

The University of Wisconsin's Mental Health
Services and Perceptions of
Asian-Indian Students

by

Michael J. McRaith

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Dr. Carlos Dejud

The Graduate School
University of Wisconsin-Stout

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**The Graduate School
University of Wisconsin-Stout
Menomonie, WI**

Author: McRaith, Michael J

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ABSTRACT

Asian Indian international students make up the largest group of foreign students studying in the United States. This research examined the perceptions held about campus counseling centers by the Asian Indian international students on the University of Wisconsin four-year campuses. Previous research suggested that international students have low utilization rates of campus counseling centers despite high needs. A twenty question online survey was conducted on Asian Indian students (n=71) studying on the following University of Wisconsin campuses: Green Bay, Madison, Milwaukee, Parkside, River Falls, Steven's Point, and Stout.

The findings from this survey indicated that many of the students had a fairly low awareness of the location of their local campus counseling center. Additionally, of the Asian Indian international student respondents, there was a generalized low opinion of their local campus counseling center's usefulness to their specific needs and low expectation of the likelihood of finding a culturally sensitive counselor. The research suggested that these students

would rely heavily on friends and family for mental distress such as, stress, addiction, homesickness, anxiety, and depression. Some of the data collected from the survey suggested that there might be differences in perception based on gender and location of home state in India.

The Graduate School
University of Wisconsin Stout

Menomonie, WI

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Chapter I: Introduction

The global context and nature of our world is rapidly changing. After World War II, American leaders recognized the potential for a rapid increase in global travel, communication, and global economic alliances (Burn, 1980; Vestal, 1994). In increasing numbers, students from non-Western nations have come to study at institutions of higher education (IHE) in western nations (Vestal, 1994). One of the measured responses has been to proactively internationalize the United States' academic institutions (Hser, 2005). This phenomenal growth in the numbers of international students coming to study at universities in the United States is reflected in statistics reported since the 1950's (Wehrly, 1986). According to the 2008 Open Doors Report on international exchange and published annually by the Institute of International Education (IIE), the United States (U.S.) experienced a 7% increase in international student enrollment in colleges and universities, bringing the 2007-2008 total to 623,805 students (IIE, 2008). Additionally, international students contribute up to \$15.5 billion dollars annually to the U.S. economy, making it the fifth largest service export in the nation (U.S. Department of Commerce, cited in IIE, 2008).

India had a large percentile of growth - almost 13% from 2006-2007 to 2007-2008, now totally 94,563 students. For India, it is their seventh consecutive year sending the most students to the United States. In fact, all of the top five countries sending students to the United States are countries from Asia (IIE, 2008). The representation of international students on U.S. campuses varies considerably, but all of these students need to have access to appropriate services. According to the National Center for Educational Statistics (NCES, 2002), the three largest groups of international students were from South and East Asia (55%), Europe (15%) and Latin America (12%). The University of Wisconsin system is no different. In the 2007-2008 academic year, students from Asia represented over 50% of the international students on the Wisconsin system's

campuses. Asian Indian students make up 10.8% of the 8,014 foreign students studying in the state of Wisconsin (IIE, 2008).

International students on U.S. campuses, in particular, students enrolled in the University of Wisconsin-system, have problems that might not be common to American students. Tseng and Newton (2002) have focused on four specific challenges faced by international students: 1) dealing with American food, housing, environment, 2) becoming accustomed to their new school system, 3) learning cultural norms and behaviors, and 4) difficulties with feeling alone, homesickness, and loss of identity. Other researchers (i.e. Chen, 1999; Parr, Bradley, & Bingi, 1992; and Wilton & Constantine, 2003) have documented that international students are concerned with adjustment to the new culture, social isolation, loneliness, unfamiliarity with the U.S. academic expectations, and finances. Several studies (Byon, Chan, & Thomas, 1999; Lippincott & Mierzwa, 1995; and Yoo & Skovholt, 2001) have found that international students hold attitudes toward and preferences about seeking mental health services that differ from those of U.S. students.

Although many of these international students face specific challenges, most of them do not seek professional help. Many international students tend to think of counseling as an unsuitable resource to utilize (Dadfar & Friedlander, 1982). Komiya and Eells (2001) wrote, "Despite their high need for support, international students have been reported as reluctant to seek counseling services" (p. 153). Furthermore, in the work of assessing the mental health needs of international graduate students, Hyun, Quinn, Madon, and Lustig (2007) concluded that "there is an unmet mental health need among international graduate students" (p. 109). And Nilsson, Berkel, Flores, and Lucas (2004) wrote in their study of international students utilizing counseling centers, "In terms of utilization rates, the results indicated that compared to U.S. ethnic/racial minority students, international students underutilized the counseling center" (p. 55).

Despite the demanding pressures, difficulties, and stresses of being international students, these students' use of counseling centers on campus remains low (Dadfar & Friedlander, 1982; Hyun et al., 2007; Komiya & Eells, 2001; Nilsson et al., 2004). This might be due to the fact that Asian Indian students are coming from a background that views counseling vastly different than the traditional western viewpoint found on U.S. campus counseling centers. In India there are only an estimated 1,000 registered psychologists to serve well over a billion people (Archarya, 2001). Furthermore, the majority of mental health facilities in India focus on major cognitive disabilities, addictions, suicide, and psychogenic work (Rajkumar, 1991). Thus, the estimated 20 million people who need mental health services in India rely mostly on indigenous models, including shamans, astrologists, palmists, and priests for mental health healing (Rajkumar, 1991).

The question then begs of itself - given the vast differences between mental health services in India and the United States, what perceptions do the Asian Indian international students who are enrolled on institutions of higher education (IHE) in the United States, particularly, in the University of Wisconsin-system (UW-system), have about the mental health services made available to them by their home campus counseling centers? By conducting a survey of the Asian Indian students' perception of counseling centers, the research hopes to contribute to a multicultural dialogue that can help bridge gaps of misunderstanding and improve counseling usage rates amongst international students.

Statement of the Problem

Within the universities and colleges in the United States, there is a large number of Asian Indian international students with significant need for mental health counseling and support services. Those students do not seem to be utilizing the counseling centers available to them.

Purpose of the Study

There are almost seven Asian Indian international students in the University of Wisconsin system (IIE, 2008). The purpose of the study is to identify the perceptions held by those Asian Indian students regarding the services offered at the University of Wisconsin system campus counseling centers. This research was designed to develop an empirical knowledge base regarding Asian Indian international students' perception of the counseling centers, in hopes of providing accurate recommendations for improved culturally sensitive communication between the Asian Indian students and the University of Wisconsin system counseling centers. The research was conducted in February and March of 2009, using an online survey throughout the UW-system's four-year campuses.

Research Objectives

This study will address the following research objectives:

1. Examine perceptions of Asian Indian international students in the University of Wisconsin system regarding campus counseling services.
2. Explore the differences in perception of mental health services, if any, between male and female respondents.
3. Explore the differences in perception of mental health services, if any, between graduate and undergraduate respondents.
4. Examine the differences in perception of mental health services, if any, in regards to the respondent's specific home Asian Indian geographic region.
5. Study the differences in perception of mental health services, if any, between the given academic majors of the respondents.

6. Investigate differences in perception of mental health services, if any, regarding the total amount of time spent in the U.S.

7. Study the differences in perception of mental health services, if any, between the students on the various University of Wisconsin campuses.

Importance of Study

This research study is important for the following reasons:

1. If internationalization is accepted as occurring and that a central part of that process is the internationalization of United States' universities and campuses (Burn, 1980; Vestal, 1994; Hser, 2005), then it follows that providing those students with useful services is important to their success and retention. In order to provide useful services, we must understand specific cultural perspectives to tailor our services correctly (Raney & Cinabas, 2005).

2. Asian Indians represent the largest group of international students studying in the United States (IIE, 2008) and research has persistently found that there is a low utilization of campus counseling centers, despite the reported high need international students have for counseling support (Dadfar & Friedlander, 1982; Hyun et al., 2007; Komiya & Eells, 2001; Nilsson et al., 2004). Thus, it is important to analyze the perception that Asian Indians have of their given University of Wisconsin counseling centers, to better understand the causes contributing to this phenomenon.

