

Barriers to Accessing Mental Health Services Among International Students in the UK: Qualitative Exploration

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Abstract

Background: International students (ISs) face unique challenges that impact their mental health, including cultural adjustment, academic pressure, and social isolation. Despite the growing recognition of mental health needs among this population, the utilisation of university mental health services remains disproportionately low. Barriers such as stigma, lack of awareness, cultural differences, and perceived inadequacy of services contribute to this gap. Understanding these barriers is essential to developing targeted interventions that enhance access and promote the well-being among international students in UK universities.

Methods:

This study employed an interpretivist qualitative design, purposively recruiting 8 ISs (4 males and 4 females) from diverse faculties, programmes, and ethnic backgrounds at a UK university in Northeast England. Semi-structured interviews were conducted between September and November 2025, exploring key themes such as views on mental health, students' attitudes toward accessing university mental health services, the influence of subjective norms (e.g., family and peer pressure), and practical barriers like appointment scheduling. Data was analysed using the Framework Analysis approach to identify recurring themes, patterns, and insights from participants' narratives.

Results: The analysis identified key barriers to mental health service access among ISs. These included negative attitudes toward formal mental health services and a preference for informal support; stigma associated with mental health; and cultural influences on perceptions of mental health and help-seeking behaviour. Additional barriers involved limited awareness of mental health and available services; language barriers, and practical challenges related to service accessibility such as complicated appointment booking system and inflexible service hours. In response to these obstacles many students avoided formal services instead relying on peers, family, religion, and spiritual support. Some participants chose to suppress their mental health concerns altogether.

Conclusion: This study identifies key barriers preventing ISs from accessing university mental health services, including negative attitudes toward formal services, preference for informal support, stigma, cultural influences, limited awareness, language challenges, and practical accessibility issues. Addressing these requires culturally sensitive campaigns, targeted education, and practical measures to enhance access and reduce stigma, fostering better mental health support for international students.

Introduction

The mental health (MH) of ISs has emerged as a critical global concern, with mounting evidence pointing to a disproportionate vulnerability compared to domestic student populations [1, 2]. This vulnerability is shaped by a complex interplay of psychological, social, and structural stressors unique to the international student experience, including immigration constraints, cultural transition challenges, academic demands, financial pressures, and experiences of exclusion or discrimination [3, 4, 5]. These factors not only heighten the risk of developing mental health conditions such as anxiety, depression, and stress-related disorders but also contribute to underutilisation of mental health services, despite increasing awareness of their importance [2, 6].

Cultural adaptation is a key transitional challenge. The emotional and psychological effects of acculturative stress and culture shock are particularly acute during the initial phases of relocation and adjustment [7, 8, 9]. Studies have consistently reported high levels of emotional distress among ISs navigating unfamiliar cultural and academic environments. For example, a multi-country study involving students from thirteen nations attending UK universities revealed widespread emotional strain linked to cultural adjustment issues [3]. Complementing this, a large-scale survey conducted across ten UK higher education institutions found that over a third (33.9%) of ISs experienced notable mental health difficulties, ranging from emotional and behavioural challenges to persistent psychological distress, with many relying more on peer support than professional services [10].

These patterns are not unique to the UK. International literature across higher education systems in Australia [11, 12], the United States [1, 13], and Canada [14] has revealed similar stressors affecting ISs. Common issues include language barriers, homesickness, unfamiliar academic expectations, racial microaggressions, and the struggle to balance multiple roles as student, employee, and often caregiver or financial supporter for families abroad. These cumulative stressors can deeply affect students' emotional regulation, academic performance, and social integration.

Despite growing institutional efforts to support mental health, ISs remain significantly less likely to access mental health services compared to their domestic peers [15, 16, 17]. Multiple intersecting barriers hinder their help-seeking behaviours. Self-stigma, cultural beliefs about mental illness, and a reliance on informal coping strategies frequently discourage engagement with professional support [18]. Moreover, concerns about confidentiality, fear of being misunderstood, perceived cultural irrelevance of services, and doubts regarding service effectiveness further inhibit utilisation [18, 19]. These challenges are not isolated to any one region. Research from the United States, Canada and Scotland has repeatedly shown that stigma, limited mental health literacy (MHL), and practical access issues including cost, wait times, and language differences continue to restrict international students' engagement with mental health resources [14, 20, 21].

