further along the spectrum of maladaptive strategies, one participant shared that they would smoke to cope with difficult circumstances:

Unfortunately, I do smoke, but like, maybe, so it’s been it’s been changing around. But like on average, I smoke like 3 cigarettes per week. So like every two days one cigarette. But that’s something that I unfortunately go to when I’m feeling ... down or, like I can’t find myself and figure out what to do. (Reem, Iran)

Most GISs demonstrate moderate to good MHL in terms of distress recognition, knowledge of causal factors, and knowledge and engagement in positive coping strategies. However, there was a small minority that possessed limited knowledge regarding mental

health symptoms, or engaged in maladaptive coping strategies despite awareness of their detrimental effects. Beyond this, two participants expressed a rejection of mental health knowledge and associated concepts:

“I didn’t think of such things before coming here [Canada]... even after coming here also I don’t think. Maybe I didn’t go... that... deep [into] mental health [concepts]. Maybe that’s the reason, I don’t know.” (John, India)

When prompted to consider various symptoms of mental distress, Esha (Bangladesh) similarly showed a disinterest in the question:

Honestly, I don’t ... want to know very (too much) detail of this mental illness...Because ... I’m [the] kind of person who gets too obsessed in a thing, okay? If I go into detail of this mental illness term, I feel like... I will get to relate every symptom with me. Maybe I have this... maybe I have that.

Theme 2: Mental health status and Help-seeking intentions of GIS

2.1. Mental health status

Most of the participants (eight) reported good to average mental health, but a greater majority (nine) also reported negative physical health symptoms that they experienced in the two weeks leading up to the interview, or over a prolonged period following their move to Canada. Physical symptoms are also indicators of mood disorders such as depression or anxiety (Ryder et al., 2002). These include reduced or poor-quality sleep, low energy, changes to appetite and weight, and menstrual difficulties:

“I have problem[s]...every night, and I can’t sleep very good, and in the morning and evening I need to sleep again.” (Amir, Iran)

“Oh, eating pattern...I’m skipping meals. I’m not sure why, but ... I’m not getting hungry. I don’t know why.” (Annika, India)

“As I told you... my period came late and... it has been 3 days that I couldn’t sleep. I couldn’t get up early at morning, and ... I feel like I like to sleep more than usual ... “ (Ayda, Iran)

Amir’s and Annika’s physical symptoms line up with the negative mood and high stress that they also reported, whereas Ayda’s menstrual difficulties and sleep issues contrasted her reported positive mood and psychological adjustment.

GISs also reflected on the issues that were negatively affecting their mood, stress levels, and adjustment to Canada:

I’m overthinking every day a lot about everything, about my father’s illness, about my family situation in my country, about the war may happen between Israel and Iran. And, yeah, so I try to like do something for distraction. But I couldn’t distract my brain...from these things. (Afsa, Iran)

... I’m in the process of like losing one of my best friends over...a romantic issue. And that’s sad. But, I’m trying to deal with it as best I can. And I’ve kind of just accepted that whatever’s gonna happen happens, and I’ll try to do the best. (Eric, US)

I [am] in the second year of my PhD, so to become the PhD candidate we need to complete the proposal exam as well as the concurrency exam. This is one of the toughest period. That’s why I face some – mentally, I was stressed because of the exam outcomes... and that too the preparation. Because I’m living here with my wife and a 2 year-old kid, so time management is ... very difficult ... because I need to take care of him, to send him to the daycare, take him from the daycare. (John, India)

Overthinking/rumination, interpersonal issues, and time management issues were brought up by most of the GISs who expressed mental health or adjustment issues. The struggles highlighted by GISs are also reflective of their cultural backgrounds. For instance,

Afsa, originating from Iran, was preoccupied with concerns of war in her home country unlike her other non-Iranian peers who reported struggles with overthinking.

2.2. Help-seeking intentions

In light of the complex challenges faced by GIS, this research sought to assess a further element of mental health literacy – help seeking intentions and behaviour. Participants were asked about (1) their perception regarding professional support and help-seeking intent, (2) changes in help-seeking intent after moving to Canada, and (3) barriers to help-seeking.

