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Does Mental Health Literacy Predict Help-Seeking Behaviors Among Depressed Asian International Students?

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ABSTRACT

This study aimed to examine whether Asian international students' mental health literacy predicts mental health help-seeking behaviors above and beyond known influencing factors. Hierarchical logistic regression was conducted in analyzing a national sample of 460 Asian international students who reported depressive symptomatology. Results indicated that students who identified as female and experienced more days of academic impairment were more likely to seek counseling. Additionally, having more knowledge on mental disorders and treatments and campus mental health services were positively related to help-seeking behavior. However, the ability to recognize the development of mental disorders in others was negatively associated with seeking mental health help. Implications for administrators, college program planners, and mental health providers are discussed.

Keywords: Asian, college students, help-seeking, international students, mental health literacy

In the 2019-2020 academic year, 758,014 Asian international students (AIS), comprising 70.5% of international students in American higher education institutions, hailed from 14 countries, with China, India, and South Korea being the most represented (National Center for Educational Statistics, 2020).

Studies show AIS struggle with various issues such as language barriers, limited social support, unfamiliarity with the American education system, discrimination, and financial problems, leading to significant emotional distress and depressive symptoms (Ee, 2013; Hyun et al., 2007; Mori, 2000; Poyrazli et al., 2004; Xiong, 2018; Young, 2017). Despite the emotional distress and reports of depressive symptoms, AIS significantly underutilize mental health services and

exhibit low help-seeking intentions (Hyun et al., 2007; Maeshima & Parent, 2020; Xiong, 2018; Xiong & Yang, 2021; Yoon & Jepsen, 2008; Zhang & Dixon, 2003).

Given the growing number of AIS and their underutilization of mental health services, this study seeks to explore the role of mental health literacy (MHL) in predicting help-seeking behaviors in AIS, beyond known influencing factors such as age, gender, and academic impairment. As prior research has not focused MHL as a predictor in this context, our findings will inform targeted strategies to encourage mental health services utilization among depressed AIS.

MENTAL HEALTH OF ASIAN INTERNATIONAL STUDENTS

Limited research on AIS' mental health reveals unique struggles. Fritz et al. (2008) found AIS in the United States show higher anxiety, language difficulties, and challenges in making new acquaintances than European counterparts. Lian and Wallace (2020) reported over 70% of Chinese international students studying in the United States experienced depression and anxiety in the past year. A national study on AIS demonstrated that they show greater rates of self-harm, suicidal ideation, and suicidal attempts than other domestic and international students (Xiong & Pillay, 2022).

Since the COVID-19 pandemic, psychological challenges for AIS' surged with a 77% increase in hate crimes against Asians in the US, the steepest of all ethnic groups (Federal Bureau of Investigation, 2020). Despite the 2021 COVID-19 Hate Crimes Act, anti-Asian hate crimes rose, recording a 177.5% increase in California from 2020 to 2021 (California Department of Justice, 2021). This upsurge in anti-Asian hate crimes, along with politicians' xenophobic comments, negatively affected the mental health of AIS (Koo & Nyunt, 2022; Xiong et al., 2022; Yao & Mwangi, 2022). Many AIS have reported experiencing xenophobic comments such as, "stop spreading the virus" or "go back to China" (Koo & Nyunt, 2022), which may contribute to race-related stress and negative mental health outcomes (Hwang & Goto, 2008; Jochman et al., 2019; Lee & Ahn, 2011). Dong et al. (2022) discovered over 50% of Asian international graduate students in the United States experienced race-related discrimination during the pandemic, which was positively correlated to a higher risk of depression.

Additionally, the pandemic caused various academic challenges to AIS. Studies conducted in the U.S. and Singapore showed AIS are more likely to experience academic stress from cultural influence and expectations from family and society (Nilsson et al., 2008; Tan & Yates, 2011). Hamamura and Laird (2014) found that East Asian international students attending North American universities are significantly less satisfied with their GPA than their North American counterparts, which may be associated with higher stress levels among AIS (Nilsson et al., 2008). Furthermore, the pandemic resulted in drastic changes in the educational environment causing worries and anxieties among AIS due to missing opportunities for academic progress and to gain high-quality education, which decreased their competency in the program and the future job market (Koo & Nyunt, 2022).

