Beyond Borders: An Exploration of Mental Health Help-Seeking Among International Students

A qualitative study in the municipality of Groningen, the Netherlands

Rebekka de Witte, S4419138

University of Groningen, Faculty of Spatial Science

Supervisor: Bettie Oosterhoff

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Abstract

Mental health (MH) problems among international students is a large problem highlighted by previous research. International students tend to have lower help-seeking behaviour and engage in fewer psychological services than domestic students, though they are generally more prone to mental health problems. Only a limited number of studies focus on the factors that play a role in their help-seeking behaviour. This study aims to explore factors that play a role in the help-seeking behaviour for mental health problems of international students in Groningen, the Netherlands, in both lay (i.e. informal) and professional help as such study has not yet been conducted in this region whereas almost one third of the students is international. A qualitative approach has been applied to gain a deeper understanding, by conducting seven in-depth interviews with international students and one in-depth interview with a University Psychologist. Results showed that lay help is perceived important. Nevertheless, professional help is considered necessary at a certain severity level of a mental health problem. Further findings showed that various factors relating to cultural background, accessibility, language, and personal factors, played a role in the participants' help-seeking behaviour. For example, the cultural background can stimulate or impede students' help-seeking behaviour depending on the cultural attitudes towards mental health. Besides this, a language-barrier can hinder international students' ability to express themselves to the fullest. Finally, waiting lists, high costs, and the perceived complexity of the Dutch healthcare system are barriers that play a role in the accessibility of professional help. To conclude, the research's findings indicate that international students in Groningen might not be able to receive the help they need due to several factors. Several implications for practice are made to improve this situation.

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1. Introduction

1.1 Background

Many studies have addressed the issue of mental health (MH) problems among students, specifically international students (IS) (e.g. Clough et al., 2018; Forbes-Mewett & Sawyer, 2019; Minutillo et al., 2020; De Moissac et al., 2020). Different dimensions are considered critical to the MH of this subgroup, including adjusting to a new cultural context both in everyday life and academics, so-called 'culture shock', and both recognizing and seeking professional help for MH problems (Forbes-Mewett & Sawyer, 2019). Stressors related to practicalities, such as housing and finances, may also affect this subgroup (Deunk & Korpershoek, 2021).

In addition to the increased vulnerability, IS tend to experience greater barriers towards help-seeking, therefore engaging in fewer psychological services than domestic students (Onabule & Boes, 2013; Clough et al., 2018; De Moissac et al., 2020). A survey conducted among Chinese-speaking IS in Australia identified several obstacles, including limited knowledge of available services, the perception that symptoms are not severe enough, and a lack of awareness regarding symptoms of psychological distress. Other barriers to accessing MH services entailed costs, transportation concerns, time constraints, and language difficulties (Lu et al., 2013). Onabule & Boes (2013) found that IS would seek help during a crisis, but only if they were aware of the available services and felt comfortable utilising them. Instead, many IS have adopted alternative, sometimes dysfunctional, coping mechanisms. For example, they may repress their problems instead of accessing professional services (Khawaja & Dempsey, 2008).

To increase utilisation of MH services, the design of the services, referrals and identification methods should consider the specific needs of this group, incorporating linguistic and cultural differences (Minutillo et al., 2020; De Moissac et al., 2020). Language difficulties, as identified by Lu et al. (2013), can hinder participation as IS may struggle to fully express their MH concerns or health care providers may only speak the predominant language (Minutillo et al., 2020). Moreover, the heterogeneity of IS – including variations in culture, ethnicity, and religion – may impact their attitudes towards mental health, health services, and help-seeking (Furnham & Swami, 2018; Minutillo et al., 2020). For example, stigma and negative cultural attitudes towards displaying psychological distress can affect the utilisation of professional services (Minutillo et al., 2020). However, lay sources of help may be unavailable for IS, since they are distanced from their social networks in their home countries (Clough et al., 2018; Minutillo et al., 2020).

In the Netherlands, more than half of international students have been dealing with MH problems in recent years (Van Akkeren, 2022). They have also faced obstacles due to specific challenges, such as the complexity of the health care and insurance system and a lack of information provided (Van Akkeren, 2022). With 27% of the University of Groningen's student population it is crucial not to overlook this subgroup (RUG, 2023). However, no study has been conducted examining the mental health considerations and help-seeking behaviour of IS within the city of Groningen.

In sum, previous research highlights the issue of MH problems among IS. While most studies focus on factors that affect their mental health, fewer explore the factors that affect their help-seeking behaviour. Additionally, Minutillo et al. (2020) emphasizes the importance of studying access to MH services within this subgroup.

1.2 Research Problem and Aim

Given the prevalence of mental health issues and the lack of help-seeking behaviour among IS, particularly in Groningen, it is vital to understand the accessibility of MH services for this group. Therefore, the aim of this study is to gain a deeper understanding of the help-seeking behaviour of IS in Groningen and how certain factors play a role in this. Looking at the help-seeking behaviour, the study makes a distinction between lay and professional help. Considering this, the following research question guides the study: *How do different factors play a role in the help-seeking behaviour, for either lay or professional help, of international students in Groningen for mental health problems?*

2. Theoretical Framework

2.1 Help-seeking behaviour and Mental health literacy

Acting on mental health issues involves help-seeking behaviour, which represents "intentional action to solve a problem that challenges personal abilities" (Cornally & McCarthy, 2011, p. 286). This decision-making process is complex and begins with recognizing and defining a problem, followed making the decision to act and choosing a source of help. Social surroundings (Cornally & McCarthy, 2011) and one's level of health literacy can influence this process. Health literacy encompasses individual's abilities to understand health information and make decisions regarding health to improve quality of life (De Wit et al., 2020). The ability to navigate and comprehend health-related information is necessary in making informed decisions to seek help (De Wit et al., 2020). Therefore, health literacy is closely related to help-seeking behaviour, as it plays a role in multiple stages of the process. Factors that impact health literacy, can subsequently affect help-seeking behaviour. In the context of this research on the decision-making for MH problems, it is referred to as mental health literacy (MHL) instead of health literacy. MHL involves te knowledge about mental health disorders and the ability to recognize, prevent, or manage them (Furnham & Swami, 2018). Finally, help-seeking behaviour includes selecting a source of help, and this research makes a distinction between two types of sources: professional and lay help. Professional sources of help involve formally trained experts in a specific field, such as psychologists or mental health clinics. On the other hand, lay sources of help refer to the more informal support from e.g. friends or family (Altweck, et al., 2015). Due to the differences in their nature, factors that affect help-seeking behaviour may vary between professional and lay help.