3. India is a developing Asian nation and the campus centers are based almost entirely upon western theoretical approaches to mental health (Raney & Cinabas, 2005). Some of India's traditional methods of counseling vary greatly from the traditional western approaches found in the United States (Raney & Cinabas, 2005). Given that there are some major differences in counseling approaches, it is important to continue to explore specific Asian Indian cultural knowledge to best

serve their needs on our campuses (Raney & Cinabas, 2005). Analyzing the Asian Indian students' perspective on mental health services will provide an important building block in bridging any potential cultural gaps between the Asian Indian students and their given University of Wisconsin counseling center.

Definition of Terms

The important terms to define in this study are:

Asian Indian or Indian: "A native or resident of India or the East Indies" (Webster's II dictionary, 1999, p. 563).

Ayurveda: Ayer means life and veda means knowledge, combined, the two words refer to traditional Asian Indian method of medicine dating back 5,000 years (Khandelwal, Jhingan, Ramesh, Gupta, & Srivastava, 2004; Rajkumar, 1991).

Culturally Competent Counselor: A person who (a) knows their own values, biases, and assumptions; (b) is aware of the worldview of the client; and (c) is always in the process of improving ways of working with multicultural clients (Sue, Arredondo, & McDavis, 1992).

Culture Shock: "A condition of anxiety and confusion that can affect an individual suddenly exposed to an alien culture or milieu" (Webster's II dictionary, 1999, p. 274).

Mental Health: "A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (U.S. Department of Health and Human Services, 1999, ix).

Pagal: A term for those deemed "mad" or severely mentally ill in India (Khandelwal et al., 2004; Raney & Cinabas, 2005).

Perception: "The awareness or the act or faculty of apprehending by means of the senses or of the mind; cognition; understanding" (Carlson & Waterman, 2002, p.161).

Assumptions and Limitations of the Study

The assumptions and limitations of this study are:

1. Although there is significant research to illustrate that many international students have a high need for help, with low utilization of campus counseling centers (Dadfar & Friedlander, 1982; Hyun et al., 2007; Komiya & Eells, 2001; Nilsson et al., 2004), there has been little research done to signify whether or not Asian Indian students have more or less than average need or attendance. In other words, the research that confirms international students' need for mental health assistance does not break down international students by nationality. Without a full breakdown of the international students by country, there is a limitation in knowing how the Asian Indian perspective is any different or similar to other foreign students.

2. The current population of India is well over a billion people. There are twenty-eight states and seven territories (Encyclopedia Britannica, 2009). In India there are over twenty languages spoken widely throughout the country. There are large numbers of Buddhists, Muslims, Hindus, Sikhs, and Christians (Encyclopedia Britannica, 2009). These facts suggest that the survey sample in this research project will portray only a tiny sample of the huge and diverse population in India.

3. The results will be limited by the disposition of the respondents. It may be the case that the students who respond to the survey are more or less inclined to one perception of campus counseling centers than another, while those who do not respond to the survey may or may not have bias one way or another.

4. The results of the survey are limited by language. Some of the students surveyed may not have mastered the American-English language. Others may be confused by psychology-related terminology or overlooked American nomenclature within the survey itself.

Chapter II: Review of Literature

This chapter will include a discussion of the trends in international education in the United States, a discussion of the mental health needs of international students, followed by a review of literature related to counselor multicultural competency, and a review of literature regarding the usage of university campus counseling centers amongst international students. The chapter will conclude with a review of literature regarding mental health services in India.

Trends in International Education

The United States has enjoyed the financial windfall, talent accretion, and cultural enrichment benefits from being the world's busiest host country to international students for decades (Hser, 2005). Since 1960 international student enrollment in the United States has steadily increased from around 50,000 to over 600,000 in 2007-2008. Business Studies and Humanities have overtaken Engineering as the most popular courses of study, and Agricultural studies have had the most dramatic increase in enrollment, increasing 25% from 2005-2006 to 2006-2007 (IIE, 2008). It seems that the influence of the English language is a strong one, as the United Kingdom is the world's second most chosen destination amongst international students (Altbach & Bassett, 2004).

On the national level, more than half of all international students come from Asia, with the largest representation from China and India (Council of Graduate Schools, 1998). Despite still ranking high in the overall number of international students sent to the United States, Japan has had a sharp decrease of almost 3.7% from 2006-2007 to 2007-2008 and had an additional 9% decrease the previous year. Saudi Arabia increased their percentage of students in the United States an astounding 128% two years ago and 25% again in 2007-2008. Vietnam and Nepal also recorded sharp inclines in enrollment at 45% and 15% respectively (IIE, 2008). University

personnel and counseling center professionals face a challenge in providing appropriate service delivery to this large growing population of international students.

The trends in international enrollment are also broken down by state. Regarding state-specific data for attracting international students, California remains the most popular destination of choice for international students, while Washington and Virginia had the biggest increases in enrollment from 2006-2007 to 2007-2008. Wisconsin ranks 23rd of the fifty states and the University of Wisconsin-Madison is ranked 20th amongst all universities in the United States. The 8,014 international students who enrolled in Wisconsin's IHE in 2007-2008, represented almost 170 million dollars in revenue to the state's economy (IIE, 2008). Wisconsin followed the national trend of attracting students from Asia more than any other continent in the 2007-2008 school year. The top five countries of origin amongst international students studying in Wisconsin are: 1,058 students from China, 999 from South Korea, 677 from India, 326 from Taiwan, and 252 from Japan (IIE, 2008). Given the continued overall trend of increased international student enrollment rates in the United States, it follows that these students will have successes and struggles related specifically to their internationalized experience in the United States' college system.

The Mental Health Needs of International Students

Poyrazli and Lopez (2007) reported in their study conducted of 439 college students, "International students experienced higher levels of discrimination and homesickness than U.S. students" (p. 263). According to the authors, this increase in perceived or experienced discrimination contributes to lower self-esteem, increased stress, and higher levels of isolation. Furthermore, homesickness can be magnified by the cultural shock that international students typically struggle with given their circumstances (Chapdelaine & Alexitch, 2004). In support of

this premise, Tseng and Newton (2002) provided their useful categorical summary of the research devoted to the study of adjustment problems amongst international students into four major sections: 1) dealing with American food, housing, environment, 2) becoming accustomed to their new school system, 3) learning cultural norms and behaviors, and 4) difficulties with feeling alone, homesickness, and loss of identity. Klomegah (2006) wrote of similar findings in the literature regarding international students' mental health needs, "Factors such as loneliness, helplessness, desire for dependence, hostility, fear, and bewilderment are some of the emotional and psychological characteristics associated with the process of adjustment or alienation experience" (p. 303).

It should be noted that in contrast to this trend in literature, Klomegah (2006) found no significant correlations between social isolation and international student status in a survey conducted on 94 sample students made up of 54% international students in 2005. Much like Klomegah's findings, the work of Hyun et al. (2007) found that international students did not report significantly more mental health need than their U.S. born counterparts, though the same study did find a reduced likelihood to visit campus counseling centers when a need did arise amongst international students as compared to the general student population. Aside from the work of Hyun et al. (2007) and Klomegah (2006), there is a strong pattern in the literature regarding the mental health needs of international students that focuses on cultural adjustment difficulties, homesickness, loneliness, discrimination, and social isolation (Chapdelaine & Alexitch, 2004; Jacob, 2001; Nilsson et. al., 2004; Poyrazli & Lopez, 2007; Tseng & Newton, 2002). Given this information and the continuing trend of rising international students on U.S. campuses, it follows that university counseling centers have had to adjust to meet the specific demands of these multinational students.

Counselor Multicultural Competency

The last four decades have witnessed tremendous changes in mental health services. The expansion of mental health services into the community and institutions of higher education, as well as the demographic shift toward greater population diversity, has led to a growing awareness of inadequacies of the mental health system in meeting the needs of ethnic and racial minorities (Takeuchi & Uehara, 1996). Specifically, the system has neglected to incorporate respect or understanding of the histories, traditions, beliefs, languages, and value systems of culturally diverse groups. While professionals of all racial and ethnic backgrounds can and do deliver ethnically competent care, much of the existing workforce is inadequately trained in this area (Peterson, West, Tanielian, & Pincus, 1998).