2.2.1. Most participants felt that professional support could be helpful for addressing mental health issues, as it is able to offer several benefits such as listening, self-reflection, or an external perspective:

Listening:

“(T)hey can be a good listener, and they can just listen to what we are trying to say and what we are going through.” (Raj, India)

They just provide a safe space for you to talk and to talk and to talk. And without you even realizing, you’re working on them [issues], ...it’s actually a very interesting ... thing ...because, you’re not really doing directly anything you’re just talking. But you’re ... also resolving those [issues] on a deep level. (Reem, Iran)

Self-reflection:

“(D)uring those conversations I think I can just ... reassess myself, and ... I think this [self-expression] is a process of ... self-reflection.” (Min, China)

An external perspective:

Discussing her prior experience with professional support, Mia (India) shares, “I knew that I was not able to get over those feelings, you know, nothing was helping. That’s when I understood that I should get some help. So, I talked to a psychologist...”

However, some participants also noted that professional support would only be helpful if people want change:

For example, [if] someone say to me that go to therapist and ask to help you, but if I really don't want to change the situation, if I really don't want to change myself, my behaviour, it doesn't help me. The person should ... be aware of the purpose that she's or he's going to the therapy. (Ayda, Iran)

(I)f you had more of a like prescriptive approach where you ... said, 'Oh, you have mental illness you must go see a psychiatrist' to everybody, I don't think it would necessarily work because there also needs to be that ... internal motivation to address the problems. (Jess, USA)

Aside from this majority, three participants felt less open toward professional help seeking:

(I)n my case I don't think if I go to some the professional consultant or something and if I say some problems with them, I don't personally think it will solve my problem, but I don't know. I don't know how it works for the others. Personally, I don't think [it's] for me. (John, India)

While John had no prior experience with professional help, his opinion was echoed by Esha (Bangladesh), who had taken a few unhelpful sessions with a counsellor:

"Broader picture, my experience was ... that my friends are more expert than the real experts."

In another case, Annika (India) felt hesitant to seek help as it is discouraged within her cultural background:

(W)hen I came here first, ... since... I was feeling lonely ...,anxious and ... tensed, worried, and every kind of emotion and [my friend] told me to ... go and see ... the mental health support [as it is]... free... for international students... But I don't know,

since I'm not from the country where they take mental health a serious thing, I'm not... used to seeking professional help ... until and unless it's worsening things up, they (people from cultural background) won't go and see the professional people... for help. ... So I feel like it can be dealt with... by myself right now... I generally don't think that it [professional help] might work. I don't know. I'm still ...thinking about it.

Like Annika, John and Esha's collectivistic cultural background (India, Bangladesh) may account for their disinterest in seeking support for mental health concerns. Esha's assertion that her friends are more supportive than the 'real experts', and John's reluctance to engage with mental health concepts may demonstrate this.

2.2.2. Changes in help-seeking intention after move to Canada

Most participants reported that their move to Canada did not change their perception regarding professional mental health support, or intention to seek help. For the minority (four participants) that did notice a difference, conversations around mental health and help-seeking had become easier after their move to Canada:

Yeah, it (perception regarding professional help) has changed a lot. So, I didn't even know... we had mental health professionals back in India, because we didn't even know that we can go and seek a mental health professional. ... I've seen movies ..., but I [didn't] think it's real back at that time. But when I landed over here, and [saw] how the things work over here, I got to know that we have professionals, and how they can help us out. ...So, it is good to know that they are there to help us out. (Raj, India)

I ... didn't think about it [professional help]. ...But, here I can feel better to talk about my feelings, you know? Sharing my experience, for example, with my colleagues, non-Iranian Canadian for example, and said, 'okay, I feel this, I feel that' because I know that they understand me well, you know? And they don't judge me. (Afsa, Iran)

Some participants suggested that conversations around mental health and help-seeking may differ by socio-demographic variables (such as age, socioeconomic status and education level), even within countries that stigmatize openness regarding mental health and illness:

I would think that Canadian community might be a little more open towards the idea of receiving help and talking about mental health and all. India is still a bit regressive in that aspect. Maybe the urban cities and cosmopolitan places, they might be now talking about this importance of mental health, and you know the corporate companies, they have mandatory sessions for mental awareness, mental illness, ... and all. And the top-notch universities, they have... on call counsellors ... (Mia, India)

[P]ersonally, I think it was not very difficult [to seek help] because ...I'm well educated. I was provided by the different [therapeutic] sources... in my undergrad university ... And also, it's free. And that's important, right? Because... I think if it's paid, then I have to reconsider. But [if] it's free consultation, then I would say... 'why not?' (Min, China)

2.2.3. Barriers to help-seeking – while most participants believed that professional mental health support could be helpful for themselves and others, several factors complicated their readiness to seek help when needed.