2.2 Cultural background

The cultural background can influence MHL (Minutillo et al., 2020; Furnham & Swami, 2018). Cross-cultural studies indicate that, on average, Western populations tend to have a better understanding of mental health disorders and lower levels of stigma towards this topic compared to non-Western populations, particularly Asian and African countries (Jorm, 2000; Angermeyer and Dietrich, 2006; Altweck et al., 2015). Cultural stigma surrounding the pursuit of mental health treatment might impede IS in their help-seeking behaviour (De Moissac et al., 2020; Eisenberg et al., 2009). The term 'stigma' is often used broadly but takes on distinct forms. In this study, stigma refers to public stigma, which is defined in the context of MH as the negative stereotypes and prejudice surrounding MH held by members of a community or society (Corrigan, 2004).

Furthermore, personal and collective beliefs surrounding mental health may differ, with some promoting the recognition of mental problems and seeking appropriate help while others might

not (De Moissac et al., 2020; Jorm et al., 1997). The concept of beliefs has a wide variation of definitions, but a distinction can be made between a singular belief and a belief system. A belief can be seen as a type of knowledge or personal judgement that is subjective and based on personal experiences. In contrast, a belief system is the interconnectedness between different beliefs, typically shared within a group or society and often context-dependent influencing norms and values (Österholm, 2010). This describes the fundamental role of this concept in decision-making. Within this research, 'beliefs' refers to a singular belief.

2.3 Accessibility

For some IS there may be a lack of awareness regarding available services or an incomplete understanding of the health care system (Onabule & Boes, 2013; Van Akkeren, 2022). This suggests that access to information or information provision may be inadequate. However, in order to effectively manage mental health problems, knowledge about both professional and lay sources of help is necessary (Jorm et al., 1997). Additionally, a language-barrier can arise when IS are not proficient in the official language of their host country (Brisset et al., 2014). Language serves as the primary means for patients to express their personal experiences and for health care providers to communicate their understanding of clinical situations (Brisset et al., 2014). A language-barrier can lead to misinterpretation of patient complaints, adversely impacting medical care as well as the relationship between the patient and provider (Slade & Sergent, 2023). Consequently, such a language-barrier can impede IS in accessing and effectively communicating with (mental) health services, and therefore impact their help-seeking behaviour (Brisset et al., 2014; De Moissac et al., 2020).

2.4 Conceptual Model

Generally, multiple factors contribute to international students' help-seeking behaviour towards lay or professional help. This is illustrated in the conceptual model (fig. 1). Due to the scope of the study, the focus is mainly on the impact of cultural background and accessibility on help-seeking behaviour, which are divided into subconcepts. Cultural background and accessibility can contribute to MHL, thereby indirectly impacting the help-seeking behaviour. They can also have a direct impact on help-seeking behaviour (Furnham & Swami, 2018; Minutillo et al., 2020; De Moissac et al., 2020). Help-seeking behaviour can result in professional and lay help, which can be complementing.

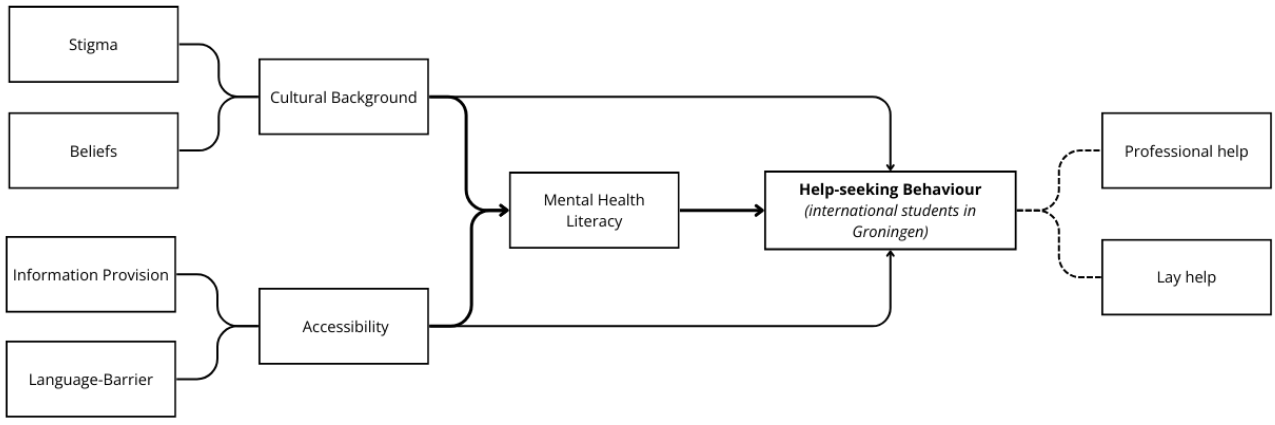

Figure 1 – Conceptual Model: Factors playing a role in the help-seeking behaviour for IS for mental health problems (Created by author, 2023).

2.5 Expectations

Overall, several factors are expected to play a role in help-seeking behaviours for both professional and lay help. The cultural background, including stigma and beliefs, particularly playing a large role, especially for non-western students (Jorm, 2000; Angermeyer and Dietrich, 2006; Minutillo et al., 2020; De Moissac et al., 2020). Additionally, awareness and understanding of available services are expected to be determined by the accessibility of professional help for IS (Onabule & Boes, 2013; Van Akkeren, 2022). Finally, language-barriers are expected to hinder effective communication with health care providers (Brisset et al., 2014). However, the latter is not expected to play a role in MHL, e.g. accessing information on the Dutch health-care system.

3. Methodology

3.1 Research Design

A qualitative design was chosen for this research, in order to gain a contextualized understanding of the help-seeking behaviour for MH problems among IS and explore the factors that play a role in their decision-making (Hennink et al., 2020). Given the sensitivity of the topic and the aim to identify participants' personal perceptions and experiences, semi-structured in-depth interviews were deemed the most suitable method (Hennink et al., 2020). The use of a semi-structured interview guide ensured that specific topics were discussed in every interview for data comparison, while still allowing flexibility for participants to deviate from the main topic. Thematic analysis was employed to identify, analyse, organise, and describe themes that emerged from the data set, with the goal of representing important factors that arose from the interviews (Nowell et al., 2017).

3.2 Recruitment

To recruitment of participants purposeful and snow-ball sampling were used (Gill, 2020; Robinson 2014). Participants were selectively approached based on their country of origin in order to ensure a diverse range of nationalities, facilitating a broader understanding. Recruitment occurred through the researcher's personal network as well as through acquaintances or previous participants. The inclusion criteria comprised the following: (1) being originally from any country than other the Netherlands, (2) having never resided in the Netherlands prior to their studies; (3) having lived in Groningen for >1 year, and (4) being aged between 18 and 30.