Compounding these individual-level barriers are structural and systemic issues. The World Health Organization (WHO) underscores that global mental health systems are still plagued by service disruptions, limited resources, poor service quality, and chronic shortages of trained mental health professionals [22]. These limitations are further exacerbated by low MHL, which constrains individuals' capacity to recognise mental health problems and seek appropriate, timely care [23]. For ISs, low MHL often shaped by their sociocultural backgrounds may obscure the signs of distress, diminish perceived need for intervention, and delay help-seeking until crises emerge [24].

The attitudes and behaviours of ISs toward mental health services are shaped not only by individual knowledge and beliefs but also by broader sociocultural contexts. Cultural norms regarding emotional expression, coping mechanisms, and perceptions of psychological distress influence how students interpret

and respond to their mental health needs [17, 22, 25]. Some may view help-seeking as a sign of personal weakness or fear the implications of disclosure for their academic or immigration status. Others may simply lack awareness of available services or how to access them.

Given the increasing internationalisation of higher education, especially in the UK and globally, there is an urgent need to ensure that mental health support systems are inclusive, accessible, and culturally competent. Effective interventions must move beyond a one-size-fits-all approach, accounting for the rich diversity of student backgrounds, expectations, and experiences. Institutions must also consider how the visibility, delivery, and framing of services can either encourage or inhibit engagement.

This study aims to explore the psychological, social, and cultural determinants of help-seeking behaviour among ISs in the UK. By identifying the key barriers to accessing mental health support, the research seeks to inform the design of targeted, evidence-based interventions. Ultimately, addressing these challenges is critical to promoting emotional well-being, supporting academic success, and enhancing the broader student experience for this vulnerable population.

Methods and Recruitment

This study employed an interpretivist qualitative design, grounded in the understanding that reality is socially constructed and shaped by individuals' subjective experiences [26]. The interpretivist paradigm aligns with the aim of this study to explore the psychological, cultural, and social meanings ISs attribute to mental health challenges and their help-seeking behaviours. Qualitative methods were selected to enable in-depth exploration of these meanings, perspectives, and lived experiences in the students' own words. Purposive sampling was used to recruit participants who could offer rich, relevant, and diverse insights into the phenomenon under investigation [27].

Recruitment was conducted within the University campus, which hosts a culturally diverse student body. Recruitment efforts were operationalised through multiple approaches and these processes included strategically placing flyers and posters across campuses in libraries, study hubs, and in communal areas. Participant information sheet was also distributed during student events and informal gatherings. Finally, we employed word-of-mouth (snowballing) among international student communities to enhance recruitment reach. Interested students contacted the researcher through the provided contact details on the participants information sheet and were screened for eligibility. Semi-structured, one-on-one interviews were conducted to explore core domains, including perceptions of university mental health services, the influence of social networks (e.g., family, peers, cultural community), and structural barriers (e.g., service accessibility, scheduling, cost). Data was analysed using the Framework Analysis approach, which provides a systematic structure for identifying key themes, comparing patterns across cases [28], and linking findings back to the research objectives. This approach supports transparency and rigor in qualitative research, especially when addressing applied health research questions such as barriers to service use in a defined population.

Sample

This study purposively recruited 8 ISs (4 males and 4 females, aged 20–38) from diverse IS faculties and nationalities, ensuring broad representation. Inclusion criteria were inclusive, with no restrictions on gender, marital status, age, religion, or ethnicity. Participants included 3 undergraduates and 5 postgraduates (including 4 master's and 1 doctoral students) from countries such as India, Nigeria, South Africa, Jordan, Ghana, Pakistan, Greece, and Kenya. Detailed information about the study was provided to all participants, with opportunities to discuss their involvement. Interviews were scheduled at mutually convenient times, and written consent was obtained prior to participation.

Data collection

This study was conducted between September and November 2025, at a university in the Northeast of England with a culturally diverse student population. The university hosts a wide range of both domestic and ISs across various disciplines, with ISs coming from over 100 countries and representing numerous ethnic, linguistic, and religious backgrounds [29]. To explore the complex social and cultural dimensions influencing help-seeking behaviour for mental health support, purposive sampling was employed to recruit eight ISs who were currently enrolled in undergraduate or postgraduate programmes. Eligibility criteria required participants to be ISs with no prior residence in the UK, although prior residence in other countries was permitted. This criterion was intended to capture students in the early stages of cultural adjustment to the UK higher education environment.