In recognition of the growing trend of ethnic, racial, age, sexual, and religious diversity, the major counseling institutions have responded with multicultural requirements for their members. The American Psychological Association (APA) put forth the following statement as a part of their multicultural guidelines, “Moreover, educators, trainers of psychologists, psychological researchers, providers of service, and those psychologists implementing organizational change are encouraged to gain skills to work effectively with individuals and groups of varying cultural backgrounds” (2002, p. Introduction to the guidelines). In addition, both the American School Counselor Association (ASCA) and the American Counselor Association (ACA) have similar requirements in their respective code of ethics (ACA, 2005; ASCA, 2004). Thus, multicultural competency has become a part of the necessary skill set for certified, trained counselors (ACA, 2005; APA, 2002; ASCA, 2004).

Knowing exactly what defines multicultural sensitivity and how to go about gaining that sensitivity is a more clouded topic. For example, Sue, Arredondo, and McDavis (1992) provided

the widely cited definition of the culturally competent counselor as one who a) knows his or her own values, biases, and assumptions; b) is aware of the worldview of the client; and c) is always in the process of improving ways of working with multicultural clients. In the same article, the authors called for an improvement in counselor education and cross-cultural skills. Since that time there have been a number of studies conducted on how to best develop a culturally competent counselor.

Sodowsky, Taffe, Gutkin, and Wise (1994) created the “Multicultural Counseling Inventory,” which is a measurement device for counselors to use in order to gain a better understanding of their own multicultural skills. Sodowsky et al. (1994) wrote in reference to the inventory, “All counseling psychologists will need to act as multicultural advisors to their service or educational organization, introducing new information, concepts, values and skills into organizations to help them keep abreast of the changing cultural climate of the United States.” (p.138). Holcomb-McCoy (2004) provided school counselors with a similar checklist of 51 necessary competencies for appropriate multicultural sensitivity. In addition, Jacobs (2001) worked to provide an overview of the needs that international students have and then provided suggestions for program planning amongst counselors and school administrators in order to meet international students’ needs within the broader scope of multiculturalism on campuses.

Pope-Davis et al. (2001) reviewed multicultural competency literature to see what was missing and what could be recommended to the field. The review found that much of the literature available regarding multicultural counseling was focused on the counselor and left out the interest or opinion of the client. Upon their review of the topic, the following recommendations to the multicultural counseling research field were made: 1) use experienced counselors and real clients, 2) use methods such as grounded theory to conduct qualitative

research, 3) recognize that being a multicultural counselor means having knowledge in a variety of skills, and 4) at the training level, there needs to be an in-depth look into the trainer's level of multicultural expertise (Pope-Davis et al., 2001). Given these recommendations and the seeming complexity of providing accurately adapted counseling services to international students, it is important to understand what perceptions these students have about campus counseling centers.

The Usage of Campus Counseling Centers amongst International Students

Research suggests that international students are less likely to use counseling services than American students and thus International students under-utilize campus counseling centers (Dadfar & Friendlander 1982; Komiya & Eells, 2001; Nilsson et al., 2004; Yi, Jun-Chih Giseala Lin, & Kishimoto, 2003). Using Fischer and Turner's scale of *Attitudes Toward Seeking Professional Help*, Dadfar and Friendlander (1982) found that U.S. students were more inclined to seek a counseling professional on campus in times of need than international students. In accordance, 6% of the U.S. students used counseling services versus only 2% of international students in the 2007-2008 academic year on the University of Wisconsin-Stout campus (J. Achter, personal communication, October 12, 2008). Not only is there a trend in under-utilization amongst international students, but international students have a lower return rate as well (Nilsson et al., 2004). There are a number of variables within the overall low utilization rate.

Dadfar and Friendlander (1982) found that country of origin was a significant variable in determining whether or not an international student would or would not seek counseling. The authors stated, "Western students (European and Latin) had more positive attitudes than non-Western (Asian and African)" (p. 335). A second variable in predicting usage rates was whether or not students had prior exposure to counseling. Studies have found that if a student has had exposure to counseling in the past, it increased the likelihood that they would seek out

counseling again (Dadfar & Friendlander, 1982; Komiya & Eells, 2001). In support, Komiya and Eells (2001) found that “International students who were more emotionally open, who were female, and who had received counseling previously possessed more open attitudes toward seeking counseling that did other international students” (p. 157).

Furthermore, according to Komiya and Eells (2001) the idea of emotional openness was highlighted as the most important factor. The finding of their research suggests that a psycho-educational approach could help in addressing those international students who were from less emotionally open cultures. In so doing, the counseling center gives the international student a more indirect and less intrusive option. If a specifically tailored psycho-educational approach is not possible, then campus counseling centers are recommended to use cognitive and behavioral interventions rather than more emotionally rich types of talk-therapy (Komiya & Eells, 2001).

Another explanation for disparities in the use is that international students frequently retain health-related beliefs and practices from their home country. Because traditional healers, such as shamans, herbalists, and/or ayurveda practitioners are typically sought out for curing emotional problems, this inclination may be particularly strong for Asian Indian students where individuals often rely on traditional, non-Western approaches to health care (Rothstein & Rajapaska, 2004). Given these findings, it becomes important to analyze specific groups and subgroups of international students to better understand their specific counseling knowledge and impressions to better determine the cause for low usage rates and possible solutions. Asian Indian students represent the largest group of international students in the United States, so understanding their perspective is the logical place to begin.

Mental Health Services in India

India is a developing country with a dramatic split of technology and education levels amongst its people. While the country as a whole struggles with widespread poverty, illiteracy, poor health, and high infant mortality rates, India also has more highly skilled workers, world-class educational institutions, and high level nuclear, space, and weather scientists than most countries in the world (Khandelwal et al., 2004). Regarding the state of mental health services in India, Archarya (2001) wrote, “Countrywide, there are only 37 government-run mental hospitals, 3,500 psychiatrists, 1,000 psychiatric social workers and 1,000 clinical psychologists—all serving a population of one billion” (p. 7). Additionally, most of the practicing psychologists are located in urbanized areas, where only about 25% of India’s population is located (Khandelwal et al., 2004). Despite lacking comprehensive western style mental health services for its population, India has a rich tradition of medicine.

The ayurvedic (ayur means life and vedic means knowledge) medical tradition in India is thought to date back around 5,000 years. A central philosophy of this medical tradition links physical and mental health as mutually dependent upon one another, rather than as independent entities (Khandelwal et al., 2004; Rajkumar, 1991; Raney & Cinarbas, 2005). Oftentimes, ayurvedic practitioners utilize natural herbal supplements and practices such as yoga. Furthermore, ayurvedic medicine emphasizes prevention of illness by keying on the roles of the “three humours: vata (air), pitta (fire) and kapha (water), which are said to determine the constitution and temperament of an individual,” (Khandelwal et al., 2004, p. 128). In this way, shamans, religious healers, palmists, and the like have put ayurvedic medicine into practice for thousands of years.

The traditional ayurvedic system of medicine remains popular and common in India. As noted, most of India's one billion people still live in the developing areas of rural India. Westernized mental health strategies and facilities are almost totally unavailable for most of India's population. Thus, the concept of Hinduism's Karma is often used as an explanation, or supernatural visitations from witchcraft or evil spirits for mentally ill members of a family. Khandelwal et al. (2004) wrote, "Rural people still flock to faith-healers and other religious places to seek treatment for their mentally ill relatives" (p. 128). The few mental health resources of western tradition in India are primarily reserved for the severely mentally ill, known as pagal or pagla (mad), especially schizophrenia and mental retardation (Khandelwal et al., 2004; Rajkumar, 1991; Raney & Cinarbas, 2005).

The British initiated the few resources that are available for westernized mental health in India during their early 20th century rule, mostly for themselves. Since India's independence in 1947, those mental health facilities have moved under the umbrella of general hospital services, rather than standing on their own. India has no specific federal budget for contributions to mental health and with its limited general hospital financial resources, the central Indian government has left much of the discretionary decision making to state or local officials. This has resulted in almost 74% of all the doctors in India concentrated in urban areas, despite only 26% of the Indian population living there. Additionally, there is no mental health department in the Indian government, though The National Mental Health Programme founded in 1982 has spearheaded much of the positive gains for mental health de-stigmatization, increased standards for pharmaceutical resources, and general spread of mental health information (Khandelwal et al., 2004).