3.3 Data Collection

Seven interviews were conducted with international students, whereby data-saturation was reached. The interviews followed a structured format using an interview guide (appendix A) with open-ended questions based on the topics within the conceptual model. The guide was designed to explore participants' perspectives on the concepts outlined in the theoretical framework and identify any alternative factors. Some adjustments were made during the interview process to avoid suggestive questions. Although, follow-up questions were included, the use of specific probes could have enhanced the quality of certain responses. Additionally, the researcher raised some inductive questions during the interviews.

To gain more insight into the views of mental healthcare providers and broader issues among international students in Groningen, an interview was conducted with a university psychologist from the University of Groningen after the interviews with the students were completed. Since the university psychologist did not meet the inclusion criteria, a new interview guide was

created (appendix B). This additional interview allowed for reflection on the factors discussed with other participants, adding value to the research.

The interviews ranged in duration from 20 to 55 minutes, with two conducted online and six in person. Conducting interviews online may result a loss of social cues and limited observation of body language (Hennink et al., 2020). However, this was not seen as a hindrance, as the online interviews were still comprehensive. Furthermore, some interviews were shorter due to brief responses, which may have resulted in varying quality of the interviews. This variation could also be attributed to differences in participants' experiences or feelings towards the topic. The interviews were transcribed and, if necessary, translated into English using Descript.com, an AI-based transcription software. Significant errors were manually adjusted.

3.4 Data Analysis

After data collection, inductive coding was found to be the most suitable for analysing the data. The software Atlas.Ti was used for the analysis. Strategies for developing codes involved active reading and noticing repetition (Hennink et al., 2020). The data was critically reflected and topics that were repeatedly mentioned were noticed. Codes that were derived from this were revised in the second round of coding and either split or merged into categories, leading to an inductively designed code tree that illustrated five overarching themes (appendix C1). To ensure internal validity, themes that arose from the analysis were described in an operationalisation scheme (appendix E1). Since the university psychologist did not meet the inclusion criteria of this study this interview was analysed separately, but with an equal approach. A similar inductive code tree was used and revised, removing and adding new codes for the specific interview (appendix C2).

3.5 Ethical Considerations

This study adheres to the five ethical principles outlined by Hennink et al. (2020). Participants were provided with information about the study and the principles of participation, including *self-determination*. By signing the *informed consent* form (appendix D), participants could make a well-informed and voluntary choice. Furthermore, participants had the opportunity to ask questions and verbal consent was obtained for recording purposes. However, it was observed that some participants may have been influenced by knowing the purpose of the interview when answering the questions, which could introduce slight bias. To maintain objectivity, it is important for the researcher to remain unbiased, not interrupt participants during the interview, and refrain from making judgements or assumptions based on the literature review. Given the sensitivity of the topic and to *minimize harm*, the researcher deviated from the interview guide if necessary allowing participants to freely express themselves. To ensure *anonymity*, participants were assigned numbers to anonymize their identity and gender. Additionally, the nationalities of the participants were not linked to the participants in the results section preserve further anonymity. For *confidentiality*, the audio files have been stored on the researcher's phone, and the transcripts are stored on the researcher's laptop, both protected by a log-in code known only to the researcher. These files will be deleted once the study is approved.

Although the researcher is also a student and personally knew some of the participants, the researcher maintained an independent positionality. The researcher has limited experience with professional mental health care services and being an international student, which allowed for conducting the literature review and interviews objectively.

4. Results

4.1 Participant Characteristics

For this research, seven students, aged between 19 and 24, and one university psychologist affiliated with the University of Groningen were interviewed. The students had been living in Groningen for a period ranging form one to four years, and each student had a different nationality. Table 1 presents a randomized overview of the nationalities included in this study. Not all participants had experienced situations where they felt the need to seek help. Six participants had sought help through either the university or professional channels, while one participant had received professional help from a Dutch mental healthcare service.

Table 1 – Nationalities of participants within study (created by author, 2024).

Nationality
Vietnam / Belgium
Germany / Italy
India
Sri Lanka
Singapore / France
Hungary
US

4.2 Themes

From the thematic analysis, several themes were identified, including beliefs, cultural background, accessibility, language, and personal factors. The operationalisation of the themes can be found in appendix E1 and should be read prior to the results for a better understanding. Subsequently, the findings from the interview with the university psychologist are listed under the indicated paragraph.

4.2.1 Beliefs

All participants found discussing MH with family and/or friends very important, but only to a certain extent. When a MH problem was too severe, most preferred to talk to a professional in order to not overwhelm their surroundings.

> *"But I also don't want to be a burden to my friends and family, so I do talk to my therapist about the heavy stuff."* (Interviewee 6)

Besides this 'burden', it was mentioned that friends and family do not have enough knowledge about psychology to be able to help with severe problems and that their opinions or advice may be subjective.

> *"I think it's really important to seek help from your friends and family for more daily life things, like asking your parents for advice. But I think there's a limit to that for some people. When I was in high school, I wasn't doing well and didn't really know what was going on. My parents wanted to help me, but they just weren't psychologists and didn't really understand what was going on."* (Interviewee 5)

Talking with them could be useful to get things off your chest and serve as a short-term solution. Advantages mentioned about lay help were the accessibility, the familiarity (ability to comfort), a personal connection with the individual, and a trusted environment.

The knowledge of professionals was perceived positively as it resulted in a better understanding. Their explanations provided better insights into the problem and understanding the science helped normalize the problem. Also, the structured nature of therapy sessions was viewed as an advantage by one interviewee. However, for professional help to be beneficial, several participants stated the importance of personally investing time and effort, and the need for finding the right fit to feel comfortable and be able to talk freely.

> *"It's not that you just go and somebody else fixes it for you, but you have to be willing to change your behaviour."* (Interviewee 7)

The barrier to make an appointment, further discussed in section 4.2.3, makes the professional help harder to access than lay help.

4.2.2 Cultural background

When comparing and analysing the interviews, it was observed that discussing MH is not as normalised in Asian and East-European countries as in Western cultures. However, it is important to note that is not the case everywhere, as one participant did not perceive a large difference between their home country in Asia and the Netherlands. Three participants mentioned that in their home countries in Asia, MH problems were not taken seriously or were believed to be fabricated, or not given serious attention by professional help.

