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Exploring Campus Mental Health Support for International Graduate Students in Arizona: Service Provider Perspectives

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ABSTRACT

International students face elevated mental health risks associated with acculturative stress, academic pressure, sociocultural adjustment, and structural barriers in higher education. However, less is known about how university service providers understand and respond to these challenges. This study used a descriptive phenomenological design to examine the effects of counseling professionals and international student service staff on international graduate students' mental health across Arizona universities. Semi-structured interviews were conducted with participants at Northern Arizona University, with contextual perspectives from the University of Arizona and Arizona State University. The data were analyzed using reflexive thematic analysis. The findings revealed that counseling professionals and international student service staff perceived international graduate students' mental health challenges as cumulative and shaped by cultural, academic, and social transitions. Participants further perceived that cultural beliefs influenced help-seeking, whereas stigma, self-reliance, and fear of burdening others delayed engagement with formal mental health services. Participants also described services as uneven in accessibility and cultural responsiveness, while staff often served as gatekeepers to care.

Keywords: Culturally responsive support; Help seeking; International graduate students; Mental health; University mental health services

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INTRODUCTION

International students are important to higher education in the United States because they contribute to the economy, innovation, and cultural diversity (NAFSA, 2024). They also enrich academic discussions, broaden global perspectives, and support campus internationalization (Zhang, 2016). However, many people face academic, social, and psychological difficulties while adjusting to life in the United States. Recent studies further emphasize that international graduate students continue to encounter significant challenges related to well-being, social integration, and institutional belonging, underscoring the need for universities to provide culturally responsive support systems (Bayati et al., 2025; Hsieh & Watson, 2025).

Mental health is a major concern for this group. International students often experience distress related to language barriers, financial pressure, cultural adjustment, discrimination, and homesickness (Gold, 2016; Mukminin, 2019; Tang et al., 2018). Research suggests that 15% to 20% of individuals experience mental health problems related to acculturative stress (Zhang & Goodson, 2011; Berry, 2006). Acculturative stress is the psychological strain of adapting to a new culture and can present as social isolation, value conflict, discrimination, and communication difficulties (Berry, 2006). Although studying in the United States can improve career opportunities and quality of life (Olson & Banjong, 2016), these benefits are often accompanied by emotional strain, and approximately 25% to 30% of international students report clinically significant distress during their stay (Smith & Khawaja, 2011; American College Health Association, 2023). These challenges have been worsened by recent sociopolitical and economic changes affecting international mobility and U.S. visa policy. The United States has long been a major destination for international students (Bevis & Lucas, 2007; McLachlan & Justice, 2009). However, recent changes in immigration policy have created uncertainty and barriers for prospective students. Studies show that stricter visa procedures and restrictive policies affect students' sense of safety, institutional support, and chances of enrollment, which can reduce student mobility and enrollment levels (Chen, 2026; Fidler, 2025; Migration Policy Institute, 2025). These changes include stricter visa scrutiny, expanded vetting, and disruptions in visa processing, all of which may discourage students from choosing the United States (Migration Policy Institute, 2025; Chen, 2026). Evidence from the 2025 enrollment cycle shows a decline in new international student enrollment, with visa delays, denials, and hostile political rhetoric identified as major factors in student decisions (NAFSA, 2025; Mayer Brown, 2026). These trends also have economic consequences, with U.S. institutions projected to lose more than \$1 billion in revenue because of declining enrollment (Financial Times, 2025; Barron's, 2025). Even so, international student enrollment exceeded 1.1 million in the 2023–2024 academic year, including a 7% overall increase and a 10.4% rise in graduate enrollment from the previous year (IIE, 2024). International students are a diverse group with differences in nationality, race, ethnicity, language, and culture (Hanassab, 2006). Their presence supports cross-cultural learning and understanding on campuses (Yan & Pei, 2018; Andrade, 2006), and they contributed \$43.8 billion to the U.S. economy through tuition and living expenses in the 2023–2024 academic year (IIE, 2024). Despite these contributions, many face barriers that affect their mental health and well-being.