Thus, the mental health services in India are changing along with the country's industrialization and westernization. However, given the enormous size of the population living in poverty throughout both urban and rural India, traditional methods of mental health, including family reliance and the traditional medical system of ayurveda remain strong and popular as the primary resources for relieving mental distress for the majority of Indians (Archarya, 2001; Khandelwal et al., 2004; Rajkumar, 1991; Raney & Cinarbas, 2005).

Chapter III: Methodology

This chapter is to provide information about various aspects of methodology utilized to substantiate the study. This includes a description of participants and how the participants were selected. The chapter also describes the instrumentation, the data collection, and the analysis. Lastly, the chapter provides information on the potential limitations of the methodology.

Participant Selection and Description

Almost seven hundred Asian Indian students studied in the Wisconsin college system in 2007-2008 (IIE, 2008). Asian Indian students studying at the Wisconsin four-year campuses, during the spring semester of 2009 were given the chance to participate in this study. The campuses contacted for participation were: University of Wisconsin-Eau Claire, Green Bay, La Crosse, Madison, Milwaukee, Oshkosh, Parkside, Platteville, River Falls, Steven's Point, Stout, Superior, and Whitewater. Amongst these campuses the survey had Asian Indian international students participate from the following University of Wisconsin campuses: Green Bay, Madison, Milwaukee, Parkside, River Falls, Steven's Point, and Stout. These students range from seeking bachelor's level to doctoral level degrees.

Participants were included in the study if they: 1) were Asian Indian students enrolled in the UW-system, 2) were male or female, 3) had a certain level of oral as well as written fluency in the English language, and 4) were natives India. All participation will be voluntary, and participants will acknowledge their consent to participate by clicking on the link included in the survey. The participants were selected from among all those who completed the questionnaires if they identified themselves as members of the target population. There were a total of 85 respondents (N=85) representing about 12% of the estimated potential participant population. However, 14 of the 85 participants did not respond "Yes" to question number two in the survey,

“Are you from India?” Therefore, the data was analyzed using respondents who answered positively to question number two (N=71).

Instrumentation

A twenty question online survey was used to examine the perceptions of campus counseling centers according to Asian Indian international students on the Wisconsin four-year university campuses (See Appendix A). The survey was developed by the researcher to gain an understanding of the demographic characteristics of the participants, their knowledge about mental health services available on campus, their utilization of and satisfaction with mental health and counseling services on campus, their general perception of mental health, and more specifically their perception of campus counseling centers. The first seven questions of the online survey were dedicated to exploring the demographical information of the participants. The remainder of the survey (Questions 8 through 20) explored these respondents' perspectives on their respective campus counseling centers and how the respondents would handle mental health issues. Each of the twenty survey questions provided nominal research results. The duration of the entire survey lasted 20-30 minutes.

Data Collection

Surveys were completed using an online survey instrument developed by the primary investigator. Permission from University of Wisconsin-Stout's Institutional Review Board was sought to contact the schools' international advisors for the survey to be distributed to the Asian Indian international students on each campus. Advisors were asked to forward the survey to all Asian Indian international students in their respective campuses. The survey was sent as a link in a corresponding email (see Appendix B) explaining the purpose of the study, confidentiality assurances, and a link to the online survey. In addition to the initial introductory email, a follow-

up email was sent out by the International Students Office advisor. Participation was voluntary. The online survey used was generated using the software, SelectSurveyASP Advanced 8.1.6. As the students completed the online surveys, results were electronically recorded. The results were only available to the researcher, using an online access pass-code.

Data Analysis

The data was carefully analyzed by the researcher. The first portion of the data was made up of demographical information. The breakdowns of that data can be found in Chapter IV. The data relevant to each of the eight research objectives were also explored in detail by the researcher. The SelectSurveyASP Advanced 8.1.6 on-line software provides a breakdown of the data. The software also provides a filtering option so that data can further analyzed with specificity to the research objective. For example, a filter can be temporarily put into place to view the data of those who selected “female” to compare the results between male and female respondents. All measures were self-reported.

Limitations

As with essentially all research, there are a number of limitations when considering the methodology, sample selection, data collection, and instrumentation used for this research. One potential problem with the research is that respondents can be potentially inclined to provide socially desirable responses to questions. As a result, sensitive questions can introduce measurement error in the analysis and reduce reliability of responses. Measurement error can lead to over - or underestimates of true responses. Second, the survey in this study is not free of criticism. Because the instrument was designed solely of the purposes of the study, the researcher did not established reliability or validity. Third, given that the survey was conducted online, there were inheriting limitations. Anyone given the survey link could have taken the survey,

whether they were from the intended survey population or not. In addition, although the researcher hopes that the study participants will respond openly and honestly to the survey items, this cannot be guaranteed. Even though anonymity will be maintained in this study, participants may still respond in such a way as to please the researcher. Finally, the group that was surveyed represented the perception of only a fraction of the Asian Indian international students enrolled in the thirteen campuses that encompass the University of Wisconsin-system.

Chapter IV: Results

This chapter will include a review of the demographics of the participants surveyed as well as an item analysis of the questions asked in the online survey. In order to describe the findings, each proposed research question will be re-stated and results of the statistical analyses will be described.

Demographics: Questions 1-7

The first seven questions of the online survey were dedicated to exploring the demographical information of the participants. The participants (N=71) in this survey were Asian Indian international students studying in the Wisconsin four-year campus system. Demographic data regarding participants' gender, status in college, major, years in the United States, home state, and UW-system school were collected. Men represented 65% (n=46) of the respondents; whereas, female participants comprised 35% (n=25) of the respondents (See Table 1).

With respect to their home state, 20% (n=14) of the respondents came from Gujarat. Andhra Pradesh students represented 15% (n=11) of the respondents. Another 15% (n=11) of the respondents are natives of Maharashtra. Only 20% (n=14) of the respondents considered Tamil Nadu or Karnataka their home state, and 7% (n=5) were from Punjab. The remaining 23% noted other regions of India (i.e. Haryana, Kerala, Madhya Pradesh, Rajasthan) as their home state.

Lastly, results revealed that 31% (n=22) of Asian Indians students have resided in the United States for less than one year. Another 44% (n=31) reported living in the United States between one and four years, whereas the remaining 25% (n=18) reported living in the United States for more than four years. In addition, ninety-five percent of the participants' responses came from three (out of thirteen) major UW-system campuses, in particular, UW-Milwaukee

(n=30), UW-Madison (n=21), and from UW-Stout, (n=16). The remaining respondents were from other UW-system campuses.

Table 1

Demographic Information of Participants

Demographic	n (N = 71)	P
Gender		
Male	46	65
Female	25	35
Degree Seeking		
Bachelor's	16	23
Master's	35	49
Doctoral	20	28
Majors		
Business and Management	10	14
Engineering	22	31
Health Profession	9	13
Other(s)	22	31
Physical and Life Sciences	8	11
University of Wisconsin Campuses		
Green Bay	1	1
Madison	21	30
Milwaukee	30	42
Steven's Point	1	1
Stout	16	23
Parkside	1	1
River Falls	1	1
Years in the United States		
> than 1 year	22	31
2 to 4 years	31	44
< than 4 years	18	25
Self-Report Home State in India		
Andhra Pradesh	11	15
Gujarat	14	20
Karnakata	7	10
Maharashtra	11	15
Punjab	5	7
Tamil Nadu	7	10
West Bengal	4	6
Other (i.e. Haryana, Kerala, etc.)	12	17

It should be noted that nearly 49% (n=35) of respondents reported currently seeking a master's level degree. Doctoral degree students represented 28% (n=20) of the respondents and the remaining 23% (n=16) of the respondents reported seeking a bachelor's level degree. The greatest percentage of students (33%, n=22) represented Engineering as their major of study. The remaining students were distributed among Business and Management (15%, n=10), Health Professions (13%, n=9), Physical/Life Sciences (12%, n=8), and other programs that could not be classified in one of the preceding categories (27%).