> *"I still never talk to my parents about my mental health problems because of the cultural norms there. Because I grew up in a family where we wouldn't talk about these things."* (Interviewee 1)

> *"When I had issues I didn't really talk about it because it was in the culture not to talk about it, but to keep it in the family, but I've always sought help."* (Interviewee 6)

Despite the stigma in their home countries, these participants would openly discuss their MH problems in Groningen or in preferred social surroundings in their home country, and seek help if necessary. One participant left their home country to seek help, observed more often among IS by university psychologist. Another participant mentioned the advantage of moving abroad to gain a different perspective.

> *"You don't know you're in a pyramid scheme until you get out of the pyramid scheme. (...) For me, coming to the Netherlands and living by myself, opened me up to a lot of things that I didn't really know happened or existed."* (Interviewee 6)

One interviewee mentioned that societal pressure to work hard in their home country and secrure a good job could result in stress and MH problems. Another interviewee mentioned that, besides the taboo, the collectivist culture in their country encouraged them to create a community in any situation, where they could possibly share their feelings.

Participants from Western cultures perceived their culture slightly more stimulating or open towards MH and seeking help compared to Dutch culture. Other participants also mentioned that the Dutch might be a bit more reserved, although there is not really a stigma.

> *"I really feel that in Italian culture it's very common to seek help. So it's also less stigmatized."* (Interviewee 7)

> *"I feel like the Dutch mentality can be like you don't talk about some of these emotional things, they get pushed under and you push through. Maybe in the US it's a bit more open and free to talk about it."* (Interviewee 2)

A few participants also mentioned that the perceived openness, whether in Groningen or in their home country, was limited to a circle of university-educated people. This might have been different outside of their surroundings.

4.2.3 Accessibility

Several factors that limit the accessibility of professional services were identified in multiple interviews. Firstly, limited availability led to extensive waiting lists, which made it difficult to access help when needed or created a barrier to start seeking help. Secondly, the costs of professional help are relatively high and often not covered by insurance. Some participants received financial help from their parents or would receive help if necessary. However, a few felt pressured when asking their parents for financial support to seek professional help. This pressure stemmed from either a belief that therapy should be successful or a sense of burden about adding to their parents' financial expenses, who were already covering tuition costs.

> *"In practice it's much harder to seek mental help, also because the system is made like that. A lot of people just can't afford it and don't have the insurance that goes with talking to a psychologist."* (Interviewee 5)

> *"You also have that additional pressure that my parents are already paying so much for me and I can't like add on this extra pressure of having to pay for my mental health as well, because you feel guilty about it."* (Interviewee 6)

Thirdly, most participants lacked a clear understanding of how the Dutch healthcare and insurance system operates. They found it complex, mainly due to the central role of the General Practitioner (GP). This complexity requires multiple steps before receiving assistance, resulting in a lengthy process. Therefore, some participants or their acquaintances saw this as a barrier.

> *"I don't really know how my insurance works. I sort of know what's covered by it, but I don't really understand how it functions."* (Interviewee 5)

> *"But I think I still don't really understand how it works. I've never had good experiences with medical stuff here and because of that I just do my medical stuff at home, because it seems really complicated."* (Interviewee 2)

> *"But a lot of people also don't register themselves to a GP, because they're like, 'this is a hassle, I don't want to do it.'"* (Interviewee 6)

Three participants explicitly mentioned that the healthcare mentality in the Netherlands, particularly with regard to physical problems, is very reluctant, making it less accessible. According to them, GPs do not take matters seriously enough and it can be frustrating that it is not possible to go directly to the hospital or psychologist, without going through the GP.

> *"I think that there's a lot of underlying problems with people not taking patients seriously."* (Interviewee 5)

> *"I think there's a cultural barrier in the way physical illness to some extent is kind of viewed here."* (Interviewee 6)

"I'm just hesitant to even try because I feel like what I can get at home is easier and maybe even better." (Interviewee 2)

The accessibility of information about the services was perceived differently by the participants. Some felt that enough information could be found, while others felt that it was not presented clearly where and how to find information. The university does provide some basic information and some participants were helped by family, friends or other IS who knew how the Dutch system works. It is possible to visit a study advisor, but one participant mentioned that they would be unlikely to do so. One positive example mentioned was that University College Groningen has an introduction week where everything about the healthcare system is explained, which was perceived as helpful.

4.2.4 Language

Language was not generally a problem when searching information online, as most of the necessary information is available in English. However, for participants who did not speak English as their first language, the language-barrier played a large role in communication. Four participants felt that they could express themselves better in their native language and have more meaningful conversations.

"An important part, is the language-barriers. In your native language, you can express more precise what's going on." (Interviewee 7)

Consequently, some participants or their friends actively sought or would consider seeking digital help form psychologists in their home country. Other factors that affected this choice included the long waiting lists for MH services in the Netherlands, and the belief that psychologists from their home country would understand them better due to shared cultural backgrounds. One participant also mentioned that they felt more comfortable expressing themselves at in their own space.

"Then you have the cultural background which is kind of the same, so they might understand you better than someone from here, as you grew up there. You share customs traditions and norms." (Interviewee 3)

Some participants mentioned that Dutch psychologists can speak English and one participant noted that the psychologists they encountered were quite flexible in this regard. However, one participant had an experience with a psychologist whose English proficiency was insufficient to provide adequate help. Aside from MH services, two participants encountered some negative experiences related to language when it came to GPs or hospitals.

"I didn't have a GP until six months in, because my local GP wouldn't accept me because I didn't speak Dutch." (Interviewee 4)

"From what my housemate told me, already if you're speaking Dutch, people take you much more seriously." (Interviewee 5)

4.2.6 Personal Factors

Most participants perceived some stigma surrounding discussing MH problems in general, particularly for certain disorders. Other personal factors were mentioned, but these were less consistent throughout the interviews than the themes previously described.

Firstly, some participants pointed out that MH problems or knowledge about them could hinder someone taking the initial step in seeking help.

> *"If you're going through mental health issues, it's really difficult to do systematic things. Because if you're depressed, you probably are having a hard time getting out of bed. Like finding a professional through your GP and then being on a waitlist."* (Interviewee 6)

> *"For me personally, a barrier is that I always feel like, is this actually bad enough that I need to seek help for that."* (Interviewee 2)

Secondly, it was mentioned that attitudes towards (discussing) mental health could vary among different groups, both in Groningen and in the participants' home countries. This was also mentioned by the university psychologist. For example, in Groningen, people from one faculty could be more open than those from another.

