

**MAPPING BARRIERS AND SUPPORTS: A QUALITATIVE EXPLORATION
OF INTERNATIONAL STUDENTS' ACCESS TO MENTAL HEALTH AND
SOCIAL SERVICES IN THE WATERLOO REGION**

by

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Authors Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be electronically available to the public.

Abstract

Introduction:

International students face numerous challenges when accessing mental health and social support services while studying abroad. These challenges are often compounded by cultural transitions, systemic barriers, academic pressure, and unfamiliar institutional environments. This thesis explores how international students in the Waterloo region experience and navigate access to mental health and social services, as well as how service providers perceive and respond to these needs.

Methods:

This study employed a qualitative thematic narrative design to capture the lived experiences of international students and the insights of institutional service providers. Data were collected through semi-structured interviews with 14 international students and 3 service providers affiliated with local postsecondary institutions. Interviews were transcribed verbatim and analyzed using inductive thematic analysis, guided by the Health Belief Model (HBM), the Transactional Model of Stress and Coping, and Ecological Systems Theory.

Results:

Through an inductive coding process, I identified six key themes from the data: Cultural Adaptation, Mental Health Access, Academic Pressure, Financial Constraints, Professional Growth and Community Building, and Institutional Roles and Service Gaps. These themes were organized into two overarching domains—Student Experiences and Institutional Responses—which revealed both alignment and divergence between international students lived experiences and service providers' institutional perspectives. Common barriers included long wait times, cultural mismatch, financial burden, and difficulties navigating institutional systems. Students emphasized emotional impact and interpersonal disconnect, while providers often focused on structural limitations and programmatic efforts.

Conclusion:

Findings highlight the complex interplay between personal, cultural, and institutional factors shaping international students' access to mental health and social services. Addressing these issues requires multi-level interventions that prioritize cultural responsiveness, institutional transparency, and proactive support. This study contributes to a growing body of research advocating for equity-oriented improvements in international student support infrastructure across postsecondary contexts.

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List of Abbreviations

HBM = Health Belief Model

SAD = Seasonal Affective Disorder

DSM-5 = Diagnostic and Statistical Manual of Mental Disorders

CAD = Canadian Dollars

WUSA = Waterloo Undergraduate Student Association

COVID-19 = Coronavirus Disease 2019

Chapter One: Introduction

International students represent a growing and essential demographic within Canadian postsecondary institutions, significantly contributing to the cultural diversity, academic excellence, and economic vitality of campuses and surrounding communities (1). Their presence enriches classroom discussions, fosters global perspectives, and bolsters institutional revenues through tuition fees and local spending. However, the transition to a new cultural, academic, and social environment places international students at heightened risk for psychological distress. They often face isolation, academic pressure, financial strain, and uncertainty about immigration status—all of which can contribute to anxiety, depression, and feelings of disconnection. These unique stressors create a distinct and urgent need for accessible, culturally responsive mental health and social support services. However, despite these valuable contributions, international students frequently encounter persistent and complex barriers when attempting to access mental health and social support services—barriers that can compromise not only their personal well-being but also their academic performance and long-term integration (2).

These challenges are deeply rooted in a confluence of structural, cultural, and emotional factors. International students often navigate unfamiliar systems while managing stressors such as linguistic differences, financial pressures, immigration-related concerns, and the stigmatization of mental health issues prevalent in their home countries (3,4). Even when services are available, many students remain unaware of them or are deterred by culturally incongruent models of care. In the Canadian context, these challenges are compounded by systemic fragmentation in service delivery and a persistent lack of culturally responsive approaches, which fail to fully acknowledge the unique identities, histories, and support needs of international students (3).

While many postsecondary institutions have introduced initiatives aimed at supporting mental health and social well-being—such as telehealth options, intercultural competency workshops, and peer support programs—questions endure about their accessibility, cultural appropriateness, and emotional resonance (5). These offerings, while well-intentioned, often remain disconnected from the lived realities of the students they aim to support. For international students, whose stressors are compounded by distance from familial networks, cultural adjustment, and uncertainty about their futures, the misalignment between service provision and actual need can lead to underutilization or ineffective engagement.

In light of these ongoing concerns, this thesis investigates the barriers and facilitators that shape international students' access to mental health and social services in the Waterloo region. Through qualitative interviews with international students and service providers at local postsecondary institutions—including the University of Waterloo, Wilfrid Laurier University, and Conestoga College—this research seeks to surface both individual narratives and institutional insights that illustrate how existing systems either support or hinder student well-being.

To guide this inquiry, the study draws on three key theoretical frameworks: Ecological Systems Theory (3), which situates individual experiences within broader environmental

contexts; the Health Belief Model (4), which examines how perceptions of illness and treatment influence help-seeking behaviour; and the Transactional Model of Stress and Coping (5), which highlights how individuals assess and respond to stressors over time. Together, these models offer a multidimensional lens through which to understand the interplay of structural, interpersonal, and psychological factors influencing access to care.

By centering the voices of international students and juxtaposing them with the institutional perspectives of service providers, this thesis contributes to an emerging body of literature advocating for more culturally competent, emotionally attuned, and structurally compassionate approaches to mental health and social support. Ultimately, the findings aim to inform institutional policies and practices that are more responsive to the realities of international students' lives—enhancing their sense of belonging, improving mental health outcomes, and supporting their academic success and personal growth.

Chapter Two: Literature Review

2.1 Global Issues

The phenomenon of international academic mobility has garnered significant scholarly attention over the past seven decades, as it encompasses the movement of students and academic staff across borders in pursuit of educational opportunities (6). This movement is often driven by a complex interplay of factors, encapsulated in the push-pull theory, which elucidates the motivations behind why individuals choose to study abroad (7). Push factors typically include adverse conditions in the students' home countries, such as political instability, limited educational resources, and insufficient employment opportunities (7). Conversely, pull factors are associated with the allure of better prospects in host countries, including high-quality education, robust research facilities, scholarships, and potential pathways to immigration (7).

International students represent a significant demographic within the global educational landscape, with major hubs for education including the United States, Australia, the United Kingdom, Russia, and Canada (8). These countries attract students from diverse regions, particularly from nations such as China, India, Vietnam, Kazakhstan, Brazil, and Colombia. The motivations for this migration are multifaceted; students are often drawn to the promise of world-class institutions that offer not only academic excellence but also the opportunity to immerse themselves in different cultures and broaden their worldviews (9,10).

Despite the myriad opportunities that international education presents, students frequently encounter significant challenges that can impede their academic and personal success. Research indicates that international students face unique barriers that domestic students may not experience, including the need to adjust to unfamiliar educational systems, navigate language barriers, and adapt to different cultural norms (11,12). Furthermore, the transition to a new environment can lead to feelings of social isolation, loneliness, and homesickness, exacerbating the psychological distress that many students experience (13). The correlation between stressful life events and the onset of mental health issues is well documented, with international students being particularly vulnerable to conditions such as depression and anxiety (14,15).

The implications of these challenges extend beyond individual well-being; they can significantly impact academic performance and overall learning experiences (16). Psychological distress among international students has been shown to negatively affect their engagement with academic material, leading to diminished success and satisfaction in their educational pursuits (17). Given the increasing number of international students globally, it is imperative for educational institutions and policymakers to recognize and address the unique vulnerabilities faced by this population (18,19). By fostering an understanding of these challenges, stakeholders can implement targeted interventions that promote mental health and enhance academic outcomes for international students, ultimately contributing to a more inclusive and supportive educational environment (20,21).

2.2 National Concern

Access to mental health support in Canada is a critical concern, particularly for students who often encounter significant barriers in navigating available resources (22). Despite the increasing recognition of mental health issues among university students, many remain unable to connect with appropriate services due to a combination of socio-economic factors, cultural norms, and systemic challenges (23). These same factors also hinder access to broader social services, such as housing support, financial aid, and community-based programs, which are often essential for student well-being (24). The COVID-19 pandemic has further exacerbated these barriers, underscoring the urgent need for effective, integrated interventions that support both mental health and social service access for students across the country (25,26).

One of the most pressing barriers to accessing mental health services in Canada is housing instability. Individuals experiencing homelessness or precarious housing situations often prioritize immediate survival needs over long-term health concerns, which can hinder their ability to seek and maintain mental health care (24). The COVID-19 pandemic has intensified these challenges, as increased isolation and economic strain have led to heightened mental health issues among vulnerable populations (27,28). The psychological impact of quarantine and social distancing measures has been profound, with many individuals reporting feelings of loneliness and despair, further complicating their ability to access necessary support (25,29).

Cultural differences and norms also significantly influence students' willingness to seek mental health support in Canada. In many immigrant and racialized communities, cultural stigma surrounding mental health issues can deter individuals from accessing help, as the perception that mental health problems signify weakness prevails (30,31). Language barriers and a lack of culturally competent care can further alienate these populations from the mental health system, making it difficult for them to engage with available resources (32,33). Research indicates that Black and racialized populations in Canada have historically faced inequities in accessing mental health services, exacerbated by systemic racism and a lack of representation within the healthcare workforce (34,35).

The Canadian climate itself presents unique challenges to mental health access, particularly for international students who may be unaccustomed to long, cold winters and reduced daylight hours (36). Living in northern latitudes increases the risk of seasonal affective disorder (SAD), with symptoms such as low mood, fatigue, and social withdrawal. These effects can be compounded by reduced mobility and limited opportunities for outdoor activities during the winter months, which may discourage individuals from seeking in-person mental health supports (37). For many international students, adapting to these seasonal patterns can be as significant a challenge as navigating the mental health system itself, influencing both their well-being and their likelihood of accessing available services (38).

Isolation, particularly during the pandemic, has emerged as a critical barrier to accessing mental health support (39). While the shift to virtual care has provided some individuals with greater access to services, it has also highlighted the digital divide that exists in Canada (40). Many individuals, especially those in rural areas or from lower socio-economic backgrounds,

may lack the necessary technology or digital literacy to engage effectively with virtual mental health services (41). This divide can exacerbate feelings of isolation and hinder access to timely support (40).

In response to these challenges, several facilitators can enhance access to mental health support in Canada. Community-based initiatives that focus on reducing stigma and increasing awareness of mental health issues have shown promise in connecting individuals with necessary services (42). Additionally, integrating mental health services into primary care settings can help address some of the systemic barriers that individuals face when seeking help (39,43). Recent federal commitments to increase funding for mental health initiatives signal a growing recognition of the need for equitable access to care (42).

2.3 The Waterloo Region

Accessing mental health support in the Waterloo Region, particularly for students at the University of Waterloo, presents a unique set of facilitators and barriers that reflect broader trends in mental health care across Canada. The intersection of student health-care coverage, cultural norms, and the impacts of the COVID-19 pandemic creates a complex landscape that warrants thorough examination (44).

One of the primary barriers to accessing mental health services for students is the inadequacy of health care coverage. While the University of Waterloo provides a health plan for its students, the coverage—up to \$800 CAD per calendar year for mental health services—often falls short of meeting their needs (45). In Canada, individual counselling or psychotherapy sessions typically range from \$125 to \$200 CAD per hour (46), meaning students may exhaust their benefits after only four to six sessions. This financial constraint can deter students from seeking necessary help, particularly when they are already managing the pressures of academic life and financial instability (3,47). Moreover, the transition to online learning during the pandemic has exacerbated feelings of isolation and anxiety among students, further complicating their mental health challenges (48).

Housing insecurity has emerged as a critical, yet often overlooked, determinant of student mental health in the Waterloo region. International and domestic students alike face significant obstacles in securing safe, affordable housing. Students have reported being unable to afford rising rents, living in overcrowded or unsafe accommodations, and struggling to find housing due to lack of local knowledge or experience navigating the rental market (49). These conditions have been exacerbated by a broader housing crisis in the Region, where a residential construction boom has paradoxically failed to improve affordability (50,51). The dominance of high-rise developments and lack of investment in "missing middle" housing—such as townhomes and multiplexes—has contributed to the exclusion of students and low-income renters from viable housing options. These conditions directly impact student well-being, with poor living conditions, uncertainty, and housing-related stress compounding pre-existing mental health concerns (50).

Cultural differences also play a significant role in shaping students' willingness to seek mental health support. Many international students may come from backgrounds where mental health issues are stigmatized, leading to reluctance in accessing services (31). This cultural stigma, combined with language barriers, creates significant obstacles for students who may not be familiar with the mental health care system in Canada (52). Additionally, the lack of culturally competent care providers can further alienate these students, making it difficult for them to find support that resonates with their experiences and backgrounds (34).

Service providers in the Waterloo region face significant challenges in addressing the mental health needs of students, particularly due to increased demand for services resulting from the COVID-19 pandemic. Research indicates a notable rise in anxiety, depression, and other mental health disorders among the student population during this time, compelling service providers to adapt quickly (53,54). The trauma and stress associated with COVID-19 have intensified existing mental health issues, adding to the burden faced by mental health professionals who report feeling overwhelmed (53).

The pivot to telehealth services during the pandemic has provided some relief to these overwhelmed service providers by allowing continued access to mental health care. However, this transition has also illuminated the digital divide experienced by students from lower socio-economic backgrounds. Many of these students lack reliable technology and internet access necessary to utilize telehealth services effectively (55,56). Research underscores this disparity, indicating that students from disadvantaged backgrounds are less likely to access digital health services, which can exacerbate existing inequalities in mental health support (57,58).

Moreover, studies have highlighted the need for educational institutions to reassess their mental health services. There is an urgent need for universities to enhance their resources for mental health support and counselling services (59). Greater awareness and accessibility must be prioritized to ensure all students, particularly the most vulnerable, can receive necessary support (60,61). This includes not only expanding virtual services but also creating outreach programs that target those at the greatest risk of mental health challenges (62). Thus, the confluence of overwhelming demand and insufficient infrastructure has created a critical need for innovative solutions that bridge the gap in mental health service accessibility and address the unique needs of students in this region.

2.4 Defining Mental Health and Social Supports

Mental health is defined as a state of well-being in which individuals can effectively cope with the stresses of life, realize their potential, function productively in both personal and professional domains, and contribute positively to their communities (63). It encompasses a range of emotional, psychological, and social factors that influence how individuals think, feel, and act. Globally, good mental health is recognized as a key priority for health agendas, significantly impacting various aspects of an individual's life, including behaviour, physical health, work, relationships, and the overall well-being of those around them (64). Importantly, mental well-being encompasses more than just the absence of mental illness; it involves a

spectrum of positive mental, emotional, physical, social, spiritual, and motivational states, such as resilience, functioning well, and the ability to connect with others (65).

In this study, I aimed to explore the nuances of mental health diagnoses, and the overall perceptions students held towards mental health support services, particularly within the context of the University of Waterloo and in the Waterloo Region. Understanding the distinction between clinical diagnoses and subjective feelings was crucial for assessing the mental health landscape among students and the effectiveness of available support services.

2.5 Defining Mental Health for this Study

For the purposes of this study, mental health was defined through both clinical criteria and subjective experiences. Clinically, mental health can be assessed using established diagnostic criteria, such as those outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which includes specific symptoms and duration for various mental health disorders, including anxiety and depression. However, mental health is not solely defined by clinical diagnoses; it also encompasses how individuals perceive their mental well-being and their perspectives about the support services available to them. This subjective aspect is critical, as it reflects the lived experiences of students and their emotional responses to mental health challenges and support systems (66,67).

2.5.1 Criteria for Assessing Mental Health Status

In this study, it was established that the criteria for assessing mental health status included both clinical diagnoses and subjective feelings. The criteria encompassed:

1. Clinical Diagnosis: This includes students who have received a formal diagnosis of a mental health disorder from a qualified mental health professional. I considered the prevalence of various disorders, such as anxiety and depression, among the student population.
2. Subjective Well-Being: I assessed students' self-reported feelings regarding their mental health, including their emotional state, perceived stress levels, and overall life satisfaction. This subjective measure is essential for understanding how students experience their mental health in relation to their academic and social environments.
3. Perceived Access to Support Services: I evaluated students' perceptions of the availability and effectiveness of mental health support services at the University of Waterloo. This included their feelings about the accessibility of these services, the stigma associated with seeking help, and their overall satisfaction with the care received.

2.6 Social Support

Social support refers to the emotional, informational, and practical assistance that individuals receive from their social networks, including family, friends, peers, and community

members. It plays a crucial role in promoting mental health and well-being, particularly among students who may face unique challenges during their academic journeys (68). Social support can manifest in various forms, including emotional support (e.g., empathy, love, and care), instrumental support (e.g., tangible assistance such as financial help or resources), and informational support (e.g., advice, guidance, and information about available services) (69).