Item Analysis: Questions 8-20

The remainder of the survey (Questions 8 through 20) explored these respondents' perspectives on their respective campus counseling centers and how the respondents would handle mental health issues. Questions number eight through eleven pertained to students' views on mental health services provided on their respective campuses. In regards to question number eight, participants were asked to respond to whether or not they had ever visited a mental health counselor. An overwhelming majority of respondents (96%, n=68) stated that they have not visited a mental health counselor in their IHE. Question number nine asked whether or not the respondents had ever, "Visited an ayurveda based herbalist, shaman, or healer?" Seventy-four percent (76%, n=54) of those responding to question number nine stated that they have never visited an ayurveda practitioner since their enrollment in a UW-system campus. Question number ten stated, "Please respond to the following statement: Physical health and mental health are dependent upon one another." These findings indicate that 85% (n=59) of those responding to question number ten, marked agree or strongly agree, while only 15% (n=12) marked neutral, disagree, or strongly disagree.

Question number eleven asked the respondents directly whether or not they knew where their campus counseling center was located. An inspection of findings in regards to this question revealed that 55% (n=39) of participants exhibited lower knowledge of their local on-campus counseling center, while the remaining 45% (n=32) reported knowing the location of the facility. This finding suggests that important barriers exist with respect to the transmission of information to Asian Indian international students.

Table 2

Questions 12 through 17 - Seeking Help with Mental Health Issues

	Family	Friends	Campus Counseling Center	Int'l Office	Hospital	Ayurveda Practitioner	Other
Stress	44% (n=31)	51% (n=36)	1% (n=1)	0% (n=0)	1% (n=1)	0% (n=0)	1% (n=1)
Addiction	21% (n=14)	35% (n=24)	29% (n=20)	0% (n=0)	9% (n=6)	0% (n=0)	6% (n=4)
Homesickness	34% (n=24)	60% (n=42)	3% (n=2)	1% (n=1)	1% (n=1)	0% (n=0)	0% (n=0)
Anxiety	32% (n=22)	46% (n=32)	10% (n=7)	0% (n=0)	7% (n=5)	1% (n=1)	3% (n=2)
Depression	26% (n=18)	35% (n=24)	18% (n=12)	0% (n=0)	16% (n=11)	1% (n=1)	3% (n=2)
Schizophrenia	25% (n=17)	15% (n=10)	10% (n=7)	0% (n=0)	50% (n=34)	0% (n=0)	0% (n=0)

Questions twelve through seventeen asked about where the respondents would be most likely to seek help from if faced with a mental health issue. Table 2 presents responses to question about mental health needs and seeking help. The results indicate that respondents preferred, "Friends" most frequently as the source they were most likely to seek help from with

issues of stress, addiction, homesickness, anxiety, and depression. In addition, respondents selected “Hospital” most frequently for help with schizophrenia. It should be noted that 29% (n= 20) of participants responded seeking “Campus Counseling Center” services for help in addressing issues related to addition.

Lastly, questions eighteen through twenty asked the respondents to use a Likert-type rating scale (one being lowest and five being the highest) in order to address their perception on services provided on campus counseling facilities. Question eighteen asked, “How familiar are you with your campus counseling center?” Findings demonstrate that 78% of the participants reported on the low end of the scale. The median score reported was 1.8. Question nineteen asked, “How useful is your campus counseling center to you?” The median score was 2.1, with 37% (n=25) marking “1” on the ratings scale. With regards to question number twenty, “How likely are you to find a counselor in your campus counseling center who has some understanding of your experience as an Indian international student?” The median score was 2.3, with 32% (n=22) marking “1” on the ratings scale. The findings as contained in Table 3 indicated that overall, Indian Asian students perception of on-campus counseling services are fairly low.

Table 3

Questions 18 through 20 - Respondents' Perceptions on Campus Counseling Centers

Perceptions	1	2	3	4	5	Total	Median
Familiarity	56% (n=38)	22% (n=15)	13% (n=9)	7% (n=5)	1% (n=1)	100% (n=68)	1.8
Usefulness	37% (n=25)	28% (n=19)	25% (n=17)	6% (n=4)	4% (n=3)	100% (n=68)	2.1
Receptive Counselor	32% (n=22)	25% (n=17)	26% (n=18)	9% (n=6)	7% (n=5)	100% (n=68)	2.3

Research Objectives

The following eight research objections were posed for this study. Each research question is followed by an exploration of the relevant data collected in the online survey.

Examine perceptions of Asian Indian international students in the University of Wisconsin system regarding campus counseling services. Question number eleven asked the students surveyed whether or not they knew the location of their campus counseling center. More than half, (55%, n=39) responded, “No.” Aside from more than half of the respondents not knowing where their campus counseling was, the students more frequently chose “Friends” or “Family” to help them through mental distress. Additional data addresses students’ sought out help or services when presented with a mental health issue (See Table 2). In each of the distressful situations, the students surveyed chose other options more frequently than the campus counseling center. Lastly, questions eighteen through twenty asked direct questions about the respondents’ perceptions of campus counseling centers. The data from these questions indicate that most of those surveyed are not familiar with their campus counseling center, do not view their campus counseling center as useful, nor do they expect to find a counselor who has the required self-awareness, knowledge, and understanding of what it is like to be an Asian Indian international student (See Table 3).

Examine the differences in perception of mental health services, if any, between male and female respondents. After comparing the female responses (n=25) in the survey to the male responses (n=46) in the survey, there are only a few notable differences. First of all, the most striking demographical difference in the data was within question seven, which asked about major of study. Forty-four percent (n=19) of the male respondents selected Engineering as their major of study, while only 12% (n=3) of the female respondents chose Engineering. Secondly, 100% (n=3) of the respondents who indicated having visited a mental health counselor in the past were female.

These respondents represented 19% (n=3) of the total female respondent population. In contrast, none of the male respondents reported having visited a mental health counselor in the past.

Thirdly, 23% of respondent females reported visiting an ayurveda based herbalist, shaman, or healer; whereas, males represented 77% (n=13) the bulk of respondents reporting having visited an ayurveda practitioner (See Table 4).

Table 4

Services Sought out by Participants Based on Gender

Gender	Mental Health	Ayurveda
Female	19% (n=3)	25% (n=4)
Male	0% (n=0)	28% (n=13)

In addition, only 16% (n=4) of the female respondents selected their “Friends” as the most likely option to seek help from with addiction to drugs or alcohol, in contrast to the 47% (n=20) of male respondents. A similar trend in the data can be found in regards to seeking help for depression. Here again, the male respondents selected “Friends” much more than the females, and again the females selected “Family” or their campus counseling center for help at a higher percentage rate than the males. These data suggest that female Asian Indian international students were more likely to have visited a mental health professional in the past. Lastly, the female respondents were more likely to seek out their campus counseling center for help with addiction or depression than their male counterparts who more often reported “Friends,” as their most likely option.

Explore the differences in perception of mental health services, if any, between graduate and undergraduate respondents. After exploring the differences in responses between those seeking bachelor's level, master's level, and doctoral level degrees, there are a few notable differences in the data (See Table 5). The master's level students had the highest percentage reporting having visited an ayurveda based herbalist, shaman, or healer in the past with 34% (n=12), compared to the bachelor's level 0% (n=0), and the doctoral level 20%, (n=4).

Table 5

Services Sought out by Participants based on Degree Seeking

Degrees	Mental Health	Ayuverda
Bachelors	9% (n=1)	27% (n=3)
Masters	0% (n=0)	43% (n=6)
Doctorate	0% (n=0)	18% (n=2)

Explore the differences in perception of mental health services, if any, in regards to the respondent's specific home Asian Indian geographic region. The top three most frequent home states selected by the respondents were Gujarat (n=14), Andhra Pradesh (n=11), and Maharashtra (n=11). The respondents from Gujarat had a high percentage 43% (n=6) reporting that had visited an ayurveda practitioner, as well as a high percentage that reported knowing where their campus counseling center was located, 64% (n=9). In addition, the respondents who are natives from Gujarat also selected "Friends" as their means to address issues related with stress and addiction (See Table 6).