> *"How open the friend group is about it or how normal it is to discuss it, also works stimulating I think."* (University psychologist)

Thirdly, two participants emphasized that stigma towards MH could vary across generations, with older generations being more hesitant to address the subject. Lastly, one participant pointed out that gender roles and toxic masculinity in society could hinder males from openly discussing their MH.

Various suggestions were made for enhancing MH support at the University of Groningen. These included: a workshop about mental health; open walk-in hours with university psychologists for lower threshold; guidance on how and where to find help; providing informal resources (e.g., a mindfulness course); and information on Brightspace.

4.3 University psychologist

Several interviewees shared their encounters with the university psychologist or a similar professional within their faculty, either through personal experience or by hearing about others' experiences. However, not everyone expressed satisfaction with the services, citing either a lack of specific help or difficulties accessing assistance.

> *"It's a nice concept, but I heard that she was sometimes not as available as people wanted her to be, or not as helpful or understanding"* (Interviewee 7)

Although IS make up around one third of the enrolments at the University of Groningen, they form a slight majority of those seeking the services of university psychologists. This may be due to the fact that IS are a vulnerable group, navigating a new country and culture by themselves in addition to facing housing challenges.

The university psychologist emphasized their goal of providing an accessible service, allowing students to explore options for seeking professional help. Additionally, the waiting lists are relatively short (2 to 3 weeks). However, many complaints about accessibility are related to the online system, which requires multiple steps to fill out forms for appointments. Many IS seek help from the university psychologist to understand and navigate the Dutch healthcare and insurance system.

> *"Especially at the beginning of the study year, a lot of internationals haven't sorted that out yet. They don't really know yet that in the Netherlands the GP is the most important*

person to have, because otherwise, as a specialist, you can't be refered to." (University psychologist)

However, the university psychologist has limited ability to help, as they can only offer a maximum of five meetings per student.

> *"We are not a mental healthcare institution, we are a service from the university. If someone experiences a crisis, we do not have the resources to handle that."* (University psychologist)

Some students approach the university psychologist, due to waiting lists for professional help. Yet, it may sometimes be better to wait until the MH services are available instead of starting a trajectory.

The interview showed tat the University of Groningen employs different channels to inform students about the university psychologist, with an physical campaigns at the beginning of the academic year. Furthermore, online resources and platforms provide much information, but require the right search terms. Despite these efforts, students' knowledge about the university psychologist varies, with some unaware and others informed prior to their studies. It was emphasized that students should not be overwhelmed with information. Seeking professional help is taboo in some cultures, and the university psychologist's low threshold can be valuable for students from such backgrounds. Specific cultural differences seen, include not giving in to MH problems for Eastern European students, and a tendency to prioritise study over MH for Asian students. For non-EU students there can be an increased pressure of passing because of the Modern Migration Policy (MoMi), which their residence permit to their amount of achieved study points (at least 30 ECTs a year).

The financial barrier of seeking professional help was again mentioned in the interview, including the financial pressure it can put on family. Not all IS have insurance or insurance coverage, making it more complicated to get a GP, since these instances only receive governmental funding for people with a Dutch insurance. Therefore, it might not be as profitable for a GP to accept students without a Dutch insurance compared to people with one.

> *"There are quite a few international students who do have a Dutch insurance because they have a job here. But the deductible is too much for some. So finance is a thing."* (University psychologist)

5. Discussion

Consistent with calls for further research on the access to mental health services for international students (Minutillo et al., 2020), the aim of this research is to gain better insight into the help-seeking behaviour of IS in Groningen and contributing factors. Therefore, the research question is: *How do different factors play a role in the help-seeking behaviour, for either lay or professional help, of international students in Groningen for mental health problems?* The themes derived from the analysis include beliefs, cultural background, accessibility, language, and personal factors. The results reflect the conceptual model, but a few adjustments should be made (fig. 2).

First, beliefs are not necessarily affected by cultural background, therefore the concept can be placed separately. Students' beliefs indicated the importance of discussing mental health and seeking lay help, but only to a certain extent. When a MH problem reaches a certain severity

professional help is considered necessary, contradicting Altweck et al.'s (2015) observation that the public tends to prefer lay help over professional help. Considering this finding, the discussion in this study focuses merely on professional help. Nonetheless, the study recognises the perceived importance of a social support system, where lay help serves as a short-term solution, particularly addressing issues such as waiting lists, due to its accessibility.

Second, regarding the cultural background, the results indicated that Asian and East-European cultures are more reluctant to discuss MH. Especially, in some Asian countries, there may be a stigma surrounding the topic. This finding is consistent with previous research conducted by Jorm (2000), Angermeyer & Dietrich (2006), and Altweck et al. (2015). However, contradicting Furnham & Swami (2018) and Minutillo et al. (2020), this stigma and belief systems did not affect the personal beliefs, MHL, and subsequently, the help-seeking behaviour of participants. Instead, some students might leave their home country to seek help. On the one hand, being distanced from their social networks in their home country can result in a lack of lay help (Minutillo et al., 2020 & Clough et al., 2018). On the other hand, it may also provide them with a new perspective on their situation, helping them break free from their current pattern and create a situation that works best for their (mental) well-being. Additionally, the social surroundings in their home country might not always encourage discussion of MH or seeking help, which can influence their help-seeking behaviour as explained by Cornally & McCarthy (2011).

Thirdly, the accessibility of information and professional help is broader than expected. The accessibility of information can have an impact on MHL. The lack of understanding and the perceived complexity of the Dutch healthcare and insurance system contribute to an increase in MHL. Some participants mentioned a lack of information provided, but reviewing statements of the university psychologist, it seems that this could be attributed to not knowing how to find relevant information. However, the issue could partly stem from the challenge of taking the initial step to seek help when struggling with MH. Minutillo et al. (2020) highlighted that late student arrivals could result in missed orientation and support programs. The university psychologists also noted that most of their campaigns occur in the first weeks of the academic year, supporting Minutillo et al.'s (2020) findings. When considering access to professional help, several factors, that could discourage students from seeking the necessary help, have been added to the model. Firstly, long waiting lists result in students not receiving the necessary help at the moment it is needed. Secondly, substantial costs, often not covered by insurance, lead to financial constraints. Additionally, students might feel burned asking parents for financial support for MH help. Finally, the perceived complexity, particularly the role of the GP, might also act as barrier in seeking professional help.