To ensure conceptually meaningful variation, participants were purposively selected across a range of demographic variables, including ethnicity/nationality, gender, educational level, age, and marital status. These variables were not chosen arbitrarily; rather, they were grounded in prior research indicating that diverse socio-demographic factors significantly influence how individuals experience mental health challenges and whether they engage with mental health services [30, 31, 32]. For instance, cultural background and nationality have been shown to shape stigma perceptions and explanatory models of mental health [33, 34], while gender may influence emotional expression and comfort with help-seeking [35]. Age and educational level, similarly, relate to differing levels of mental health literacy and institutional integration [36]. Marital status was included to account for variations in available social support, which is a known buffer against psychological distress [37].

While there was no formal quota sampling or pre-specified distribution targets for each variable, the aim was to achieve maximum variation sampling a qualitative sampling strategy designed to capture a broad range of perspectives relevant to the research questions [38, 39]. This approach enhances the transferability and credibility of qualitative findings by illuminating both shared and divergent experiences across subgroups [39, 40]. It also strengthens the analytical depth by allowing the research team to identify how various social positions and identity markers intersect to influence mental health experiences and help-seeking pathways. The decision to prioritise demographic diversity in recruitment was methodologically and theoretically grounded in the study's interpretivist paradigm, which values the contextual and situated nature of lived experience. The goal is to achieve analytic generalisability for developing

rich, contextualised insights that may resonate with and inform similar populations or institutional settings. Diversity in participant characteristics enabled a more nuanced understanding of the barriers to mental health help-seeking among ISs, revealing both commonalities and culturally specific factors.

Prior to data collection, each participant received a detailed Participant Information Sheet and provided written informed consent. Participants were assured of confidentiality, their right to withdraw at any stage without penalty, and the measures taken to ensure anonymity in reporting. All interviews were conducted in English within a private, secure location on campus, ensuring participants could speak freely and without interruption. Interviews lasted approximately 60 minutes and were audio-recorded with the participants' permission for transcription and analysis.

A semi-structured interview guide was used to facilitate the in-depth interviews. The development of this guide followed a multi-step, evidence-informed process designed to ensure both methodological rigour and contextual relevance [41]. The guide was initially constructed based on peer-reviewed literature focusing on barriers to mental health service utilisation among international students in higher education. This included key themes consistently identified in the literature, such as cultural stigma, language barriers, lack of mental health literacy, perceptions of service accessibility, and concerns around confidentiality and discrimination [11, 13, 15, 16, 18, 19, 20, 42].

Additionally, the guide was adapted and informed by existing validated frameworks such as the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB), which are commonly employed to explore health-related behaviours, including mental health help-seeking [43, 44, 45]. Specific constructs from these models such as perceived susceptibility, perceived benefits and barriers, self-efficacy, and subjective norms guided the phrasing and selection of questions. For example, to assess perceived barriers, the guide included questions like: *"Discuss some of the reasons why you think others do not access the University's mental health services?"* To explore subjective norms and cultural influences, participants were asked: *"Could you discuss with me from your view as an international student how culture, family background and peers impact your ability to access the University's mental health services?"*

To enhance content validity, the preliminary guide was reviewed and refined in consultation with input from experts in the international student and mental health support service teams at the University. Their feedback led to improvements in question clarity, flow, and cultural sensitivity. Additionally, minor adjustments were made following informal pilot testing with two international students (who were not included in the main study) to ensure that questions were understandable and elicited rich, relevant responses.

The final interview guide comprised open-ended core questions supplemented by optional prompts and follow-ups, allowing flexibility to pursue emerging themes while maintaining consistency across interviews. The semi-structured format provided participants with the freedom to narrate their experiences in their own words while ensuring that key thematic domains such as perceptions of mental health, attitudes toward accessing university mental health services, the influence of subjective norms (e.g., family and peer expectations), and practical barriers such as scheduling difficulties. The interview guide comprised of questions such as (a) Could you discuss your views on mental health- with me? (b) How does being an international student impact your mental health? (c) Discuss some situations that have distressed you and impacted your mental health as an international student? (d) Discuss with me some instances of how you have managed your mental health as an international student? (e) What University support did you get regarding your distressful experience? (f) Discuss some of the reasons why you think others do not access the University's mental health services? (g) Could you discuss with me from your view as an international student how culture, family background and peers impact your ability to access the University's mental health services?