Research shows that international students experience mental health challenges shaped by race, culture, institutional context, and access to support. Racialized international students often report higher levels of anxiety, depression, and stress because of racism, microaggressions, and exclusion (Wei & Bunjun, 2021). Other common challenges include language barriers, acculturative stress, discrimination, and weak faculty–student communication (Bokayev, 2024). Social support has been shown to protect psychological well-being, especially among Chinese international students (Yin et al., 2025). Studies also report higher levels of psychological risk among international students. Higher rates of self-harm ideation have been reported among Asian international students (Xiong & Pillay, 2022), and some report severe depressive symptoms and suicidal behaviors despite lower formal diagnosis rates (Yeung et al., 2021). Cultural stigma, homesickness, and social isolation also reduce help-seeking, causing many students to

depend on peers instead of university services (Haque, 2022). Recent evidence published in the *Journal of International Students* similarly indicates that barriers to well-being among international graduate students are closely linked to institutional support, social belonging, and access to culturally responsive services (Bayati et al., 2025; Hsieh & Watson, 2025).

Evidence suggests that campus mental health services are still underused and face challenges in meeting students' needs. Key barriers include stigma, low awareness, cultural mismatch, and limited access (Osborn et al., 2022; Francis & Horn, 2017; Ezea, 2026). Recent studies highlight the importance of peer support, social integration, and culturally responsive interventions for improving mental health outcomes among international students (Markedonova et al., 2025; Cogan et al., 2023; Devezy et al., 2023). Despite high levels of distress, international students are less likely than domestic students are to use campus counseling services (Onabule et al., 2013). This has been linked to stigma, culturally shaped beliefs about mental health, concerns about confidentiality, and limited familiarity with the U.S. healthcare system (Vogel et al., 2007; Omotosho, 2018; Yeh & Inose, 2003). Students from non-Western backgrounds are less likely to seek counseling than those from Western backgrounds are (Onabule et al., 2013), and those who do seek help are more likely to end services early (Hyun et al., 2007; Hwang et al., 2014). Recent findings also demonstrate that acculturation and self-stigma continue to influence international students' attitudes toward professional psychological help, further limiting their engagement with available campus counseling services (Rudra, 2025). Their nonimmigrant legal status in the United States also limits access to broader healthcare resources and increases reliance on campus-based services (U.S. Department of Homeland Security, 2024).

Although many studies have examined acculturative stress and mental health challenges among international students (Monteiro, 2015; Skeen et al., 2010; Constantine et al., 2004; Constantine et al., 2005), important gaps remain. Recent studies published in the *Journal of International Students* have expanded the understanding of graduate students' well-being, institutional belonging, and help-seeking (Bayati et al., 2025; Hsieh & Watson, 2025; Rudra, 2025), but they focus primarily on students' perspectives rather than those of professionals responsible for designing and delivering mental health services at the University of California. This study addresses that gap by examining the perspectives of counseling professionals and international student service staff involved in designing, implementing, and delivering culturally responsive mental health services. Using a descriptive phenomenological design, the study explores how these professionals understand and support the mental health needs of international students. The study is primarily based on data collected at Northern Arizona University (NAU), while institutional perspectives from the University of Arizona (UA) and Arizona State University (ASU) provide additional contextual insights into the mental health support of the campus across Arizona's public universities.

RESEARCH METHOD

Study Design and Setting

This study adopted a descriptive phenomenological design to explore how university counseling professionals and international student support staff understand the mental health needs of international students in U.S. higher education (Holloway & Galvin, 2017; Sandelowski, 2000). This approach was appropriate because it focuses on participants' lived professional experiences and the meanings they attach to their interactions with international students. The primary study site was Northern Arizona University, established in 1899, with additional institutional perspectives from the University of Arizona and Arizona State University. Descriptive phenomenology enabled participants' perspectives and institutional practices

to emerge directly from the data, providing insight into culturally responsive mental health care, service accessibility, and institutional support for international students.

