

From isolation to integration: The mental health journey of international students in Türkiye

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Article Info	Abstract
<p>Research Article</p> <p>Received: 23 December 2025 Revised: 23 March 2026 Accepted: 24 March 2026</p> <p>Keywords: Barriers, International students, Mental health, Perceived social support, Turkish language programs</p>	<p>This study explored mental health, coping strategies, perceived social support, and barriers to help-seeking among first-year international students in Turkish language programs in Türkiye. A mixed-methods approach combined survey data from 381 students from 48 countries with interviews from 60 participants. Standardized scales (Warwick-Edinburgh Mental Well-being Scale, Multidimensional Scale of Perceived Social Support, Brief COPE) were used. Results showed 45.93% with optimal mental health, 45.14% with moderate mental health, and 8.92% with low mental health. Family and friend support strongly predicted well-being, while stigma and institutional and cultural barriers restricted access to counseling and help-seeking. Qualitative findings identified additional coping strategies and sources of support. The study emphasizes the need for culturally sensitive counseling and more accessible mental health services to address the unique challenges faced by international students.</p>

1. Introduction

Mental health has become an increasing concern in higher education, especially among students adjusting to new academic and social environments. For international students, moving from their home country to a host country involves many difficulties, including adapting to unfamiliar surroundings, changes in social support systems and roles, separation from family, and the pressure of a heavier academic workload (Ranasinghe, 2023). These challenges can make it more difficult to acclimate, often leading to mental health issues like psychological distress, anxiety, feelings of being off-balance, social isolation, and a strong sense of being overwhelmed and unable to cope (Goodman, 2017).

The effects of these mental health challenges extend beyond personal well-being, significantly impacting students' quality of life, physical health, and overall wellness. Furthermore, mental health issues among university students have been linked to declines in academic performance and negative educational outcomes, including lower Grade Point Averages (GPA), increased substance use such as alcohol and smoking, withdrawal from academic programs, and, in serious cases, suicidal thoughts (Serras et al., 2010; Wörfel et al., 2016). Ultimately, the detrimental effects of mental health difficulties can cause students to drop out and fail to complete their degrees (Sverdlik et al., 2018). Given these critical implications, examining the mental health of university students and identifying the factors behind these challenges has become an essential area of research within international education.

Türkiye has become a popular destination for international students, establishing a strong presence in the global higher education market (Oz, 2021). This growth has been driven by various large-scale initiatives, resulting in a significant increase in international student numbers, from 43,251 in 2013 to 301,694 in 2023 (YÖK, 2023). The Türkiye Scholarships Program and the Mevlana Exchange Program have played a crucial role in this expansion by making Turkish higher education more accessible and attractive to international students (Taşdelen, 2024). Additionally, regulatory reforms, international agreements, and the decentralization of foreign student admissions

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have further enhanced Türkiye's appeal as a scholarly destination (Yılmaz, 2016). The Turkish Overseas Student Admission Exam (TR-YÖS), available in multiple languages across 52 countries (YÖK, 2024), has simplified the admissions process, especially for non-Turkish speakers, making Türkiye an increasingly popular destination for international students worldwide.

As the number of international students in Türkiye continues to rise, their mental health has not received enough attention, especially among those in their first year of the Turkish Language program. International students often face unique stressors during their transition, which significantly affect their mental health and well-being, leading to much higher levels of stress and anxiety compared to their Turkish peers (Altıntaş et al., 2024). Integration into social life in Türkiye and proficiency in Turkish have been identified as key factors, collectively explaining 32.8% of the variance in psychological distress levels among international students (Cetinkaya-Yildiz et al., 2011).