Last, language plays a large role in international students' decision whether to seek MH help and is closely related to the language-barrier described in the theoretical framework, but the role is different than expected. Hence, it is more fitting to categorize this concept distinctly rather than under accessibility. The predominant issue for the language-barrier lies in the notion that thoughts and feelings can be expressed better in one's native language, as confirmed by (Brisset et al., 2014). Consequently, the language-barrier appears to be more restrictive within the decision-making process, rather than during the actual help-seeking process. Additionally, this finding adds new insights into conclusions of De Moissac et al. (2020), where a language barrier is stated to mainly impede effective communication with healthcare providers and assessments of services. A potential solution for both the language barrier as well as waiting

lists can be seeking help digitally from a psychologist of one's home country, who shares a similar cultural background.

Despite these proposed concepts the results describe personal factors. Nevertheless, this theme is not included in the inductive model, since these factors mainly play a role in attitudes towards MH and help-seeking in general rather than specifically in Groningen.

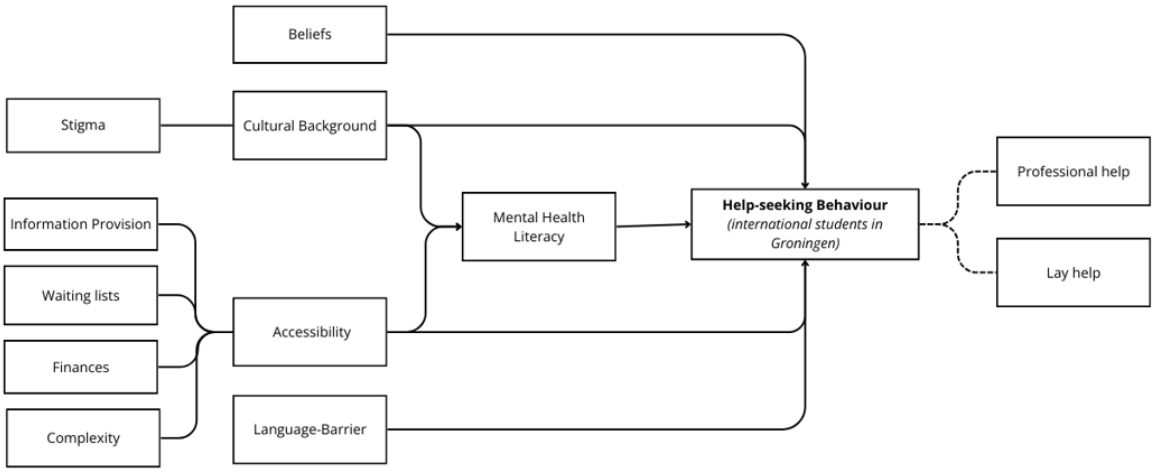

Figure 2 – Inductive model: Factors playing a role in the help-seeking behaviour for IS for mental health problems (Created by author, 2024).

5.1 Reflection

The methodology outlines strengths and limitations of the research instrument and data collection. Participants with a diverse background were recruited, yet Africa, South-America, and Australia have not been represented. However, cultural attitudes can differ per country and the personal nature of MH can result in a wide variability in perceptions amongst individuals. The university psychologist interview aligns more with general literature, whereas other participants' insights differ. To achieve broader insights and explore these differences, including a wider variation in countries/continents, a larger-scale study is recommended.

Inductive coding revealed overlapping themes with the conceptual model, possibly indicating bias from literature search. However, the interview guide was based on the conceptual model, resulting in similar factors/themes being discusses throughout the interviews. Interpretations of the data may be influenced by context and external discussions around the interviews, but not in the raw data.

6. Conclusion

The study provides a deeper understanding of the help-seeking behaviour of international students in Groningen by addressing the question: '*How do international students in Groningen perceive different factors in seeking either lay or professional help for mental health problems?*' It is important to recognise that personal beliefs can vary from cultural belief systems. While lay help and social support are perceived important, professional help is necessary for solving MH problems of a certain level of severity. Students' cultural background can affect their help-seeking behaviour, although this is not always the case. Several factors act as barriers in international students' help-seeking behaviour in Groningen. The language-barrier can hinder

their ability to express themselves as well as they can in their native language, which in turn plays a role in their help-seeking behaviour. The quality of information provided contributes to the accessibility of professional services. Additionally, waiting lists, high costs, and a complex healthcare system, with a central role of GPs, limit the accessibility of mental healthcare for international students in Groningen.

Several implications can be drawn from these findings. Firstly, the experienced extensive waiting lists are an underlying factor within the Dutch healthcare system, suggesting potential impact on Dutch students as well. This is a fundamental issue, that should be addressed by its roots and requires long-term investments. Secondly, the health care system, with the GP as the first point of contact and the need for Dutch health insurance, seems to cause confusion among international students. More detailed information should be provided as well as making it obligatory to get Dutch health insurance to increase mental health literacy and decrease inaccessibility. Since international students might not be able to attend the given informative sessions in the introductory week, further sessions later in the academic year can increase accessibility and understanding of Dutch mental health care. Thirdly, to tackle possible barriers related to linguistic and potential cultural differences, digital support offered from the home country could be a good alternative presented as option. Lastly, mental health problems can increase the barrier to seek help overall. Hence, a low threshold should be ensured. Even though the task of the university psychologist remains limited, additional walk-in sessions could provide ease the burden for students to approach them.

Besides these practical implications, further research is required to further investigate a comparison between Dutch and international students to identify differences and ascertain whether specific issues are more rooted in the experiences of IS or the Dutch healthcare system in general.

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8. Appendices

Appendix A – Interview Guide International Students

Introduction

- What is your age?
- What are you studying and how long have you been studying in Groningen?
- Which country are you originally from and how long have you lived there?
    - Have you lived in other countries as well, and for how long?

Mental health and seeking help in general

- How do you look at mental health opposed to physical health?
    - What does it mean for you?
- In general, do you think it is important to discuss mental health problems?
- Do you think seeking help for physical health problems differs from seeking help for mental health problems?
- What are your thoughts on seeking help for mental health problems?

Information access

- What kind of information did you receive about the Dutch healthcare and insurance system when you arrived in Groningen?
    - Do you feel like this is sufficient?
    - If not, do you perceive certain barriers in accessing either mental or physical help?
- During your time here, do you feel like there are enough sources that provide you with sufficient information about the Dutch healthcare and insurance system?
    - Would this stimulate or prevent you in seeking help for mental health problems? Or do you know if this has been the case for other international students?

Seeking help personally

- Do you know people who sought help for mental health problems?
- What do you do for your mental health? *(e.g. taking decisions to reduce stress, doing fun things, talking with people about it, go to psychologist)*
    - Would you seek help if you'd struggle with your mental health?
    - Where/by whom? *(keep next question in mind → 'bruggetje)*
- Would you rather seek help from informal sources, such as friends or family, or from professional sources, such as a psychologist, or other formal instances? And why?
    - Do you perceive (dis)advantages for one type of source?
    - When would you rather seek (in)formal help?
    - Would you seek a different type of help for different (forms or stages of) mental health problems?
    - Would you choose differently here, in Groningen, than in your home country? Why or why not?