Participants and Recruitment

The participants were university staff who worked directly with international students at Northern Arizona University (NAU), with additional contextual perspectives from the University of Arizona (UA) and Arizona State University (ASU). NAU enrolls approximately 28,468 students, including approximately 1,141 international students (NAU, 2024). Eligible participants included licensed counseling professionals from Counseling Services and advisors or coordinators from the Center for International Education (CIE). Seven participants were counseling professionals, and seven were international student service staff. Although both groups regularly supported international students, they contributed distinct professional perspectives. Accordingly, the analysis focused on their shared institutional perspectives while distinguishing clinical observations from counseling professionals and service navigation and advising international student services staff. Throughout the Results section, quotations are identified by participants' professional roles where relevant. Participants were recruited using purposive and snowball sampling (Creswell & Poth, 2018; Patton, 2014). Four participants were initially recruited at NAU and referred to additional eligible colleagues, resulting in a final sample of 14 participants (7 from Counseling Services and 7 from CIE). Recruitment continued until thematic saturation was reached. To provide a broader institutional context, four additional service providers (two each from UA and ASU; one from Counseling Services and one from international student services at each institution) were consulted. These individuals were not included in the primary sample or directly quoted; their perspectives were used to contextualize the findings across institutions.

The final NAU sample included 14 participants, including 8 females (57.1%) and 6 males (42.9%). Participants were selected on the basis of their professional roles and experience in supporting international students rather than their demographic characteristics.

Data collection

Data were collected between October 2025 and February 2026 to accommodate differences in academic calendars and staff schedules across participating institutions. In-depth semi-structured interviews served as the primary data collection method. The interview guide included questions about participants' professional roles, experiences, perceptions, challenges, and observations regarding the mental health needs of international students. It also explored the effectiveness of existing mental health services, cultural and institutional barriers to access, interdepartmental collaboration, and recommendations for culturally responsive care. Follow-up and probing questions were used to clarify responses and explore emerging issues. The interviews were conducted individually in private offices selected by participants to ensure comfort and confidentiality. Each interview lasted approximately 30–45 minutes, was conducted in English, was audio-recorded with participants' consent, and was transcribed verbatim. To ensure consistency, all the interviews were conducted by the same researcher, who maintained field notes and reflexive memos throughout the data collection process to document contextual observations and analytic reflections. Participants were informed that participation was voluntary and that they could pause or withdraw at any time without consequence. No distress-related incidents were reported. To enhance trustworthiness, the researcher maintained a reflexive journal throughout the study, and member checking was conducted with a subset of participants to confirm that the findings accurately reflected their intended meanings.

Data Analysis

The interviews were transcribed verbatim alongside the field notes. Transcripts were read repeatedly for familiarization and then coded inductively to capture meaningful units of text. Coding and theme development followed the six stages of Braun and Clarke's (2006) thematic analysis: familiarization, coding, theme generation, reviewing, defining/naming themes, and reporting. Initial codes were developed manually and then organized into broader themes using NVivo 12 software to facilitate systematic

management of the data. To enhance trustworthiness, multiple strategies were employed. The researchers independently coded a subset (20%) of the transcripts and then compared and refined the codes through consensus discussions, resulting in the production of a shared codebook. Member checking was carried out with a subset of participants to ensure that interpretations reflected their intended meanings. Peer debriefing and an audit trail of coding decisions supported dependability, while rich, thick descriptions of participants' contexts enhanced transferability.

Ethical Considerations

The study received Institutional Review Board approval from Northern Arizona University (IRB #2349323-2) and adhered to established ethical guidelines for qualitative research. Informed consent was obtained from all participants before the interviews, and participation was voluntary, with the option to decline any question or withdraw at any time. To protect confidentiality, identifying information was removed from the transcripts, and participants were referred to as service providers throughout the study. Audio-recorded interviews were transcribed verbatim and stored securely on password-protected devices accessible only to the researcher.