Students, who came from the Andhra Pradesh province, reported that 73% (n=8) are currently seeking a master's level degree. It should be noted that over 90% (n=9) of the students from Andhra Pradesh indicated that they did not know where the campus counseling center was located on their campus. It should also be noted that respondents chose "Friends" with high frequency as the most likely option they would seek help from for a number of issues including: addiction at 50% (n=5), anxiety at 64% (n=7), depression at 55% (n=6), and even schizophrenia at 45% (n=5). Lastly, students from Maharashtra (64%, n=7) had a particularly high percentage of students who selected the campus counseling center as the most likely choice for help with addiction, 56% (n=5). For help with depression the Maharashtra respondents uniquely selected "Hospital" at 44% (n=4), as well as for help with schizophrenia at 78% (n=7). These percentages were more than thirty percentage points higher, respectively, than the overall respondent percentage totals.

Table 6

Services Sought out by Participants based on Region of Origin

Region	Mental Health	Ayuverda
Andhra Pradesh	9% (n=1)	27% (n=3)
Gujarat	0% (n=0)	43% (n=6)
Maharashtra	0% (n=0)	18% (n=2)

Study the differences in perception of mental health, if any, between the given academic majors of the respondents. Of those responding, the top three most frequently majors (See Table 7) were Engineering (31%, n=22), Business and Management (14%, n=10), and Health Professions

(13%, n=9). Participants majoring in Engineering reported visiting an ayurveda practitioner at a higher percentage (36%, n=8) of respondents in other majors.

Table 7

Services Sought out by Participants based on Major of Study

Majors	Mental Health	Ayuverda
Business and Management	0% (n=0)	20% (n=2)
Engineering	0% (n=0)	36% (n=8)
Health Professions	11% (n=1)	22% (n=2)
Other(s)	5% (n=1)	23% (n=5)
Physical and Life Sciences	0% (n=0)	0% (n=0)

The Business and Management respondents (14%, n=10) were split evenly in gender but were represented at 70% (n=7) currently seeking a master's level degree. There were no other major differences in the data between those responding as Business and Management majors and the overall respondent population. It should be noted that from the total number of respondents who selected Health Professions as their major, more were female (n=5) than male (n=4). Sixty-seven percent (n=6) of this population reported having lived in the United States for more than four years, and 44% indicated currently seeking a bachelor's level degree. In addition, almost 70% of the Health Profession majors respondents, reported to strongly agreeing with the statement, "Physical health and mental health are dependent upon one another." In regards to seeking help for mental distress, the Health Profession majors reported above average responses to seeking their campus counseling center for help with addiction, and help with depression.

Investigate differences in perception of mental health services, if any, regarding the total amount of time spent in the U.S. After an investigation of the data broken down by the amount of time spent in the United States (See Table 8), there was a clear preference in services sought by participants. Thus, there was no relevance on the number of years spent in the United States, respondents preferred to seek mental health counseling services from an ayurveda practitioner.

Table 8

Services Sought out by Participants based on Years Residing in the U.S.

Years in the United States	Mental Health	Ayurveda
Less Than One Year	0% (n=0)	32% (n=7)
1 Year	11% (n=1)	22% (n=2)
2 Years	9% (n=1)	45% (n=5)
3 Years	0% (n=0)	13% (n=1)
4 Years	0% (n=0)	0% (n=0)
More than 4 Years	6% (n=1)	11% (n=2)

Study the differences in perception of mental health services, if any, between the students on the various University of Wisconsin campuses. As previously noted, the majority of the surveys came from three UW-system campuses: Madison, Milwaukee, and Stout, respectively. Of the total respondents, 44% (n=31) of participants attend the University of Wisconsin-Milwaukee, 32% (n=23) attend the University of Wisconsin-Madison, and 24% (n=17) attend the University of Wisconsin-Stout. Students that reported the University of Wisconsin-Milwaukee as their home

university closely reflected the trends and percentages of the overall results of the survey, although Milwaukee had a fairly high percentage of female respondents compared to the other surveyed universities.

In addition, students reporting from the University of Madison closely reflected the overall trends and percentages with one notable demographical difference. Over 80% (n=17) of the students reporting from Madison were male students. Lastly, participants from the University of Wisconsin-Stout measured up somewhat differently in a few demographical areas. Eighty-eight percent (n=14) of the Stout respondents were male, in contrast to the 65% of total respondents. All of the Stout respondents were from either Gujarat (n=10) or Andhra Pradesh (n=6). It should be noted that 44% (n=7) of the Stout respondents reported having visited an ayurveda based herbalist, shaman, or healer, compared to only 24% (n=17) of the total respondents (See Table 9).

In regards to the Stout respondents answers to the mental distress questions, there were markedly higher responses for help from "Friends." Notably, the Stout students responding selected "Friends" for help with addiction at 56% (n=9), in contrast the total respondent 35% (n=24). Lastly, 44% (n=7) of the Stout respondents chose "Friends" for help with schizophrenia compared to only 15% (n=10) of the total respondent population.

Table 9

Services Sought out by Participants based on UW-campus

University of Wisconsin Campus	Mental Health	Ayuverda
Madison	5% (n=1)	29% (n=6)
Milwaukee	3% (n=1)	13% (n=4)
Stout	6% (n=1)	44% (n=7)

Chapter V: Discussion

This chapter will include a summary of the study, a statement of the assumptions and limitations of the study as well as conclusions about the study. Finally, this chapter will close with recommendations for future research in this area. The purpose of this study was to provide empirical evidence of the perspectives held by Asian Indian international students about their local campus counseling centers on the Wisconsin four year campus system. The overall general goal of the research was to provide campuses with some specific details regarding how the Asian Indian students viewed their local campus counseling center. In so doing, there was a hope that some cultural gaps would be bridged that could lead to an increase in utilization rates amongst international students.

Summary

Asian Indian students make up almost 11% of the foreign students studying in Wisconsin (IIE, 2008). Across the United States, Asian Indian students are the largest group of international students, totaling almost 100,000 students in the country during the 2007-2008 academic year (IIE, 2008). Research suggests that international students have a particularly high need for mental health assistance, but their utilization rates of campus counseling centers remains exceptionally low (Dadfar & Friedlander, 1982; Hyun et al., 2007; Komiya & Eells, 2001; Nilsson et al., 2004). These international students represent an important aspect to diversifying American campuses, represents billions of dollars in tuition, and untold amounts of talent and potential for the future (Hser, 2005). Thus, it is vitally important to explore the reasons for their low utilization rate of the mental health services they are in need of. The logical place to begin that exploration was with the largest group in the United States, the Asian Indian international students.

The study was conducted using an online survey. The respondents to the survey represented about 11% (N=71) of the estimated total Asian Indian student population (n=677) on the University of Wisconsin four-year campus system. Of those participating in the survey, 4% reported having visited a mental health professional in the past. This usage rate remains below the 6% usage rate of the generalized campus population as reported by the University of Wisconsin-Stout (J. Achter, personal communication, October 12, 2008). Thus, these data closely reflected what was reported in the literature regarding low utilization rates.

In accordance with the literature, the results of the survey also suggested that an Asian Indian international student's home state was connected with their view of where and how to seek mental health assistance from. Khandelwal et al., (2004) discussed that most of the practicing psychologists are located in urbanized areas, where only about 25% of India's population is located. In support of that, the students surveyed from Maharashtra (n=11), home of Mumbai and some of India's most urban regions, selected "Hospital" more than 40% points higher for help with depression and schizophrenia than the students surveyed from Andhra Pradesh (n=11), a primarily rural area of India (Raney & Cinarbas, 2005).

Previous studies suggested that the Indian population believed that mental health assistance was primarily designated for the severely mentally ill, known as pagal or pagla (mad), especially schizophrenia and mental retardation (Khandelwal et al., 2004; Rajkumar, 1991; Raney & Cinarbas, 2005). The results of the survey were in accordance with this literature as exemplified by the 50% (n=34) of respondents who selected "Hospital" as the most likely place to seek help for schizophrenia. In questions about stress, addiction, homesickness, anxiety, and depression, "Friends" were the most commonly selected source to seek help from rather than professionals.