The presence of strong social support networks has been associated with improved mental health outcomes, as it can buffer against stress and enhance resilience (69). For students, social support can be particularly important in navigating the challenges of academic life, including the pressures of coursework, social integration, and the transition to a new environment. In the context of this study, I explored how perceived social support influences students' mental health and their willingness to seek help from available resources (70).

This study focused on understanding mental health as a multifaceted construct that includes both clinical diagnoses and subjective experiences. By examining the criteria for mental health status and the role of social support, I aimed to gain insights into the mental health landscape among students at the University of Waterloo and in the Waterloo Region. This understanding can inform the development of targeted strategies to enhance mental health support services and promote overall well-being among students.

2.7 Understanding Students' Perspectives

A critical aspect of my research was to understand students' feelings towards mental health support services. This understanding is essential as it directly impacts the utilization of these services and the overall mental health of students (71). Previous studies have indicated that many students are unaware of the resources available to them or feel uncertain about how to access these services (72,73). This lack of awareness can create a significant barrier to seeking help, as students may not know where to turn for assistance or may not recognize the signs that they need support. Furthermore, even when students are aware of available resources, they may feel hesitant to utilize them due to concerns about stigma, confidentiality, or the effectiveness of the services offered (73,74).

Cultural factors play a crucial role in shaping students' willingness to seek help, particularly among international students who may come from backgrounds where mental health issues are stigmatized (75). In many cultures, discussing mental health can be viewed as a taboo, leading individuals to internalize their struggles rather than seeking help. This alignment has been supported by studies that demonstrate how cultural attitudes compel individuals to avoid help-seeking due to fear of judgment or misunderstanding (76,77). This cultural stigma can be compounded by language barriers, which may further hinder students from accessing the support they need (78). For instance, international students may feel uncomfortable discussing their mental health in a language that is not their first, which can lead to feelings of isolation and frustration when trying to navigate the mental health-care system in a new country (79,80).

Moreover, the COVID-19 pandemic has significantly impacted students' mental health and their perceptions of support services. Many students reported increased feelings of isolation

and anxiety during the pandemic, which may have affected their willingness to engage with mental health resources (81). The shift to online learning and social distancing measures disrupted traditional support networks, leaving students feeling more disconnected than ever. This isolation can exacerbate existing mental health issues and create new challenges, making it even more critical for students to access support services (82). However, the pandemic has also led to an increase in telehealth options, which may provide more accessible avenues for students to seek help (83). Understanding how students perceive these changes—whether they view telehealth as a viable alternative or as an inadequate substitute for in-person support—is essential for tailoring mental health services to meet their needs (84).

Understanding these dynamics is essential for identifying gaps in service provision and developing targeted interventions that resonate with students' needs. By exploring students' feelings towards mental health support services, I gained insights into the barriers they face and the factors that influence their help-seeking behaviours (85). This knowledge is invaluable in informing the design of mental health programs and initiatives that not only raise awareness about available resources but also foster a supportive environment that encourages students to seek help without fear of judgment or stigma (86). Ultimately, addressing these issues contributes to improving mental health outcomes for students and enhancing their overall academic experience (87).

2.8 Conceptual Frameworks

The study of international students' mental health and their engagement with social support services can be substantially enhanced through the utilization of three interconnected conceptual frameworks: Ecological Systems Theory, the Health Belief Model, and the Transactional Model of Stress and Coping. Together, these frameworks encapsulate the complex influences on students' experiences in the Waterloo Region.

Ecological Systems Theory, as proposed by Bronfenbrenner, provides a lens through which to understand how various environmental systems shape individual experiences. The theory posits a macrosystemic view that includes significant factors such as immigration policies and cultural norms, which can directly affect international students' well-being and their access to mental health services (33). Within this framework, the microsystem represents the immediate environments that include interpersonal relationships with peers and faculty. Such relationships are pivotal in shaping students' experiences and can significantly impact their stressors and adaptations to mental health challenges (88,89). Notably, the chronosystem addresses temporal changes like those experienced during the COVID-19 pandemic, which have altered perceptions and access to mental health resources (90).

The application of the Health Belief Model further elucidates the health-seeking behaviours of international students, helping to identify critical components such as perceived susceptibility and severity of mental health issues, which inform students' understanding of their mental health needs (91). Cultural stigma surrounding mental health treatment can act as a barrier influencing students' help-seeking behaviours where they may be unaware of the

available resources (88,89). Additionally, environmental cues such as campus mental health campaigns or peer encouragement are vital as they can enhance awareness and increase the likelihood that students will utilize available mental health services (91).

Moreover, the Transactional Model of Stress and Coping highlights the cognitive appraisal processes that international students undergo when confronted with stressors. This framework refers to both emotion-focused and problem-focused coping strategies. It encompasses a spectrum of responses ranging from avoidance or internalizing distress to actively seeking help. Research indicates that international students may lean towards more proactive coping strategies as they adjust to their academic environments (92,93). Interventions such as psychoeducational programs are essential in fostering positive coping skills and reducing negative responses, emphasizing the need for supportive practices within educational institutions (91,94).

In this study, these frameworks were applied in tandem: interview data are analyzed to reveal how structural conditions (e.g., policy, housing, service availability) intersect with cognitive appraisals (e.g., perceived stigma, self-efficacy) and emotional responses (e.g., stress, isolation), producing patterns in help-seeking behaviour. By integrating these lenses, the analysis moves beyond identifying barriers in isolation to showing how they operate together—informing recommendations for more responsive, culturally attuned support systems.

2.9 Research Gaps

Despite the growing body of literature on mental health among university students, significant gaps persist in understanding the specific barriers and facilitators that influence access to mental health support services in the Waterloo Region. While numerous studies have documented the prevalence of mental health issues within this demographic, there remains a notable lack of research that focuses on the nuanced intersection of clinical diagnoses and subjective feelings in this context. This gap is particularly concerning given that mental health is not solely defined by clinical criteria; it also encompasses how individuals perceive their well-being and their emotional responses to the support services available to them. Understanding this intersection is crucial for developing effective mental health interventions that resonate with students' lived experiences.

Furthermore, the unique experiences of students, particularly those from diverse cultural backgrounds, warrant further exploration. International students, for instance, often face additional challenges related to cultural stigma surrounding mental health, language barriers, and differing expectations regarding help-seeking behaviours. These factors can significantly impact their willingness to engage with mental health services, potentially leading to underutilization of available resources. As such, it is essential to investigate how these cultural dynamics shape students' perceptions and interactions with mental health support services. By doing so, I can ensure that mental health services are not only inclusive but also tailored to meet the diverse needs of the student population.

In conclusion, this study aimed to provide valuable insights into the mental health status of students at the University of Waterloo by examining both clinical diagnoses and subjective feelings. By understanding how students perceive and interact with mental health support services, I was able to identify critical areas for improvement and develop targeted strategies to enhance the overall mental health landscape within the Waterloo Region. This research not only contributes to the existing body of knowledge but also informs policy and practice, ultimately fostering a more supportive environment for all students.

Chapter Three: Study Rationale and Research Question

3.1 Purpose and Specific Aims

The purpose of this study was to examine the experiences of international students in accessing mental health and social services within the Waterloo Region. International students often face unique challenges related to cultural adjustment, financial constraints, and systemic barriers that shape their ability to seek and receive support. While universities provide various student support services, the extent to which these services meet the needs of international students remains unclear. This study aimed to explore how international students navigate available mental health and social services, the barriers they encounter in seeking help, and their perceptions of the adequacy and accessibility of these services. Additionally, the study sought to understand how service providers view international students' help-seeking behaviours and the institutional challenges in addressing their needs.

3.2 Research Aims

1. **To examine international students' experiences with accessing mental health and social services**
 - a. This included identifying the pathways through which students learn about and engage with these services, their motivations for seeking help, and the structural and personal barriers they face in doing so.
2. **To assess international students' perceptions of the availability, adequacy, and responsiveness of on-campus mental health and social services**
 - a. This aim focused on how students feel about the quality, quantity, and cultural competency of the services provided, as well as whether they perceive the support as sufficient for their needs.
3. **To explore how service providers perceive international students' help-seeking behaviours and challenges in service delivery**
 - a. This included investigating providers' perspectives on the frequency of international students' engagement with services, their willingness to seek professional support, and any difficulties service providers face in meeting their needs.
4. **To identify gaps and opportunities for improving international students' access to mental health and social services**
 - a. By integrating the experiences of both international students and service providers, this study offered insights into potential policy and practice changes that could enhance the accessibility and effectiveness of support services.

Through this research, the study aimed to contribute to a deeper understanding of the barriers and facilitators influencing international students' engagement with mental health and social services. The findings were used to inform strategies for improving service delivery and

ensuring that institutional support structures effectively address the diverse needs of this student population.

Chapter Four: Methods

4.1 Research Design

This study employed a qualitative research design to explore international students' experiences with accessing social and mental health services. A qualitative approach was appropriate because it facilitates an in-depth understanding of participants' perspectives on a social phenomenon (95,96). As Kvale famously stated, "If you want to know how people understand their world and their life, why not talk with them?" (97). Data were collected through semi-structured interviews that allowed participants to describe their experiences in their own words. A total of 17 interviews were conducted: 14 with international students and 3 with service providers from local postsecondary institutions. This approach was particularly well suited for capturing the nuanced personal, cultural, and institutional factors influencing service access, as it enabled participants to share rich, detailed accounts that might be overlooked using more structured or quantitative methods. The analysis followed a hybrid inductive–deductive approach, with initial codes identified inductively and then interpreted through theoretical frameworks to provide depth and coherence.

4.2 Participants and Recruitment

4.2.1 International Students

Fourteen international students at the University of Waterloo were recruited to participate in this study, covering a diverse range of academic stages from first-year undergraduates to PhD candidates. This sampling strategy was essential in ensuring the research captured a variety of perspectives related to the experiences of international students. A criterion sampling strategy was used to ensure participants met specific inclusion criteria: being international (visa) students currently enrolled at the university, fluent in English, and having lived in Canada for at least one year. This approach aligns with recommendations by Bianchi & Martini and Ammigan et al., who highlight the importance of purposeful sampling methods—particularly criterion-based approaches—in identifying participants who can meaningfully inform the research objectives (20,98).

Recruitment efforts for this study were strategically conducted through multiple official university channels to ensure diversity and an adequate representation of international students at the University of Waterloo. This comprehensive approach included distributing email invitations through faculty members and outreach to various student associations via online platforms. Such methods not only facilitate direct communication with potential participants but also enhance the credibility of the study by encouraging participation from students who may feel more comfortable engaging with familiar professors and organizations. In addition to direct digital communication, a significant effort was made to display posters across campus through the WUSA Poster Run—a student-led initiative coordinated by the Waterloo Undergraduate Student Association (WUSA) focused on promoting events and fostering connections within the campus community. Flyers were strategically placed in high-traffic areas to maximize visibility, thereby

capturing the attention of potential participants and increasing the likelihood of participation. This multi-faceted approach to recruitment aligns with recommendations found in the literature regarding effective strategies for engaging marginalized student populations and taking advantage of institutional resources. Hall et al. highlight the importance of employing various recruitment avenues to connect with diverse student groups, particularly those who might experience barriers when accessing research opportunities (99). By utilizing well-established campus networks, the recruitment strategy effectively addresses these challenges, helping to promote participation among a heterogeneous group of international students (100).

The decision to include 17 participants in this study was grounded in the principle of data saturation, which is defined as the point at which no new themes or insights are observed within the data collected. The literature indicates that in qualitative research, a sample size as small as 12 interviews may suffice to achieve saturation, particularly within relatively homogeneous populations (100). Moreover, Guest et al., further support this notion by demonstrating that beyond a certain point, additional interviews often yield diminishing returns in terms of new information acquired, suggesting that the required depth of qualitative understanding can often be reached with a smaller sample size (101). While the primary aim was to reach thematic saturation, practical recruitment challenges also influenced the final participant count. Specifically, some students declined to participate upon discovering the study involved one-on-one interviews, reflecting a broader reluctance or discomfort with in-depth qualitative methods. This point aligns with findings indicating that the nature of qualitative research can sometimes deter participation due to perceived intensity or stigma associated with discussing personal experiences (102). Despite these challenges, the inclusion of 14 participants allowed for a healthy diversity of student characteristics—such as year of study, gender, and level of education—ensuring that a breadth of perspectives was captured while still meeting the methodological needs for saturation.

The decision to focus on international students in this research stems from the well-documented challenges they face in accessing mental health support within university settings. Although international students are at increased risk for mental health concerns, studies consistently show they underutilize available services due to barriers such as cultural stigma, limited mental health literacy, and confusion about how to navigate institutional support systems (2,20). These challenges are often compounded by additional difficulties in accessing broader social services, which can heighten psychological distress and further discourage help-seeking (103). Given their diverse cultural and academic backgrounds, international students offer valuable insight into the structural and personal factors that shape access to care. This study therefore centres their experiences to better understand service gaps and inform the development of more responsive, inclusive mental health supports within higher education.

4.2.2 Service Providers

In addition to student participants, this study incorporated interviews with three service providers who support international student wellness. These participants were selected to offer

complementary professional perspectives, contributing to a more comprehensive understanding of access to mental health and social services through methodological triangulation. Eligible providers met specific inclusion criteria: they were currently employed at a university, college, or community service organization within the Waterloo Region; had at least one year of experience working directly with international students; were fluent in English; and held roles related to student counselling, mental health services, or social service provision. This included professionals such as counselors, psychologists, social workers, administrators, or others familiar with student mental health systems and support programs within the postsecondary or regional context.

Recruitment was conducted via direct outreach to staff at university departments such as Campus Wellness, Counselling Services, and the Student Success Office. However, securing participants proved challenging. Many individuals did not respond after initial contact, were unable to schedule interviews due to time constraints, or expressed interest but did not follow through. Despite the goal of recruiting individuals across institutions, all three providers who ultimately participated were from Wilfrid Laurier University and Conestoga College. None were affiliated with the University of Waterloo, which presented a limitation given that all student participants were enrolled there. However, these providers still offered valuable insights into the broader systems international students interact with in the region, particularly as many of the services and institutional structures share overlapping features across Ontario campuses (72).

Notably, none of the participating providers worked in a direct counseling capacity. Instead, they were involved in preventative programming, student engagement, and community-building initiatives aimed at supporting student well-being. Their perspectives provided a critical look into upstream efforts and institutional strategies to improve access and reduce stigma—complementing student narratives that more often focused on individual experiences of distress and service navigation.

4.3 Data Collection

Data for this study were collected through semi-structured, one-on-one interviews conducted as part of the thesis research. To tailor the interview process to suit the differing contexts of the respondents, separate interview guides were meticulously developed for student participants and service providers. This approach ensured that the questions asked were relevant and appropriate to their lived experiences and professional roles, thereby enhancing the quality and applicability of the data collected.

4.3.1 Interview Structure

Each interview guide consisted of open-ended questions supplemented by optional prompts, designed to elicit elaborate responses. This format provided a structured yet adaptable framework for the interviews: while core topics were explored consistently across interviews, the conversational nature of this format allowed for real-time follow-up on identified themes and unique insights presented by each participant (104).

4.3.2 Interviews with International Students

The interviews with student participants commenced with introductory questions aimed at building rapport and establishing a comfortable environment for discussion. This initial approach was crucial for encouraging openness, particularly on sensitive topics related to mental health. The interviews transitioned to explore key themes such as participants' perceptions of mental health, their awareness of available services, personal experiences—whether positive or negative—in accessing mental health or social support, and perceived barriers or facilitators that impact their navigation through these systems. Utilizing follow-up probes facilitated deeper reflection, particularly when participants expressed complex emotions or uncertainty regarding service access. The depth and extent of discussion varied significantly depending on individual comfort levels and willingness to disclose personal experiences. Some students provided brief, focused responses, while others engaged in more expansive reflections, offering rich qualitative data. The length of interviews with students ranged from approximately 25 to 45 minutes, balancing the need for thorough exploration of topics against the participants' time constraints, with the average duration closer to the lower end at 25–30 minutes. Some interviews ran longer because certain participants had more extensive experiences to share, while others were shorter simply because the student had fewer relevant experiences, though no participant declined to answer any questions.

4.3.3 Interviews with Service Providers

Interviews with service providers focused on their experiences supporting international students through initiatives centered on wellness, community-building, and preventive programming. Though none of the providers were involved in direct, one-on-one counseling, they played significant roles in designing or delivering initiatives geared toward enhancing student's mental health and social support. During these interviews, providers were queried about the observed needs of international students, the barriers to service access that they perceive, and institutional practices aimed at improving overall support for this demographic. The structure of these interviews mirrored that of the student interviews, maintaining a duration of approximately 25 to 45 minutes, which was dependent on the detail and depth of responses shared by the participants.