This rigorous and transparent approach to developing the interview guide not only ensured alignment with the study's aims but also enhanced the trustworthiness and credibility of the data collected. It ensured that the interviews were sensitive to both the cultural context and the individual lived experiences of international students navigating mental health challenges within the UK higher education environment.

Data analysis

We employed the Framework Analysis (FA) approach to analyse the data in this study, a structured and comparative form of thematic analysis that combines inductively and deductively derived themes for cross-sectional analysis through data abstraction and description [46, 47, 48]. The FA process involves five steps including data familiarization or immersion in the data, framework development, coding, data extraction, and interpretation, making it particularly suited for analysing narratives where participants share their lived experiences rather than simply responding to questions [46, 49].

Given the use of a semi-structured interview guide to explore participants' experiences, FA was the most appropriate method for this analysis [50]. Firstly, the process began with verbatim transcription of all interview audio-recordings, followed by careful reading and re-reading to identify recurrent themes, subthemes, and key ideas from the transcripts. Secondly, a coding framework was developed based on these recurrent themes. A single coder applied this framework, which comprised two columns: one for themes and one for verbatim participant quotations from the transcripts. Thirdly, all the transcripts were annotated with codes from the framework. Fourthly, after annotating the transcripts with codes, the data that was coded was then extracted from the transcripts into the structured framework. And finally, concepts, relationships, and interpretations were drawn from the data and presented systematically. This method ensured a comprehensive and rigorous analysis of participants' narratives.

To enhance research rigor, team checking and reflexivity were applied. Team checking involved cross-verification of independently coded transcripts to ensure interpretive consistency and thematic alignment strengthening the credibility of findings [51]. The research team reflected on how their personal backgrounds and lived experiences may have influenced the data interpretation process. Specifically, team members from the Black communities provided shared cultural and contextual knowledge, which may have shaped the understanding and analysis of the participants' responses. This awareness of potential biases was crucial in maintaining objectivity, trustworthiness and integrity in the research process [41, 52]. In addition, reflexive journaling was maintained throughout the study to document researchers' positionality and potential biases, ensuring that data interpretation remained grounded in participants lived experiences rather than researchers' preconceptions [53].

Results

Table 1 summarizes participant demographics, including sex, age, marital status, nationality and educational level. Anonymity was maintained throughout the study to protect participants confidentiality using identification codes. The key themes emerging from the data analysis were: negative attitudes toward formal mental health services and a preference for informal support, stigma surrounding mental health issues, cultural influences on perceptions of mental health and help-seeking behaviour, limited awareness of mental health and available services, language barriers, and practical challenges related to service accessibility. Table 2 summarises the result highlighting the themes, and questions.

Table 1
Self-reported participant demographics

Participant codes	sex	Marital status	Age	Nationality	Educational level
IS001	Male	Married	35	Nigeria	Postgraduate
IS002	Male	Single	23	India	Undergraduate
IS003	Female	Single	20	Greece	Undergraduate
IS004	Male	Married	29	South Africa	Postgraduate
IS005	Female	Married	38	Ghana	Postgraduate
IS006	Male	Married	27	Pakistan	Postgraduate
IS007	Female	Single	22	Kenya	Undergraduate
IS008	Female	Single	31	Jordan	Postgraduate

*IS = International Student

Negative attitude toward formal mental health services and preference for informal support

Few (25% [i.e., 2/8]) participants had used university mental health services but felt these did not fully address their needs. Most (75% [i.e., 6/8]) however, held negative views of formal services, seeing them as irrelevant. They preferred support from friends, family, faith groups, religious leaders, or even strangers on social media, believing these sources better understood their emotions and experiences, while formal services felt distant and less relatable.

"In my home country, when a family member is facing a problem, we do not involve outsiders. Instead, we come together as a family, share our thoughts, and find ways to support each other. Formal mental health services don't truly understand how you feel the way family and close friends do. They rely on psychological theories but often fail to address the real issue" (IS006).

"I once sought help from the university mental health services, but they were irrelevant to my situation" (IS008).

"My friends and some family members have always been there for me, so I don't see the need to use university mental health services. They only offer advice on things you can do yourself without providing any real, actionable support" (IS007).

"When I'm worried about something, I sometimes post it on social media in a third-person perspective and read people's advice. Many share their personal experiences and how they overcame similar situations" (IS001).