Research shows that international students often experience higher levels of psychological distress compared to domestic students. Major factors include adapting to a new culture, loneliness, social isolation, language barriers, and limited access to mental health resources (Huang et al., 2020; LaMontagne et al., 2023; Skromanis et al., 2018). Furthermore, international students are less likely to seek support due to obstacles such as language difficulties, cultural stigma, lack of awareness about available services, limited mental health literacy, maladaptive coping strategies, and self-limiting beliefs (e.g., thinking support services are only for severe problems) (LaMontagne et al., 2023; Newton et al., 2021). This reluctance is particularly concerning, given that only 47% of domestic students in Türkiye are aware of existing mental health services (Çebi & Demir, 2020), suggesting that the situation may be even more challenging for international students. Avoiding support services can lead to increased reliance on maladaptive coping mechanisms, which can further escalate stress and psychological distress over time.

Despite the significant global increase in international students, their mental health continues to receive limited scholarly focus. Existing research mainly examines their lived experiences, help-seeking behaviors, and psychological distress. Studies conducted in countries like the United States, Canada, Türkiye, and Australia indicate that international students often encounter conflicts between their cultural values and the mental health norms of their host countries (Hyun et al., 2007; Mbous et al., 2024; Özenç-Ira et al., 2024; Tanhan & Francisco, 2019). As a result, they tend to avoid university counseling services and instead seek support from family, friends, or close relatives (Cogan et al., 2024; Smith & Khawaja, 2011; Xiong et al., 2024).

Many international students believe that seeking psychological help shows weakness or failure, which leads to self-stigmatization. This stigma not only makes them less willing to share personal mental health struggles but also reduces their chances of using available services (Papadaki, 2024; Tikhonova et al., 2021). Research also indicates that factors such as poor physical health, limited social support, less religious involvement, and negative attitudes toward seeking professional help are linked to higher levels of psychological distress, including symptoms of anxiety and depression, among international students (Nahidi et al., 2018; Rosenthal et al., 2008).

Despite growing research on the mental health concerns of international students worldwide, a significant gap remains in understanding the unique experiences of those who spend their first year at language learning institutions, such as in Türkiye. While much of the existing research focuses on international students in traditional university settings, relatively little attention has been paid to those who complete a preparatory year of language and cultural adaptation in Turkish language programs before starting their academic studies. This transitional phase often puts students in unfamiliar environments, isolates them from their academic peers and campus life, and limits their access to formal support networks.

Language barriers present a major challenge during this transitional period, as students may struggle to communicate effectively in Turkish. This often results in increased social isolation and limits their ability to express mental health needs. Without sufficient social support, students risk adopting maladaptive coping mechanisms, such as avoidance or denial, which can intensify their psychological distress. These problems not only threaten their mental health but also hinder their academic achievement and social integration. Therefore, there is a critical need for research on the mental health and social support systems for international students in language-learning settings such as Türkiye to better understand their specific stressors and develop effective interventions.

2. Theoretical model

The current study employs an integrated theoretical framework that combines the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) with the Integrated Model of Mental Health Help-Seeking (Hammer et al., 2024). These models together provide a comprehensive perspective to explore the complex relationship between mental health, perceived social support, coping strategies, and barriers to help-seeking among university

students. By merging these frameworks, the study aims to develop a holistic understanding of how students manage mental health challenges in higher education and the factors that influence their help-seeking behaviors. The Transactional Model of Stress and Coping, developed by Lazarus and Folkman (Lazarus & Folkman, 1984), conceptualizes stress as a dynamic process involving how an individual appraises stressors and responds with coping strategies. The model highlights two main appraisal steps: primary appraisal, in which individuals determine if a situation is threatening, challenging, or harmless; and secondary appraisal, which evaluates the resources available for coping, such as strategies and social support.

In this study, the model is applied to several variables. Mental well-being is influenced by how students perceive the challenges of learning Turkish and adapting to Turkish society. Negative appraisals, particularly when paired with ineffective coping responses, can lead to mental health difficulties. Coping strategies are central to this framework: effective approaches, such as problem-focused or emotion-focused coping, can mitigate stress, whereas maladaptive strategies, such as avoidance, tend to exacerbate psychological distress. Furthermore, perceived social support strengthens coping resources and reduces perceived stress, enabling students to view challenges as more manageable. The Integrated Model of Mental Health Help-Seeking (IMHHS) examines factors influencing individuals' decisions to seek psychological help, including personal attitudes, perceived needs, social norms, and potential obstacles. This model is especially helpful for understanding why students might avoid using mental health services despite experiencing psychological distress.