4.3.4 Interview Procedures

Data for this study were collected through semi-structured, one-on-one interviews conducted by the researcher. Two distinct interview guides were developed—one for international student participants and one for service providers (see Appendix A). These guides were structured around open-ended questions designed to facilitate detailed, reflective responses, while allowing flexibility to pursue identified themes. The semi-structured format enabled consistency across interviews while also encouraging participants to share experiences in their own words, a hallmark of qualitative inquiry (105).

Each interview began with a brief rapport-building exchange and a confirmation of informed consent, including permission to audio-record the session. For student participants, interviews opened with general demographic and background questions (e.g., year of study, time spent in Canada) before shifting to key themes. Sample questions included: *“How did you first learn about available support services?”*, *“Can you share a story about a time you considered using mental health or social support?”*, and *“What informal supports, such as friends or student groups, have you relied on?”* Students were also asked to suggest how support services could be improved to better meet their needs. Interviews typically ranged from 25 to 45 minutes, depending on the participant’s level of detail and comfort. While some students spoke at length about their challenges and interactions with services, others offered more concise accounts. Notably, many reported limited or no engagement with formal mental health services, while referencing more consistent use of social or academic supports.

Service provider interviews followed a similar structure, adapted to reflect their professional roles. After brief demographic questions, providers were asked to discuss the types of services they deliver, common challenges they observe among international students, and institutional strategies currently in place to support this population. Example questions included: *“From your perspective, what are some of the main issues international students face when trying to access support?”* and *“Can you describe any efforts within your department to improve outreach or cultural inclusivity?”* Though the providers did not engage in direct counselling, they described initiatives related to prevention, wellness, and community-building. These interviews also lasted between 25 and 45 minutes.

Interviews were conducted in private settings, either in person, via Microsoft Teams, or by phone, depending on participant preference. All participants were encouraged to speak freely and reminded that their responses would remain confidential. Minimal handwritten notes were taken during interviews to ensure full attention to the participant, with notes primarily used to mark points for follow-up or note tone and context. Each interview concluded with a short debrief, and student participants were provided via email with a list of relevant campus and community mental health resources. As a token of appreciation, all student participants received a \$15 gift card.

4.3.5 Ethical Considerations

This study was approved by the University of Waterloo’s Office of Research Ethics prior to data collection. All procedures complied with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, which mandates that participants give free, informed, and ongoing consent (106). Prospective participants (both students and staff) were provided with an information letter detailing the study’s purpose, what participation entailed, and any potential risks or benefits. It was emphasized that involvement was entirely voluntary and that they could decline to answer any question or discontinue the interview at any time without consequence. Written informed consent or verbal consent was obtained from each participant before the

interview. For online/phone interviews, the consent form was emailed in advance for review and electronic signature, or verbal consent prior to beginning the interview and recording.

Confidentiality and privacy were rigorously protected. Participants were assigned pseudonyms or ID codes in all transcripts and reports to ensure that individual identities would not be revealed. Any potentially identifying details mentioned (such as specific names of people or rare personal circumstances) were redacted or generalized in the transcripts. The audio recordings and transcript files were stored securely on an encrypted, password-protected drive accessible only to the researcher and faculty supervisor. To further protect confidentiality, only aggregated or anonymized results were used in the thesis and any publications. Service provider participants were assured that their candid responses would not be linked back to them or their department in any reporting to the university administration.

Given the sensitive nature of discussing mental health, additional ethical safeguards were in place for student interviews. The interviewer, who had prior training in empathetic listening, monitored participants' comfort during the session. If a participant became distressed (e.g., tearful or upset when recounting a difficult experience), the interviewer paused the interview to offer a break or support. In such cases (which were rare and mild), participants chose to continue after a moment. All participants were reminded at the end of the session of the counseling services and other supports available to them, and none exhibited acute distress requiring intervention. These measures ensured that participants' well-being was prioritized throughout the research process.

4.3.6 Integrating Conceptual Frameworks into Data Collection and Analysis

While the interview guides were initially developed from broad research questions and literature on international student experiences, no specific theoretical framework was applied during data collection. This was intentional, as I sought to avoid imposing predefined constructs or categories that might limit participants' ability to share experiences in their own terms. By keeping the interviews open and flexible, I aimed to capture a wide range of perspectives and allow unanticipated issues to surface. Instead, analysis began with inductive coding of participants' narratives as the first stage of a hybrid inductive-deductive approach. The second stage involved deductive mapping to three complementary frameworks: Ecological Systems Theory, the Health Belief Model, and the Transactional Model of Stress and Coping. This sequencing reflects an inductive foundation, in which theory was introduced only after patterns emerged from the data, to provide additional interpretive depth rather than to predetermine findings (107).

Each framework contributed a distinct yet interconnected lens: Ecological Systems Theory offered a macro-to-micro view of students' lived environments (108); the Health Belief Model illuminated individual perceptions and decision-making about service use (109); and the Transactional Model explained stress appraisal and coping processes (110). I actively mapped thematic patterns to relevant constructs within these frameworks to capture the interplay between environmental context, personal beliefs, and coping strategies.

The interview guides themselves (see Appendix A) included open-ended questions and thematic prompts that created space for the kinds of reflections later mapped to these frameworks. For example, students were asked to describe their knowledge of available services, experiences in seeking help, perceived barriers, and informal coping strategies. Prompts such as “Can you describe a time when you thought about getting support?” or “What helped you adjust during difficult times?” mirrored key constructs in the Health Belief Model and the Transactional Model. Service providers were asked about the challenges they observed among international students, institutional strategies used to support them, and areas they believed required improvement—aligning with systems-level components of Ecological Systems Theory.

During analysis, interview transcripts were reviewed using a thematic approach that allowed for the identification of recurring codes and categories across the data. Initial coding was open and descriptive, followed by more focused coding that grouped related patterns. To enhance rigor and reduce the potential for individual bias, a second research student independently reviewed and coded a subset of transcripts, and any discrepancies were discussed to ensure consistency and clarity in code definitions. These categories were then examined through the lens of the three frameworks. For example, cultural stigma and lack of awareness were interpreted through Health Belief Model concepts like perceived barriers and cues to action, while students’ avoidance of services or reliance on informal networks aligned with emotion-focused coping described in the Transactional Model. Mentions of service fragmentation, language access issues, and institutional disconnects were situated within the exosystem and mesosystem levels of Ecological Systems Theory.

A concept map (Figure 1) was developed to visually represent how the three frameworks intersect in shaping international students’ experiences. At the center is the individual international student, emphasizing the personal nature of the analysis. Components of the Health Belief Model are positioned at the individual level, as they reflect internal beliefs such as perceived susceptibility, severity, and self-efficacy. The Transactional Model of Stress and Coping is also situated at the individual level, with social support extending across both individual and contextual layers given its interpersonal nature. Surrounding these are the nested systems of Ecological Systems Theory, capturing the broader structural and environmental influences.

While a socio-ecological model could account for the multiple layers of influence, it does not explicitly explain the decision-making processes around service use or the dynamic coping responses to stressors. These elements emerged as central in my inductive coding of participant narratives. To address this, I brought in the Health Belief Model to illuminate how perceptions of need, benefit, and barriers shaped help-seeking, and the Transactional Model to capture how stress appraisals and coping strategies evolved within the contexts described. In this way, the frameworks were introduced responsively—after themes surfaced—providing complementary perspectives that moved the analysis beyond mapping influences to understanding how and why they operate.

This integrated approach offered a robust structure for interpreting both student and service provider data, enabling a richer understanding of the interplay between institutional systems, individual perceptions, and coping mechanisms without pre-empting participants' voices.

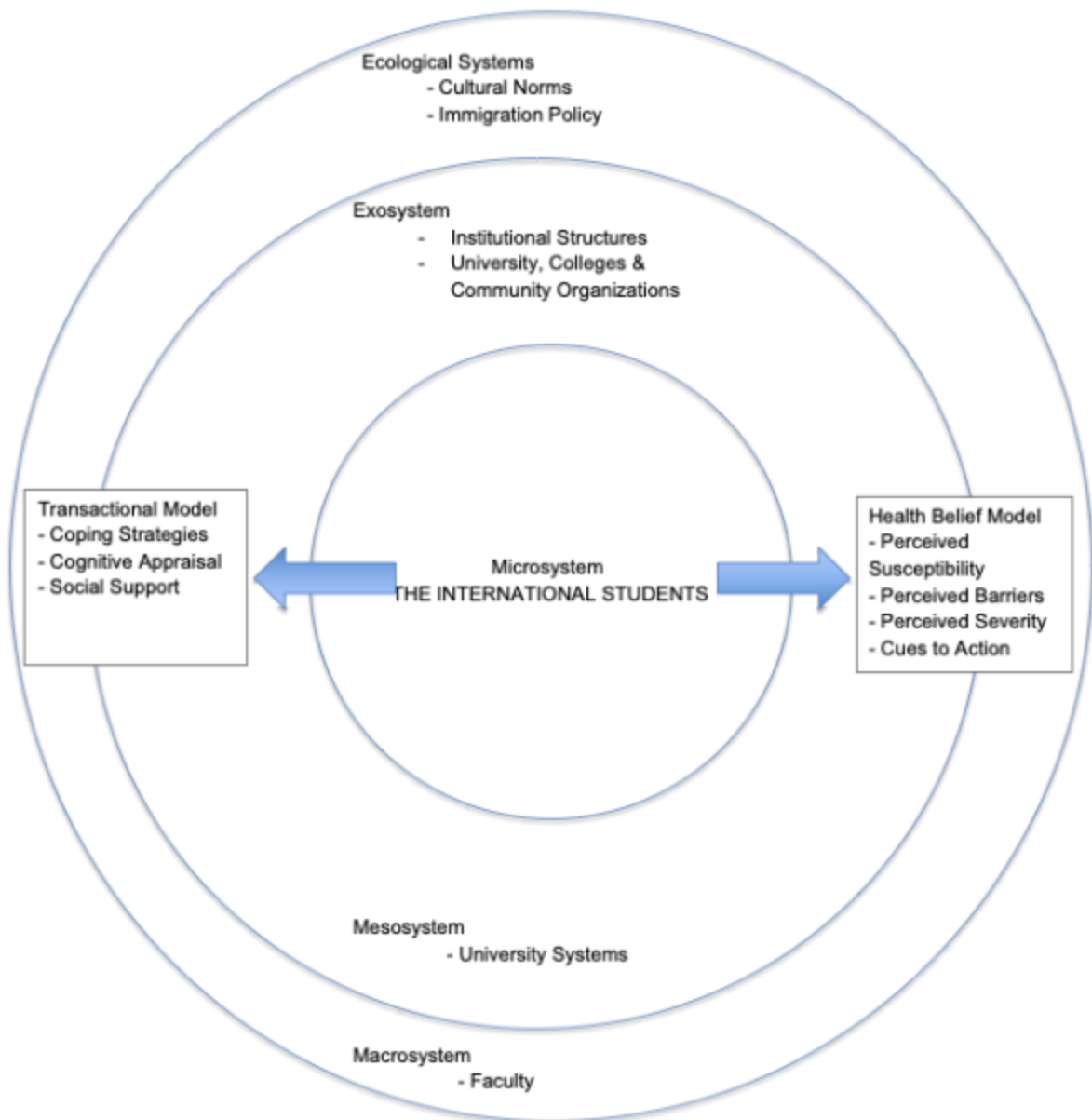


Figure 1. Conceptual integration of the Transactional Model of Stress and Coping, the Health Belief Model, and Ecological Systems Theory to assess international students' access to mental health and social services: This figure illustrates how the three frameworks collectively inform the analysis of international students' help-seeking behaviours. The Transactional Model focuses on individual coping mechanisms, cognitive appraisal, and social support processes; the Health Belief Model highlights students' perceptions of susceptibility, severity, barriers, and cues to action; and Ecological Systems Theory (represented by the concentric circles) provides a broader context by situating these individual-level processes within systemic and environmental influences such as institutional policies, cultural norms, and social networks. The arrows indicate the bidirectional and dynamic relationships between personal perceptions and coping responses, shaped by and responding to ecological contexts.

4.4 Data Transcription and Preparation

All audio recordings were transcribed verbatim to create an accurate textual dataset for analysis. Transcription was done either by the researcher or by a trained research assistant (a graduate student familiar with qualitative methods). Verbatim transcription meant capturing every word and utterance (including pauses like “um”, laughter, or emphasized words) to preserve the richness of the spoken data. The process of transcription was itself an initial step in analysis, immersing the researcher in the data. To ensure accuracy, each transcript was cross-checked against the original recording. The researcher listened to the audio while reading the transcript to correct any errors or inaudible sections. When the assistant produced a transcript, the researcher performed this verification; when the researcher transcribed directly, they reviewed their work a second time after a few days with fresh eyes (and ears). Any words or phrases that were unclear were noted with time stamps and later clarified if possible. After validation, transcripts were cleaned for analysis by removing disfluencies that did not add meaning (e.g., repeated “uhh” sounds) and by anonymizing names or specific places. This produced polished transcripts ready for coding. Each final transcript was imported into the qualitative analysis workspace (in this study, Word documents and spreadsheets were used to manage coding rather than specialized software, to allow manual line-by-line coding and codebook development).

4.4.1 Research Positionality and Reflexivity

As the researcher, I bring a multifaceted perspective to this study. I am a second-year Master of Science in Public Health student at the University of Waterloo, with academic and professional experience in mental health advocacy, youth engagement, and student support services. While I am not an international student myself, I have worked closely with international students through mentorship roles, research collaborations, and campus programming. This positioning offers a form of insider familiarity with institutional systems, while my outsider status to international students’ lived experiences requires a careful and reflexive stance. Scholars have noted that positionality is not static and often spans a fluid insider–outsider continuum—worth interrogating throughout the research process to support credibility and ethical interpretation (111).

Throughout data collection and analysis, I engaged in reflexive practices—such as iterative coding sessions, and peer debriefings—to actively recognize the influence of my values and assumptions. Reflexivity is more than a check box; it is a foundational, ongoing process that ensures researchers question how their identity, motivations, and experiences inform data interpretation (112). This aligns with broader methodological thinking that reflexivity involves systematically examining personal biases and the social context of knowledge construction (113).

My passion for mental health and equitable service access, while central to this work, may predispose me to detect institutional shortcomings or stigma-related barriers more readily. To mitigate such bias, I maintained an inductive approach, allowing themes to be identified from

participants' narratives rather than from preconceptions. Analytical rigor was fostered through iterative transcript reviews, code refinement, and external peer feedback to ensure interpretations remained grounded in the data.

This study was carried out with deep ethical responsibility and respect for participant stories. My interpretive role evolved through immersion and constant self-reflection, reminding me of the trust participants placed in me when sharing sensitive experiences. The aim was, and remains, to authentically represent participants' voices while acknowledging my own positional lens as integral to knowledge production.

4.4.2 Data Analysis Methodology

The interview data were analyzed using a hybrid inductive–deductive approach to thematic analysis, following Braun and Clarke's (115) six-phase process and the hybrid model described by Fereday and Muir-Cochrane (114). In practice, this meant that initial codes were identified inductively from participants' narratives, while deductive coding drew on three theoretical frameworks; Ecological Systems Theory, the Health Belief Model, and the Transactional Model of Stress and Coping, to organize and interpret themes. This process ensured that participants' voices shaped theme development while the frameworks provided theoretical depth and coherence.

Phase 1: Familiarization with the Data

Analysis began with repeated readings of each transcript, accompanied by listening to audio recordings to capture tone, pacing, and emphasis. Immersion in the data was central to developing a holistic understanding of context and meaning (115). Memos were kept documenting early impressions, recurring ideas, and emotional nuances. At this stage, no codes were applied; however, I noted potential intersections with concepts such as environmental influences, service access beliefs, and coping strategies, which were later interpreted deductively through the three frameworks.

Phase 2: Generating Initial Codes

A manual, line-by-line coding process was conducted, allowing codes to be identified inductively from the data. No pre-established code list was used; instead, descriptive codes reflected participants' own language and meanings. For example, the statement "I didn't go because I thought people would judge me" was coded as fear of stigma and concern about peer judgment. Codes were entered into a developing codebook with definitions, inclusion criteria, and examples to ensure consistency. Data segments were given multiple codes where appropriate, preserving contextual richness.

Phase 3: Searching for Themes

Once coding was complete, inductively generated codes were reviewed and clustered into broader categories based on conceptual similarity. During this process, deductive mapping to the three frameworks refined and consolidated the themes while preserving their inductive origins. Codes relating to personal health beliefs and perceived barriers aligned with the Health Belief

Model accounts of stress appraisal and coping linked to the Transactional Model; and structural or systemic barriers reflected Ecological Systems Theory. This deductive mapping helped refine and consolidate themes while preserving the inductive origin of the codes.