HELP-SEEKING AND MENTAL HEALTH SERVICE UTILIZATION OF ASIAN INTERNATIONAL STUDENTS

AIS significantly underutilize mental health services despite their numerous psychological challenges (Fritz et al., 2008; Hyun et al., 2007; Yoon & Jepsen, 2008; Xiong & Yang, 2021) and evidence-based interventions available (Jin & Acharya, 2022; Johnson et al., 2018; Marangell & Baik, 2022; Penman et al., 2021; Yeh et al., 2021; Zhang & Dixon, 2001). Yoon and Jepsen (2008) found AIS (6.9%) were significantly less likely to use counseling services than American students (45.2%). A recent study also suggests that non-Asian international students and American students utilized mental health services on campus 1.29 and 1.17 times more than AIS (Xiong & Yang, 2021).

Studies attribute this low help-seeking behavior to stigma (Li et al., 2013; Liu et al., 2020; Mori, 2000; Surapaneni, 2018; Yoon & Jepsen, 2008), as AIS view mental health issues as signs of weakness and fear being labeled or representing their ethnicity negatively (Chen & Lewis, 2011). Furthermore, Maeshima and Parent (2020) found perceived stigma was positively associated with personal stigma about mental health treatment, with the strongest relationship in AIS.

Additionally, studies also show gender differences in help-seeking (Cheng et al., 2018; Gorczynski & Sims-Schouten, 2022; Mackenzie et al., 2006; Morgan & Robinson, 2003; Reavley et al., 2012; Wendt & Shafer, 2016). Study findings on AIS show similar results, with female AIS more likely to seek help (Li et al., 2013; Xiong & Yang, 2021; Yakunina & Weigold, 2011; Yoon & Jepsen, 2008). Studies have yielded inconclusive results on age as a predictor for help-seeking among AIS (Zhang & Dixon, 2003; Xiong & Yang, 2021).

Moreover, research suggests that AIS who experience academic impairment are more likely to seek counseling (Li et al., 2013; Xiong & Yang, 2021). Li et al. (2013) studied AIS attending a U.S. Midwestern university and found that academic impairment was a stronger predictor for seeking counseling than prior counseling experiences and help-seeking attitudes. Nilsson et al. (2008) revealed that AIS' perfectionism, another potential contributor to academic impairment (Fernández-García et al., 2023), accounted for 50% of their academic and acculturation stress. Given cultural backgrounds that emphasize academic achievement and success, academic impairment is a crucial factor in exploring AIS' help-seeking behaviors.

MENTAL HEALTH LITERACY

Mental health literacy (MHL) is defined as the knowledge of and attitudes toward mental disorders, prevention, and help-seeking treatment options (Jorm et al., 1997; Jorm, 2000; 2012). Researchers found positive correlations between MHL and help-seeking in Australia, the United Kingdom, and the United States, potentially due to its role in reducing stigma (Clough et al., 2020; Gorczynski et al., 2017; Jorm, 2000; Jung et al., 2017; Milin et al., 2016; Smith & Shochet, 2011). Literature showed that female students have greater awareness of mental illnesses and score higher on MHL scales than males (Furnham et al., 2011;

Gorczynski & Sims-Schouten, 2022; Reavley et al., 2012). Moreover, age and education level were positively associated with MHL among college students in the UK and Australia, but adults over 70 were less likely to recognize depression and schizophrenia while young adults are more likely to over-identify depression (Farrer et al., 2008; Gorczynski et al., 2017; Reavley et al., 2012).

MHL encompasses several components (Jorm et al., 1997; Jorm, 2012; 2000). One component is knowledge and beliefs about how to prevent mental illnesses, an area less studied than other components due to the limited knowledge of risk factors for mental disorders (Jorm, 2012). From 1995 to 2003-2004, Australian surveys demonstrated increased attribution of mental disorders to genetic risk factors and decreased attribution to weakness in character or personality, suggesting shifts in understanding of mental disorder development (Jorm et al., 2005). This suggests that the public may be beginning to see mental disorders from a diverse perspective.