RESULTS

Sociodemographic Characteristics of the Participants

Fourteen service providers from Northern Arizona University's Center for International Education and Campus Health/Counseling Services participated in the study, with 2–12 years of experience supporting international students. Four additional service providers from the University of Arizona (UA) and Arizona State University (ASU) contributed contextual perspectives to complement the findings but were not included in the primary sample.

Table 1: Sociodemographic and Professional Characteristics of Service Providers (n = 14)

Characteristic	Category	Frequency (n)
Gender	Male	6
	Female	8
Institutional Unit	Center for International Education (CIE)	7
	Campus Health/Counseling Services	7
Years of Professional Experience	2–5 years	7
	6–9 years	4
	10–12 years	3
Primary Role Focus	International student advising, coordination, and support	7
	Mental health service delivery, referral, and coordination	7

Themes were developed through phenomenological analysis of participants' narratives, focusing on the shared meanings of their professional experiences supporting international students' mental health. The analysis identified five themes: (1) service providers' perceptions of international students' mental health challenges; (2) culturally shaped understandings of mental health and help-seeking; (3) perceptions of the accessibility and cultural responsiveness of institutional mental health services; (4) service providers' roles

in facilitating access to support; and (5) perceived institutional gaps and recommendations for improving culturally responsive mental health services.

Theme 1: Service Providers' Perceptions of the Nature and Scope of Mental Health Challenges among International Students

Participants, including counseling professionals and international student services staff, perceived that international graduate students commonly experienced mental health challenges during their transition to studying in the United States. On the basis of their professional interactions, participants described these challenges as adjustment-related stressors associated with academic demands, cultural adaptation, and separation from familiar support systems rather than confirmed clinical diagnoses. A counseling professional reported that emotional distress often emerged soon after students arrived in the United States and was closely linked to adjustment-related stress and unmet expectations. The participant explained:

I think depression and anxiety are very common, especially for international students who come here with very high expectations of what their experience is going to be like. They imagine studying abroad as the best time of their life, and then they arrive and realize they are far from home; they miss their family, the food is different, the weather is different, and they are living with people they do not know. All of that happens at once, and for some students, it becomes overwhelming very quickly and starts to affect how they are feeling day to day. (Mr. Silas, Service Provider)

Across participants' accounts, homesickness and social disconnection were repeatedly identified as challenges common among international graduate students, particularly those who appeared to have limited social networks or a reduced sense of belonging. The participants perceived that these adjustment-related difficulties could influence students' emotional well-being and engagement with university life. Reflecting on these observations, an international student services staff member stated the following:

Many of the students who struggle the most are those who do not feel connected socially. They might not have strong friendships yet, or they do not feel like they belong in their living situation. Even if they are doing okay academically, that loneliness builds up over time. You can see it affecting their mood, their motivation, and sometimes even how engaged they are with classes and campus life. (Mr. Mikel, Service Provider)

The participants also perceived that international graduate students often navigated several major life transitions simultaneously. Both counseling professionals and international student services staff reported that managing multiple responsibilities—including academic demands, immigration requirements, financial obligations, and independent living—could contribute to elevated stress levels. An international student service staff member explained the following:

Many international students are dealing with several major transitions at the same time. For some of them, this is the first time they have left their home country, the first time they have lived independently, and the first time they are managing things such as housing, visas, finances, and academics on their own. Even very capable students can feel completely overwhelmed, and that level of stress can quickly turn into anxiety or emotional exhaustion... (Ms. Christy, Service Provider)

The participants further perceived financial uncertainty as an important contextual factor influencing students' overall well-being. Rather than viewing financial challenges as separate from students' adjustment experiences, participants described them as stressors that frequently coincided with other academic and social demands. A counseling professional reflected:

Financial stress is a major issue for many international students. Tuition and living costs are very high, and many students do not have access to the same financial support systems as domestic students do. When something goes wrong, such as losing a job or having trouble with funding, it creates much anxiety. That stress does not stay separate from their mental health affects their

sleep, their focus, and their ability to cope with everything else they are dealing with. (Ms. Mirabel, Service Provider)

Theme 2: Service Providers' Perceptions of Cultural Meanings of Mental Health and Their Influence on Help-Seeking

The participants perceived that cultural beliefs influenced how many international graduate students understood mental health and sought support. On the basis of their professional interactions, counseling professionals and international student services staff observed that cultural norms often shape students' willingness to disclose emotional concerns or use formal mental health services. These findings reflect participants' professional observations rather than students' direct experiences. A counseling professional perceived that some international graduate students associated mental health challenges with personal failure and explained the following:

Many students seem to understand mental health struggles as a sign that they are not strong enough or not capable enough to be here. I've heard students say things like they should be able to handle this on their own or that other people are managing without help. That belief makes it very hard for them to even name what they're feeling, let alone consider talking to someone professionally about it. (Ms. Michelle, Service Provider)

Across participants' accounts, cultural expectations surrounding privacy, emotional restraint, and self-reliance were also perceived as influencing students' willingness to discuss emotional distress openly. The participants reported that some students appeared more comfortable relying on personal or informal support networks than seeking professional counseling. Reflecting on these observations, an international student services staff member stated the following:

In some cultures, especially in parts of East Asia, mental health is not something you talk about openly. If someone is struggling, the expectation is often that you keep it to yourself or that close friends help quietly. A counselor can feel very uncomfortable because it goes against what students have been taught about how personal problems should be handled. (Ms. Christabel, Service Provider)

Participants further perceived that some international graduate students appeared to evaluate whether their emotional distress was sufficiently serious before considering professional support. On the basis of their interactions with students, the participants reported that many students seemed to minimize their difficulties or compare their situations with those of others before they decided whether to seek help. An international student service staff member explained the following:

I've noticed that many students downplay what they're going through. They'll say it's not that big of a deal or that other people have bigger problems. There's this idea that unless something is extreme, you shouldn't ask for help. This way of thinking can prevent students from reaching out, even when their stress clearly affects their well-being. (Ms. Jenny, Service Provider)

Participants also perceived that concerns about burdening others represented another culturally influenced factor that appeared to discourage some international students from seeking support. On the basis of professional encounters, participants described observing that some students expressed hesitation about sharing their emotional concerns because they worried about inconveniencing others. An international student service staff member reflected:

Some students are very apologetic when they talk about their struggles. They'll say things like they don't want to waste your time or they don't want to trouble anyone. That tells me they see their mental health concerns as something they should keep inside because sharing it might inconvenience others. That mindset can make seeking help feel selfish rather than necessary. (Ms. Anna, Service Provider)

Theme 3: Service Providers' Perceptions of the Accessibility and Cultural Responsiveness of Institutional Mental Health Services

Participants perceived that although institutional mental health services were available, linguistic, cultural, and procedural barriers often limited international graduate students' engagement with them. On the basis of their professional experiences, counseling professionals and international student service staff emphasized that service availability did not always result in effective utilization. These findings reflect participants' professional observations rather than direct accounts from international students. A counseling professional reported that language differences could affect some international students' ability to communicate emotional concerns during counseling:

Although students pass English tests and can take classes in English, this does not mean that they can talk about emotions in the same way. I've had students tell me they went to counseling but felt they couldn't truly express what they needed to say. They understood the counsellor, but they couldn't find the words to describe how they were feeling, and that made the whole experience feel less helpful for them. (Mr. Nicolas, Service Provider)

The participants also perceived that some international students appeared to experience a mismatch between counseling approaches and their cultural or personal circumstances. On the basis of interactions with students who had accessed counseling services, participants described observing that some students questioned whether the support they received adequately reflected their cultural backgrounds or lived realities. A counseling professional reflected:

I've had students come back and say that counseling wasn't truly for them, not because they didn't need support, but because they felt like the advice did not fit their situation. For example, when a student is deeply stressed about family issues back home, the strategies offered here might not match what they're realistically able to do and that can make them feel like their situation is not fully understood. (Mr. Emmanuel, Service Provider)

Participants further perceived that reduced access to multilingual counseling services created an additional barrier for some international graduate students. Although they acknowledged that not all students preferred counseling in their native language, participants observed that language-congruent services appeared to facilitate engagement for some individuals. An international student service staff member explained the following:

Students had more opportunities to access support in different languages, and when those options were reduced, another barrier was created. Not every international student needs counseling in their first language, but for some students, it makes a large difference. Without that option, they may decide not to seek help at all. (Mr. Samuel, Service Provider)

In addition to linguistic and cultural considerations, participants perceived that unfamiliarity with the U.S. mental healthcare system could discourage some international students from accessing available services. Both counseling professionals and international student services staff described observing that uncertainty about appointment procedures, insurance coverage, and the counseling process often contributed to hesitation among students seeking support. Reflecting on these observations, an international student services staff member stated the following:

For some students, the counseling system is confusing and overwhelming. They're not always sure how appointments work, what insurance covers, or what will happen once they walk into the office. That uncertainty can make the process feel intimidating, especially when they are already stressed, and it can discourage them from fully accessing the services that are available. (Mr. Casimir, Service Provider)

Theme 4: Service Providers' Roles in Recognizing Distress and Facilitating Access to Mental Health Support

Participants perceived that their roles extended beyond administrative, advising, and counseling responsibilities. Through regular interactions with international graduate students, counseling professionals and international student services staff described serving as trusted contacts who recognized emotional distress and facilitated access to mental health support. These findings reflect participants' professional

perspectives rather than direct reports from international students. An international student service staff member explained that routine administrative conversations often evolved into discussions about students' emotional well-being because established relationships encouraged disclosure.

Students usually come to my office for something practical, such as a travel signature or a question about paperwork, but then the conversation turns into something else. Once they sit down, they start talking about what's truly going on in their life. Because they already know me and trust me, it feels safer for them to open up, and that's often the first time they talk about how stressed or overwhelmed they actually feel. (Ms. Janet, Service Provider)

Participants also described how sustained contact with international students enabled them to recognize changes in students' behavior that they perceived as potentially indicating emotional distress. Through ongoing advising and routine interactions, participants reported becoming familiar with students' typical patterns of engagement, allowing them to notice changes that prompted supportive conversations. Reflecting on these experiences, an international student services staff member stated the following:

We work with students over a long period of time, so we start to notice changes. Maybe they're coming in more often, or they seem more withdrawn or anxious than before. Those patterns stand out to us because we've seen them when they were doing well. That puts us in a position where we can check in and ask questions that might not come up in a more formal setting. (Ms. Clara, Service Provider)

The participants further explained that an important aspect of their role involved helping students access available mental health resources. Rather than assuming that students were familiar with university counseling systems, participants described providing information, reassurance, and practical guidance to make referrals feel more manageable. An international student service staff member explained the following:

A large part of what we do is make the next step feel manageable. We explain what options exist, what students can expect, and sometimes we even walk them through the process step by step. When students feel unsure or scared, having someone they already trust explain things can make the difference between them, and they can follow through or decide it is too much. (Ms. Annabel, Service Provider)

Participants also described occasions when they perceived that a student's level of distress required immediate attention. Although international student services staff emphasized that they were not trained clinicians, they explained that they often assumed an active supportive role until students could be connected with appropriate professional care. One international student service staff member reflected:

There are times when it's clear that a student is not okay and needs help right away. In those moments, we don't just give them information and send them on their way. We stay with them, help them calm down, and make sure they are connected to the right place. Even though we're not clinicians, students often come to us first, and we take that responsibility very seriously. (Ms. Jenny, Service Provider)

Theme 5: Service Providers' Perspectives on Institutional Gaps and Recommendations for Strengthening Mental Health Support