Phase 4: Reviewing Themes

Themes were reviewed against the coded data and the entire dataset to ensure both internal homogeneity and external heterogeneity (116). This iterative process involved revisiting transcripts to confirm that each theme was well-supported by data, merging overlapping themes, and creating distinctions where necessary. Deductive alignment with the three frameworks was retained only where it accurately reflected participants' accounts, ensuring consistency with the hybrid inductive-deductive approach.

Phase 5: Defining and Naming Themes

Themes were clearly defined and named to capture their scope and analytic focus. Definitions were documented in the final codebook alongside illustrative quotations. For example, Systemic and Structural Challenges encompassed institutional-level barriers such as wait times and inadequate outreach, while Personal and Cultural Barriers addressed stigma, adjustment difficulties, and self-perception. Some themes reflected intersections across frameworks—for instance, Coping and Informal Supports integrated the Transactional Model's focus on coping with the Ecological Systems' attention to social networks. This demonstrated the combined inductive-deductive nature of the analysis.

Phase 6: Producing the Report

The final write-up integrated participant quotations to illustrate each theme, ensuring that the variation in perspectives, including less frequently voiced experiences, were represented. Findings were explicitly linked back to the conceptual frameworks to demonstrate how individual beliefs, coping processes, and structural contexts interacted to shape service access. A concept map (Figure 1) visually synthesized these relationships, positioning the international student at the centre, surrounded by ecological layers, internal beliefs (HBM), and coping processes (Transactional Model). This visual reinforced the hybrid inductive-deductive analytic process by situating participant-driven themes with theoretical structures. This visual served as both an analytic tool during theme refinement and a means of communicating the integrated theoretical interpretation of the data.

4.5 Ensuring Credibility and Trustworthiness

Throughout the analysis process, rigorous measures were implemented to enhance the credibility and consistency of the study's findings. A secondary reviewer—another research student within the lab skilled in qualitative methods yet uninvolved in the research project— independently coded two transcripts using the working codebook and evaluated a sample of coded excerpts. Any discrepancies identified were collaboratively discussed, leading to minor refinements in definitions and theme boundaries. This peer-review procedure was a form of

intercoder reliability and peer debriefing, fortifying the trustworthiness of the analytic process (117).

Triangulation was also employed at the data level; comparing insights from both student and service provider participants uncovered significant convergences (e.g., shared recognition of stigma and organizational confusion) as well as divergences (e.g., differing perceptions regarding the efficacy of outreach strategies). This integration of perspectives bolstered the thematic conclusions, offering a richer understanding of international student support from both user and institutional vantage points.

Ultimately, this analysis process transformed a diverse collection of personal narratives into evidence-based insights. The resulting themes, shaped by participants' testimonies and substantiated by theoretical frameworks, offer a foundational understanding of how international students navigate mental health and social services. This ensures that the findings are both contextually grounded and theoretically informed, providing meaningful contributions to institutional practices and future research endeavours.

4.6 Conclusion to Methodology

In summary, this study employed a qualitative research design grounded in semi-structured interviews to examine the barriers and facilitators international students face in accessing mental health and social services within the Waterloo Region. Through rigorous data collection and iterative thematic analysis, the research was guided by a reflexive and transparent process, informed by the researcher's own positionality and commitment to centering participant voices. Trustworthiness was enhanced through peer review, triangulation of student and provider perspectives, and ongoing reflexive engagement with the data.

The conceptual frameworks—Ecological Systems Theory, the Health Belief Model, and the Transactional Model of Stress and Coping—were applied during analysis to further contextualize individual experiences within broader systemic and cognitive structures. Together, these frameworks supported a hybrid inductive-deductive approach, ensuring that themes were grounded in participants' narratives while being connected to established theory.

Chapter Five: Results

5.1 Demographics

A descriptive overview of participant backgrounds helps contextualize the findings presented in the chapters that follow. Demographic details from both international students and service providers illustrate the range of experiences and institutional roles represented in the study.

Table 1. Demographic Characteristics of Student Participants

This table presents the demographic information of the 14 international student participants, including gender, level of study, years residing in Canada, and region of origin. Participants represent a diverse sample across academic levels, cultural backgrounds, and durations of residence in Canada, allowing for a broad exploration of experiences in accessing mental health and social services.

<i>International Student Demographics</i>				
Participant ID	Gender	Level of Study	Years living in Canada	Region of Origin
001	Male	Masters	2	Iran
002	Male	Bachelors	1	China
003	Male	Bachelors	4	USA
004	Female	Bachelors	1	Philippines
005	Male	Bachelors	2	Pakistan
006	Female	PhD	3	Kenya
007	Male	Masters	1	China
008	Male	Masters	3	China
009	Female	Masters	1.5	India
010	Male	Masters	1	Bangladesh
011	Female	Masters	3	India
012	Female	Masters	3	India
013	Female	Bachelors	2	India
014	Female	Bachelors	2	India

Table 2. Demographic and Professional Characteristics of Service Provider Participants

This table summarizes the gender, affiliated service area, years of professional experience, and the nature of involvement with international students for the three service provider participants. Their diverse roles span intercultural engagement, health promotion, and student development, contributing institutional insights that complement student narratives in this study.

<i>Service Providers Demographics</i>				
Participant ID	Gender	Role Type	Years of Experience	Nature of Involvement with International Students
015	Female	Student Wellness Services	20+	Provides oversight and coordination of staff directly supporting international students; collaborates across departments to enhance service delivery.
016	Male	Wellness Programs	10	Delivers intercultural competency training and career development support, fostering cultural self-awareness and inclusive practices in student engagement.
017	Female	International Student Development	6	Leads health promotion initiatives within a university setting, focusing on health education, literacy, and the development of inclusive wellness programming and resources.

The student participants represented a diverse mix of academic levels and geographic backgrounds. Of the 14 international students interviewed, eight identified as female and six as male. The sample included undergraduate, Master's, and doctoral students, with lengths of stay in Canada ranging from one to four years. While South Asia was most represented—particularly India—participants also came from East Asia, the Middle East, Africa, Southeast Asia, and North America. This diversity provided insight into a range of lived experiences shaped by intersecting cultural, academic, and migration-related factors.

It is notable that none of the participating students reported having received a professional diagnosis of a mental health condition. When asked to rate their current mental health based on a provided description, all students assessed their well-being between fair and excellent. No participants selected “poor” or “very poor,” indicating that the sample reflected a relatively positive self-assessment of mental health status at the time of data collection. This context is important when interpreting the themes that follow, as it may shape the types of experiences and perspectives shared.

The three service providers, all employed at institutions within the Waterloo Region, brought over 35 combined years of experience supporting international students. Their professional roles spanned student wellness services, intercultural programming, and health promotion initiatives. While none directly provided one-on-one counselling, their involvement in strategic planning, educational outreach, and community-building programs offered

complementary perspectives to the student narratives and strengthened the analysis of institutional dynamics.

5.2 Overview of Themes

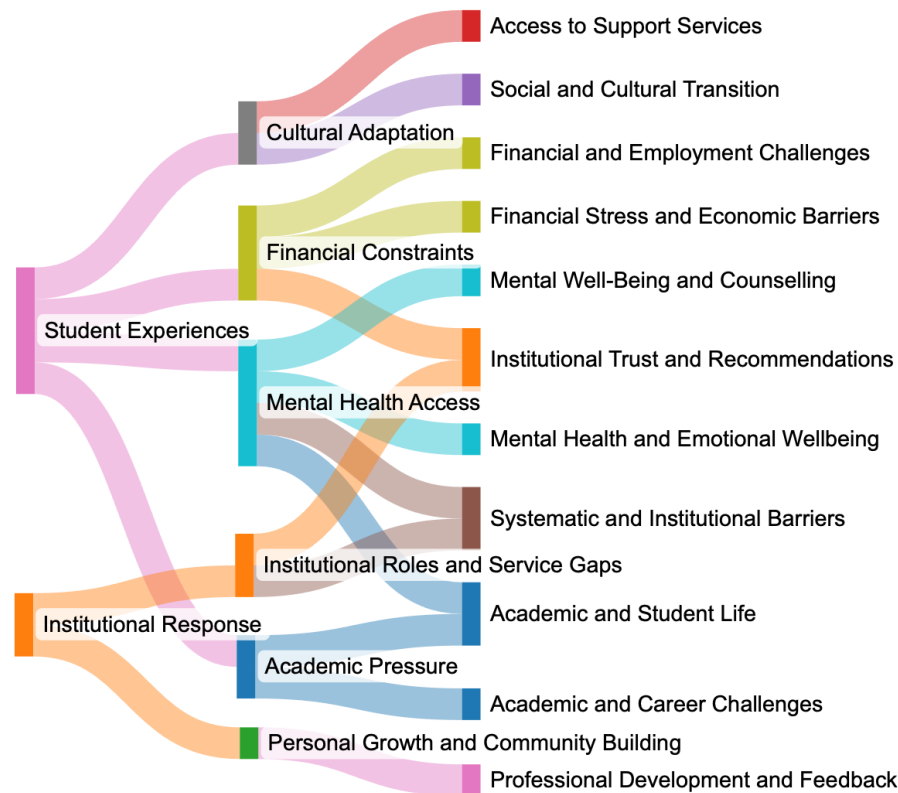


Figure 2. Thematic Analysis of International Student and Service Provider Interviews: Student Experiences and Institutional Responses.

This Sankey diagram visualizes the thematic structure derived from interviews with international students and service providers in the Waterloo Region. Themes are organized under two overarching domains—**Student Experiences** and **Institutional Responses**—and reflect six interrelated themes that emerged during analysis. The figure captures how emotional, academic, cultural, and institutional factors intersect to shape international students’ access to mental health and social services.

A full-sized version of this figure is available in Appendix B

5.3 Theme-by-theme Presentation

The findings from this study are organized into two overarching domains: Student Experiences and Institutional Responses. These domains reflect the dual perspectives captured in the interview data—those of international students navigating support systems, and those of

service providers offering or shaping those systems. Within these domains, six key themes were identified through a hybrid inductive-deductive analysis: *Cultural Adaptation*, *Mental Health Access*, *Academic Pressure*, and *Financial Constraints* under Student Experiences; and *Professional Growth and Community Building* and *Institutional Roles and Service Gaps* under Institutional Responses.

The themes are presented below in sequence, each grounded in the perspectives of both international students and service providers. Quotations are tagged with participant context to link evidence to sociodemographic variation, and framework references indicate how the themes were interpreted deductively. This structure mirrors the visual representation in the Sankey diagram (Figure 2), which maps how the themes flow across both experiential and institutional dimensions.

5.3.1 Theme 1: Cultural Adaptation (Domain: Student Experience)

This theme explores how international students navigate the process of cultural adaptation in a new academic and social environment. Participants frequently discussed transitions into unfamiliar social and institutional settings, often describing challenges around building community, understanding cultural norms, and accessing relevant support services. Differences in cultural adaptation experiences were shaped by factors such as place of origin, program level (Bachelor's vs. Master's vs. PhD), length of time in Canada, gender, housing context and whether students arrived alone or with established peer or family connections. Students from countries with similar educational or cultural contexts to Canada often described a quicker adjustment to classroom norms, while those from more distinct cultural backgrounds noted a longer period of uncertainty and reliance on peer or institutional guidance. These narratives were shaped by experiences of social isolation, language barriers, and difficulties navigating housing, healthcare, and confidentiality within the Canadian context. Both international students and service providers reflected on how these cultural and logistical hurdles impacted help-seeking behaviours and the perceived accessibility of institutional resources.

This theme was identified through a hybrid inductive–deductive analysis: codes developed inductively from participants' accounts were interpreted through Ecological Systems Theory, the Health Belief Model (HBM), and the Transactional Model of Stress and Coping. Variation was evident by program level (e.g., PhD students reported quicker classroom adaptation but higher expectations for independent scholarship; Bachelor's students reported heavier reliance on peers to decode norms), years in Canada ($\leq$ two years associated with more procedural uncertainty), gender (several women linked comfort to staff relatability and safety), and arrival context (arriving alone vs. with family/peers shaped early navigation confidence).

This theme captures how international students' access to, and navigation of mental health and social services are shaped by the broader processes of social and cultural transition. It highlights the role of unfamiliar cultural norms, institutional expectations, and communication practices in influencing help-seeking behaviours and institutional response strategies. The theme was identified from repeated references in interviews with both international students and service

providers. Participants frequently described challenges related to cultural adjustment, mismatched expectations, and the importance of culturally responsive support. Codes such as *adjustment*, *relatability*, *expectation vs. reality*, *diverse staff representation*, and *cultural differences* appeared frequently across transcripts, underscoring the relevance of these issues to participants' lived experiences.

International students described a sense of disorientation as they attempted to understand and follow unwritten social norms and institutional procedures. One participant explained, *"Where I come from, people just help without asking. Here, I didn't know I had to book a time or email someone. It felt like I was doing it wrong all the time."* – Student 004, Female, Undergraduate, 1st Year, Philippines. This sense of unfamiliarity often leads to hesitation or avoidance in seeking support. Students expressed that not only were the service systems difficult to navigate, but the absence of culturally familiar communication also contributed to feelings of inadequacy or discomfort, especially when discussing sensitive topics such as mental health or academic concerns. Language barriers and accent differences further compounded these feelings, with some students reporting they felt "less competent" or unsure about whether their concerns would be understood.

Service providers recognized these challenges, acknowledging that the institutional language commonly used may not resonate with all students. One provider shared, *"The concepts we use—like 'wellness' or 'resilience'—don't always translate. Students may not know what we mean, or they interpret it differently. That's where we lose them."* – Provider, 017, Female, International Student Development, 6 years of experience. Providers emphasized that relatability and shared lived experience were essential for building trust and fostering engagement. As one put it, *"When students see staff who look like them or share some lived experiences, they're more likely to come talk to us. That connection matters."* – Provider, 015, Female, Student Wellness Services, 20+ years of experience. In response to these challenges, several institutions have begun implementing strategies aimed at easing cultural transitions, including peer mentorship models, pre-arrival outreach, and virtual orientation sessions. As one provider explained, *"We try to meet students before they even get here—with materials, virtual sessions, and early outreach. If they know one face when they arrive, that makes all the difference."* – Provider, 015, Female, Student Wellness Services, 20+ years of experience.

While students tended to highlight the emotional and interpersonal aspects of cultural adjustment—such as feeling misunderstood or isolated—service providers were more likely to focus on structural or programmatic responses, including intercultural training for staff and targeted communications. Despite these differing emphases, both groups underscored the importance of enhancing relatability, building trust, and providing clearer pathways for accessing services.

The experiences shared under this theme are well-aligned with several conceptual frameworks guiding the study. The Ecological Systems Theory offers a useful lens for understanding the interplay between students' microsystems (e.g., campus environments, peer networks) and exosystems (e.g., institutional structures), and how mismatches between these

systems can hinder students' sense of belonging and engagement with support services. The Health Belief Model helps explain how students' perceptions of the value and accessibility of services may be shaped by cultural norms, language barriers, and anticipated stigma—factors that influence help-seeking behaviours. Finally, the Transactional Model of Stress and Coping provides insight into how cultural transitions function as stressors requiring cognitive appraisal and coping. Students who feel unsupported or misunderstood may interpret these transitions as overwhelming or uncontrollable, leading to avoidance or disengagement. In contrast, when institutions offer culturally responsive support and early outreach, they can help reduce the perceived stress of adjustment and promote more adaptive coping strategies.

5.3.2 Theme 2: Financial Constraints (Domain: Student Experience)

Financial and employment challenges were described by participants as central, ongoing stressors that shaped international students' academic experiences, mental health, and ability to access support services. Variation in these experiences were observed across program level, gender, years in Canada, and family financial background. Some students described struggling to survive by working multiple jobs while receiving little to no financial support from home, which left them exhausted and with limited time for academic or social engagement. Others, particularly Master's and PhD students with research funding, reported slightly greater stability, though this was often offset by higher academic pressure. Still others shared that, although they faced financial strain, they avoided asking for help from family to prevent adding to their relatives' burdens. In contrast, a smaller group reported having sufficient financial resources, which allowed them to participate more fully in campus life and access services without the same degree of hesitation or sacrifice. While many students arrived in Canada with expectations of personal and academic growth, they quickly encountered economic instability driven by high tuition fees, elevated housing costs, currency exchange disparities, and limited opportunities for meaningful employment. These conditions often became the most pressing and persistent challenge throughout their studies, constraining not only daily life but also the feasibility of accessing available institutional resources.