2.2.3.1. Prior experience proved to be unhelpful

“I did (seek help) in ... 2020, and which was fine, which was not very useful. It was ... online ..., a couple of sessions.” (Jess, US)

I went to... a counsellor at the Student Wellness Centre. I was going through a really hard breakup, 2 kinds of breakups, like a romantic breakup, and then also ... a friend breakup ... And, I feel like it's so hard to find a therapist who you really connect with. You just

have to find the right kind of person who ... meets you where you are. And it's just, if I had tried harder to find that person, I might have had a really good experience. ... But I don't think I found the right therapist. (Eric, US)

Both Jess and Eric had difficulties with finding the right therapeutic fit, which led to unsatisfactory help-seeking experiences.

2.2.3.2. Issues with accessibility

Dan (China) shared his challenges with taking the step to reach out for help:

I guess just how busy I was in terms of school, and kind of traveling between places, and work, ..., just never really had ... a downtime where [I] could [seek professional help].. but also the application itself is quite complicated. And then the insurance, and then staying on the phone, waiting in line.. I mean, like the phone line. So ... when I want it, I want it to be easy to reach.

In echoing Dan's sentiment, Narin (Bangladesh) shared:

"So many things in Canada is kind of hassle – you have to do appointment, so many system laws, I will say [that's] another barrier for me here."

Jess also reflected on overbooked university supports:

I still have not made much of an effort to go get therapy, and I think it's ... more of a ... access issue as an international student ... what is available to us is typically linked to our university health insurance, and that... means like, ... maybe you could see a psychologist at the Wellness Centre, ... or you could do online help. And the people at the Wellness Centre are super overbooked, and you would get maybe 6 sessions with them, and they would be like two months apart each. And that sort of model of therapy doesn't really appeal to me.

Beyond unhelpful past experiences and accessibility issues, the most frequently raised concern was language and cultural barriers:

I need a Persian language therapist for 2 reasons. First...because I want to talk deeply ... when I'm speaking in English, automatically like 10% of my brain is working. It's just making the next sentence, and the next sentence, that comes much naturally to me when I'm speaking my mother tongue, ... the second reason I want them to be Persian speaking is that they are from Iran, and they know what I'm talking about when I'm talking about Nowruz [Persian New Year], or when I'm talking about that tradition or that party that we had with my family when I was 7 years old. So, ... the social cultural elements ... (Reem, Iran)

Similar to Reem, Afsa (Iran) shared her worry that a Canadian therapist might lack the lived experience to appreciate her traumatic experiences:

(T)he reason that I haven't gone to therapist yet in Canada – maybe I'm like thinking wrong -but I think, 'okay, this therapist ... was born in Canada', and that person haven't been through like many thing[s] that I have been through. How [can] that person ... help?

Amir (Iran) echoes the above sentiments, as he identifies the need to seek professional help, but needs it to be in his mother tongue:

"I [would] like to see a therapist but in Persian, ... I think that I need help ... and I need to talk with a therapist about my problems, about family or studying in this situation and difficulties that I have here."

As outlined, the help-seeking intentions of GISs is affected by perceptions regarding formal supports and personal help-seeking intent, changes in help-seeking intent after one's move to Canada, and significant barriers such as low quality prior experiences and accessibility issues.

Chapter 5: Discussion

Acculturative Experiences

GISs face a number of complex acculturative challenges that position them on the outlines of on- and off-campus communities. Regardless of language fluency or acculturative strategy, most GISs felt ‘othered’ as socialisation was restricted within circles that comprise either international students or members of one’s own cultural community. Lacking meaningful intergroup contact or high-quality friendships, it appears that a preference for acculturative integration does little to help racialised international students successfully accommodate to the host country – this particular finding demonstrates that acculturation is a bidirectional process rather than a unidirectional responsibility held by immigrants (Kunst, 2025). Participants reported difficulties with forming deeper connections with peers, even if the overall climate was welcoming. For racialised students especially, there appeared to be an ‘us vs. them’ mindset that made it difficult for GISs to penetrate Canadian social groups, but facilitated easier connections within the international student community. This pattern of limited inter-group contact between domestic and international students has been previously reported in research (Williams & Johnson, 2011). Furthermore, limited contact with host country nationals can also impede the acculturative adjustment of GISs (Hotta & Toomey, 2013), especially for those who prefer acculturative integration or assimilation. Forming friendships with host country nationals is also known to protect international students from issues such as isolation and homesickness (Hendrickson et al., 2011), further demonstrating the need for greater intergroup contact.