Stigma associated with mental health

Most (87.5% [i.e., 7/8]) participants were concerned about stigma around using university mental health services. They explained that mental health is often taboo in their home countries and linked to social stigma. They feared peers from their cultural background might view them negatively or label them as mentally unstable, which could impact their academic and social lives. This fear of stigma was a major barrier to seeking support.

"Mental health carries a stigma, making people hesitant to seek formal support. Many worry about the consequences, especially within the university community" (IS004).

"The fear of stigma is a major reason why international students avoid these services. In my country, mental health is not well understood, and there is a strong stigma attached to it" (IS005).

Cultural influences on perceptions of mental health and help-seeking behaviour

Most participants (75% [i.e., 6/8]) explained that, in their cultures, mental health is often seen as madness influenced by spiritual forces. Consequently, mental health issues are usually managed through spiritual practices, such as seeking help from deities, performing rituals, and incantations. Spiritual leaders also play a key role by offering prayers to support those with psychological distress.

"Mental health is not treated lightly but is instead addressed through spiritual practices, including seeking guidance from deities. Based on our traditions and customs, it is inappropriate to disclose personal struggles to strangers under the excuse of mental health services. Instead, we first consult spiritual deities to determine the underlying cause of the mental health issue and then follow prescribed spiritual rituals to address it" (IS001).

"In my community, people typically seek healing through spiritual means. Many treat mental health issues themselves using self-prepared herbal remedies combined with incantations believed to expel negative spirits. In more severe cases, individuals turn to spiritual practitioners who perform sacrifices on their behalf. This practice is especially common in rural communities, where some also seek prayers from spiritual leaders for healing" (IS005)

Limited awareness of mental health and available services

Several (75% [i.e., 6/8]) participants noted that limited awareness of mental health and available university services is a major barrier for international students seeking formal support. They explained that mental health is rarely discussed in their home countries, making it hard to recognize when help is needed or where to find it. Many only learned about the university's services through friends, highlighting the important role of peer networks. This lack of awareness continues to hinder access to mental health support.

"Most international students are unaware that the university offers mental health services. A friend told me they might be able to help, so I decided to visit. Unfortunately, they couldn't offer any real support. If I hadn't heard about the service through that friend, I would have never known it existed" (IS006).

"I believe many new international students, particularly those at the undergraduate level, may not be aware of mental health and its significance, which can hinder their ability to utilize available support services at the university" (IS002).

"I was unaware that the university offered formal mental health services for students, which would have been helpful had I ever felt the need to access support" (IS003).

Language barriers, and practical challenges related to service accessibility

Some (62.5% [i.e., 5/8]) participants identified language barriers as a major obstacle to accessing university mental health services. While some understand basic English, they struggle to express themselves fully, making communication and understanding of support difficult. This hinders effective delivery service. Additionally, delays in securing timely appointments further reduce the effectiveness of the support available.

"Some of the international students are not fluent in basic English, they often struggle to express themselves fully, as they would in their native language" (IS001).

"The inability of some international students to effectively communicate and express themselves is a significant barrier to accessing university mental health services. When students are unable to clearly communicate in English or understand what service providers are saying, they may feel discouraged from seeking help due to language barriers" (IS004).

"Those who attempted to book an appointment reported that the available dates were scheduled far in advance, reducing the effectiveness of seeking timely mental health support" (IS008).

Table 2
Summary of themes and questions

Themes	Questions
Negative attitude toward formal mental health services and preference for informal support	<p>Q1: What do you think makes people feel uncomfortable about using formal mental health services?</p> <p>Probes: Distrust, misconceptions, and past experiences</p> <p>Q2: Why might someone prefer informal support systems?</p> <p>Probes: Role of family, culture, friends, and religious leaders.</p> <p>Q3: Discuss how you think formal services could learn or improve by understanding what people value in informal support?</p> <p>Probes: Culture, including practical support (enquire for examples like funds), accessibility information</p>
Stigma associated with mental health	<p>Q1: Discuss some of the reasons why you think others do not access the University's mental health services?</p> <p>Probes: fear of being known and meeting familiar faces, roles of culture and family.</p> <p>Q2: How would you define MH stigma and where do you think it comes from?</p> <p>Probes: judgement for MH struggles, discuss in which stigma affects MH seeking and willingness to discuss topic.</p>
Cultural influences on perceptions of mental health and help-seeking behaviour	<p>Q1: Could you discuss with me from your view as an international student how culture, family background and peers impact your ability to access the University's mental health services?</p> <p>Probes: role of spirituality, religion, and family views.</p> <p>Q2: Discuss some of the reasons why you think others do not access the University's mental health services?</p> <p>Probes: peer feedback experiences, stigma, cost, and awareness.</p>
Limited awareness of mental health and available services	<p>Q1: Could you discuss your views on mental health with me?</p> <p>Probes: influence of personal background and experience on MH, knowledge of available services (including school support services)</p> <p>Q2: How does been an international student impact your mental health?</p> <p>Probes: Support systems you have found helpful or lacking, discuss moment when you think your MH was affected as international student.</p> <p>Q3: What University support did you get regarding your MH experience?</p>
Language barriers, and practical challenges related to service accessibility	<p>Q1: Can you describe any situations where language made it difficult to understand or engage with mental health services?</p> <p>Probes: personal/observed experience, language interpreter,</p> <p>Q2: What kinds of practical challenges do you think discourage students from using these services?</p> <p>Probes: location, wait times/delays, or service hours, and appointment scheduling.</p> <p>Q3: Do you feel the university has done enough to make mental health support accessible to students from diverse backgrounds?</p>