This theme was identified through the hybrid analysis of interview data. Students repeatedly referenced monetary hardship, decision-making influenced by financial strain, skepticism toward service quality, and difficulty securing employment that aligned with their skills or professional backgrounds. These accounts revealed the lived reality of transitioning from relative comfort in their home countries, where family support and stable living conditions were common, to financial precarity and limited autonomy in Canada. One student reflected on this contrast, stating, *"I had my own two-bedroom apartment... I wasn't paying rent... But like coming to Canada... everything shrinks into one room... it's a huge financial burden."* – Student, 001, Male, Master's, Iran. Such transitions were particularly stark for those coming from regions with weaker currencies, where even modest Canadian expenses became significant stressors.

Financial strain extended beyond tuition to include daily living costs, unexpected health care needs, and essential services like dental care and public transit. Students described how these financial demands often competed with their academic goals and well-being. One student noted, *“I realize... our school covers \$800 for [dental], but I had to search hard... I was already stressed before even finding out if I could afford it.”* - Student, 009, Female, Master’s, India. In this context, financial stress functioned not only as a logistical constraint but also as a psychological burden, leading to emotional strain and, at times, a reluctance to prioritize self-care or seek support.

This reluctance to access services, despite need, was driven in part by a perceived mismatch between cost (in time, energy, or money) and benefit. Students engaged in a form of cost-benefit analysis that aligns closely with the Health Belief Model. They weighed the severity of their issue against the expected value of support, factoring in their trust in the provider and the likelihood of a meaningful outcome. As one participant expressed, *“If I want to get a service and the person providing it is not invested... I might discontinue that service and not recommend it... the quality matters.”* – Student, 002, Male, Undergraduate, 1st year, China. Even when services were free, students described choosing not to engage if the perceived benefit was low or if the process was seen as emotionally or logistically draining.

In many cases, financial pressures were internalized, reinforcing a sense of personal responsibility and self-reliance. Several participants described operating in “survival mode,” suppressing emotional needs in order to meet academic and financial demands. One student remarked, *“I started getting really overwhelmed... but I can’t drop anything... none of my responsibilities I can delegate to anyone.”* – Student, 013, Female, Undergraduate, 2nd year, India. This pattern of behaviour was widespread, particularly among students who lacked strong social support networks or felt unable to share their burdens with others.

Institutional trust also played a key role in service engagement. Students expressed a greater willingness to access resources that were explicitly connected to their university, with the “university stamp” offering a sense of legitimacy and social proof. One participant commented, *“If it has the university sprinkled on it, I’d be like okay yeah—the university vetted it... I’d feel safer.”* – Student, 008, Male, Master’s, China. Yet even institutional affiliation did not guarantee uptake; concerns about long waitlists, impersonal delivery, and culturally insensitive practices undermined trust. Students repeatedly emphasized that transparency, responsiveness, and cultural awareness were essential to meaningful service experiences. One participant stated, *“I feel like we can get over the convenience... but if the service is poor quality or unhelpful, it’s just not worth it.”* – Student, 011, Female, Master’s, India.

Importantly, these financial stressors were not confined to students’ initial adjustment periods but persisted across academic terms. Several participants noted that campus employment services were not always tailored to the needs of experienced or mid-career students. Several participants noted that campus employment services were not always tailored to the needs of experienced or mid-career students. One student shared, *“Even if someone has ten years of experience... they’re just applying to new grad positions—it’s not really helpful.”* – Student,

005, Male, Undergraduate, 2nd year, Pakistan. This mismatch between experience and opportunity not only limited students' ability to earn income but also contributed to feelings of underemployment and devaluation.

The Transactional Model of Stress and Coping helps to contextualize these findings by illustrating how students continually appraised their circumstances and available coping mechanisms. When financial stress exceeded what students perceived they could manage—through employment, institutional supports, or peer connections—they described escalating emotional exhaustion, disengagement, and even regret about choosing to study abroad. The model highlights how chronic stressors, such as financial insecurity, may lead to maladaptive coping responses when perceived resources are insufficient.

These dynamics also intersect with Ecological Systems Theory. At the microsystem level, students were directly affected by the daily experience of economic pressure and limited-service access. These were influenced by exosystem structures, including institutional funding models, employment regulations, and administrative barriers to support. At the macrosystem level, global trends in international student tuition and immigration policies created a broader context of economic and emotional vulnerability. The mesosystem, including family expectations and cultural narratives of success, further compounded the intensity of these experiences.

Taken together, these findings suggest that financial hardship is not a standalone issue but rather a persistent and deeply embedded force that shapes how international students engage with their environments, institutions, and personal goals. Service access is filtered through the lens of economic necessity, and decisions about whether to seek help are informed as much by perceived value as by logistical feasibility. Institutions aiming to improve international student well-being must recognize that without addressing the structural and emotional dimensions of financial strain, even the best-designed services may remain underutilized or ineffective.

5.3.3 Theme 3: Mental Health Access (Domain: Student Experience)

Mental health access was identified as a key concern, with participants repeatedly describing emotional stress related to academic pressure, cultural adjustment, and isolation. Students often spoke of stigma, long wait times, and a lack of culturally responsive care as major barriers to seeking support. Experiences were not uniform; they varied by program level, gender, and stage of study. Those in their first year of study often expressed greater hesitation to approach services, citing both unfamiliarity with Canadian mental health systems and uncertainty about confidentiality. In contrast, students with established social networks—whether through family, cultural associations, or peer groups—were more likely to overcome initial reluctance, often encouraged by trusted contacts who could vouch for service quality. Doctoral students and those who had lived in Canada longer reported more confidence navigating systems but still described challenges with timeliness and cultural fit.

Service providers echoed these concerns, identifying systemic challenges such as health literacy, institutional complexity, and gaps in staff training. Conversations around trust-building,

crisis prevention, and institutional responsiveness were woven throughout the narratives, pointing to a pressing need for improved mental health infrastructure and more relatable, accessible counseling services.

This theme explores international students' experiences and challenges in accessing mental health services while studying in Canada. Participants consistently described high levels of stress stemming from academic expectations, cultural transitions, and personal adaptation. These stressors rendered mental health support particularly vital, yet access to care was frequently obstructed by logistical challenges, long wait times, lack of cultural responsiveness, and stigma surrounding help-seeking. The theme was identified through frequent and vivid references in both student and service provider interviews to emotional burden, systemic obstacles, and dissatisfaction with available services. Codes such as *mental health access*, *cultural responsiveness*, *academic stress*, *feeling overwhelmed*, *delay in help-seeking*, and *systemic barriers* recurred across the data, underscoring the significance of these concerns in participants' narratives. Many students emphasized that limited or inaccessible services not only failed to alleviate stress but often intensified it, whereas timely, culturally sensitive care was seen as an essential factor in supporting well-being.

Students frequently spoke about the psychological toll of academic pressure, homesickness, and the sense of cultural disconnection. One student described this burden, stating, *"Academic pressure is always there... You're far from home, and it piles up. Sometimes, you just want to talk to someone, but it takes weeks to get an appointment."* – Student, 010, Male, Master's, Bangladesh. This quote captures a central challenge—the delay between recognizing a need for support and the actual ability to access it. Applying the Health Belief Model, students may perceive the severity of their mental health concerns but be discouraged from pursuing help due to structural barriers, thereby reducing the likelihood of timely intervention. The Transactional Model of Stress and Coping further frames this dynamic, as students attempting to manage stress through problem-focused strategies may encounter an institutional environment that limits their options, undermining effective coping.

Cultural mismatch between students and service providers also was identified as a prominent barrier. Several students explained that even when services were available, the lack of cultural understanding on the part of counselors made the experience feel alienating. One student noted, *"It's not just about availability—it's about cultural connection. If I have to explain my background for 30 minutes just to get started, it's exhausting."* – Student, 014, Female, Bachelor's, 2nd year, India. This reflects the Health Belief Model construct of perceived benefit; if students anticipate a lack of understanding or relatability, they may view the service as ineffective and opt not to engage. This process is compounded by the emotional energy required to translate one's experiences across cultural contexts, especially during periods of high stress.

Service providers acknowledged these dynamics and emphasized the central role of trust-building and cultural sensitivity. One provider remarked, *"We try to tell students that asking for help is a strength. Many of them come from cultures where mental health isn't openly discussed, so the first barrier is always stigma."* – Provider, 016, Male, Wellness Program, 10 years of

experience. This observation reflects how macrosystem influences, as described in Ecological Systems Theory, shape students' beliefs about mental health and help-seeking. For students raised in cultural contexts where mental illness is highly stigmatized, the internalization of these attitudes can act as a significant deterrent to accessing care. Providers saw their role as offering cues to action by reframing help-seeking as a strength rather than a weakness.

In addition to stigma and cultural disconnect, institutional complexity was identified as a key obstacle. Several providers described how international students often struggled to navigate the Canadian healthcare system, especially in the early stages of their arrival. One provider commented, *"We see international students misusing emergency departments because they don't know how to navigate the system. That's a system failure, not their fault."* – Provider, 015, Female, Student Wellness Services, 20+ years of experience. This statement underscores how exosystem-level barriers, such as complex institutional structures and unfamiliar care pathways, inhibit students' ability to access appropriate services. Students may possess the necessary health coverage or entitlements but lack the informational resources to understand how and when to use them, thereby limiting both problem- and emotion-focused coping responses.

Despite these systemic barriers, providers also pointed to the impact of smaller, micro-level interactions. One explained, *"Even small acts of kindness go a long way. If a student sees someone remember their name or ask how they're doing, it builds trust—and that can make or break their experience with our services."* - Provider, 017, Female, International Student Development, 6 years of experience. This observation highlights how seemingly minor interpersonal interactions within the microsystem can significantly influence students' willingness to seek help and engage with services. When embedded in a broader framework of institutional commitment and cultural competence, these interactions can serve as a vital source of emotional support and validation.

The findings within this theme align closely with the Health Belief Model, the Transactional Model of Stress and Coping, and Ecological Systems Theory. According to Health Belief Model, many students were deterred from using mental health services due to perceived barriers such as stigma, language gaps, and logistical inaccessibility. Even when students recognized their stress as severe, these barriers often outweighed their perception of the benefits of seeking support. The Transactional Model of Stress and Coping provides insight into how academic and cultural transitions act as chronic stressors, and how students' appraisal of these challenges—shaped by available coping resources—influences their mental health outcomes. Students who lacked culturally aligned support or who felt misunderstood were more likely to disengage, avoid help-seeking, or experience academic decline. Finally, Ecological Systems Theory helps situate these individual experiences within broader institutional and societal structures. Exosystem factors such as rigid scheduling systems or under-resourced counseling centers, and macrosystem influences such as cultural stigma, directly impact the microsystem experiences of students navigating support services.

While international students often focused on the emotional burden of accessing mental health care and the disconnect between their needs and institutional offerings, service providers

acknowledged these issues and discussed their efforts to mitigate them. These included trauma-informed approaches, outreach to normalize mental health discussions, and improvements in cultural competence training. Nonetheless, providers also pointed to broader structural limitations—such as healthcare policy constraints, confusion around insurance plans, and chronic staffing shortages—that restricted their ability to fully address students’ needs. Despite these limitations, both students and providers emphasized the importance of improving service navigation, reducing stigma, and expanding access to culturally responsive care. Together, their perspectives point toward the need for multi-level interventions that support both institutional reform and everyday relational engagement.

5.3.4 Theme 4: Academic Pressure (Domain: Student Experience)

Academic pressure was identified as a central and pervasive theme in the experiences of international students, frequently intertwined with feelings of stress, uncertainty, and emotional fatigue. Students described the challenge of adjusting to unfamiliar academic norms, expectations around academic integrity, and self-directed learning styles. These challenges were not only intellectual but also deeply emotional, shaping students’ sense of belonging, confidence, and overall well-being.

Experiences varied across demographics. Students in professional programs and those in their final year of study frequently linked academic outcomes to post-graduation employment and immigration status, describing heightened anxiety around grades and timelines. In contrast, several first-year undergraduate participants reported focusing more on immediate adaptation to academic norms rather than long-term career trajectories. Place of origin also shaped expectations: students from education systems emphasizing high-stakes exams often perceived continuous assessment and participation grading as uniquely stressful, whereas those from North American or Western backgrounds adjusted more quickly. Gender differences were also present, with female participants more likely to link academic struggles to feelings of self-doubt and competence, while male participants tended to describe pressure in terms of future employability.

Service providers consistently identified academic adjustment as a key area of concern. Many international students arrive from educational systems that differ significantly from the Canadian context—particularly in areas such as referencing standards, independent study, and participation-based evaluation. Violations of academic integrity policies were often reported not as intentional, but as stemming from misunderstanding. One provider explained, “*I heard students... bumping into [academic integrity] as a barrier,*” – Provider, 015, Female, Student Wellness Services, 20+ years of experience, describing how misinterpretation of citation rules and collaboration expectations often led to punitive outcomes that further alienated students. These missteps, while avoidable with clearer guidance, contributed to feelings of shame, confusion, and disconnection from the academic community.

Time management was also identified as a pressing concern. Students were often balancing rigorous course loads alongside internships, research, and extracurricular commitments, all while adjusting to a new educational culture. A provider noted, “*There’s a lot*

of demands on the students... they're also working on campus, off campus, volunteering, internships, and research projects. That tends to be one of the big things—it's how to balance and manage their time." – Provider, 015, Female, Student Wellness Services, 20+ years of experience. The intensity of these overlapping responsibilities was seen to generate a chronic sense of being overwhelmed, with little room for rest or reflection.

Students expressed a persistent anxiety about academic performance and future uncertainty. This pressure extended beyond day-to-day coursework and into longer-term concerns around employability, immigration, and personal success. One student reflected, *"What are my next steps? Am I going to graduate on time? Are my grades good enough? Am I going to get a job in my post-graduate work permit? That stuff looms over my head."* – Student, 009, Female, Master's, India. These internalized pressures highlight how academic stress is not only about present performance but also deeply tied to anticipated futures and the fear of falling short of personal or familial expectations.

The psychological impact of academic stress was consistently emphasized by both students and service providers. Many described feelings of burnout, disengagement, and emotional withdrawal, particularly when institutional supports felt inaccessible or unrelatable. Several providers acknowledged their own limitations in fully understanding the international student experience. One provider stated, *"That relatability piece is not quite there... it would be great if I did have that international experience myself,"* – Provider, 016, Male, Wellness programs, 10 years of experience, pointing to a lack of shared context that sometimes-created distance in the student-provider relationship.

These findings align closely with the Transactional Model of Stress and Coping, which emphasizes the relationship between environmental demands and perceived coping capacity. For many international students, the academic environment in Canada presented both high expectations and low familiarity, leading to a mismatch between what was required and what students felt equipped to manage. When institutional supports lacked cultural responsiveness or failed to validate students' efforts, students were more likely to adopt emotion-focused coping strategies such as avoidance or disengagement, rather than constructive academic help-seeking.

Ecological Systems Theory further contextualizes these challenges within multiple interacting levels of influence. At the microsystem level, students experienced academic pressure in direct interactions with professors, assignments, and classroom expectations. These experiences were shaped by exosystem factors such as institutional policies around academic misconduct, limited availability of academic support programs, and language barriers. At the macrosystem level, broader cultural discourses around academic excellence, individualism, and meritocracy influenced how students internalized academic norms and evaluated their own performance. Many came from educational cultures that emphasized collective achievement or rote learning, making the transition to discussion-based, independent learning particularly difficult.

Despite these challenges, providers highlighted small but meaningful strategies that improved student outcomes. Trust-building, proactive academic skill-building, and culturally

inclusive pedagogy were seen as promising approaches. One provider shared, *“When we take time to explain expectations clearly and offer regular check-ins, students thrive. It’s not about lowering standards—it’s about meeting students where they are and helping them succeed.”* – Provider, 017, Female, International Student Development, 6 years of experience. This underscores the importance of designing academic environments that are both rigorous and relational ones that uphold high expectations while ensuring that students feel supported and understood.

Ultimately, the theme of academic pressure reveals the emotional labor and cognitive demands placed on international students navigating a new academic culture. While many institutions offer generic academic supports, students and providers alike called for more tailored, culturally attuned approaches that validate students’ backgrounds and offer clarity around expectations. The findings point to the need for institutions to not only provide skills-based programming but also critically examine the structures and assumptions that shape international students’ academic realities.

5.3.5 Theme 5: Institutional Roles and Service Gaps (Domain: Institutional Responses)

Across interviews with both international students and service providers, a clear theme was identified around institutional roles in shaping access to mental health and social services. Participants spoke not only about individual-level experiences, but also about how institutional structures, policies, and practices shaped the quality and accessibility of support. Students often felt confused, unsupported, or alienated by institutional systems, while service providers pointed to structural barriers, staffing limitations, and administrative constraints that undermined their ability to respond effectively. This theme reflects the broader organizational and systemic factors that mediate international students’ engagement with available services.