For participants that either preferred acculturative separation or spent only a short duration of time in Canada, social support was more complicated. Separation discourages meaningful intergroup contact, and undermines socialisation with peers (Meng et al., 2017). In the latter case, cultural distance, which refers to the differences between the host country’s

social fabric and that of one's home country, can make social interactions especially challenging (Tang et al., 2024). Short duration of stay, on the other hand, undercuts international students' ability to form meaningful connections due to the range of acculturative and academic challenges that they face; meaningful interactions may also be particularly limited with host national peers (Wang et al., 2018).

Another stressor affecting GIS participants was racial discrimination. Most participants, excluding those originating from the United States, reported varying forms of racism – these were either systemic (built into academic or workplace settings), or outright racial aggressions (language and violent behaviour). Racial discrimination toward international students of colour has long been reported in the research (Dovchin, 2020; Lee & Rice, 2007; Anandavalli et al., 2021), but the hostile climate within Canada may be aggravated due to the housing and employment crises, and subsequent study permit caps introduced early in 2025 (Mu & Soong, 2025; Pottie-Sherman et al., 2024; Canada Student Job Crisis, 2025). The study permit caps, introduced as a measure to alleviate the housing and employment crises, effectively positions international students as 'the issue' requiring modification for a nation-wide concern (Mu & Soong, 2025). This facilitates the systemic scapegoating of a vulnerable group that can penetrate into public perception.

Language barriers present as another isolating factor for GISs, as it sets them apart from Canadian groups within academic and social settings. Participants had reported both implicit and explicit forms of miscommunications, whereby the former indirectly signals confusion and the latter rests on direct speech, expression or body language. These language barriers can contribute to acculturative stress in a significant manner by limiting opportunities for interaction, growth and connection. Indeed, higher host-country language proficiency, along with maintenance of native language, is correlated with lower acculturative stress. The association between bilingualism (and its acceptability within the host country) and lower

acculturative stress demonstrates the importance of acculturative integration within the linguistic domain (Lueck & Wilson, 2010). Relating to the experience of GIS participants, minimal socialising opportunities and linguistic discrimination can undermine their academic and career growth via networking and presentation initiatives.

Despite the wide array of acculturative challenges experienced by GISs, participants reported that cultural communities and positive mindsets supported their resilience through acculturative hardships. Consistent with prior research (Anandavalli et al., 2021), GISs drew support from close family and friends to maintain motivation and well-being. GIS also drew strength from the international student community and cultural communities to learn and grow with peers, and reduce isolation. That said, on-campus friendships created an overlap between friendship and occupational circles for some GISs; a superimposition that can affect work performance and quality of relationships (Methot et al., 2016). Others focused on the sense of gratitude for their move – specifically, highlighting how much better life was in Canada compared to back home.

Cultural distance also appeared to influence the socialisation patterns and adjustment of GISs. The cultural difference between one's home country and the host culture, if significant, can exacerbate the racialisation and discrimination of visible minorities (Finn et al., 2021). Relatedly, differences in language, and cultural values such as collectivism versus individualism, can set racialised students apart from their individualised and Western-oriented peers that are nationals of the host country (Finn et al., 2021). As previously discussed, GISs of colour reported experiences with racism, discrimination and language barriers that highlighted the influence of cultural distance on their acculturative experiences. However, for participants originating from the United States, cultural distance appeared to be a 'protective' factor as they faced little to no forms of 'othering'. The small cultural gap between the United States and Canada enabled American participants to easily gel with

Canadian groups, and their heritage background took away the change for any racial or cultural discrimination.