Discussion

This study provides an in-depth exploration of the barriers that ISs face when accessing mental health services at a university in the Northeast of England. It captures the experiences of students from diverse backgrounds, including those from Black, Asian, and Minority Ethnic (BAME) communities as well as students from various European countries.

The findings make a valuable contribution to the growing evidence base on the mental health service access challenges faced by ISs in UK higher education. Consistent with previous research conducted in other global contexts, this study confirms that ISs continue to encounter significant cultural, linguistic, and structural barriers that hinder their engagement with mental health support services.

Importantly, by offering insight into the lived experiences of ISs within a UK university setting, this study not only reinforces the broader international literature but also highlights the pressing need for culturally responsive mental health interventions tailored to the unique needs of this population.

Several key themes emerged from the analysis that significantly shape international students' help-seeking behaviours. These include negative attitudes toward formal mental health services and a preference for informal support, stigma surrounding mental health issues, cultural influences on perceptions of mental health and help-seeking behaviour, limited awareness of mental health and available services, language barriers, and practical challenges related to service accessibility.

These findings align with existing literature on the mental health challenges faced by international students in countries such as Australia, USA, China and Canada [11, 54, 55].

A key barrier identified in this study was the negative attitude toward formal mental health services, with most participants expressing a strong preference for informal support from friends, family, or community networks. This finding aligns with international literature that highlights the widespread reliance on informal support systems among international students, often due to distrust, unfamiliarity, or perceived irrelevance of formal mental health services [9, 56, 57]. Although previous studies have acknowledged the crucial role of family and friends in supporting mental health [58, 59], this reliance poses a unique challenge for international students who are geographically separated from their traditional support systems. Being in a new cultural and social environment may limit access to these familiar networks, potentially intensifying mental health difficulties. Contributing factors to the negative attitudes toward formal services and the preference for informal help include cultural perceptions of mental health, limited mental health literacy, fear of being seen accessing services, and strong religious beliefs [12, 60, 61, 62].

Stigma surrounding mental health emerged as a significant barrier that deterred international students from seeking professional help. This finding is consistent with extensive global literature that identifies stigma as a major obstacle to mental health service utilisation, particularly among international students from cultures where mental health issues are highly stigmatised [20, 42, 54, 60]. For example, a systematic review by [42] reported that [63] highlighted students were often reluctant to self-disclose mental health concerns in the presence of peers from their own cultural backgrounds, especially when their issues, such as sexual orientation, were not accepted within their ethnic communities. Similarly, a study in Scotland found that stigma and fear of judgement significantly limited help-seeking among Asian international students [20]. These findings underscore the need for targeted strategies to challenge negative perceptions of mental health and to reduce barriers to disclosure and help-seeking, in order to effectively support international students worldwide.

Cultural influences played a critical role in shaping international students' perceptions of mental health and their willingness to seek help. This study reinforces global evidence that cultural beliefs strongly influence how individuals interpret mental health challenges and whether they consider formal support appropriate [7, 13, 64]. Most participants in this study, particularly those from collectivist cultural backgrounds, perceived mental health concerns as private matters best addressed within the family or community, rather than through professional intervention [7, 13]. In such cultural settings, preserving family honour, maintaining social harmony, and protecting personal reputation are prioritised. These values often lead to the minimisation of psychological distress and a reluctance to pursue external support, as doing so may be seen as shameful or as a sign of personal weakness [61, 65]. Additionally, some participants described cultural beliefs where mental health issues are attributed to spiritual or moral causes rather than recognised as legitimate health conditions, further discouraging engagement with formal mental health services [33].