Another component of MHL is the ability to identify the development of mental disorders to facilitate early help-seeking (Jorm, 2012), which is crucial for effective communication with mental health professionals and timely help-seeking (Jorm, 2012; 2000). Bonabi and colleagues (2016) examined depression-based MHL and help-seeking in Switzerland and found that participants who scored higher on depression-related literacy were more likely to utilize psychotherapy during the follow-up period. Similarly, Gorczynski et al. (2017)'s study showed higher ability to recognize disorders was associated with greater help-seeking behaviors among UK university students.

The third component of MHL is knowledge about available mental health resources (Jorm, 2012). A significantly lower number of international students were knowledgeable about college mental health resources than American students (Hyun et al., 2007). In Nilsson et al. (2004)'s study conducted at one of the U.S. university counseling centers, only 2% of international students utilized university counseling centers and one-third of these students prematurely terminated the therapy.

The fourth component of MHL is knowledge and ability on mental health first aid skills to support others (Jorm, 2012). A study conducted at a U.S. community college revealed that participants who received the Gatekeep Suicide Prevention Training showed greater help-seeking attitudes regardless of gender (Cascamo Jr, 2013). Lam et al. (2010)'s study also showed that Mental Health First Aid training on a Chinese community in Australia greatly decreased stigma and increased treatment beliefs, which could lead to positive help-seeking behaviors.

The final component of MHL is attitudes on mental disorders and professional help-seeking (Jorm, 2000). Studies show positive attitudes toward professional psychological help correlate with increased help-seeking intentions (Mojtabai et al., 2016; Yakunina & Weigold, 2011). However, belief in the efficacy of professional help was not a significant predictor for help-seeking behaviors (Mojtabai et al., 2016), although some studies, including one among Taiwanese and American students, found that beliefs on counseling efficacy was associated with help-seeking intentions (Akutsu et al., 1990). A study that

examined the help-seeking intentions of Asian American students demonstrated lower perceived benefits of counseling were correlated with lower help-seeking intentions (Kim & Zane, 2016).

PRESENT STUDY

Although AIS demonstrate greater levels of mental health challenges than domestic students or other international ethnic groups (Lian & Wallace, 2020, Xiong & Pillay, 2022), mental health services are significantly underutilized among this demographic (Hyun et al., 2007; Yoon & Jepsen, 2008; Xiong & Yang, 2021). Furthermore, heightened anti-Asian sentiment and racial discrimination after the COVID-19 pandemic increased mental health risk among AIS, highlighting the pressing need to address their psychological difficulties (Dong et al., 2022; Koo & Nyunt, 2022; Xiong et al., 2022; Yao & Mwangi, 2022). Despite findings on the positive relationship between MHL and help-seeking behaviors, none of the studies examined MHL as a predictor for help-seeking behaviors among AIS. The current study examines which components of MHL predict help-seeking behaviors of depressed AIS beyond the factors known to affect help-seeking behaviors. We limited the sample to students with a Patient Health Questionnaire-9 (PHQ-9) total score above five, indicating mild to severe depression (Kroenke et al., 2001), as we intend to examine mental health help-seeking behaviors of students in need of psychological treatment.

Methods

Participants and Procedures

The data used in this study is from the 2018-2019 Healthy Minds Study (HMS, 2019). The HMS is a web-based national survey examining mental health-related issues among college students. At participating universities, the survey was sent to random samples of enrolled students at least 18 years old (The Healthy Minds Study, 2019). The 2018-2019 dataset included 62,025 responses from 79 colleges, in which approximately 32% identified as male, 66% as female, and 2.1% as other. About 92% of the sample were domestic students, 8% of the students were international students, and 5% of the students identified as AIS.

Given the focus of our study, the data analysis was limited to participants who identified with an Asian ethnicity, enrolled as international students, and reported recent depressive symptoms. The PHQ-9 (Kroenke et al., 2001) was used to determine depressive symptomatology with the suggested cut off score of five. Of the 3,334 participants who reported being of Asian ethnicity and an international student, 1,587 met the required PHQ-9 score.

Because the HMS is a module-based survey in which universities are able to select models to administer to students, 47 of the 79 colleges offered the module with MHL items. Thus, of the 1,587 participants who met the study criteria, 460 were included after excluding cases with missing values. Of the 460 students, 46.3% identified as male (n = 213) and 53.7% as female (n = 247). Participants' ages

ranged from 18 to 48 (Mean = 23.05, SD = 4.69). 59.8% were undergraduate students, 39.5% were graduate students, and 2% were others, including non-degree students.