The participants identified institutional gaps that they perceived as limiting mental health support for international graduate students, including limited interdepartmental collaboration, staff preparation, communication, and service coordination. Rather than attributing these challenges to students, participants emphasized opportunities to strengthen institutional practices and improve culturally responsive support. These findings reflect participants' professional perspectives. The participants also reported that stronger collaboration between counseling professionals and international student service staff could improve the coordination and delivery of mental health support. A counseling professional stated the following:

I think one of the biggest gaps is that different offices are doing good work, but not always together. If service providers and counseling staff had more opportunities to train together,

especially around cultural differences, it would help everyone understand students better. We know the students well, and counselors know the clinical side well, but bringing those perspectives together could truly improve how support is delivered. (Ms. Michelle, Service Provider)

Participants also perceived that uncertainty about counseling services could discourage some international students from accessing available support. On the basis of their professional interactions with students, participants believed that providing clearer information about counseling processes before students sought services could reduce anxiety and improve engagement. An international student service staff member explained the following:

I don't think students are always afraid of counseling itself as much as they are afraid of the unknown. They do not know what will happen, what questions they will be asked, or whether it will feel uncomfortable. If we had better ways to explain the process in simple terms and if staff were trained to walk students through that experience, it could reduce the degree of anxiety around accessing support. (Mr. Samuel, Service Provider)

The participants further described the value of adopting more proactive approaches to supporting students' well-being. Rather than relying primarily on services after students experienced significant distress, participants perceived that integrating mental health promotion into routine campus activities could encourage earlier engagement and reduce barriers to support. Reflecting on this perspective, an international student services staff member stated the following:

Instead of waiting until students are in crisis, I think there's a lot of value in building mental health support into everyday campus life. Things such as peer programs, wellness activities, or community-building events can strengthen students' well-being without labeling it treatment. That approach feels less intimidating and can help students maintain their mental health before things become overwhelming. (Ms. Christabel, Service Provider)

Participants also perceived that institutional policies and mental health initiatives were not always consistently communicated or implemented across university units. They explained that although policies existed, greater awareness and training among staff who regularly interacted with international students could strengthen their practical application. A counseling professional reflected:

There are policies and initiatives related to mental health, but not everyone who works closely with students is aware of them or understands how they apply. If institutions want these policies to make a real difference, they need to ensure that staff are informed, trained, and supported in applying them. Otherwise, the policies exist on paper but do not fully translate into practice for students. (Ms. Mirabel, Service Provider)

DISCUSSION AND CONCLUSIONS

This study explored how counseling professionals and international student service staff perceive, interpret, and respond to the mental health needs of international graduate students in U.S. higher education. Using a descriptive phenomenological approach, the findings provide insight into how service providers understand students' mental health challenges, the cultural and institutional factors shaping help-seeking, and the ways in which universities respond to these needs.

The findings indicate that counseling professionals and international student service staff consistently perceived international graduate students as experiencing mental health challenges that were cumulative and closely associated with cultural, academic, and social adjustment rather than with isolated psychological conditions. Participants described frequently observing anxiety, homesickness, emotional exhaustion, social withdrawal, and depressive symptoms during students' transition to studying in the United States. On the basis of their professional experiences, participants further perceived that emotional distress often intensified when language barriers, financial strain, immigration-related concerns, and social isolation occurred simultaneously. These professional observations are consistent with those of the

acculturation stress theory, which explains psychological distress as arising from the cumulative demands of adapting to a new cultural environment (Berry, 2006; Zhang & Goodson, 2011; Smith & Khawaja, 2011). Although the primary findings were derived from participants at Northern Arizona University (NAU), contextual perspectives from the University of Arizona (UArizona) and Arizona State University (ASU) suggested that these perceived challenges extend beyond a single institution and may reflect broader patterns across Arizona's public universities.