This study's findings are consistent with international research that highlights how culturally ingrained perceptions can significantly limit mental health help-seeking among international students [20, 42]. To address these barriers, universities must develop culturally sensitive interventions that align with the ways international students understand and manage mental health. Building cultural competence within university mental health services and providing psychoeducation tailored to diverse cultural contexts are essential strategies for improving service accessibility and acceptance among this population.

Limited awareness of mental health and the available support services emerged as a significant barrier preventing international students from accessing professional mental health care. Many participants in this study reported receiving little to no information about the mental health services provided by the university, leaving them unsure about where to seek help or what support options were available to them. This finding is consistent with previous research, which has highlighted that inadequate dissemination of mental health information is a persistent challenge for international students [66, 67]. Studies conducted in Canada [14], Australia [68], and the United States [21] similarly found that many international students remained unaware of campus mental health resources until well into their academic programmes, missing critical opportunities for early intervention and support. These studies emphasised the importance of embedding detailed mental health service information into orientation and induction programmes from the outset of students' academic journeys. Early exposure to this information could help normalise the use of mental health services and increase students' confidence in accessing support when needed. Moreover, there is strong evidence that improving international students' knowledge of available mental health services can significantly enhance service utilisation by reducing uncertainty, lowering psychological barriers, and encouraging proactive help-seeking behaviours [55, 56, 66]. Therefore, universities must prioritise targeted communication strategies that ensure international students are fully informed and supported throughout their academic experience.

Language barriers emerged as a critical obstacle further exacerbating the challenges international students face in accessing mental health services. Most participants described difficulties in articulating their emotions and mental health concerns in English, which often prevented them from seeking timely and appropriate support. This is particularly relevant for international students from non-English speaking backgrounds, who may struggle to fully convey the complexity of their psychological distress or to comprehend the information provided by mental health professionals. These findings are consistent with several international studies that have similarly identified language as a significant barrier to mental health service utilisation among international students [9, 42, 56, 69].

Limited language proficiency can result in misunderstandings, reduced confidence in communicating with professionals, and feelings of isolation, all of which contribute to the underuse of formal mental health services [42, 70]. Addressing these barriers is essential to improving access and engagement. Providing multilingual mental health services, culturally competent counselling, and targeted language assistance can play a pivotal role in bridging communication gaps and fostering trust between international students and mental health providers [13, 60, 71]. In addition, the delivery of culturally safe services can be enhanced by ensuring that mental health practitioners engage in ongoing cultural competence training and offer support in a variety of languages to better meet the diverse needs of this population [13, 67].

Practical barriers also emerged as significant deterrents to mental health service utilisation among international students. Participants in this study frequently expressed frustration with prolonged waiting times and complex administrative processes required to schedule appointments. These systemic issues are well-documented in the wider literature on student mental health in the UK and are known to further delay access to care, particularly for students who may already feel reluctant to seek support [72, 73]. Similar time-related barriers have been consistently reported in studies from other parts of the world, including Australia, the United States, and Canada [16, 24, 54, 68, 74].

Lengthy waiting periods can discourage students from pursuing mental health support, particularly when their psychological needs are immediate and pressing. Delays in receiving care may lead students to disengage altogether, reinforcing patterns of avoidance and worsening mental health outcomes. For example, a study conducted in the United States by [16] among Chinese international students found that older students with full-time employment were significantly less likely to access mental health services, with limited time frequently cited as a primary barrier.

These findings suggest that improving the efficiency and responsiveness of university mental health services is essential. Strategies such as offering more flexible appointment times, reducing administrative hurdles, and providing quicker access to initial consultations could play a critical role in encouraging timely help-seeking among international students.

The findings of this study underscore the urgent need for universities to develop and implement culturally sensitive and accessible mental health services tailored specifically to the needs of international students. Institutions should invest in mental health education, proactively work to reduce stigma through culturally relevant awareness campaigns, and provide comprehensive language support to facilitate effective communication. Future research should focus on evaluating targeted interventions that improve mental health service accessibility and acceptability for international students, particularly those from linguistically and culturally diverse backgrounds.