Experiences varied by demographic and social factors. Students with strong English proficiency or prior study abroad experience tended to report greater ease in navigating institutional systems, whereas those with limited language proficiency described feeling overwhelmed by administrative terminology and documentation requirements. Students with established on-campus social networks were more likely to learn about available resources through word-of-mouth, reducing their reliance on formal institutional communication. In contrast, those newer to Canada, particularly first-year undergraduates, often expressed uncertainty around what services were available, how to access them, and who to contact. For example, one student explained, *“I didn’t even know we had a counselor on campus until my second year.”* – Student, 003, Male, Undergraduate, 3rd year, USA. Others mentioned that support was buried under layers of red tape or outdated websites, requiring initiative and persistence that many overwhelmed students simply did not have. These challenges created an atmosphere where students felt disconnected from the very services designed to support them.

Service providers reinforced these concerns, often acknowledging that institutional systems were overly complex and difficult for new students—especially international students—to navigate. One provider observed, *“The way services are designed, they assume you already*

understand how everything works. But many of our students are learning this system for the first time.” – Provider, 016, Male, Wellness Programs, 10 years of experience. This quote underscores a systemic issue: institutional structures are not always designed with the unique needs or lived realities of international students in mind. Rather than being intuitive or accessible, services often placed the burden on students to self-navigate, even in times of stress or crisis.

The limitations of institutional responsiveness were also linked to resource gaps. Providers described being underfunded, overbooked, or limited in their ability to deliver culturally responsive care. Several mentioned high turnover rates among staff, a lack of multilingual counselors, and wait times that exceeded what was reasonable for students in distress. These resource constraints were not just operational—they shaped the kind of care students could receive, and whether they were able to receive it at all. As one provider noted, *“We do the best we can, but we’re stretched thin. It’s hard to be proactive when we’re always reacting.”* – Provider, 015, Female, Student Wellness Services, 20+ years of experience. These insights point to a mismatch between institutional commitments to student well-being and the actual investments made to uphold those commitments.

Participants also discussed the importance of staff cultural competence and relatability. Students frequently described feeling unheard or misunderstood by staff who lacked lived experience or cultural awareness. This gap in relatability often led to a lack of trust in services and reluctance to return after a negative encounter. One student remarked, *“It’s hard to explain where I’m coming from when they’ve never experienced it. I don’t want to spend my appointment just explaining my culture.”* – Student, 006, Female, PhD, Kenya. Providers acknowledged these gaps and expressed a desire for more training, reflective practice, and diverse hiring, but often pointed to institutional inertia as a barrier to meaningful change.

These findings align strongly with Ecological Systems Theory, which emphasizes how individual experiences are nested within—and shaped by—broader institutional and societal structures. At the exosystem level, institutional processes (such as counseling center protocols, academic accommodations, and outreach methods) can either enable or obstruct access to care. At the macrosystem level, cultural norms within the institution—including values around independence, privacy, and self-advocacy—often conflict with the expectations or communication styles of international students. These misalignments create conditions where students must adapt not only to a new academic and cultural environment, but also to an institutional logic that is often unfamiliar and unaccommodating.

The Transactional Model of Stress and Coping also offers insight into this theme. Students may appraise institutional complexity as a stressor—particularly when trying to access care during moments of emotional distress—and, if they perceive their coping resources as insufficient, they may disengage altogether. For some, even small acts like receiving an unclear email or encountering a closed office door became barriers that reinforced feelings of exclusion and helplessness.

Recommendations varied by role. Students called for clearer communication, visible signage, and greater cultural representation among staff. Providers emphasized simplifying access pathways, increasing visibility of services, offering multilingual or culturally adapted support, and building trust through outreach and continuity of care. One provider summarized this sentiment: “*Support shouldn’t be a scavenger hunt. It should be built into the student experience.*” – Provider, 017, Female, International Student Development, 6 years of experience.

Ultimately, this theme points to a need for deeper institutional accountability in creating inclusive and responsive systems. While individual staff members often showed great care and effort, systemic issues—including underfunding, poor coordination, and limited cultural awareness—constrained what could be achieved. Addressing institutional roles and service gaps, therefore, requires not just programmatic fixes, but a cultural shift—one that values accessibility, transparency, and the lived realities of international students as central to the institution’s mandate.

5.3.6 Theme 6: Professional Growth and Community Building (Domain: Institutional Responses)

Although mentioned less frequently than other themes, this finding offers important insights into the opportunities and challenges international students encounter in professional and community development within institutional settings. Engagement in on-campus roles and student programs—particularly student staff positions, peer leadership, and cultural events—was identified as a critical avenue for both personal and professional growth. For many international students, these roles extended beyond employment, fostering confidence, skill development, and a strengthened sense of belonging within the university environment.

Experiences varied by year of study, gender identity, and cultural background. Students earlier in their academic programs often viewed these opportunities as a way to build confidence and establish a foothold in the university community, while those in later years emphasized career preparation and the acquisition of transferable skills. Gender identity and cultural expectations also shaped participation. Some female participants noted that taking on leadership roles challenged traditional norms from their home countries, leading to both personal growth and occasional tension with family or peers. These differences underscore that professional growth and community-building opportunities are not experienced uniformly but are deeply influenced by students’ social and cultural contexts.

This theme was supported by repeated references to satisfaction with on-campus roles, the development of new competencies, and patterns of reapplication to similar positions. Codes such as *returning staff*, *professional development*, and *positive feedback* appeared consistently across interviews. One student explained, “*I learned so much about myself when I worked on campus. It wasn’t just a job; it helped me feel like I belonged.*” — Student, 009, Female, Master’s, India. For these students, engagement was transformative, offering access to leadership opportunities, expanded peer networks, and experiences that supported their integration into the broader institutional landscape.

Service providers also reflected on the impact of student staff engagement. One provider emphasized the cyclical nature of this participation: *“A lot of our student staff are returned. So if they’re not graduating, they will apply to work here again... they’re having a good experience, and they want to stay.”* — Provider, 015, Female, Student Wellness Services, 20+ years of experience. This recurring participation signals more than job satisfaction; it reflects a growing sense of connection and ownership, where students feel valued and empowered. Viewed through Ecological Systems Theory, these roles can be seen as strengthening the microsystem, embedding students more deeply within their academic and social environments, which in turn fosters further development and engagement.

Institutional programs that emphasized themes of anti-oppression, cultural diversity, and dialogue were also described as pivotal in fostering community formation and personal reflection. One provider observed, *“I’ll see students walk in alone... then they leave together afterwards. They built their community, or they’re building their community, meeting new people, building relationships.”* — Provider-017, Female, International Student Development, 6 years of experience. These moments of informal connection were described as psychologically protective and socially enriching, especially for students who might otherwise feel isolated. Framed through the Transactional Model of Stress and Coping, these initiatives provided effective emotion-focused coping mechanisms, enabling students to navigate the stress of transition by cultivating belonging and mutual support.

A noteworthy dimension of this theme was the presence of structured feedback loops within student engagement roles. International students were not only recipients of programs but also active contributors to their design and improvement. Feedback mechanisms embedded within programming allowed students to reflect on their experiences and offer suggestions for greater cultural and contextual relevance. One participant described this process: *“We usually send a feedback survey after any program... the majority of our feedback is always very positive. Comments include ‘this was such a great event,’ or ‘I learned about anti-oppression and race in a way I haven’t before.’”* — Provider, 016, Male, Wellness Programs, 10 years of experience. These reflections illustrate how participatory practices enabled international students to shape services in meaningful ways. Rather than being positioned solely as service users, students became co-creators of institutional culture, reinforcing inclusive practices and ensuring that programs evolved in response to lived experience.

Taken together, these findings suggest that professional development and community-building initiatives play a critical, if underemphasized, role in the broader support ecosystem for international students. The satisfaction, growth, and continued engagement described by participants highlight the value of these opportunities as both personal development tools and mechanisms for institutional cohesion. Investing in such roles—through training, mentorship, and responsive feedback structures—has the potential to deepen international students’ integration, reduce isolation, and affirm their identity as valued members of the university community. Even though this theme was less frequently mentioned across the dataset, its impact

was consistently described as lasting and profound, warranting continued attention in the development of holistic, equity-oriented support strategies.

5.4 Comparison of Perspectives

Through comparative thematic analysis, I identified both convergence and divergence in how service providers and international students described the barriers and facilitators to mental health and social service access across the two major thematic domains of *Student Experiences* and *Institutional Responses*. While there was broad agreement on the core challenges—such as stigma, financial strain, cultural misalignment, and navigation difficulties—closer examination revealed variation both within each group and between the two groups.

Although international students shared many common concerns, individual experiences varied substantially based on identity and circumstance. For example, undergraduate students often described uncertainty about academic integrity and system navigation, while master's and doctoral students were more focused on career outcomes and visa restrictions. Factors such as place of origin, year of study, gender identity, language proficiency, and the presence or absence of local social networks shaped how barriers were perceived and navigated. Female participants more frequently emphasized safety, belonging, and trust in peer networks, while male participants more often highlighted financial responsibility and pressure to meet family expectations. For example, students in earlier years of study often emphasized difficulties in understanding institutional systems and forming social connections, while those in later years were more preoccupied with career uncertainty, visa restrictions, and post-graduation planning. Financial circumstances also differed: some students were working multiple jobs with little or no family support, others deliberately avoided asking for money to prevent adding to their families' financial burden, and a smaller number had sufficient resources to access services without major constraints. Housing also influenced variation—students in crowded or temporary accommodations reported greater stress and difficulty finding private space to focus on their well-being compared to those in stable housing. Students from education systems emphasizing high-stakes exams sometimes struggled more with continuous assessment models, while those in professional or final-year programs linked academic pressures directly to employment and immigration outcomes.

The smaller group of service providers also demonstrated variation in perspectives, largely shaped by their professional roles and levels of direct student interaction. Those working in front-line positions tended to describe challenges through a relational lens, focusing on student trust, rapport, and engagement in individual appointments. In contrast, providers in administrative or policy-focused roles often discussed systemic constraints such as staffing shortages, siloed departments, and policy rigidity. While all providers recognized issues of stigma and cultural mismatch, some emphasized expanding training and outreach, whereas others focused on structural reforms to streamline service navigation.

When comparing international student and service provider accounts, differences appeared in framing and emphasis. Students typically narrated challenges through lived,

emotional experiences—describing feelings of overwhelm, distrust, or alienation when services felt culturally misaligned or procedurally inaccessible. In contrast, service providers tended to explain these same issues through institutional or operational frameworks, referencing existing programs, cultural competence initiatives, and outreach campaigns. For example, in discussing mental health access, providers often pointed to the range of available services, whereas students described hesitancy or disengagement stemming from impersonal first encounters, perceived stigma, or lack of cultural attunement.

A similar contrast appeared in the theme of cultural transition. Students often linked hesitation to seek support to feelings of alienation, language barriers, or uncertainty about institutional norms, while providers framed the issue as a need for enhanced intercultural training, clearer communication strategies, and more inclusive orientation programming. Academic pressure followed the same pattern: students described the psychological toll of academic demands and their link to immigration status or employability, whereas providers focused on skill-building supports such as workshops or coaching—resources that students sometimes viewed as inaccessible or insufficiently relevant.

Across both domains, students emphasized the *emotional burden* and everyday consequences of structural barriers, while providers adopted a *systems-level perspective* centered on capacity, policy, and operational realities. Both groups, however, identified long wait times, stigma, cultural mismatch, and service navigation difficulties as persistent concerns. By distinguishing both within-group and between-group divergences, it becomes clear that even widely shared challenges were not experienced uniformly—identity, resources, and networks shape how students encounter and respond to barriers, just as provider roles shape how challenges are understood and addressed.

Chapter Six: Discussion

6.1 Service Providers: Institutional Awareness and Structural Response

Service providers within educational institutions have demonstrated a growing awareness of the layered and intersecting challenges faced by international students, particularly around cultural adaptation, mental health access, and financial stress. Increasingly, providers recognize that institutional terminology—such as “wellness,” “resilience,” or even “self-care”—does not always align with the cultural frames of reference or lived experiences of international students (88). These terms, although well-intentioned, can appear vague, alienating, or irrelevant to students coming from different healthcare paradigms and cultural understandings of well-being.

In response, institutions have implemented a range of programmatic initiatives such as pre-arrival orientations, intercultural training for staff, and trauma-informed care models. These efforts aim to normalize help-seeking behaviours and reduce stigma around mental health (88). However, many of these interventions remain undercut by a lack of cultural attunement. That is, while service structures exist, their content and delivery mechanisms are often not reflective of the sociocultural diversity of the student population. The gap is not in awareness but in execution—services are accessible in name, but not in lived relevance.

A key insight from providers is the persistent reliance on systems-level interventions—such as workshops, infographics, and staff training modules—over relational engagement. These are valuable tools but insufficient on their own. For example, in cases where international students turn to emergency departments due to misunderstanding of the healthcare system, institutional responses often focus on expanding information access or refining procedural clarity. However, this approach overlooks the affective and cultural dimensions of decision-making: fear of judgment, uncertainty in communication, and the absence of relational trust. Documentation-heavy solutions cannot replace the reassurance provided by culturally familiar, empathetic peer support or mentors (88).

This divide between system logic and student logic reflects a deeper systemic inadequacy. Using Ecological Systems Theory (118), one can interpret this disconnect as stemming from a misalignment between the exosystem (institutional structures and professional norms) and the microsystem (students’ immediate experiences, relationships, and sociocultural environments). Service providers, operating within the exosystem, often design interventions that function well on paper but fail to integrate the relational and cultural subtleties necessary for student uptake.

Bridging this divide necessitates more than technical improvements; it calls for interdisciplinary and intercultural collaboration. Service designers must meaningfully engage with international students—not merely as participants in feedback loops, but as co-designers of services (119). This approach parallels best practices in participatory action research, where end-users help shape interventions to ensure relevance and sustainability. This involves involving peer leaders, cultural clubs, and student associations at the design stage of programming and embedding relational cues, cultural metaphors, and experiential understanding into every layer of service delivery (88,120). By doing so, institutions can strengthen the mesosystem connections

that foster trust, relatability, and continuity between institutional intentions and student expectations.

Additionally, it is crucial to differentiate between structural awareness and structural readiness. While many institutions recognize that international students are a priority demographic, their operational frameworks often lack the flexibility, staffing, and funding to implement changes beyond surface-level inclusion. Several providers noted that while strategies exist on paper, their implementation is hindered by resource shortages and competing institutional priorities. This reinforces the importance of shifting from reactive accommodation to proactive redesign—a move that positions cultural responsiveness not as an “add-on,” but as a foundational principle of service planning (121).

In summary, while service providers demonstrate a commendable level of awareness and effort, the current paradigm remains insufficient. Without a deeper investment in cultural co-creation, relational infrastructure, and contextual nuance, institutions risk perpetuating a cycle where students are aware of services but do not feel those services are truly for them. This finding aligns with broader research showing that domestic students often benefit from greater familiarity with institutional systems, whereas international students face additional cultural and structural hurdles. The implication is that service models must evolve to address both groups equitably while recognizing the distinct needs of international students.

6.2. International Students: Lived Experience and Emotional Realities

International students describe their experiences in emotionally rich and contextually layered ways, highlighting how structural and interpersonal barriers intersect to shape their overall well-being. Cultural disorientation, academic performance anxiety, and financial stress form a triad of pressure that significantly impacts mental health and social integration. Participants shared that long wait times for counselling, uncertainty about how to navigate support systems, and stigma around help-seeking often left them feeling overwhelmed and unsupported. These barriers were particularly intense for those who also felt the weight of needing to justify the financial and emotional sacrifices their families had made to send them abroad (122,123).

Financial hardship, in particular, was framed not just as a logistical obstacle but as a constant psychological stressor. International undergraduate students in Canada pay, on average, three to five times more in tuition than their domestic peers (124), a disparity that has only widened in the 2023–2024 academic year. With limited access to scholarships, student aid, or employment opportunities due to visa restrictions, many international students find themselves living in financial precarity (125). Tan and Şekercioğlu found that this financial burden contributes significantly to emotional exhaustion, disrupted academic focus, and even reconsideration of their decision to study abroad (123). Several students in this study spoke of operating in “survival mode,” where basic needs and academic tasks took precedence over self-care or help-seeking—a finding that mirrors prior literature on the relationship between financial insecurity and student disengagement (122). This financial strain was especially pronounced

among undergraduate students compared to master's or PhD participants, who sometimes had additional stipends or research assistantships to offset costs.

Language barriers compound these challenges. Beyond the practical difficulty of communicating, students often described the emotional toll of being misunderstood or feeling “less competent” due to accents or difficulty expressing themselves clearly. This aligns with research by Schwei et al., which shows that linguistic challenges can hinder social integration, elevate psychological distress, and undermine confidence in accessing health or academic resources (126). In this study, several students explicitly stated that they avoided mental health appointments due to fear that they would not be understood or that their issues would be culturally misinterpreted. Students newer to Canada, and those with fewer social supports, were especially likely to describe these experiences, whereas students who had lived in Canada for multiple years often expressed more confidence navigating services despite persistent frustrations.