Researchers suggested that because Western mental health facilities remain largely unavailable to the majority of the Indian population, the Indian people still seek out traditional ayurvedic herbalists, shamans, and healers (Archarya, 2001; Khandelwal et al., 2004; Rajkumar, 1991; Raney & Cinarbas, 2005). The survey results supported that premise to some extent with 17 of the 71 respondents reporting that they had indeed visited an ayurvedic practitioner in the past. In a related topic, question number ten in the survey stated, "Please respond to: Physical health and mental health are dependent upon one another." For example, 85% (n=59) of the respondents marked agree or strongly agree, while only 15% (n=12) marked neutral, disagree, or strongly disagree. These findings directly supported literature that described a central philosophy of ayurveda medical tradition that linked physical and mental health as mutually dependent upon one another, rather than as independent entities (Khandelwal et al., 2004; Rajkumar, 1991; Raney & Cinarbas, 2005).

This study showed that more than half of the students did not know the location of their on-campus mental health counseling centers. There is a lack of literature offering concrete ways for institutions to increase utilization of counseling and mental health centers by international students. Although many researchers point to the need for individuals to be proactive (Angelopoulos & Catano, 1993), little has been published on specific ways institutions can actively inform students to utilize university mental health and counseling centers. The finding shows a lack of culturally sensitive services, as well as outreach marketing for the promotion of these facilities. Only 45% of the respondents knew the location of the mental health and counseling centers in their respective campuses within the UW-system.

Assumptions and Limitations of the Study

There are some important limitations in this study. First, a non-randomized sample selection may have introduced selection effects, which may have been exacerbated by the moderate response rate. One likely cause of selection effects in this study is non-responsive bias. Non-responsive bias is introduced into the study when certain individuals choose not to complete the survey, making estimates taken from the data unreflective of either the population as a whole or specific group within the population (Aday, 1996). The assumptions and limitations of this study are:

1. Although there is significant research to illustrate that many international students have a high need for help, with low utilization of campus counseling centers (Dadfar & Friedlander, 1982; Hyun et al., 2007; Komiya & Eells, 2001; Nilsson et al., 2004), there has been little research done to signify whether or not Asian Indian international students have more or less than average need or attendance. In other words, the research that confirms international students' need for mental health assistance does not break down international students by nationality. Without a full breakdown of the international students by country or region, there is a limitation in knowing how the Asian Indian perspective is any different or similar to other foreign students.

2. The current population of India is well over a billion people. There are twenty-eight states and seven territories (Encyclopedia Britannica, 2009). In India there are over twenty languages spoken widely throughout the country. There are large numbers of Buddhists, Muslims, Hindus, Sikhs, and Christians (Encyclopedia Britannica, 2009). These facts suggest that the sampling taken by the survey in this research project only portrays a tiny sample of the huge and diverse population in India.

3. The results will be limited by the disposition of the respondents. It may be the case that the students who respond to the survey are more or less inclined to one perception of campus counseling centers than another, while those who do not respond to the survey may or may not have bias one way or another as well.

4. The results of the survey are limited by language. Some of the students surveyed may not have mastered the American-English language. Others may be confused by psychology-related terminology or overlooked American nomenclature within the survey itself.

Conclusions

In general the results of the survey confirmed much of what is found in the literature. There was a high resonance with the opinion that mental health and physical health were dependent upon one another. There also was a very high likelihood of relying on friends and family for help with issues such as stress, addiction, anxiety, homesickness, and depression. Respondents had a low familiarity with their campus counseling center, a low opinion of the usefulness of the campus counseling center, and a low expectation of finding a receptive counselor at their local campus counseling center. More than half (n=39) of the students surveyed did not even know where the campus counseling center was located on their local campus.

Lastly, it may be important to note that there was a significant difference in gender, with females making up 100% (n=3) of the respondents who had previously visited a mental counselor. Additionally, the female respondents were more likely to seek out the help of their campus counseling center for help with addiction or help with depression in comparison to their male counterparts.

Recommendations

Despite the previously mentioned limitations, this study provided partial evidence to suggest that Asian Indian international students are not seeking mental health counseling services due to various factors. Asian Indian international students' mental health and counseling needs are important areas of research. The current study leaves ample opportunities to be further explored on this topic. First of all, aside from expanding the exploration of Asian Indian international students, there is a huge area of research that could be conducted on all of the remaining international students studying in the United States. For example, the Chinese international student population is growing quickly, along with many more. Each country may have unique perspectives on counseling and each group of international students could thus be explored by means of a similar type of project. The mental health community will benefit from a better understanding of how factors such as acculturation, help-seeking behaviors, stigma, ethnic identity, racism, and spirituality provide protection from or risk for lack of seeking mental health counseling services in racial and ethnic Asian Indian international students.

Second, research could be conducted in this field in order to find out ways to increase international student utilization rates of on-campus counseling centers. This research confirms that utilization rates are low and that the students have a generally low opinion of the utility of campus counseling centers, but the research does not provide answers as to how to increase that utilization rate or improve the Asian Indian students' opinions about campus counseling centers. An exploration into what techniques, marketing and otherwise needs to occur to better understand how to reach the international students. One place to build from may be highest response campus counseling centers had in the survey—help for addiction and depression amongst Asian Indian international students. Perhaps a more educational approach to the

counseling could prove to be more effective. Additionally, the campus counseling centers may want to provide the opportunity for students to attend counseling with friends, or in small groups in order to capitalize on the strong way that the respondents indicated relying on friends while abroad.

Third, more research is needed regarding spouses of Asian Indian international students. The survey did not ask participants their relationship status. Very few researchers have focused on the spouses' unique sojourn experiences, problems, or needs. Coming to the United States and not belonging directly to the school environment, spouses are even more socially isolated than their significant other. While there is an increasing awareness of the needs of students in seeking mental health counseling services, more attention should be paid to services for international students' spouses and families. The possible ways to extend on-campus counseling services to this traditionally invisible population should definitely be examined.

Finally, given that multicultural awareness is on the rise, campus counseling centers could begin to have "a specialist" on site that have cultural sensitivity, and understanding of the largest international populations on their campus. Future research regarding the use of counseling services and outcomes for Asian Indian international students could be conducted to see how to implement that knowledge into local campus counseling centers. Given the lack of research in this area, studies should not only focus on analysis of Asian Indian international students' perception of mental health counseling services, but extend that analysis to determine how mental health needs, knowledge, and utilization change over time.

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Appendix A: Twenty Question Online Survey

Survey Results -- Overview
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Share this Survey
Print

Home New Survey Surveys Libraries Templates Email Lists Reports My Account Help Logout

Export Data Individual Responses

Survey Results -- Overview

Indian International Students Perceptions

Respondents: 71 displayed, 85 total **Status:** Open

Launched Date: 12/15/2008 **Closed Date:** N/A

Display: Display all pages and questions

Manage Filters 1 filter
Share Results Disabled

1. What is your gender?

	Response Total	Response Percent
Male	46	65%
Female	25	35%
Total Respondents	71	

2. Are you from India?

	Response Total	Response Percent
Yes	71	100%
No	0	0%
Total Respondents	71	

3. Which area of India do you consider to be your home state or territory?

	Response Total	Response Percent
Andhra Pradesh	11	15%
Arunachal Pradesh	0	0%
Assam	0	0%
Bihar	0	0%
Chhattisgarh	0	0%
Goa	0	0%
Gujarat	14	20%
Haryana	1	1%
Himachal Pradesh	0	0%

<http://www2.uwstout.edu/generalsurveys/ResultsOverview.asp?DisplayHeader=Yes&Surv...> 3/30/2009

Jammu and Kashmir	0	0%
Jharkhand	0	0%
Karnataka	7	10%
Kerala	2	3%
Madhya Pradesh	1	1%
Maharashtra	11	15%
Manipur	0	0%
Meghalaya	0	0%
Mizoram	0	0%
Nagaland	0	0%
Orissa	0	0%
Punjab	5	7%
Rajasthan	2	3%
Sikkim	0	0%
Tamil Nadu	7	10%
Tripura	0	0%
Uttar Pradesh	2	3%
Uttarakhand	1	1%
West Bengal	4	6%
Andaman and Nicobar Islands	0	0%
Chandigarh	1	1%
Dadra and Nagar Havelli	0	0%
Daman and Diu	0	0%
Lakshadweep	0	0%
National Capital Territory of Delhi	2	3%
Puducherry	0	0%
Total Respondents	71	