Limitations

This study has several limitations that should be acknowledged. First, the use of non-random, purposive sampling at a single institution may introduce selection bias, limiting the representativeness of the sample. As such, the findings may not be generalizable to international students in other UK universities, where institutional resources and support systems may differ. Second, all interviews were conducted in English. Given that language barriers emerged as a key finding, this may have constrained participants' ability to fully articulate their experiences and perspectives, particularly for those with limited English proficiency. Future research should consider conducting interviews in participants' native languages where possible. Third, the analysis was conducted by a single coder, which may introduce interpretive bias and limit the breadth of thematic interpretation. Future studies should consider employing multiple coders and involve multiple institutions to enhance analytical rigor and generalizability. Lastly, while this study focused primarily on barriers to mental health service use, it did not explore facilitators or coping strategies. We recognize this as a limitation and recommend that future research examine resilience factors and enablers that support international students' mental well-being and help-seeking behaviours.

Conclusion

This study provides critical insights into the complex and multifaceted barriers international students face when accessing mental health services in UK universities. These challenges include negative perceptions of formal support systems, a strong reliance on informal peer or familial support networks, the persistence of stigma surrounding mental health issues, and culturally shaped attitudes toward help-seeking. Additionally, many students reported limited awareness of available services, difficulties related to language, and practical challenges such as rigid appointment systems and unfamiliar service structures.

To address these barriers effectively, universities must move beyond one-size-fits-all approaches and implement targeted, culturally responsive interventions. One important strategy involves the training and deployment of cultural mediators or liaison officers, who can help bridge the communication and trust gap between international students and service providers. Furthermore, introducing peer-led mental health ambassador programmes can foster early engagement and reduce stigma by leveraging the experiences of trained international student volunteers as relatable advocates.

Embedding mental health literacy into university orientation and induction programmes is also essential. This would ensure that new international students are equipped with culturally relevant knowledge on recognising mental health challenges, understanding the range of available support services, and knowing how to access them. Complementing these efforts, the development of multilingual mental health resources, alongside the provision of interpreters, can address language barriers and better support students who are less confident communicating in English.

Staff training in cultural competence is another critical measure, as it prepares university mental health professionals to respond sensitively and effectively to students' diverse cultural beliefs and expectations around mental health. Finally, the restructuring of appointment systems to offer more flexible and accessible modes of delivery such as drop-in sessions, online counselling, and out-of-hours services can further reduce structural barriers to care.

These institution-wide strategies are not only essential for improving the utilisation of mental health services but also for creating inclusive academic environments in which all students, regardless of background, feel recognised and supported. Future research should continue to investigate the effectiveness of such interventions and incorporate an exploration of facilitators and coping mechanisms to gain a more balanced and comprehensive understanding of the international student mental health experience.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the Declaration of Helsinki, and all ethical principles were strictly adhered to. This study was reviewed and approved by the University Research Ethics Committee, Faculty of Health Sciences and Well-being, on 24th September 2025 (Reference No. 032996). Prior to data collection, all participants received a participant information sheet and consent form at least 24 hours before their scheduled interview. Informed consent was obtained from each participant through a signed consent form. Face-to-face interviews were conducted on campus in private rooms, audio-recorded, and transcribed. No identifiable participant data were included in the transcripts or this publication. All methods adhered to relevant ethical guidelines and regulations. Researchers remained vigilant throughout the interviews, monitoring participants for any signs of distress and always ensuring their wellbeing [75]. A distress protocol was developed in advance to manage any such occurrences [76]. At the conclusion of the interviews, all participants reported no negative effects from participation, and no visible signs of distress were observed. A debriefing sheet, including contact details for mental health helplines, was provided to all participants at the end of the interview.

Clinical Trail Number

Not Applicable

Consent for publication

Study participants voluntarily consent to publish our study findings without necessarily including their personal identifiers. The study findings were shared with the participants to ensure that it reflected their true and exact perspectives.

Competing interests

The authors declare that they have no competing interests.

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Author Contribution

PO conceptualised the research idea, contributed to data collection and analysis, and drafted the initial manuscript. AP, LH, and KKD were involved throughout all stages of the study, providing supervision as well as reviewing and editing the manuscript. All authors have read and approved the final version of the manuscript.

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Data Availability

Datasets generated and/or analysed during this study are not publicly available due to ethical considerations. However, they are available from the corresponding author upon reasonable request, subject to approval by the Faculty of Health Sciences and Wellbeing Research Ethics Committee (REC) Chair.

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