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International Students and Mental Health

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ABSTRACT

Since the early 2000s, reports of increased rates of mental ill health among young people worldwide have received much attention. Several studies indicate a greater incidence of mental health problems among tertiary students, compared with the general population, and higher levels of anxiety, in particular, among international students compared with domestic students. Australia is host to many thousands of international students of an age when mental illnesses are most likely to surface. However, this issue has received little attention from Australian researchers. This article reports on in-depth interviews with 16 professionals working with international students at an internationalized university.

Keywords: international students, youth, mental health, health-care, integration and adjustment, higher education

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Since the early 2000s, mental health policies of western countries have prioritised the development of early intervention and treatment programs specifically targeted to young people. These policy developments have been driven in part by recognition of the impacts of untreated and under-treated mental illnesses on the growth and development of young people, their educational and occupational achievements, and ultimately their nations' economic prosperity (Gore, Bloem, Patton, Patton, Ferguson, Joseph, Coffey, Sawyer, & Mathers, 2011; Hunt & Eisenberg, 2010; McGorry, 2011; Patel, Flisher, Hetrick, & McGorry, 2007). These concerns are also part of a broader context of widespread and debated claims that mental well-

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being has been declining in western countries since the Second World War (e.g. Busfield, 2012; Collishaw, Maughan, Natarajan, & Pickles, 2004; Horwitz & Wakefield, 2007).

Of particular concern are reports that the greatest increase in mental health problems has been among young people (Collishaw et al., 2004; Fombonne, 1995). The latest Australian National Survey of Mental Health and Wellbeing shows that the highest rate of the most common mental disorders – depression, anxiety and substance misuse – occurs in people aged 16–24 years (26 %), with overall prevalence decreasing with age to around one in twenty (6 %) in the oldest age group (75–85 years) (ABS, 2008).

Researchers in the U.S. (Twenge, Gentile, DeWall, Ma, Lacefield, & Schurtz, 2010) and Britain (Collishaw et al., 2010) have argued that the mental health of adolescents and university students has deteriorated over recent decades, with study participants reporting significantly higher levels of emotional and stress-related problems than those of earlier cohorts. In a recent Australian study (Stallman, 2012), heads of university counselling services reported a rise in the proportion of students presenting with "serious psychological problems" (p. 251) over the past five years. Other studies have shown that university students are significantly more vulnerable to high levels of distress than non-university students of the same age (Stallman & Shochet, 2009). These claims are supported by a national survey from the US, in which 95% of directors of college counselling services reported a significant increase in "severe psychological problems" in their students (Hunt & Eisenberg, 2010, p. 4).

From a Western perspective, it has long been established that the peak period for onset of mental ill-health is between 12-25 years of age (McGorry, 2011). However, social scientists and other researchers have argued that economic, social and cultural change over the last few decades have altered the social parameters of adolescence and youth (Eckersley, 2008, 2011; Mortimer, Vuolo, Staff, Wakefield, & Xie, 2008; Sawyer, Rima, Bearinger, Blakemore, Dick, Ezeh, & Patton, 2012), contributing to higher rates of mental illness among young people:

> [T]hey live in a more rapidly changing and unstable personal and social environment and are confronted by much more information about more and graver problems…at a much earlier age than previous generations (Eckersley, 2008, p. 12).

Traditionally, adolescence in western countries was viewed as beginning with the physical changes of puberty and ending with the social transition into adulthood: full-time employment, marriage and parenthood. The period covered by "adolescence and youth" has lengthened significantly

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since the 1970s: the onset of puberty occurs earlier and "mature social roles" are entered significantly later (Sawyer et al., 2012, p. 1630). Furthermore, key social role transitions are "now less distinct than in the past" and less linear (Sawyer et al., 2012, p. 1630, 1632). The factors that shape pathways into adulthood are more complex and involve greater risks than in the past.