Measures

Demographics. Age was measured with the item, "How old are you?" Gender was measured with the item, "What is your gender identity?" Respondents who selected Transmale/Transman, Transfemale/Transwoman, or Genderqueer/Gender non-conforming were less than ten, and were removed to prevent statistical error.

Depressive Symptoms. Depressive symptoms were measured using the PHQ-9 (Kroenke et al., 2001). The 9-item scale assesses depressive symptoms with items such as, "Over the last 2 weeks, how often have you had little interest or pleasure in doing things?" Likert-type response options range from 0 (not at all) to 3 (nearly every day) with a higher score indicating a higher frequency of depressive symptoms. Previous research showed an internal consistency of .88 among international students (Zhou et al., 2022). In the present study, the PHQ-9 scores produced an internal consistency estimate of .83.

Help-seeking Behaviors. Help-seeking behaviors were measured using the item, "Have you ever received counseling or therapy for mental health concerns?" The responses included (1) No, never, (2) Yes, prior to starting college, (3) Yes, since starting college, (4) Yes, both of the above. For the present study, the responses were coded as 0 (No) and 1 (Yes).

Academic Impairment. Academic impairment was measured with the item, "In the past 4 weeks, how many days have you felt that emotions or mental difficulties have hurt your academic performance?" The responses included (1) None, (2) 1-2 days, (3) 3-5 days, (4) 6 or more days.

Mental Health Literacy. Eight items were used to assess the five components of mental health literacy.

Knowledge and Beliefs About How to Prevent Mental Illnesses. The item, "Relative to the average person, how knowledgeable are you about mental illnesses (such as depression and anxiety disorders) and their treatments?" was used to measure the knowledge and beliefs about how to prevent mental illnesses. Responses to the item were made on a 5-point Likert scale, from 1 (well above average) to 5 (well below average). The response scale was reversed so that higher scores reflect a higher level of MHL.

Ability to Identify Emerging Mental Disorders to Promote Early Help-seeking. The items, "I have a good idea of how to recognize that someone is in emotional or mental distress" and "I feel confident in helping someone with a mental health problem," were used to measure *the ability to identify emerging mental disorders*

to promote early help-seeking. Responses to the item were made on a 6-point Likert scale, from 1 (strongly agree) to 6 (strongly disagree). The response scale was reversed to indicate that higher scores represent a higher level of MHL.

Knowledge of Available Mental Health Resources. The item, "If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus," was used to measure *the knowledge of available professional mental health treatments and resources*. Responses to the item were made on a 6-point Likert scale, from 1 (strongly agree) to 6 (strongly disagree). The response scale was reversed so that higher scores reflect a higher level of MHL.

Knowledge and Ability on Mental Health First Aid Skills to Support Others. The item, "Have you ever participated in a mental health gatekeeper-training program? (A program to enhance your skills to recognize signs of emotional distress in other people and refer them to appropriate resources. Examples include Mental Health First Aid, Question, Persuade, Refer, and At-Risk)," is used to measure *the knowledge and ability on mental health first aid skills to support others*. The response options were 0 (No) and 1 (Yes).

Attitudes on Mental Disorders and Professional Help-seeking. The four items were used to measure the *attitude encouraging recognition of mental illnesses and help-seeking*. The sum of two items, "How helpful on average do you think medication is, when provided competently, for people your age who are clinically depressed?" and "How helpful on average do you think medication would be for you if you were having mental or emotional health problems?" was used to assess the treatment efficacy beliefs on medication which is a subcomponent of this MHL component. Responses to the item were from 1 (very helpful) to 4 (not helpful). The sum of the items, "How helpful on average do you think therapy or counseling is, when provided competently, for people your age who are clinically depressed?" and "How helpful on average do you think therapy or counseling would be for you if you were having mental or emotional health problems?" was used to measure treatment efficacy beliefs on therapy/counseling, another subcomponent of this MHL component. Responses to the item were from 1 (very helpful) to 4 (not helpful). The response scales were reversed so that higher scores reflect higher MHL levels.

Data Analysis

Hierarchical logistic regression was used to examine the extent to which the components of mental health literacy predict help-seeking behaviors above and beyond known affecting factors of age, gender, and academic impairment.