In this study, the IMHHS is applied to several key variables. Barriers to help-seeking, such as stigma and lack of awareness, can significantly discourage students from seeking necessary support, resulting in unmet mental health needs. Perceived social support is also central within this framework: positive social norms and supportive networks can reduce stigma, foster encouragement, and thereby facilitate help-seeking behaviours. Ultimately, mental health well-being is indirectly affected by these dynamics, as failure to access appropriate care may lead to unaddressed psychological difficulties and a subsequent decline in overall well-being. Integrating the Transactional Model of Stress and Coping with the Integrated Model of Mental Health Help-Seeking (IMHHS) provides a comprehensive framework for understanding the factors shaping students' mental health. The Transactional Model explains how students appraise and respond to stressors, while the IMHHS highlights the internal and external influences that determine help-seeking behaviors.

These models together show the cyclical nature of mental health issues: coping strategies directly impact psychological well-being, perceived barriers affect the chances of seeking help, and inadequate help-seeking sustains poor mental health outcomes. The strength of this integrated framework lies in its ability to illustrate how coping strategies, social support, and help-seeking barriers interact in complex ways. By examining these connected processes, the study provides valuable insights for creating targeted interventions that improve coping skills, boost social support, and reduce obstacles to accessing mental health services. Ultimately, this approach aims to support students' mental well-being in Turkish higher education settings.

2.1. The current study

When examining the factors that influence international students' mental health, coping skills, and social support, these factors emerge as particularly significant. Because of the limited scope of existing research on the mental health of first-year international students enrolled in a Turkish language program and the conflicting results concerning coping strategies and social support, this study aims to address these gaps.

The research questions guiding this study are:

1. What is the mental health status of first-year international students in Turkish language learning programs?
2. To what extent do coping skills and social support predict the mental well-being of these students?
3. What barriers hinder these students from seeking mental health support?

3. Methodology

Ethics approval for the study was obtained from the Ethics Committee of Ibn Haldun University (Date: 20.06.2024, Approval No: E-71395021-050.06.04-30552), and all procedures were conducted in accordance with the university's ethical standards. Consent to participate was obtained from all participants prior to their involvement in the study.

3.1. Research design

This study used a mixed-methods research design, combining both qualitative and quantitative approaches to examine first-year international students' mental well-being, perceived social support, and coping strategies. The

quantitative part employed standardized scales to assess mental health and related constructs. Meanwhile, the qualitative part involved semi-structured interviews and focus groups to explore students' lived experiences and perspectives on mental health and help-seeking behavior.

Table 1. Demographic characteristics of students who participated in the quantitative study (N=381)

Demographics		%	Mean	Std. Deviation
Age	Age between 17-22	64.57	21.52	3.947
	Age between 23-28	28.34		
	Age between 29-34	7.09		
Gender	Female	44.88		
	Male	55.12		
Education level	Undergraduate	59.85		
	Postgraduate	29.92		
	PhD	10.23		

Table 2. Presents the characteristics of students who participated in the qualitative study

Regions	Countries	Academic Level	f
South Asia	Afghanistan, Bangladesh, India, Pakistan	Undergraduate	2
		Master	2
		Doctorate	2
South East Asia	Cambodia, Indonesia, Malaysia, South Korea, Thailand	Undergraduate	2
		Master	2
		Doctorate	2
Central Asia	Kazakhstan, Tajikistan, Turkmenistan, Uzbekistan	Undergraduate	2
		Master	2
		Doctorate	2
West Asia	Iraq, Iran, Lebanon, Jordan, Palestine, Syria, Yemen	Undergraduate	2
		Master	2
		Doctorate	2
North Africa	Algeria, Chad, Egypt, Libya	Undergraduate	2
		Master	2
		Doctorate	2
West Africa	Cameroon, Ghana, Niger, Nigeria, Senegal	Undergraduate	2
		Master	2
		Doctorate	2
East Africa	Ethiopia, Madagascar, Kenya, Rwanda, Sudan, Tanzania	Undergraduate	2
		Master	2
		Doctorate	2
South Africa	Zimbabwe, Zambia	Undergraduate	2
		Master	2
		Doctorate	2
Eastern Europe	Albania, Belarus, Bosnia and Herzegovina, North Macedonia, Montenegro, Romania, Russia	Undergraduate	2
		Master	2
		Doctorate	2
South America	Venezuela, Costa Rica, Colombia	Undergraduate	2
		Master	2
		Doctorate	2
Total			60