Both the complexity and growing rapidity of change since the 1970s means that each new generation must deal with greater stresses and demands than the preceding one (Eckersley, 2008, p. 12). These include labour market insecurities, changes in the functioning of families, increased expectations and competition in education, rapid technological advances, and the changing nature of mass and social media (Eckersley, 2011). Along with the erosion of traditional forms of social guidance and "rules", these changes mean that individuals are increasingly forced to lead more flexible and fluid lives. Over twenty years ago, Giddens (1991, p. 5) described the quintessential character of late modern identity as a "reflexive project of the self". Ten years later, Beck and Beck-Gernsheim's (2002) metaphor of the "do-it-yourself" biography captured the tenor of contemporary life and identity with its promise of greater opportunities, loss of clear reference points, and focus on individualism. Biographical construction is often insecure and unstable and, under such conditions as unemployment, may become a "breakdown biography" (Beck & Beck-Gernsheim, 2002). Individuals may be forced to fall back on their personal resources and to view ups and downs as a matter of individual responsibility (Eckersley, 2008).

Though little has been written about the health effects of modernisation, increasing materialism and individualisation, Eckersley (2008) argues that cultural pressures are most acute for young people as they attempt to establish a sense of identity and direction. He notes that "youth are vulnerable to the peculiar hazards of our uncertain times" and emphasises that the effect of culture is "hard to discern because it is so pervasive" (Eckersley, 2008, p. 12).

Yet, these concerns are not limited to western societies. As Blum, Bastos, Kabiru and Le, (2012, p. 1568) argue: "there are increases in mental disorders, suicide, homicide, obesity, malnutrition, and precancerous lesions in young people worldwide." According to the World Health Organization (WHO), "neuropsychiatric disorders" are the leading global cause of years lost due to disability for 10-24 year olds, with "major depression" the most prominent condition within this category (Gore et al., 2011). However, neuropsychiatric disorders are neglected in the public health agendas of many non-western countries, where infectious diseases continue to be prioritised (Gore et al., 2011). Suicide rates for young people in Australia and the US, where suicide prevention strategies have been implemented, began to fall over the past decade. In contrast, suicide rates for young people

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in China and India remain high and continue to rise (Patel et al., 2007) with some researchers citing rapid social change as a key factor (Phillips, Liu, Zhang, 1999).

Since processes of modernisation and individualisation are global, the reduction of social scaffolding to guide young lives is not just a problem in the west. Through (often) rapid urbanisation, the rise of social media, and globalisation, the nature of "community" is undergoing significant change in India and China, the Middle East, Africa and East Asia. These areas are also home to the majority of Australia's international students. In 2012 there were 402,388 international students in Australia (AEI, 2013). The largest group came from China (118,832), followed by India (37,041), the Republic of Korea (20,778), Malaysia (19,653), Vietnam (17,862), Indonesia (13,791) and Thailand (13,408). Of the total number of international students, 48.9% (216,392) were in the higher education sector. Despite a decrease in international student numbers since 2009, these figures reflect the rapid rise of international education in the "new" market-driven environment (Hira, 2003). This increasing population experiences many socio-economic challenges associated with being in a new environment, often for the first time and without traditional family supports (Marginson, Nyland, Sawir, & Forbes-Mewett, 2010; Marginson, 2011). The many challenges include emotional, financial, cultural, personal issues that have the potential to impact on mental health.

RESEARCH METHOD

Within the context outlined above, we analyze the accounts of professionals who encountered mental health problems in their interactions with international students at a Group of Eight (Go8) Australian university. In exploring the discourses and explanatory frames used by these professionals, we situate their accounts historically and socially to advance a deeper understanding of the broader structural milieu in which these problems have been produced. In contrast with the largely survey-based, Australian studies of international students' health and wellbeing (e.g. Rosenthal, Russell, & Thomson, 2006; 2008), this paper offers a preliminary qualitative view of the phenomenon from the perspectives of a small number of key informants. Qualitative methods are especially suited to exploratory research focusing on the "how" and "what" of close-up views, thus illuminating the social processes within particular social worlds (Creswell, 2013).