In Model 1, demographic variables (age, gender) were entered, and in Model 2, academic impairment was included. In the final Model, components of MHL were entered in order to control the effect of demographic variables and academic impairment. Data were analyzed using IBM SPSS Statistics (version 28).

Table 1: Sample Characteristics (*N* = 460)

	n	**%**	**M**	**SD**
Age			23.05	4.69
Gender				
Male	213	46.3		
Female	247	53.7		
Academic Impairment				
None	59	12.8		
1-2 days	131	28.5		
3-5 days	142	30.9		
6 or more days	128	27.8		
Past Counseling Experience				
Yes	117	25.4		
No	343	74.6		

Note. *M* = mean, *SD* = standard deviation.

RESULTS

Table 1 includes sample characteristics of the sample. The final sample was 460 participants with mean age of 23.05 (SD = 4.69). Students identified as male were 213 (46.3%) and those who identified as female were 247 (53.7%). 27.8% (n = 128) of the participants reported experiencing 6 or more days of academic impairments, 30.9% (n = 142) for 3-5 days, 28.5% (n = 131) for 1-2 days, and 12.8% (n = 59) for none. Only 25.4% (n = 117) of the participants reported receiving counseling while 74.6% (n = 343) did not have any experience in counseling.

The final model showed good model fit with 77.4% of the cases classified correctly. The model showed non-significant Hosmer & Lemeshow chi–squares in every step (step 1: $x^2 = 2.517$, $p = .961$; step 2: $x^2 = 8.440$, $p = .392$; step 3: $x^2 = 3.371$, $p = .909$). After controlling for all other variables in the model, for students who identified as female, the odds of receiving therapy were 1.698 times greater than the students who identified as male (B = .529; $p = .031$). If students experienced more days of academic impairment in a week, the odds of receiving therapy increased 1.943 times for each unit increase (B = .664; $p < .001$).

In terms of MHL, students who had more knowledge of mental illnesses and their treatments were 2.096 times more likely to receive therapy for each unit increase (B = .740; $p < .001$). However, if the students were more confident in recognizing the mental disorders of others, the odds of seeking therapy decreased .799 times for each unit increase (B = -.225; $p < .001$). Students' knowledge on campus mental health services increased the odds of receiving therapy by 1.658 times for each unit increase (B = .505; $p < .001$). Age, knowledge and ability on mental health first aid skills to support others, and attitude encouraging recognition of mental illnesses and help-seeking (i.e., treatment efficacy beliefs medication and therapy/counseling) were not statistically significant predictors of help-seeking behaviors. Full statistical analysis is presented in Table 2.

Table 2: Results of Hierarchical Logistic Regression Analysis

					95% CI for Exp(B)	
	B	**S.E.**	**Wald (x^2)**	**Exp(B)**	**Lower**	**Upper**
Step 1						
Age	-0.002	0.023	0.005	0.998	0.954	1.045
Gender	0.622**	0.222	7.846	1.863	1.205	2.879
	-2LL = 513.572, NagelKerke R^2 = .026,					
	Hosmer & Lemeshow test: x^2 = 2.517 (p = .961)					
Step 2						
Age	.002	.024	.005	1.002	.956	1.049
Gender	.583*	.228	6.535	1.791	1.146	2.801
Academic Impairment	.568***	.120	22.472	1.764	1.395	2.231
	-2LL = 488.941, NagelKerke R^2 = .101,					
	Hosmer & Lemeshow test: x^2 = 8.440 (p = .392)					
Step 3						
Age	.021	.026	.696	1.022	.972	1.074
Gender	.529*	.245	4.659	1.698	1.050	2.745
Academic Impairment	.664***	.130	26.041	1.943	1.506	2.508
MHL1	.740***	.155	22.885	2.096	1.548	2.839
MHL2	-.225***	.063	12.629	.799	.705	.904
MHL3	.505***	.114	19.776	1.658	1.327	2.071
MHL4	-.426	.556	.587	.653	.219	1.943
MHL5-1	-.057	.084	.458	.945	.802	1.113
MHL5-2	-.035	.084	.172	.966	.819	1.138
	-2LL = 432.231, NagelKerke R^2 = .177,					
	Hosmer & Lemeshow test: x^2 = 3.371 (p = .909)					