Language barrier & linguistic gap

- Have language differences or maybe a language barrier been a challenge in accessing healthcare information or seeking help for mental health problems? If so, in what way and can you describe the challenges?
- How has language affected your ability to communicate with healthcare providers?
- Would differences in language influence your choice between informal or professional sources of help for mental health issues?
    - Does the information access, as we discussed before, also play a role in this choice?

Cultural background – Beliefs

- How do you view seeking help from for example friends or family for mental health issues? (certain advantages/disadvantages) *let op antwoord bij vraag 'seeking help'*
- How do you view seeking professional help for mental health problems? What are your beliefs about its effectiveness?
- Are there specific cultural norms or expectations that shape your approach to mental health?

Cultural Background – Stigma

- How do other people talk about seeking help for mental health problems?
    - *Do people in your surroundings have a certain opinion about this?*
    - Is there a difference in this between Groningen and your home country?
    - Does the perception/opinion of others influence your opinion/behaviour regarding this?
- Do others have prejudices about either mental health issues or seeking help? If so, can you elaborate on that?
    - How does this affect your willingness to seek help or discuss mental health openly?
- Are there any specific concerns or challenges that have prevented you from seeking help for MH problems?

Alternative factors

- Are there any other factors that are important in your decision to seek help for mental health problems and where to seek the help?

Closing questions

- Is there anything else you would like to add?
- Thank you for your time and participation. What did you think of this interview? Did you feel comfortable? Do you have any feedback?

Changes interview guide + decision:

- Sometimes questions were guiding there answer (stimulate, prevent, do you think discussing problems is important), so I changed that to more open questions
    - However a bit too late in the process of interviews

Appendix B – Interview Guide University psychologist in Dutch

Introduction

1. What is your background in psychology?
2. How long have you worked as a university psychologist and how did you end up in this role?

University psychologist general

3. Are there many students who use the university psychologist?
    a. Do you notice that the queues for the psychologist have an influence on this?
4. Are there many international students who seek mental help (compared to Dutch students)?
5. How are students informed about the mental help services provided by the university?
    a. Do you feel this is enough information?
6. How are students generally helped by a college psychologist?

International students

7. Do you see a difference between Dutch and international students?
    a. Consider their need for help; their behaviour towards seeking help; certain problems
8. What factors do you notice that influence the choice of international students to seek help from the university psychologist (or possibly another psychologist)?
    a. Do you see certain barriers or encouraging factors?
    b. Is this different for Dutch students?
9. Do language differences have an effect on the help that can be provided (also with colleagues, for example)? Or communication with international students?
    a. Do you have the feeling that the students cannot express themselves well/freely in English?
10. Do you feel that the cultural background of the students influences their behavior towards seeking psychological help?
    a. If so, in what way?

Services

11. Do you think the University offers enough services related to mental health? How accessible do you find this?

Closing

12. Are there any other important points that have not yet been addressed?

Appendix C – Code Trees

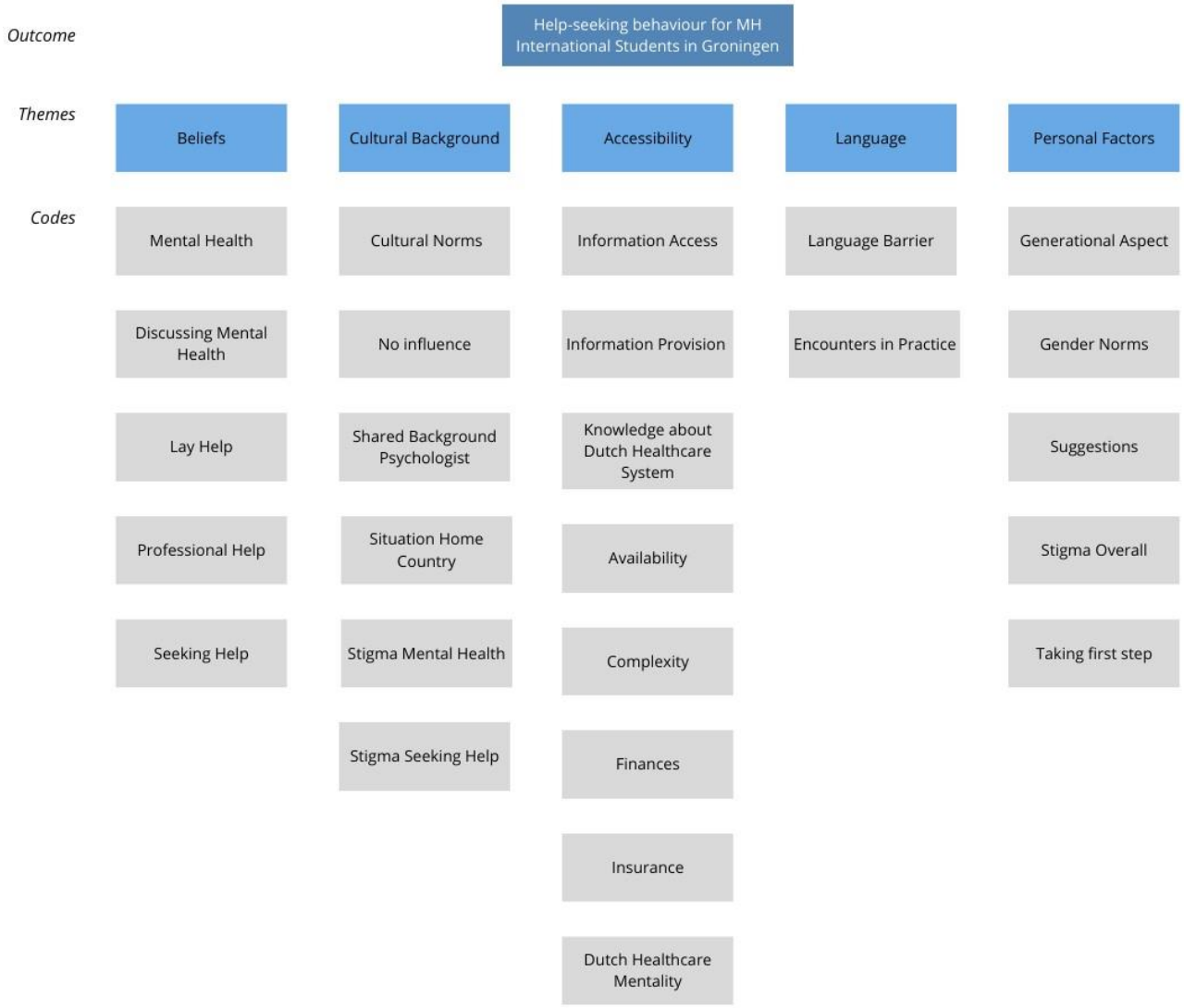

Figure C1 – Code Tree International Students (created by author, 2023).