Sixteen in-depth interviews, with participants who specifically raised the issue of mental health problems among international students, were selected from a larger study of international student security and support services at an internationalized university in Australia (Forbes-

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Mewett, 2008). The identification of this purposive sub-sample enabled us to explore the views, concerns and experiences of these participants in relation to the mental health of international students (Creswell, 2013). The order of knowledge generated from this qualitative approach, though preliminary and exploratory in nature, raises important insights not accessible from the (quantitative) surveys that characterize this field in Australia.

Questions asked of the participants were not specifically related to mental health problems but were more generally concerning student welfare. For example: *What do you think international students find most difficult about studying at the University? What do you think are the most difficult things about living in Australia?* In response to such questions, the participants (see Table 1) spontaneously raised the issue of mental health problems.

Table 1: Participants: Pseudonyms, Male/Female, Age, Employment Positions

Pseudonym	Gender	Age	Employment position
Angela	Female	53	Support Services
Ben	Male	46	Academic
Carmel	Female	52	Academic
Cathy	Female	53	Support Services
Elaine	Female	43	Support Services
Freda	Female	57	Counsellor
Graham	Male	53	Support Services
John	Male	50	Counsellor
Jane	Female	40	Support Services
Janice	Female	59	Medical Services
June	Female	32	Support Services
Mandy	Female	53	Medical Services
Robert	Male	60	Support Services
Rhonda	Female	28	Support Services
Rosanne	Female	38	Support Services
Sandra	Female	51	Support Services

The participants included international student support staff, counsellors, a general medical practitioner and academic staff. The 12 females and four males were aged between 32 and 60 years. The higher number of female participants reflects the concentration of females in support service positions at the university. Four participants were formally qualified to diagnose mental health issues; however, all had much experience in addressing international student concerns on a day-to-day basis. It is the perceptions of these key informants that form the basis of this study. The larger study relates to an on-campus international student cohort,

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which constituted approximately one fifth of the total university population and was primarily made up of Asian students. The use of the term "Asian students" is not intended to essentialize "students from different Asian Countries as a homogeneous entity"; rather, the term is used "with acknowledgement of the diversity and variety of Asian students encompassed by this descriptor" (Tran, 2007). It is assumed the participants' use of the term is similar.

The interviews were between 45 and 90 minutes in duration and were audio-taped, transcribed, and analyzed in terms of emerging themes (Bryman & Burgess, 1994). A purpose-driven analysis focusing on mental health problems allowed us to interpret the research text to make sense of this issue in relation to international students (Creswell, 2013). Participants were allocated a pseudonym and an employment category.

Our analysis is presented in three main sections. First, we discuss a perceived increase in the number and severity of mental ill-health presentations by international students. In the second section we consider participants' explanations of the factors believed to contribute to an increase in mental health problems. These entail three contexts: the academic environment, everyday living, and help-seeking. Third, we present participants' observations of potential solutions. These concerned the structure of support services and university life, and are relevant to early intervention and prevention measures to avert mental health crises.

FINDINGS

An increase in mental health problems: "we are dealing with people with more severe problems"

Participants reported a significant increase in the numbers of both international and local students presenting with perceived or diagnosed mental health problems, together with an increase in the severity of these problems, an observation also explored by US researchers (Hunt & Eisenberg, 2010). The participants, however, also indicated that mental health problems for international students were often exacerbated by the stress associated with living away from home in a foreign environment. Mental health problems were very broadly defined and included "emotional" and "stress" problems as well as serious psychiatric conditions. Robert, Director of Health Services, argued that a "far broader spectrum" of university students today accounted for the "bigger variety of problems". He also saw the present-day lives of students as "a lot more difficult" than in previous decades, leading to distress and anxiety:

> When I first started here…we probably had 40% what we'd term emotional relationship problems and 60% study. Now it's about 80%

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> emotional relationship issues and 20% of what we call learning type problems…Twenty years ago you may see five or six real severe psychiatric difficulties per counsellor. Now they're seeing five or six a week and suicidal ideation.