GISs' experiences reflect the need for more curated supports that address adjustment challenges (that characterise the first few months), and long-term strategies that encourage meaningful intergroup contact. Supports are especially important during the first few months, as acculturative stress has been demonstrated to be the highest at the point of entry, with a subsequent decline over time spent in the host country (Ward et al., 1998). Without sufficient attachment to the receiving country's social groups and culturally informed university supports, GISs may continue to feel 'othered' during their studies.

Mental Health Literacy and Mental Health Status

Despite moderate to good levels of mental health literacy, the mental health and help-seeking efforts of GISs remain limited. Mental health literacy appears to be determined by gender, socioeconomic status, and acculturative status. Furthermore, positive attitudes toward help-seeking does not result in help-seeking behaviours; indeed, several participants demonstrating poor mental health symptoms chose to avoid professional aide on account of cultural stigma, language barriers or inaccessibility.

1. Mental Health Literacy of GIS

Given that the recognition of mental health issues is necessary for its identification and subsequent help seeking behaviours, GISs were asked questions regarding their knowledge of mental disorders, and symptoms of distress. Most participants were able to identify common mental health disorders such as depression and anxiety, along with symptoms of distress that compromised well-being. Those participants who reported little to no knowledge struggled with finding the 'right' information, as in the case of Raj (India) who shared that Googling symptoms left him with more confusion than clarity. It may be inferred that knowledge regarding mental health symptoms and psychological distress remains insufficiently

promoted, or otherwise inaccessible to international students, as previously reported by Clough et al. (2019). Similarly, all GIS participants were able to identify a range of causes effecting mental health distress. Causal factors also appeared to reflect the personal struggles of GIS participants. For instance, some participants cited loneliness and minimal supports as influential for poorer mental health – conditions that are characteristic of the international student experience (Clarke, 2023). Furthermore, participants who pointed to cultural conservatism and trauma shared the same cultural background (Iran), reflecting some of the cultural struggles they face which are mentally distressing (Amini et al., 2022).

All GIS participants also reported that they engage in self-help interventions when they experience symptoms of anxiety, stress or low mood. Most GISs reported engagement in positive coping strategies that supported mood and mental health such as physical activity (Frühauf et al., 2016) and social connectedness (Wickramaratne et al., 2022). Others engaged in avoidant coping strategies such as sleep or distractions (e.g., scrolling on social media), or more health-hazardous habits such as smoking. None of the participants reported accessing formalised mental health support at the time of interviewing, even if some participants had reported prior experience with doing so. This finding corroborates the pattern reported by Hyun et al. (2007) regarding the help-seeking patterns of GISs.

Interestingly, two participants were uninterested in discussing or engaging with mental health concepts in great detail. While these participants did offer insight on the definition, identification and causal factors affecting mental health, they showed disinterest in knowing about unique forms of distress (Esha, Bangladesh) or identified professional mental health services as unhelpful for their own needs (John, India). Both participants shared that they would rely on significant others or friends for support in times of distress, potentially aligning with the collectivistic nature of their cultural background (Natalia & Fridari, 2022). Beyond the role of cultural stigma on mental health literacy, the choice to avoid professional mental

health support can stem from lack of cultural competence in available supports (Holden et al., 2014; Clough et al., 2020). Given this, professional mental health aide may be more damaging than helpful for those who do not align with a Western model of mental health care (Chentsova-Dutton & Ryder).

2. Mental Health of GIS

Most of the GISs reported having moderate to good mental health experiences at the time of interviewing. Despite this, several participants reported negative physical health symptoms suggesting that mental health symptoms may be somatized for GISs (Keyes & Ryff, 2003). Ayda (Iran) is one such example, as she reported feeling mentally healthy, but also raised her struggle with sleep issues brought on by menstrual difficulties. That said, she did not show any rejection of mental health knowledge, and also demonstrated positive help-seeking intentions. Other participants highlighted brief struggles with mood and anxiety alongside long-term physical symptoms.

Consistent with previous research (Hyun et al., 2006; Lee, 2021), the mental health needs and experiences of GISs are diverse, and the root of any one issue varies within and between different cultural groups. For instance, both Ayda (Iran) and Amir (Iran) reported issues with overthinking; but, Ayda was focused on her parent's deteriorating health and the potential of war in her home country, whereas Amir was preoccupied with financial issues and supporting his family back home. Annika (India) also brought up her struggles with overthinking around interpersonal adjustment and life purpose. Herein, the issue of overthinking or rumination has manifested uniquely for three different GISs.