Note. CI = confidence interval; *p < .05; **p < .01; ***p < .001; MHL1 = Knowledge and beliefs about how to prevent mental illnesses; MHL2 = Ability to identify emerging mental disorders to promote early help-seeking; MHL3 = Knowledge of available professional mental health treatments and resources; MHL4 = Knowledge and ability on mental health first aid skills to support others; MHL5-1 = Attitude encouraging recognition of mental illnesses and help-seeking (The treatment efficacy beliefs on medication); MHL5-2 = Attitude encouraging recognition of mental illnesses and help-seeking (The treatment efficacy beliefs on therapy/counseling)

DISCUSSION

Studies have shown AIS experience a higher prevalence of mental health challenges and symptomatology in comparison to their domestic or other ethnic counterparts (Fritz et al., 2008; Lian & Wallace, 2020, Xiong & Pillay, 2022).

Nevertheless, they are much less likely to seek help from professional mental health providers which is concerning given the increased mental health risks amid the COVID-19 pandemic (Dong et al., 2022; Koo & Nyunt, 2022; Xiong et al., 2022; Yao & Mwangi, 2022). Although MHL has been shown to contribute to help-seeking behaviors, no extant research has investigated MHL components as predictors of help-seeking behaviors among depressed AIS. Acquiring knowledge on the relationship between MHL components and help-seeking behaviors provides insight for developing efficacious outreach programs and interventions. Thus, we examined each MHL component in relation to help-seeking behaviors, aiming to fill in the gaps in the literature concerning the mental health of AIS.

First, findings revealed that female AIS exhibiting depressive symptoms were more likely to seek professional help than males. This corroborates prior research, suggesting that female AIS showed greater help-seeking behaviors and positive help-seeking attitudes (Li et al., 2013; Xiong & Yang, 2021; Yakunina & Weigold, 2011; Yoon & Jepsen, 2008). Furthermore, academic impairment was positively correlated with professional help-seeking behaviors. This is consistent with studies which found that academic stress was associated with willingness to seek counseling (Li et al., 2013).

Additionally, our study found that knowledge and beliefs about mental illness prevention was positively associated with psychological help-seeking behaviors. This finding aligns with previous research (Bonabi et al., 2016; Gorczynski et al., 2017), which posits that knowledge on mental disorders and effective interventions is related to help-seeking behaviors. Interestingly, the ability to identify emerging mental disorders to promote early help-seeking was inversely related to professional help-seeking behaviors. As the items we used for this MHL component focused on recognizing disorders of and helping "others," it is plausible that a higher level of confidence in recognizing others' mental illnesses and helping them led to a belief that they can manage their own mental health concerns independently, instead of seeking professional help. However, this component needs further exploration in future research.

In addition, the knowledge of available professional mental health treatments and resources was positively related to professional help-seeking behaviors. Although no previous research focused on this specific MHL component on help-seeking behaviors, extant literature showed more than half university students reported having no knowledge on university mental health services (Becker et al., 2002; Eisenberg et al., 2007). As such, it is conceivable that AIS have much less knowledge on campus mental health resources and accessibility. From this finding, our takeaway is that education on university counseling centers or campus mental health resources are critical in improving AIS' professional help-seeking behaviors.

LIMITATIONS AND IMPLICATIONS

The study faced limitations. First, more than half of the cases were excluded as many participating universities did not select the module containing MHL variables. Second, respondents who identified as transgender, genderqueer/gender

non-conforming, and self-identified gender were excluded as the number of cases was less than ten, making the statistical analysis impossible for these groups. Third, we used different items as proxy measures to identify the levels of participants' MHL as the data did not use the empirically established scale for MHL which may have limited capturing of all components of MHL. Fourth, the use of self-reported measures could have led to biased findings. As we used self-reported measures for MHL, it is possible that the scores do not reflect the accurate level of participants' MHL. Future studies could address this using mixed-method or vignette-type questionnaires. Fifth, generalizing the findings to the entire AIS must be done with caution. However, consistent findings with previous smaller samples support the current study's findings. Moreover, within-group differences were not considered in the study. For example, South Korean and Indian participants share different histories, cultures, and religious backgrounds, which may result in different views on mental health and help-seeking behaviors. Unfortunately, only one study examines within-group differences among AIS' mental health and their help-seeking behaviors (Flum, 1998). However, as this study is dissertation research, additional research needs to be done to provide insights into the within-group differences often masked by the term "Asian" and to develop targeted prevention and intervention strategies for AIS. Finally, acculturation level was not examined, which may account for academic impairment, MHL, and help-seeking behaviors. For instance, a student who lived in the United States for only a year may be less familiar with campus mental health services of American colleges and have greater academic impairment due to a language barrier than those who lived for 10 years, although they share the same non-U.S. citizen status. Unfortunately, the HMS data did not include acculturation scales which is one of the shortcomings of using secondary data. As studies demonstrate the positive correlations between acculturation, MHL, and help-seeking (Jang et al., 2011; Liao et al., 2005; Wong et al., 2012), it is critical that future research assesses the influence of acculturation on AIS' level of academic stress, MHL, and help-seeking behaviors.