Several other participants reported an increase in suicidal presentations, which required referrals to manage the high levels of risk involved: "there seems to be more kids who've got mental disorders…let alone the question of adjusting and studying" (Rosanne, Manager of International Student Support Services). While not discounting Eckersley's arguments (2008, 2011), the overall growth in presentations of serious mental disorders may not only reflect increased levels of distress. The past "twenty years" covers the period of intensive development and re-structuring of mental health services in Victoria and Australia. Public education campaigns aimed at de-stigmatizing mental illness have contributed to increased "mental health literacy" among the population (Jorm, 2012), with youth mental health identified as a key area. In turn, these developments shape the definitional and discursive practices of student support staff and the help-seeking practices of students (Hunt & Eisenberg, 2010).

The "far broader spectrum" of university students noted by Robert reflects the expansion of tertiary education in Australia and other western countries (UNESCO, 2012). Several intersecting social changes have driven this expansion: credentialism, professionalization of training previously undertaken "on-the-job" or in technical colleges, the growth of service-sector employment, and government policies to retain secondary and tertiary students. Many of the students entering university during these waves of expansion represent the first generation of tertiary-educated members in their families. Similarly, most international students coming from rapidly advancing industrial economies are first generation tertiary students. The diversity among university students thus produces a "bigger variety of problems." These problems are also socially produced through wider definitions of what constitutes "mental" or "emotional" disorder (Busfield, 2012; Horwitz & Wakefield, 2007), and compounded by growing casualization and insecurity of employment.

Stress and strain: "it suddenly seems a great big frightening world out there"

All participants spoke at length about the adjustments and stresses encountered by international students when negotiating their transition to life in Australia. Their capacity to make a successful transition was seen as critical to their general wellbeing and academic performance, and thus to their mental health.

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1. The academic environment: if students struggle with English "everything else suffers"

Most participants described the transition process in terms of a "culture shock" (Ward, Bochner, & Furnham, 2001). English language difficulties and unfamiliar methods of teaching and learning were cited as major challenges. Coinciding with the work of Rosenthal et al. (2006), John (student counsellor) explained that if students struggle with English "everything else suffers," including their academic performance and their capacity to "connect" with others.

In terms of negotiating unfamiliar academic practices, most participants referred to the difficulties encountered by students from (mainland) China. Angela (language and learning support) explained that students in China often learn by rote. In Australia they are required to synthesize information and, as June (student support officer) commented, to voice their own opinions and arguments. Rhonda (support program coordinator) described the different learning environment as a form of "culture shock":

> They have to question their lecturer…they have to engage, whereas in their home country…they would never question their lecturer. Participation in a group happens differently [here]…in a lot of Asian countries it's about group consensus…whereas here it's okay for you to…disagree.

Similarly, Brown (2008) noted that critical evaluation and class participation were the greatest sources of study-related stress among international postgraduate students in the UK.

2. Off-campus living: many come from "very restrictive backgrounds"

Aside from adjusting to a new academic environment, international students were confronted with the need to manage everyday tasks and interactions. As Elaine (student support manager) explained, "some of the students have never cooked their own meals before…so for the first time they're having to budget, source food, cook their meals, do the cleaning", along with organizing transport and accommodation. Cathy (student financial officer) pointed out that many students had come from "very restrictive backgrounds" and, given the freedoms they encountered in Australia, could "quite easily get led astray".