The Health Belief Model helps make sense of this behaviour. Although many students recognized the seriousness of their emotional struggles, the perceived barriers—such as stigma, language difficulties, and confusing service structures—frequently outweighed the perceived benefits of seeking support (4,122). Students conducted ongoing cost-benefit analyses, and when the emotional or practical cost of accessing services was too high, many chose to disengage altogether.

Furthermore, the Transactional Model of Stress and Coping (110) explains how students interpret and respond to these pressures. When students perceive available coping resources as insufficient—due to unresponsive systems, impersonal staff, or culturally mismatched care—they may appraise the stressor as unmanageable. As Fluharty et al. observed, students in this context often adopt emotion-focused or avoidance-based strategies, such as isolating themselves, suppressing emotional needs, or shifting focus entirely to academic survival (127). Students with family in Canada or strong cultural association networks were more likely to report problem-focused coping strategies, whereas those without local support systems described higher reliance on avoidance and suppression.

These coping mechanisms are not signs of personal failure, but reflections of systemic shortcomings. As this study found, many international students are not unaware of the support services available—they are actively choosing not to engage with them because the emotional labour of accessing those services outweighs the perceived relief. This dynamic is especially troubling in the context of mental health, where early intervention is key, but students may delay or avoid support altogether until they reach a point of crisis.

In sum, the lived experiences of international students illustrate how cultural dissonance, financial precarity, and institutional complexity coalesce to produce chronic stress conditions. Without targeted, culturally responsive interventions, these pressures are likely to persist, undermining not only students' mental health but also their academic success and long-term integration. Theoretical frameworks like the Health Belief Model and Transactional Model reinforce the need for service environments that reduce perceived barriers, build relational trust,

and affirm students' cultural and emotional realities. When compared with domestic students, international students face many of the same stressors, academic workload, adjustment to independence, and stigma around mental health, but these are compounded by financial precarity, visa constraints, and cultural dissonance. This layered burden suggests that while institutions can adapt existing student wellness models, they must also tailor approaches specifically for international students to ensure equitable access and impact.

6.3 Comparison of Data: Points of Alignment and Divergence

There is substantial convergence between the concerns raised by service providers and those voiced by international students—particularly around stigma, financial hardship, and cultural misalignment in service delivery. However, the framing and depth of interpretation differ markedly between the two groups. International students articulate their challenges in terms of lived, emotional realities—describing feelings of being overwhelmed, misunderstood, or unsupported. In contrast, service providers tend to contextualize these same issues within institutional or operational frameworks, focusing on resource limitations, policy barriers, or the scope of existing services (88).

This divergence is evident in how both groups discuss access to mental health support. While providers frequently referenced the existence of multiple service offerings, students reported hesitation or outright disengagement from these services—not due to lack of availability, but due to a lack of cultural attunement or emotional safety in provider interactions. As Tan and Şekercioğlu explain, students may perceive services as inaccessible even when they are physically or logistically available, particularly if their first encounters feel impersonal, stigmatizing, or culturally mismatched (123). This was especially true for students in their first year of study, who often expressed uncertainty about confidentiality and a lack of familiarity with Canadian mental health systems, compared to more senior students who had developed coping strategies or social networks.

The Ecological Systems Theory (128) offers a valuable lens to interpret this disconnect. Students' microsystem experiences—including interpersonal encounters, stress responses, and perceived support—are shaped by exosystemic structures (e.g., healthcare access, tuition policies, immigration rules) and macrosystemic norms (e.g., Western ideals of individualism, silence around mental health). Students newer to Canada or from cultural contexts with strong collectivist traditions described greater dissonance in navigating these systems than peers with longer Canadian residence or previous study abroad experience. While students often focus on immediate emotional impacts, providers operate within and are constrained by these broader systems, leading to a divergence in how problems are understood and addressed (88).

The Health Belief Model further illustrates these gaps. Students' decisions about help-seeking are shaped by their perceived susceptibility to mental health issues, the perceived severity of their situation, and—most critically—the perceived barriers to accessing effective care (4,122). A student may believe that mental health support could be beneficial, but if they anticipate judgment, misunderstandings, or long delays, the perceived cost of engagement

outweighs the potential benefit. This cognitive dissonance is often invisible to providers who evaluate services based on structural availability rather than emotional and cultural usability. Domestic students, while also facing stigma, were generally viewed as having greater cultural familiarity with Canadian health systems and therefore fewer structural misinterpretations, suggesting that international students encounter a compounded set of barriers.

The Transactional Model of Stress and Coping (110) adds another interpretive layer. It helps explain how international students evaluate their stressors (e.g., cultural adaptation, academic performance, financial pressure) and determine whether they can cope using the resources available to them. If services lack cultural resonance or emotional accessibility, students may shift toward maladaptive coping mechanisms such as withdrawal, emotional suppression, or overcommitment to academic tasks. As Horner C.R. highlights, students who perceive institutional systems as untrustworthy or irrelevant are more likely to disengage altogether (129). Students with stronger peer or family networks in Canada more frequently described proactive coping, while those isolated or financially insecure tended toward avoidance.

Importantly, the data suggests that students and providers are not necessarily in conflict but are navigating different parts of the same problem. Providers are focused on design and delivery, while students navigate perception and experience. Without integrating these viewpoints, institutional efforts risk falling short—not because they are absent, but because they are not experientially relevant.

Therefore, this study supports a dual imperative: to enhance institutional capacity (through training, resourcing, and policy flexibility) and to reorient service design around student meaning-making. Programs must be co-constructed with international students, grounded in cultural humility, and measured not just by usage statistics, but by trust, comfort, and emotional resonance. This co-construction also has practical implications for knowledge users, policymakers, administrators, and campus leaders, who must consider not only how many students are served, but also how services are perceived and whether they foster sustained engagement. A limitation of this study is that none of the international student participants reported a formal mental health diagnosis; thus, their perspectives reflect self-assessed well-being. Future research should compare these self-assessments with clinical data and extend findings to domestic students to better understand similarities and divergences in access and use of services.

6.4 Divergence Within Groups

While the data reveal clear differences between student and provider perspectives, there is also meaningful variation **within** each group. Among service providers, divergence was limited—likely reflecting the small number of participants—but differences still became visible in how challenges were prioritized. Some providers emphasized operational barriers such as staffing shortages and procedural inefficiencies, while others foregrounded the relational aspects of service delivery, such as trust-building, cultural competence, and early outreach. These differences often reflected role-specific vantage points, with frontline staff focusing on student

interaction and engagement, and administrators more concerned with structural capacity and institutional policy.

Within the international student group, variation was far more pronounced. Although there was broad consensus around key barriers—stigma, financial hardship, cultural adjustment, and service navigation—the intensity and framing of these issues varied according to individual circumstances. Place of origin influenced familiarity with mental health concepts, norms around help-seeking, and comfort discussing personal challenges. Students from countries where mental health carries strong stigma often described greater hesitation in accessing services, while those from contexts with more open dialogue about mental health expressed frustration when Canadian systems did not meet their expectations for timely, relational care. For example, South Asian students described heightened concern about confidentiality, while some North American participants focused more on service efficiency and outcomes.

Year of study also shaped responses. First-year students tended to emphasize the difficulty of initial system navigation, building social networks, and understanding academic norms, whereas students in later years were more focused on long-term stressors such as career uncertainty, post-graduation immigration pathways, and sustained financial strain. Doctoral students often described pressures tied to research timelines and supervisor relationships, while undergraduates more frequently discussed adjustment to class participation and grading systems.

Economic context was another differentiating factor. Some students described working multiple jobs while receiving little or no family support, leading to exhaustion and minimal time for academic or social engagement. Others avoided asking their families for financial help to prevent adding to their relatives' burdens, even when this meant forgoing services or opportunities. A smaller group had sufficient financial resources, enabling them to participate in campus life and access supports without the same degree of hesitation. Housing status also intersected with these pressures; students in shared or unstable housing described greater stress and limited privacy for self-care, while those in stable accommodations expressed relatively greater ease in balancing responsibilities.

The presence or absence of social networks in Canada significantly influenced help-seeking behaviour. Students with established peer or family connections often relied on these networks for service recommendations and emotional support, reducing their reliance on formal institutional outreach. In contrast, those without such networks reported feelings of isolation and uncertainty about where to turn for assistance, often delaying or forgoing help altogether. Gender identity further shaped these dynamics; for instance, some female participants reported additional concerns about safety and judgement, while male participants described difficulty expressing vulnerability due to cultural expectations.

These within-group differences highlight that international students are not a homogeneous population. Structural and cultural factors interact with individual identities and resources to shape how barriers are experienced, interpreted, and navigated. Recognizing this diversity is essential for designing supports that are not only broadly accessible, but also adaptable to the varied realities of those they are intended to serve. For knowledge users,

including policymakers, student affairs leaders, and health practitioners—this highlights the need to move beyond ‘one-size-fits-all’ programming and toward flexible, intersectional approaches that reflect diversity in degree level, gender, financial status, and housing.

6.5 Need for Change: Identifying Gaps and Structural Weaknesses

Significant gaps in service accessibility and cultural responsiveness were identified in the data, as many students report having to “start from scratch” in each interaction with institutional support services (88,123). This indication of systemic misalignment suggests that institutions are failing to meet students where they are, perpetuating barriers in trust and navigation (125). Students' experiences of financial strain extend beyond issues of affordability; they manifest as psychological burdens that necessitate structural compassion from institutions to foster an environment conducive to well-being (88,123).

Providers acknowledge their limitations in terms of staffing, funding, and policy flexibility, yet initiatives like peer mentorship and intercultural workshops have not been adequately scaled to meet the diverse needs of international students (88). Importantly, these gaps are not uniform: students at different degree levels (undergraduate vs. doctoral), housing situations (stable vs. precarious), and financial contexts (adequately resourced vs. working multiple jobs) described divergent needs that existing services rarely accommodated.

Additionally, both parties recognize that services designed for certain educational levels often miss the mark for those with varied backgrounds and experiences within the international student population (122). For example, doctoral students expressed frustration when career services were targeted primarily toward entry-level job seekers, while undergraduates emphasized the need for clearer academic skill-building support. Gender and cultural expectations also influenced uptake; some female students described heightened safety and stigma concerns, whereas some male students described difficulty expressing vulnerability due to cultural norms.

Taken together, these findings underscore that the challenge is not only one of resources, but of structural design and cultural attunement. Institutions must move beyond surface-level programmatic fixes and commit to systemic reform that incorporates co-design with international students, stronger interdepartmental collaboration, and flexible policy frameworks. For knowledge users—including policymakers, student affairs leaders, and health practitioners—these findings point to the urgent need to prioritize cultural humility, responsiveness to variation, and proactive engagement strategies as central to institutional accountability.

6.6 Pathways for Postsecondary Institutions and Community Services Towards Supportive, Equity-Oriented Systems

The data clearly reveal significant gaps in both service accessibility and cultural responsiveness, underscoring a pervasive sense of systemic misalignment. Many international students reported having to “start from scratch” in each interaction with support services—retelling their histories, re-explaining their cultural contexts, and repeatedly navigating

institutional systems that seemed unfamiliar or unaccommodating (88,123). These repeated experiences erode trust and compound emotional fatigue, contributing to a perception that the institution is not designed for them, but merely tolerates their presence within an inflexible system.

This sense of disconnection signals not just a programmatic shortfall but a deeper failure in institutional empathy. The misalignment between service design and student experience creates barriers that are felt most acutely in moments of vulnerability—such as when seeking mental health care, navigating financial aid, or requesting academic accommodations. Students do not simply encounter gaps in access; they experience these gaps as personal invalidations, where their cultural backgrounds, emotional needs, and lived experiences are rendered invisible or irrelevant.

Financial strain plays a central role in shaping these dynamics. International students face disproportionately high tuition fees—sometimes more than five times that of domestic students—and were often excluded from the financial aid systems that support their local peers (130). Unlike domestic students, who described greater access to grants, bursaries, and family financial buffers in prior studies, international students in this study described ongoing precarity that shaped nearly every academic and personal decision. These costs are not only material burdens but also psychological stressors, affecting students' ability to focus, seek help, and engage meaningfully with academic and social life. The stress of justifying these financial sacrifices—often in the context of family expectations or debt—amplifies feelings of isolation and internalized pressure (123).

Institutions have responded with initiatives such as peer mentorship programs, intercultural workshops, and resource hubs, all aimed at easing transition and fostering inclusion (88). However, these programs are often under-resourced, inconsistently scaled, or not tailored to the diversity within the international student population. Students arriving as graduate scholars, working professionals, or second-career learners frequently found services geared toward undergraduates or “newcomers” irrelevant or condescending. International students are not a monolith; designing for them as such risks excluding the very students most in need of nuanced support (122).

Service providers themselves are aware of the limitations they face. Staffing shortages, rigid institutional policies, and funding constraints inhibit the ability to deliver personalized and culturally resonant care. While there is often recognition of these systemic issues, acknowledgment alone does not translate into transformation. Without a shift from reactive programming to proactive redesign, international student services risk remaining performative rather than impactful.

Through the lens of Ecological Systems Theory, the disconnect between student needs and institutional offerings can be understood as a breakdown in mesosystem integration. That is, while both microsystem (student experience) and exosystem (institutional policy) are active, the link between them—coordinated, culturally-informed programming that reflects student

realities—is weak or absent. This leaves students navigating systems that are operationally sound but experientially alienating.

Furthermore, applying the Transactional Model of Stress and Coping, it can be seen that many students are forced into maladaptive coping responses—withdrawal, overcommitment, emotional suppression—because the supports intended to buffer stress do not match their cultural frameworks or contextual realities. The model emphasizes the importance of perceived control and coping resources in stress response. When students perceive institutional systems as inflexible, depersonalized, or indifferent, their sense of control diminishes, and their stress appraisals become more severe.

Ultimately, institutions must move beyond recognizing diversity to operationalizing inclusion. This means treating international students not as temporary guests but as integral members of the campus community, whose voices, needs, and contributions must shape the very systems intended to support them. For knowledge users, including university administrators, community service providers, and policymakers, this requires embedding cultural humility and equity into institutional design, ensuring programs are evaluated not just by service uptake but by students' reported sense of trust, relevance, and belonging.

6.7 Study Limitations and Directions for Future Research

While this study offers important insights into the barriers and facilitators influencing international students' access to mental health and social services, several limitations should be acknowledged.

First, the sample size, while sufficient for in-depth qualitative analysis, limits the generalizability of findings beyond the study context. The inclusion of 14 students and 3 service providers provides a rich but localized perspective, shaped by the specific institutional and community context of the Waterloo Region.

Second, participation was voluntary, which may have introduced self-selection bias; those who chose to participate may have had stronger opinions or more pronounced experiences—positive or negative—than the broader international student population. Third, while efforts were made to recruit a diverse participant pool, the sample was not evenly balanced in terms of region of origin, program of study, and gender identity. These imbalances may have influenced the themes and the weight given to particular experiences.

Fourth, interviews were conducted in English, which may have constrained the ability of some participants to fully articulate nuanced experiences, particularly around culturally sensitive topics.

Fifth, none of the student participants reported having a professional diagnosis of a mental health condition, and all self-rated their mental health between fair and excellent. This lack of variation in mental health status limited the study's ability to capture perspectives from those experiencing more severe or clinically diagnosed mental health challenges, which may differ substantially in how barriers and facilitators are perceived. For example, students

managing depression or anxiety disorders may face additional stigma, higher support needs, or greater urgency in service engagement than reflected here.

Finally, my own positionality as a researcher—while addressed through reflexivity and peer debriefing—may have influenced both data interpretation and the framing of themes.

Future research could build on this study in several ways. Comparative studies across multiple universities or regions would help to identify whether the patterns observed here are consistent across different institutional and cultural contexts. Quantitative or mixed-methods approaches could complement qualitative findings by assessing the prevalence of identified barriers and facilitators across larger populations. Longitudinal studies would also be valuable to track how students' perceptions and service engagement evolve over time, particularly in relation to key milestones such as arrival, academic progression, and graduation.

Further, targeted research on subgroups within the international student population—such as those from underrepresented regions, students in professional programs, or those with intersecting marginalized identities—could deepen understanding of how identity factors shape service engagement. Including participants with a range of mental health experiences, including those with professional diagnoses or lower self-rated well-being, would add important variation to the findings. Finally, intervention-based studies, co-designed with international students, could test the effectiveness of specific strategies for improving trust, cultural responsiveness, and service accessibility in both campus-based and community-based settings in the Waterloo Region.