3. Help-seeking Intentions of GIS

Contrasting previous research (Anandavalli et al., 2021; Hyun et al., 2007) most GISs reported positive perceptions regarding professional mental health support. A small minority (three participants) were less open to formalised help-seeking, recognizing that formalised

supports would be ineffective, or feeling held back by cultural stigma and limited awareness (Altweck et al., 2015).

Most participants also reported that their perception of mental health support had not changed after moving to Canada. Those who noticed a change felt that the prioritisation of mental health conversations within the Canadian context facilitated greater comfort with the concept. Greater identification with host culture may account for this perceptual shift (Selkirk et al., 2014)

a. Barriers to help-seeking

It appears that positive help-seeking intention did not equate to help-seeking behaviours for most participants, as none reported active engagement with professional help seeking resources. While the need for professional help might not be present, other factors appear to contribute to the help-seeking behaviours of GIS. The most frequently raised issue was the language and cultural barriers of mental health supports. These barriers, reported by participants interested in seeking professional help, echo previous research highlighting concerns around miscommunication due to language barriers (Willis-O'Connor, 2014; Willis-O'Connor et al., 2016) and issues with cultural competence (Willis-O'Connor, 2014; Willis-O'Connor et al., 2016). Beyond this, participants also criticised the accessibility of mental health supports (cost, wait times, over-saturated university supports) and criticised low-quality experiences of the past.

The mental health experiences and help-seeking barriers faced by GISs suggest that mental health knowledge and supports need to be made more accessible for this group. More importantly, there is an urgent need for mental health professionals possessing language proficiency and lived experience made available to GISs. These supports should be made available on-campus, so that they are affordable and easily accessible.

Future Directions

This research echoes the previously reported acculturative stressors reported by international students - difficulties with intergroup contact, challenges with adapting to a culturally distinct environment, U-curve pattern of acculturative stress, language barriers and racialisation (Anandavalli et al., 2021; Brunsting et al., 2018; Demes & Geeraert, 2015; Dovchin, 2020). Coping with acculturative stressors was largely self directed - GISs relied on maintaining a positive mindset during difficult times or relying on friends and family from back home. In-person connections within Canada were reported as being poor in quality (friends are often colleagues) or non-existent (difficulties with penetrating Canadian social groups)

The mental health literacy of GISs appeared to reflect their own cultural background and lived experiences. For instance, causes of poor mental health were reported as common acculturative stressors or conservative cultural background (such as for those originating from Iran). Despite awareness of help-seeking resources, most GISs relied heavily on self-help strategies to support their mood and mental health. Given that participants rejecting mental health knowledge also demonstrated the same pattern - of not accessing professional help - it can be seen that mental health literacy does not directly equate to help-seeking behaviours, even for those who reported the need for professional help. Barriers to help-seeking (accessibility, language barriers, prior experience) can account for this gap, but there is a need to focus on the broader cultural landscape that GISs are situated within. The previously discussed acculturative stressors (racialisation, cultural distance, minimal social integration and language barriers) coupled with the hostile climate induced by Canada's study permit caps can account for the persistent feelings of otherness that nearly all GISs faced. Feeling unwelcome within the Canadian landscape can deter students from meeting wellness needs, especially when acculturative stressors are rationalised as a normal part of the migration process (Hayes et al., 2025). The barriers to help seeking can also be considered a

consequence of such an exclusionary climate - while GISs may receive academic acceptance and warm reception within social settings, systemic and institutional factors can reinforce feelings of isolation.

While the mental health needs of GISs are complex, postsecondary institutions can take a couple of steps to better support the vulnerable group. First and foremost, mental health support services need to be tailored to the needs of GISs. Supports need to be linguistically and culturally compatible, so that international students feel comfortable reaching out and truly benefitting from them (Maeshima & Parent, 2022). Consistent with prior research by Newton et al. (2021), GISs have indicated that university wellness supports need to be updated - there needs to be more personnel to support the large body of students, and better insurance coverage that facilitates meaningful help (help that extends beyond emergency situations).