The participants also perceived that culturally shaped beliefs strongly influenced how many international graduate students understood mental health and approached professional support. Counseling professionals and international student services staff reported that some students appeared to interpret emotional distress through cultural values emphasizing endurance, self-reliance, emotional restraint, and collective coping. Participants perceived that these beliefs often delayed help-seeking because students appeared reluctant to disclose psychological concerns or viewed counseling as a sign of personal weakness or failure. The participants further reported that many students seemed to rely primarily on informal sources of support, including peers, advisors, and community members, before they considered professional counseling. These perceptions are consistent with previous studies reporting that stigma, culturally shaped beliefs, and concerns about confidentiality reduce counseling utilization among international students, particularly those from non-Western backgrounds (Vogel et al., 2007; Onabule et al., 2013; Yeung et al., 2021; Haque, 2022). Contextual perspectives from UArizona and ASU similarly suggested that cultural understandings continue to shape help-seeking across institutions.

The participants further perceived that although formal mental health services were available, several institutional barriers limited meaningful engagement. Counseling professionals and international student services staff consistently identified language differences, culturally mismatched counseling approaches, limited multilingual services, and unfamiliarity with the U.S. mental healthcare system as factors that appeared to discourage some international graduate students from using available services effectively. Participants at NAU also perceived that meeting university English language requirements did not necessarily enable students to communicate complex emotional concerns during counseling sessions. In addition, international student services staff described their roles as extending beyond administrative responsibilities, perceiving themselves as trusted points of contact who frequently provided reassurance, psychoeducation, and referrals before students engaged with formal counseling services. These observations support previous research highlighting the important contribution of nonclinical university staff in facilitating access to mental health care for international students (Markedonova et al., 2025; Cogan et al., 2023).

Participants also perceived that institutional responses to international students' mental health were often more reactive than preventive. Although counseling services, wellness programs, referral pathways, and orientation activities were available, participants believed that many services were activated after students had already experienced considerable distress. Counseling professionals further perceived that some intervention approaches reflected Western individualistic assumptions that did not always align with the cultural backgrounds or lived experiences of international students. Consequently, the participants reported that some students appeared to disengage from formal counseling and instead relied on trusted peers, advisors, or community networks for support. These perceptions are consistent with those of previous studies emphasizing the importance of culturally responsive and preventive mental health services for international students (Haque, 2022; Devezy et al., 2023).

The findings can be understood through Acculturative Stress Theory and Bronfenbrenner's Ecological Systems Theory. The participants' observations support Acculturative Stress Theory by suggesting that psychological distress is influenced by multiple adjustment-related demands rather than single life events (Berry, 2006). Similarly, participants perceived that international students' well-being was shaped by interactions across multiple institutional and social systems, including relationships with university staff, coordination between campus units, broader immigration policies, and cultural expectations. These observations are consistent with Bronfenbrenner's ecological perspective, which emphasizes that well-

being is influenced by interconnected individual, interpersonal, institutional, and societal systems (Bronfenbrenner, 1979; Stein & de Andreotti, 2016). Overall, the participants perceived that universities were actively supporting international graduate students but believed that services could be improved through greater cultural responsiveness, stronger cross-unit collaboration, and more preventive mental health programming. Although the primary findings came from NAU, contextual perspectives from UArizona and ASU suggested that these challenges extend across Arizona's public universities.

A limitation of this study is that it focused on counseling professionals and international student services staff and did not include faculty members or graduate program coordinators. Future research should incorporate these perspectives to better understand how academic structures and supervisory relationships influence international students' mental health and access to support.

Conclusion

This study examined institutional perspectives on the mental health of international graduate students through the experiences of counseling professionals and international student services staff. According to the participants, international graduate students typically experience mental health challenges associated with acculturative, academic, and social transitions. Participants further perceived that cultural beliefs and institutional factors shape help-seeking and access to mental health services. Although formal support services are available, participants described informal support and referrals from international student service staff as important pathways to care. Overall, the participants identified opportunities to strengthen cultural responsiveness, preventive programming, and cross-unit collaboration to better support international graduate students' mental health.

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