As Sandra (careers and employment officer) put it, international students have to "self-manage" in new ways (see Rosenthal et al., 2008, p. 52). They must manage their households and relationships without the familiar normative controls and reference points of home:

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> Students get together…whilst they are studying [which can easily lead to] sexual intimacy that maybe they're not ready for…. In the course of getting help for a subject you end up getting entangled in romantic relationships which end up in chaos which then affects academic progress…. The amount of freedom is quite enormous and it's about learning how to harness that [new] responsibility.

Contrary to the stereotype of the wealthy overseas student, participants reported that some international students experienced intense financial pressures. In some circumstances parents had borrowed money to finance their studies (Carmel, academic) or "their whole community has put in to get them here and they're under a lot of pressure to perform" (Cathy). Mandy (medical services) also spoke about "the extraordinary pressure from home":

> We've had a couple of students who failed when I was first here, and their parents had no idea…They were suicidal at the thought of having to tell them…and face the shame.

Rosenthal et al. (2008) found that international students had relatively high scores on anxiety and depression; and those students who felt their academic work was "below expectation" were more likely to score high on depression and anxiety. Janice (general medical practitioner) explained that many international students "get very worn out" from their long hours of paid employment:

> We have a big problem with the international students working basically too hard and not getting enough sleep…we often get people that are in a state of collapse, they've only slept three or four hours for the last three weeks…they often have to work long hours just to make ends meet. (See also Anderson, 2007)

Work stress associated with international students undertaking long hours of employment in addition to their study was believed to be a consequence of students arriving with inadequate funds to support themselves, despite declaring that they were able to do so. These circumstances were strongly believed to be impacting on the students' health.

Janice offered significant insights into international students' health and use of health services as part of their adjustment to living in Australia, emphasising the difficulties and complexities of negotiating a "culturally different health system." English language difficulties were

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problematic within the medical encounter. Even for students who were "quite adept" at English, explaining their symptoms in a second language could create confusion: "they will look it up in the dictionary and come out with something…you have a bit of a guess as to what it is they mean, but it often isn't the way we would explain an illness or symptoms."

She also reported that many students appeared to have been told that "everything will be free, provided you take out this cover," and some assumed their health needs would be met by the University. These misunderstandings became problematic when students had to be referred to specialists outside the University. Usually this meant an added cost for the student and great reluctance to attend appointments beyond "where they live and the University: it suddenly seems a great big frightening world out there."

3. Seeking help for mental health problems: "a real taboo"

Several participants reported that international students tended to delay seeking professional help for mental health problems. June observed that many had let their problems get to the point of "disaster", which necessitated "urgent attention", whereas "had they asked for help from the beginning, it would have been solved." Similarly, in the US context, Hunt and Eisenberg (2010) noted that help-seeking was especially infrequent among international students.

Fellow students, particularly those from the same cultural background or others who had been in Australia for longer, were generally the first port of call in the early stages of a mental health problem (Ben, academic). However, there was a greater chance of students utilising counselling or health services if their friends had positive experiences with services (Rhonda). Several participants noted that "word of mouth" seemed to be the best means of promoting counselling to international students (June, John).

A number of reasons were offered as to why students were reluctant to seek professional help. Different cultural constructions or idioms of personal distress were at the heart of these discussions (Kleinman, 1986). Robert suggested that many students were unfamiliar with western therapeutic approaches to "emotional" issues: "They're willing to accept a medical issue, but a psychological [issue] is harder for them to accept." He felt that this was changing slowly, noting that psychology and counselling were generally very small fields in their home countries. In such contexts, emotional issues were often interpreted through the lens of physical health problems (Kleinman, 1986).

John, among others, argued that many international students did not attend counselling because of the "stigma attached…they think it is only for mentally ill students." Likewise, Mandy described "a real taboo with

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counsellors in their culture", and Elaine observed that students were often "very hesitant to seek assistance" for fear of having to reveal personal information. This reluctance of Asian groups to seek help has previously been associated with a belief that supernatural causes are responsible for mental distress (Sheikh & Furnham, 2000). Furthermore, participants' observations of the seeming reluctance of many international students' to seek help is, at least in part, due to their lack of cultural familiarity with the Anglo-American emotional norms that underpin the work of mental health services (Pupavac, 2004).