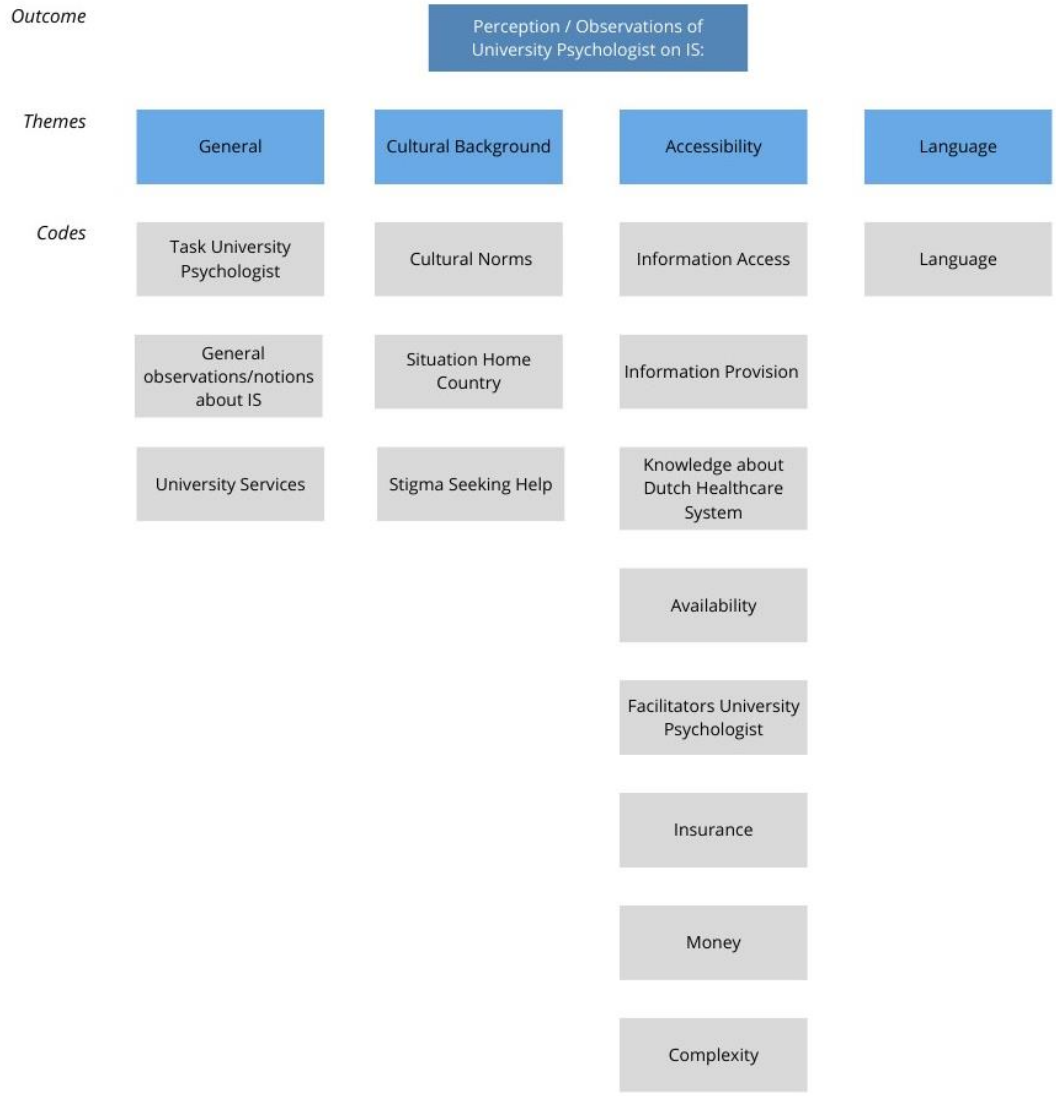

Figure C2 – Code Tree University Psychologist (created by author, 2023).

Appendix D – Informed Consent

Rebekka de Witte, Faculty of Spatial Sciences RUG

Date:

Please tick the appropriate boxes	Yes	No
Taking part in the study		
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.	□	□
I understand that taking part in the study involves written notes and an audio recording and that these will be deleted after full completion of research.	□	□
Use of the information in the study		
I understand that information I provide will be used and processed in a bachelor thesis.	□	□
I understand that the collected data about me is protected by using pseudonyms, but that full anonymity cannot be assured.	□	□

Signatures

I have read this form thoroughly and understand what I am consenting.

_____	_____	_____
Name of participant	Signature	Date

I have let the potential participant read or accurately read out the information sheet and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

_____	_____	_____
Researcher name	Signature	Date

Study contact details for further information:

Tel: 0610604412

E-mail: rebekkadewitte@hotmail.com

Appendix E – Description of Themes

Table E1 – Operationalisation scheme of themes IS (created by author, 2024).

Theme	Description	Codes
Beliefs	What are personal perceptions of international students towards professional and lay help? What do they think about (the importance of) lay help versus professional help?	*Mental Health, Discussing Mental Health, Lay help, Professional Help, Seeking Help*
Cultural background	How does the cultural background of international students influence their perceptions towards MH problems or seeking help for these problems? Is there a difference between cultures?	*Cultural Norms, No Influence, Shared Background Psychologist, Situation Home country, Stigma Mental Health, Stigma Seeking Help*
Accessibility	How accessible is the Dutch healthcare (and insurance) system and finding information about the system? What information is provided (by the university) to international students? How does this affect the knowledge about the healthcare system of international students? What factors play a role in the accessibility?	*Information Access, Information Provision, Knowledge about Dutch Healthcare System, Availability, Complexity, Finances, Insurance, Dutch Healthcare Mentality*
Language	How does language play a role in students' choice to seek help? What are experiences of students with communication with healthcare providers?	*Language-Barrier, Encounters in Practice*
Personal factors	What factors play a role in students' views towards MH or seeking help and their help-seeking behaviour, apart from being an international student (i.e. factors that would play a role in every context)?	*Generational Aspect, Gender Norms, Suggestions, Stigma Overall, Taking First Step*