Following this study, there is still significant work to be done. Specifically, support was found for knowledge of campus services being a predictor of mental health help-seeking behaviors. This is consistent with previous literature describing AIS' desire for increased awareness of available mental health services (Jin & Acharya, 2022; Marangell & Baik, 2022). Therefore, it is important for programs to promote the availability and accessibility of mental health services (Jin & Acharya, 2022; Ma, 2021; Marangell & Baik, 2022).

Further, collaboration between campus services for programs may serve to promote engagement in mental health services. Academic impairment is indicated in the current study to be a predictor of help-seeking behaviors, which suggests key collaborators for campus mental health services may include tutoring centers, writing centers, recreational facilities and academic advisors (Jin & Acharya, 2022). Additionally, programs that include peer support through other international and domestic students have been cited as valuable resources for international students in understanding services available to them and fostering adjustment to classroom and educational practices that may differ from those in

their home country (Johnson et al., 2018; Li et al., 2018; Marangell & Baik, 2022; Penman et al., 2021).

Additionally, clinicians can facilitate an understanding of mental illness and treatment, an evidenced predictor of mental health help-seeking behavior, through promotion and dissemination of information pertaining to common signs of mental health disorders. Ma (2021) experienced depression as "feeling black," while others stay silent about psychological concerns due to uncertainty in communicating them to others (Koo et al., 2021). Additional research has supported that AIS have a desire to better understand mental health symptoms and its prevalence, to promote understanding that they are not the only one with a mental health concern (Jin & Acharya, 2022; Marangell & Baik, 2022; Penman et al., 2021). Such information may be shared through motivational quotes and poems, training sessions, and through paper and digital media, and are encouraged to be short, specific, funny, and reviewed by members of the targeted community (Jin & Acharya, 2022; Penman et al., 2021).

Students may benefit from an increased understanding of what to expect when engaging in mental health services (Ma, 2021). Literature indicates that AIS may prefer more directive and structured styles of counseling (Yoon & Jepsen, 2008). Interventions that have been cited to be beneficial to AIS include shifting negative thoughts to positive thoughts, stress coping skills, information about local society, and management of health-related concerns such as eating, sleeping, and exercise (Jin & Acharya, 2022; Marangell & Baik, 2022). Clear interventions that are easy to implement, such as physical activity, and their applicability to stress and anxiety are also recommended (Jin & Acharya, 2022).

Mental health clinicians should make efforts to provide culturally informed services. The knowledge that AIS are often hesitant to engage in mental health services due to concerns about the practitioner's cultural awareness (Mori, 2000; Yoon & Jepsen, 2008), as well as this study's findings that there are barriers preventing AIS from seeking mental health treatment, should spur us to increase our understanding of AIS' values and experiences. Several studies demonstrate the importance of respecting family and saving face, collectivist values, for many AIS (Jin & Acharya, 2022; Li et al., 2018; Ma, 2021). Additionally, AIS commonly face language barriers, discrimination, attempts to manage mental health concerns independently, new learning environment and expectations (Johnson et al., 2018; Koo et al., 2021; Marangell & Baik, 2022). Clinicians can embrace an attitude of cultural humility, where they can appreciate each client's intersecting identities (Mosher et al., 2017; Tervalon & Murray-Garcia, 1998). Cultural humility encourages providers to increase awareness of their own biases, with several authors (Mosher et al., 2017; Summers & Nelson, 2022) providing reflective questions for providers.

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