Limitations

This research has a few limitations that may be addressed in future studies. For one, the research only recruited a small number of participants originating from countries sharing a low cultural distance with Canada (i.e. the United States). Cultural distance as a factor influencing both acculturative stress and mental health literacy could be more clearly delineated with a higher ratio of low cultural distance participants, as the group's experiences could be more closely related with that of racialised students. Similarly, most of the experiences reported by GISs fall in line with those previously reported in studies addressing international student mental health and acculturative experiences, disproving the hypothesis that study level significantly influences wellness and acculturation. It may be worthwhile to qualitatively compare the experiences of graduate and undergraduate international students to more clearly assess whether differences exist between both groups.

Conclusion

GISs experiences within the Canadian context support the research literature addressing the acculturative and mental health experiences of international students. As an understudied population, recognising the needs of this group is essential to create supports that enhance their adjustment and wellness outcomes. As discussed, there are ways that universities can better support GISs so that acculturative challenges become easier to endure and overcome in an efficient manner.

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Appendix A: Interview Guide

Interview Questions

Acculturation, Mental Health and Mental Health Literacy of Graduate Level International Students in Canada

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Information about these interview questions: This gives you an idea what I would like to learn about the mental health and acculturative experiences of graduate international students. Interviews will be open-ended (not just “yes or no” answers). 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...?”). At any time during the interview, please feel free to ask for clarification or offer any additional information that you think is relevant. Please know that you don’t need to answer any questions that may be upsetting and we can take a break or end the interview at any time.

Limits to Confidentiality and Duty to Report - In the event of unprecedented distress and/or expression of risk to self or others, I will be required to share personal details such as your name and program of study to mental health responders and/or crisis prevention teams.

Before we begin with the interview, I would like to verify that you meet the inclusion criteria for this study:

1. Are you a graduate student at McMaster University?
2. Do you identify as an international student within Canada (note: an international student is anyone that holds a study permit to pursue education in Canada)?
3. Have you spent a minimum of one month in Canada (note: the requirement is one continuous month of stay)?

With your permission, I am going to start recording the interview now. (For virtual interviews) Please know that you can keep your camera on or off during the recording – it’s up to you.

Demographics

1. What is your age?
2. What is your gender?
3. What is your cultural background and country of citizenship (or permanent residency)?
4. What is your program and level of study?
5. How long have you lived in Canada?

Mental Health

1. How would you describe your physical health? Have you noticed any changes to things like your eating patterns, sleep schedule, and/or energy levels over the past two weeks?
2. How would you describe your ability to deal with stressful situations and everyday problems?
3. How often have you experienced feelings of low mood, anxiety, or stress over the last two weeks?
4. How would you describe your mental health over the last couple of months?

Mental Health Literacy

5. What do you understand by the term ‘mental illness’?
6. What do you think might constitute signs of mental illness?
7. How much do you think that feelings of anxiety, stress or low mood are signs of mental illness?
8. When you experience symptoms such as anxiety, stress or low mood what do you usually do?
 1. If you seek external help, what is the source? Why do you find it/them helpful?
9. Do you feel that professional help can sufficiently address mental health issues for yourself and others?. Why/why not?
10. What do you think might be the main causal factors of poor mental health or mental illness?
11. According to you, what are some ways that mental illness can be prevented?

Acculturation

12. How important is it to you to adopt Canadian cultural norms, values, attitudes and behaviors?
13. Have you experienced any issues with adjusting to life in Canada? If so, how have you coped with these adjustment issues?
14. How important is it to you to maintain the cultural norms, values, attitudes and behaviors that you bring from your home country?
15. Do you find that you place more importance with adjusting to the Canadian culture or retaining your home culture’s values?

16. Can you identify any differences in the ways that your home culture and Canadian culture perceive and respond to mental health problems?

1. Additional prompt – Do you find greater mental health stigma in your home culture or Canadian culture?

17. Has your own perception regarding mental health and seeking professional help changed after living in Canada?

18. Have you found yourself reaching out to professional mental health services or intending to seek them out?

1. If yes, describe your experience.
2. If no, expand on why you do not feel the need to access such services.

19. Have you found acceptance within your academic and social spaces in Canada?

20. How would you describe your experience with finding social support within Canada (on and off campus)?

21. Have you experienced any difficulties with communicating due to language barriers?

1. If yes, would you say that these communication barriers hold you back from seeking support with professional mental health services?

22. Have you experienced any forms of discrimination (whatever you perceive that to be)?

1. If yes, have you experienced discrimination when seeking out professional mental health services?