Delaying intervention often meant increased severity of mental health problems, with students requiring more intensive intervention than would otherwise have been necessary. Some mental health problems would escalate to the point of suicidality if left untreated, requiring "more work", as Robert explained: "[B]ecause [the counsellors] have to see the person more times and they may have to start arranging a referral outside to a psychiatrist." Freda echoed Robert's concerns, focusing on the limitations of the University counselling service:

> We are restricted to the number of sessions that we can actually see people for…if you can see somebody for [only] six to eight times and you've got somebody who's severely depressed, that's not enough.

In such situations, outside referrals to a psychiatrist or psychologist were problematic because of the added cost to students, and "often long waiting lists…." These insights from a small number of key informants are useful for what they tell us about the realities and complexities of on-the-ground service provision. Their voices provide a counterpoint to reports insisting on "better delivery of health promotion education, and access to…counselling and health services" for international students (Rosenthal et al., 2008, p. 51) without acknowledging the straitened fiscal environment of higher education and the reluctance of some international students to use these services.

Facilitating the transition of international students

Participants suggested ways that international students could be better prepared for their sojourn in Australia and more effectively supported after arrival.

1. Integration and prevention: "a greater sense of belonging"

Most participants commented on the erosion of particular routines and on-campus activities, notably "the common lunch-hour" which had

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previously provided significant sources of integration for international students through student-run clubs and societies. Brett observed:

> More students have part-time jobs to support themselves, so they come to uni to go to their classes and they don't stick around, whereas, in the old days you'd go to some interesting thing at lunchtime…there's a lot less of that…and more coming to uni as a consumer.… [The] social and communal aspects have sort of diminished, and I think those are quite critical to international students being able to survive.

Greater time pressures, a larger range of courses and accompanying time-tabling complexities, and the growth of casual and part-time jobs in the 24/7 economy mean that "common" lunch-hours and the like are a thing of the past. This is an issue for all university students. "Orientation" or "Faculty" lunches, now part of consciously designed retention practices, were previously part of the taken-for-granted fabric of university life.

Comparably, Anne (support services) commented that the absence of a common lunch hour had made it very difficult to schedule "conversation classes" for students wanting to practice their English–again limiting the possibility of integrative activities.

2. Dissemination of information: "they can't take it all on board"

Participants spoke at length about the way in which information was disseminated to students during the "orientation period". Several felt that students were given excessive amounts of information much too early in their sojourn. Despite the provision of numerous pamphlets and promotional material during Orientation, Wendy reported that she often encountered students, "who say: 'Oh, I didn't even know that was available.'" Chen agreed: free services were "still a bit too distant". She suggested that information be staggered throughout the year to familiarize students with availability and appropriate use of services. Cathy reported that students were "flooded" with information: "we really need to do a follow-up about a month after they're here and say: 'Remember us?'" She emphasized the fundamental importance of making sure that students understood the information they were given, noting that even the meaning of "orientation" may not always be obvious. Cathy also noted that information was distributed efficiently through various handouts at the expense of providing clear explanations through small-group discussion. Rather than overloading students with information in their first few weeks, she felt it would be "more useful" to provide information later in the semester. Furthermore, frequent exposure to the availability of supports was needed given the intricacies of the transition experience.

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3. A clear overview of the health-care system: "medical services can be so different"

Some participants argued that international students would benefit from a clearer understanding of the Australian health care system. As a medical practitioner in the sample, Janice's insights were instructive:

> They're often given some false information: 'provided you've got your health cover, everything will be free.' But it only pays medical costs [like] Medicare does, so [with] private consultations there's often a big gap.

International students are required to purchase health cover as a condition of their visas. However, Janice observed that without an effective monitoring system in place, many students let their cover lapse after their first year. As a consequence, they must then pay for consultations and "if they become very ill…they could be up for thousands."