In addition to long-term research priorities, several practical applications can be implemented immediately by institutions and community partners. Simple but impactful strategies include:

1. Developing brochures and online resources that clearly outline available mental health and social services, with plain-language descriptions and contact details.
2. Creating a centralized, up-to-date list of support services (on- and off-campus) that highlights eligibility, cost, and cultural or language-specific options.
3. Partnering with student groups, including student unions and international student associations, to raise awareness, co-host information sessions, and integrate service information into orientation programming.
4. Embedding advocacy and feedback mechanisms so that international students can directly shape how services are communicated and improved.

These low-cost, high-impact measures can improve clarity, reduce confusion, and strengthen trust while larger structural reforms are pursued.

Chapter Seven: Conclusion

The examination of the barriers and facilitators shaping international students' access to mental health and social services has revealed significant insights into the systemic challenges these students face. Research indicates a persistent disconnect between institutional offerings and the lived experiences of international students navigating a foreign environment. Despite efforts to implement programs such as orientation and cultural sensitivity training, many services remain culturally misaligned and emotionally inaccessible (131). As noted by Gopalan et al., students frequently encounter social isolation, language barriers, financial stress, and emotional exhaustion—factors that deter their engagement with available support services and contribute to a heightened sense of disconnection from the institutional community (131).

Research consistently indicates that international students experience higher rates of psychological distress but are less likely to seek formal support due to persistent stigma, lack of trust, and perceived irrelevance of the services provided (132). For instance, international students often underutilize counseling services despite an evident need for mental health support (132). Furthermore, studies corroborate this sentiment by highlighting that students frequently perceive mental health services as culturally incongruent, which further dampens their willingness to reach out for help (133). Service providers are cognizant of these underlying tensions and have attempted to address them through peer support initiatives, intercultural training, and trauma-informed care practices. However, systemic issues remain, including underfunded counseling units, prolonged wait times, and restrictive eligibility criteria for services—all of which impede their effectiveness (134). These constraints underscore institutional conditions that exist within broader ecological frameworks, such as immigration laws and financial policies, which further complicate the landscape for international student support (135).

The application of Ecological Systems Theory serves to highlight how the individual struggles of international students are intricately linked to the surrounding institutional culture and government policies (131). Additionally, the Health Belief Model elucidates how personal perceptions regarding mental health severity and barriers to seeking help shape the behaviors of these students—revealing how stigma and cultural misalignment can diminish the perceived value of institutional support systems (132). Furthermore, the Transactional Model of Stress and Coping shows that when students are met with inadequate or unresponsive institutional support, maladaptive coping mechanisms may arise, such as emotional suppression or disengagement (136). This research contributes to the growing body of literature on international student mental health by prioritizing the narratives of those most affected and providing a critical lens through which to view institutional systems.

It is important to note that while domestic students in Canada also face challenges related to mental health access—such as wait times or stigma—international students often experience these barriers in amplified ways. Domestic students typically benefit from prior familiarity with the Canadian healthcare system, stronger family or community networks, and lower tuition-related financial stress. In contrast, international students must navigate additional layers of

cultural adjustment, immigration uncertainty, and linguistic barriers. Recognizing both similarities and differences reinforces that while some interventions can serve all students, others must be distinctly tailored to international student realities.

It calls for a transformative shift in higher education institutions from a model of generalized service provision to one that emphasizes culturally responsive co-creation of support services. The necessity for institutional transformation extends beyond merely increasing service availability; it must also include the cultivation of relational trust, structural empathy, and diverse representation in service design (132). Programs aimed at supporting international students should be flexible and trauma-informed, developed through ongoing consultation with the student body to ensure their relevance and accessibility (133). Immediate steps that institutions can adopt include providing multilingual brochures that clearly outline available services, creating and regularly updating a consolidated list of on- and off-campus supports with descriptions, and partnering with student unions or international student associations to amplify advocacy and ensure students are meaningfully represented in service design conversations.

As Canada positions itself as a leading destination for international education, the urgency for equitable, inclusive, and emotionally responsive support structures grows exponentially. With over 800,000 international students welcomed as of 2023, it is imperative that institutions evolve to prevent exacerbating mental health issues and to support academic success and long-term integration (137). This calls for a deeper investigation into culturally tailored interventions, peer mentorship models, and policy-level decisions that significantly impact the support ecosystem for international students.

In closing, this study underscores the necessity for institutions to foster systems built on relational trust rather than procedural compliance. By prioritizing student voice, representation, and culturally competent frameworks, universities can enhance not only academic outcomes but also the overall belonging and well-being of international students—transforming from mere educational establishments into spaces of equity and care.

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Appendix A: Interview Guides

International Student Interview Guide

Demographic Questions:

1. What is your age?
2. What is your sex?
3. What is your country of origin?
4. How long have you been living in the Waterloo region?
5. What is your current enrollment status?
6. What type of visa do you hold?
7. Do you have any immediate family (parents, siblings) living in Canada?
8. Do you attend classes in person?
9. How would you rate your fluency in English?
10. Have you ever been diagnosed with a mental health condition by a healthcare professional?
11. Based on the description below, how would you rate your current mental health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and behave in daily life, how we handle stress, relate to others, and make decisions. Good mental health doesn't mean you never experience stress or challenges—it means you can generally cope, adapt, and maintain your overall functioning.

Interview Questions

1. Can you share your story about adjusting to life in the Kitchener-Waterloo area since you arrived for your studies?
 - a. What has your daily life been like, for example what has your routine been since moving?
 - b. What are some significant experiences that have shaped your time here?
 - c. Can you describe any moments that were especially challenging or rewarding?
2. Tell me about your journey in discovering the various support services available to you as an international student.
 - a. How did you first learn about these services?
 - b. What information have you come across regarding these services?
 - c. Are there specific instances where you found the information particularly helpful or lacking?
3. How has the school played a role in your social and mental well-being since you arrived?
 - a. Can you talk about any specific programs or initiatives that stand out in your experience?
 - b. How have these programs and initiatives would provide an impacted you?
 - c. What are your thoughts on the effectiveness of the school's efforts?

4. Can you share a story about a time when you considered whether to seek out support services?
 - a. What thoughts or feelings did you have about seeking support?
 - b. What factors influenced your decisions?
 - c. How did you feel about the options available to you?
 - d. What did you ultimately decide to do and why?
5. Share your experiences of integrating into the local culture and community here.
 - a. What has your involvement in cultural or social events been like?
 - b. Can you describe your interactions with local students and residents.
 - c. Can you explain how your interactions and cultural experiences here compare to those from your home country?
 - d. How have these experiences influenced your overall time here?
6. Based on your experience as an international student, what stories or insights can you share about improving support services?
 - a. Are there specific services or resources that you feel could be added or improved?
 - b. How could existing services be made more accessible or effective?
 - c. What advice would you give to new international students?
 - d. What types of support services do you believe would be most helpful in addressing the challenges you face?
 - e. Can you share any examples of services or programs you've seen work well, either here or elsewhere?
 - f. In your opinion, who should be responsible for providing these services (e.g., university, community organizations)?
 - g. What factors are most important to you when accessing support (e.g., convenience, trust, availability)?

Service Providers Interview Guide

Demographic Questions:

1. What is your sex?
2. What is your current job title?
3. How long have you been working in your current role?
4. How long have you been working with international students?
5. What types of support services do you provide to international students?
6. Can you describe your professional background prior to this role?
7. What specific trainings, if any have you received related to supporting international students?

Interview Questions:

1. Can you describe your understanding of the supports the university may offer to international students?
 - a. what would your role be in this case and what types of responsibilities does it entail
 - b. What are the main services you provide?
 - c. How often do you feel you see international students seek out?
 - d. How do you typically interact with international students?
 - e. Can you share a story that highlights a typical day in your role?
2. From your perspective, what are some common challenges that international students face when they first arrive here?
 - a. Can you provide examples of the types of issues students commonly bring to you?
 - b. How do these challenges affect their academic and personal lives?
 - c. Are there particular stories that illustrate these challenges well?
 - d. 16 see a lot of international students have bias towards seeking help, how do you try to mediate it, in the first
 - e. As their time progresses do you see them having more issues/less issues, what is a main concern that stays common throughout if any?
3. In your experience, what are the common signs or situations that lead international students to seek your help?
 - a. Can you describe any patterns or common triggers that prompt students to reach out?
 - b. How do students typically express their need for support?
 - c. Are there any memorable cases where the need for support was particularly evident?
4. Can you share some success stories where the support provided made a significant positive impact on an international student's life?
 - a. What made these situations successful?

- b. How did the student respond to the support?
 - c. What specific actions or approaches were particularly effective?
- 5. What challenges do you face in providing support to international students, and what areas do you think need improvement?
 - a. Can you share examples of situations where providing support was difficult?
 - b. What do you think could be done to improve the effectiveness of support services?
 - c. Are there any gaps or needs that you feel are not being addressed?

Appendix B: Figures

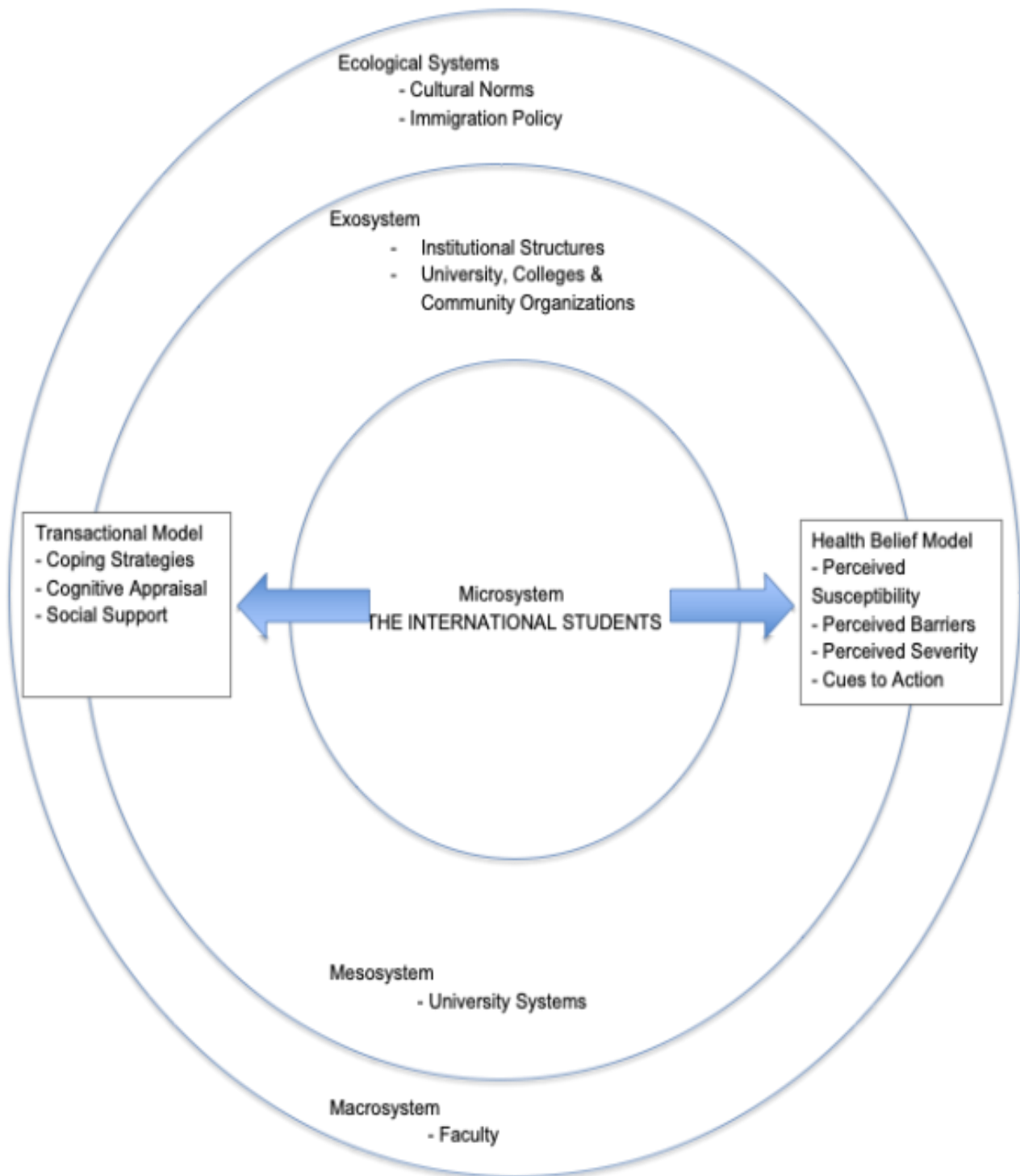


Figure 1. Conceptual integration of the Transactional Model of Stress and Coping, the HEALTH BELIEF MODEL, and Ecological Systems Theory to assess international students' access to mental health and social services

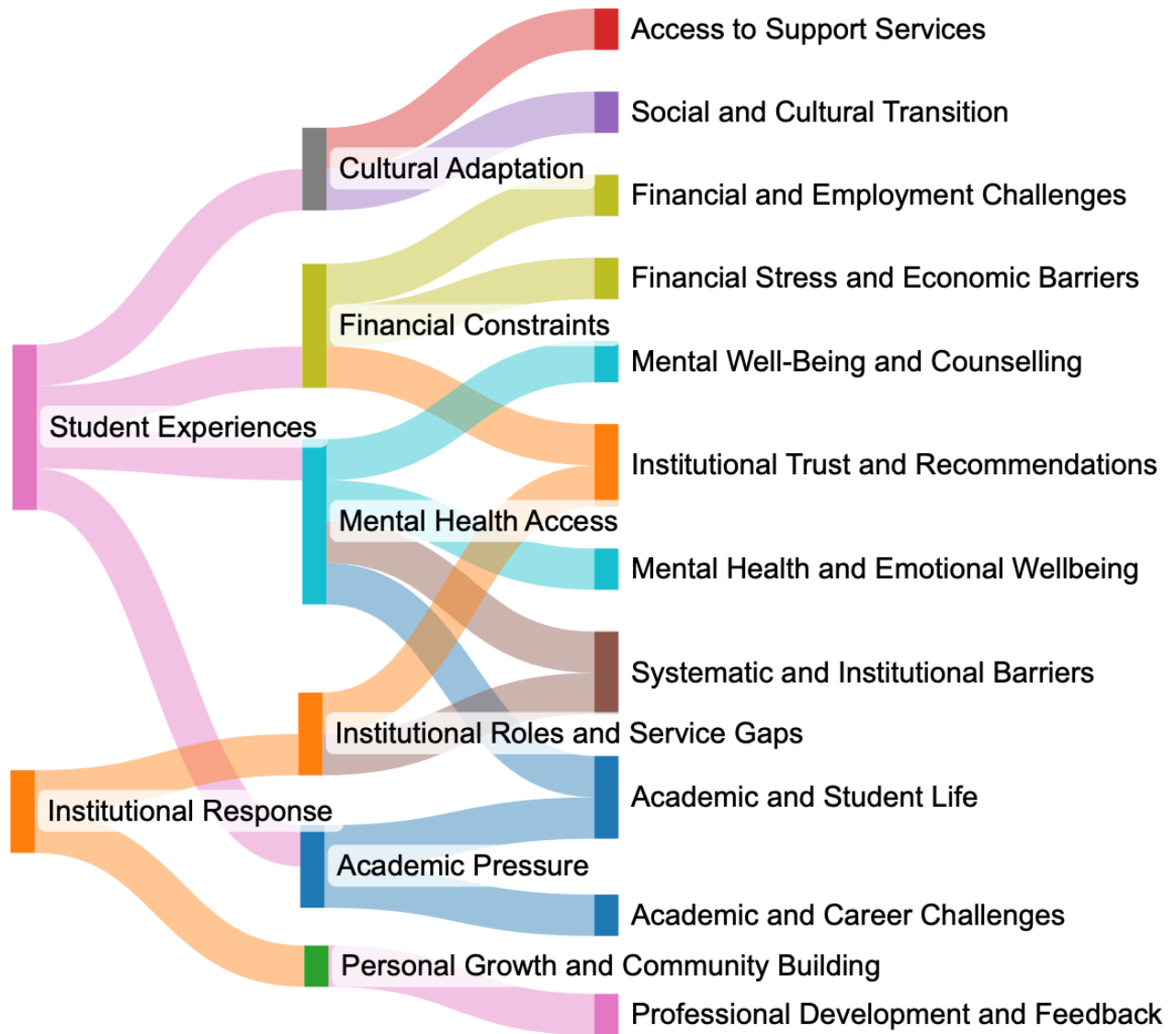


Figure 2. Thematic Analysis of International Student and Service Provider Interviews: Student Experiences and Institutional Responses.