4. How many years have you lived in the United States?

	Response Total	Response Percent
Less than 1 year	22	31%
1 year	9	13%
2 years	11	15%
3 years	8	11%
4 years	3	4%
more than 4 years	18	25%
Total Respondents	71	

5. Which of the following schools do you attend?

Survey Results -- Overview

Page 3 of 6

	Response Total	Response Percent
University of Wisconsin-Eau Claire	0	0%
University of Wisconsin-Green Bay	1	1%
University of Wisconsin-La Crosse	0	0%
University of Wisconsin-Madison	21	30%
University of Wisconsin-Milwaukee	30	42%
University of Wisconsin-Oshkosh	0	0%
University of Wisconsin-Parkside	1	1%
University of Wisconsin-Platteville	0	0%
University of Wisconsin-River Falls	1	1%
University of Wisconsin-Stevens Point	1	1%
University of Wisconsin-Stout	16	23%
University of Wisconsin-Superior	0	0%
University of Wisconsin-Whitewater	0	0%
Other	0	0%
Total Respondents	71	

6. What degree level are you currently seeking?

	Response Total	Response Percent
Bachelor's level	16	23%
Master's level	35	49%
Specialist's level	0	0%
Doctoral level	20	28%
Total Respondents	71	

7. Which of the following most closely resembles your major of study?

	Response Total	Response Percent
Business and Management	10	15%
Engineering	22	33%
Physical and Life Sciences	8	12%
Social Sciences	2	3%
Mathematics and Computer Sciences	4	6%

Survey Results -- Overview

Page 4 of 6

Fine and Applied Arts	1	1%
Health Professions	9	13%
Intensive English Language	0	0%
Education	1	1%
Humanities	4	6%
Undeclared	6	9%
Total Respondents	67	
(skipped this question)	4	

8. Have you ever visited a mental health counselor?

	Response Total	Response Percent
Yes	3	4%
No	68	96%
Total Respondents	71	

9. Have you ever visited an Ayurveda based herbalist, shaman, or healer?

	Response Total	Response Percent
Yes	17	24%
No	54	76%
Total Respondents	71	

10. Please respond to: Physical health and mental health are dependent upon one another.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Response Total
Health Dependency	9% (6)	1% (1)	4% (3)	42% (29)	43% (30)	69
Total Respondents						69
(skipped this question)						2

11. Do you know where the campus counseling center is on your campus?

	Response Total	Response Percent
Yes	32	45%
No	39	55%
Total Respondents	71	

12. If you were feeling stressed, which of the following are you most likely to seek help from?

Family	Friends	Campus Counseling Center	International Office	Hospital	Ayurveda practitioner	Other	Response Total

Help with Stress	44% (31)	51% (36)	1% (1)	0% (0)	1% (1)	0% (0)	1% (1)	70
	Total Respondents							70
	(skipped this question)							1

13. If you were experiencing addiction to drugs or alcohol, which of the following would you be most likely to seek help from?

	Family	Friends	Campus Counseling Center	International Office	Hospital	Ayurveda practitioner	Other	Response Total
Help with Addiction	21% (14)	35% (24)	29% (20)	0% (0)	9% (6)	0% (0)	6% (4)	68
	Total Respondents							68
	(skipped this question)							3

14. If you were experiencing homesickness, which of the following would you be most likely to seek help from?

	Family	Friends	Campus Counseling Center	International Office	Hospital	Ayurveda practitioner	Other	Response Total
Help with Homesickness	34% (24)	60% (42)	3% (2)	1% (1)	1% (1)	0% (0)	0% (0)	70
	Total Respondents							70
	(skipped this question)							1

15. If you were experiencing persistent anxiety, which of the following would you be most likely to seek help from?

	Family	Friends	Campus Counseling Center	International Office	Hospital	Ayurveda practitioner	Other	Response Total
Help with Anxiety	32% (22)	46% (32)	10% (7)	0% (0)	7% (5)	1% (1)	3% (2)	69
	Total Respondents							69
	(skipped this question)							2

16. If you were experiencing extended depression, which of the following would you be most likely to seek help from?

	Family	Friends	Campus Counseling Center	International Office	Hospital	Ayurveda practitioner	Other	Response Total
Help with Depression	26% (18)	35% (24)	18% (12)	0% (0)	16% (11)	1% (1)	3% (2)	68
	Total Respondents							68
	(skipped this question)							3

17. If you were experiencing a severe mental illness such as schizophrenia, which of the following would you be most likely seek help from?

	Family	Friends	Campus Counseling Center	International Office	Hospital	Ayurveda practitioner	Other	Response Total
Help with Schizophrenia	25% (17)	15% (10)	10% (7)	0% (0)	50% (34)	0% (0)	0% (0)	68
	Total Respondents							68

(skipped this question) 3

- 18.** On a scale of 1-5, 1 being the lowest and 5 being the highest, how familiar are you with your campus counseling center?

	1	2	3	4	5	Response Total	Response Average
Familiarity with Counseling Center	56% (38)	22% (15)	13% (9)	7% (5)	1% (1)	68	1.8
	Total Respondents						68
	(skipped this question)						3

- 19.** On a scale of 1-5, 1 being the lowest and 5 being the highest, how useful is your campus counseling center to you?

	1	2	3	4	5	Response Total	Response Average
Usefulness of Campus Counseling Center	37% (25)	28% (19)	25% (17)	6% (4)	4% (3)	68	2.1
	Total Respondents						68
	(skipped this question)						3

- 20.** In your opinion, on a scale of 1 to 5, 1 being the lowest and 5 being the highest, how likely are you to find a counselor in your campus counseling center who has some understanding of your experience as an Indian International student?

	1	2	3	4	5	Response Total	Response Average
Receptive Counselor	32% (22)	25% (17)	26% (18)	9% (6)	7% (5)	68	2.3
	Total Respondents						68
	(skipped this question)						3

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Appendix B: Survey Request and Consent Email Template

Dear Participating University,

Asian Indian international students represent the largest group of international students studying in the United States. I believe it is important for Wisconsin to be at the forefront of meeting their needs. Please pass this survey on to your Indian students to help us further understand some of their perspectives and needs as international students in the Wisconsin system.

I realize how often people contact International Offices for help with surveys, yet I am hoping that you take the time to forward my survey request to any Asian Indian international students on your campus. The survey is being conducted statewide across all Wisconsin four-year campuses.

You can simply forward the below information in an email to the Asian Indian students on your campus.

With your help this survey and research project has the potential to really benefit these students and help put Wisconsin International education on the cutting edge of serving its international students.

Please let me know if you are willing to take the time to forward the survey!

-----Content of email to be forwarded listed below-----

Dear Student,

We would like to hear from you about your view of the campus counseling center at your university. Your response is very important to us and will be used to make suggested improvements to meeting Asian Indian International student's mental health needs.

Please complete the short survey by clicking here:

Indian International Students Perceptions Survey

Or cut and paste following link into a new window:

<http://www2.uwstout.edu/generalsurveys/TakeSurvey.asp?PageNumber=1&SurveyID=91K79322I965L2>

This survey will take about 10 minutes to complete. We appreciate your participation and greatly thank you for your time.

Frequently Asked Questions

What will the information collected be used for?

Your input will be used to understand the perceptions that Asian Indian international students in

the University of Wisconsin four campus have of their respective campus counseling centers. A richer understanding may lead to changes and improvements in meeting the specific mental health needs of Asian Indian international students.

Who do I contact with questions?

If you have any technical difficulties or questions regarding the survey contact Mike McRaith (mcraithm@uwstout.edu)

Consent Form

I understand that by electronically returning this questionnaire, I am giving my informed consent as a participating volunteer in this study. I understand the basic nature of this study and agree that any potential risks are exceedingly small. I also understand the potential benefits that might be realized from the successful completion of this study. I am aware that the information is being sought in a specific manner so that confidentiality is guaranteed. I realize that I have the right to refuse to participate and that my right to withdraw from participation at any time during the study will be respected with no coercion or prejudice.

Mike McRaith
mcraithm@uwstout.edu