To facilitate more effective treatment, Janice recommended that students bring a medical report from their doctor in their home country, so that Australian healthcare providers are aware of their medical history and medications:

> Medical services can be so different. We hear some strange stories from patients and we don't really know exactly what's happened. They often don't know the names of their medication.

Janice was also concerned that should requests be made for medical reports, some students may be wary of bringing such reports with them because of concerns as to how they might be used by Australian "authorities": "what if the visa people get it, or the university would say, 'Well, you shouldn't be studying here'…we need to reassure them that it's a report from their doctor at home to the doctor here and it's got nothing to do with visas."

DISCUSSION AND CONCLUSIONS

In this paper we explored the discursive constructions deployed by a sample of professionals at a Go8 Australian university to make sense of the mental health problems they encountered in their everyday interactions with international students. We situated their accounts in the broader structural context in which these problems have been produced.

Factors identified as critical to the mental health of international students derived from three broad dimensions: adjusting to unfamiliar

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academic practices; developing skills to manage everyday life in a different cultural context; and both recognizing and seeking professional help for mental health problems. All participants identified numerous interrelated challenges faced by international students in the early stages of their sojourn, and these were commonly referred to as "culture shock". This involved adjustment to a very different academic system and adaptation to different cultural norms. Much of the discussion related to the largest student group, broadly categorized as "Asian" and considered culturally distant from the host country norms. This group in particular tended to face major challenges associated with language and unfamiliar methods of teaching, learning and teacher-student interactions.

The broader structural context suggests several factors are contributing to the apparent increase in mental health problems among international students: increased mental health literacy and media reporting on mental health and illness, including reports of increased rates of mental illness among youth, and expanded definitions and discursive resources for making sense of what constitutes mental health problems (e.g. Busfield, 2012). At the same time, recent structural and cultural changes, the extension of the period designated as adolescence and youth, and the competitiveness and growth of the global economy, have produced greater pressures and stress in the lives of young people (Eckersley, 2011; Sawyer et al., 2012). Beyond the notion of "culture shock" (Ward et al., 2001), these factors point to complex conditions generating the problems encountered by our participants. While some participants alluded to broader socio-cultural shifts, most focused on the transition process encountered by international students.

Recent trends in higher education are also part of the broader structural context in which the professionals' accounts are situated. The growth of the University sector has increased the diversity of the international student population, along with the marketization of higher education, and the construction of students as "consumers" creates new opportunities as well as new pressures, aptly illustrated through the image of the "do-it-yourself biography" (Beck & Beck-Gernsheim, 2002). The new individualized on-line learning environments are more complex and demanding than those of the past, when collective supports were more available. Together with shifts in part-time and casual employment, these new learning environments may help to produce social isolation. By illuminating the broader structural context of their accounts, we can see the tensions and challenges between the human-service responses at the micro-level and the macro-level imperatives of the market-driven university.

This "bigger picture" shows a mismatch between the broader structural context and the intricacies of micro-level practices and services. While support services are important to all who experience mental ill-health,

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we suggest that the difficulties faced by international students are intensified as many are experiencing for the first time circumstances associated with heightened individualism and individualization. This is particularly the case for international students who find themselves without traditional social markers by which to navigate their new circumstances. While many international students may have already been experiencing a loss of (traditional) "community" supports in their home country, these circumstances are likely to be exacerbated by new host country experiences.

The current study was limited as it was derived from a larger, more broadly focused study of the "security needs" of international students. It would be beneficial to include the student voice in future research of greater scope. Much information could be obtained from longitudinal studies and the exploration of possible approaches to identifying and meeting unmet needs of international students. This would not only be of great benefit to the students but also universities in their quest to be better position themselves in a competitive, market driven environment. Utilizing a qualitative lens, the current study goes someway in providing a close-up view of mental health problems among international students and argues for further qualitative investigation.

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