3.2. Quantitative study

3.2.1. Participants and sampling

A purposive sampling method was employed to select participants. Eligibility criteria included willingness to participate, being international students, and enrolment in first-year Turkish language programs. The quantitative sample comprised 381 participants, determined through a power analysis to ensure sufficient statistical power to detect meaningful effects. The parameters included a medium effect size, a desired power of 0.80, and an alpha level of 0.05, consistent with social science standards. The minimum sample size was adjusted to account for potential non-response, resulting in a final sample of 381 participants. This thorough approach enhanced the robustness and generalizability of the study's results on mental well-being, social support, and coping strategies

among first-year international students. Table 1 presents the demographic characteristics of the students involved in the quantitative study (N=381).

The qualitative sample size was intentionally chosen to ensure broad representation across regions, academic levels, and gender. The study included students from over 45 countries, grouped into 10 regions. To achieve equal representation, the sample comprised two undergraduate, two postgraduate, and two doctoral students from each region, with gender balance maintained within each subgroup (one male and one female). This stratified approach ensured diverse perspectives across regions, academic levels, and gender, resulting in a total of 60 participants. Table 2 below outlines the characteristics of the students who participated in the qualitative study (N= 60).

3.2.2. Data collection, measurement, and procedure

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was used to evaluate the mental well-being of international students. Developed by Tennant et al. (2007), the scale includes 14 positively worded items, with higher scores reflecting better mental well-being. Participants rated each item on a 5-point scale from 1 (never) to 5 (always). The scale has shown strong internal consistency (Cronbach's alpha = 0.89 and 0.91) and good test-retest reliability ($r = 0.83$).

The Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess students' perceived social support. Developed by Zimet et al. (1988), this scale comprises 12 items, divided into three subscales that measure support from family, friends, and significant others. Responses were on a 7-point Likert scale, ranging from 1 (Very strongly disagree) to 7 (Very strongly agree). The MSPSS has proven reliability and validity, with internal consistency for the subscales ranging from 0.85 to 0.91.

The Brief COPE Inventory was used to examine coping strategies among international students. Developed by Carver (1997), this tool measures both adaptive and maladaptive coping through 28 items grouped into three categories: problem-focused coping, emotion-focused coping, and avoidant coping. Participants responded on a 4-point Likert scale, ranging from 0 (I haven't been doing this at all) to 3 (I've been doing this a lot).

Finally, a demographic information questionnaire collected data on participants' age, gender, degree level, country of origin, and duration of stay in Türkiye.

Before collecting data, ethical approval was secured from the Ethics Committee of Ibn Haldun University, and all procedures were conducted in accordance with its ethical standards. Participants were recruited through one of Türkiye's largest governmental scholarship agencies, which sent out invitations and provided a detailed briefing on the study along with clear instructions. Participation was voluntary, and students were informed they could withdraw at any time without penalty. Data were gathered through a web-based survey, with all tools administered in English. The survey stayed open for about one month and included the WEMWBS, MSPSS, Brief COPE, and a socio-demographic questionnaire.

Written informed consent was obtained from all participants before data collection. For those under 18, written parental consent was also secured. Parents were contacted through their children, and the study's purpose, procedures, and confidentiality measures were explained beforehand. Participants were fully informed about the study's goals, procedures, their right to withdraw at any time, and the steps taken to ensure confidentiality. To protect privacy, all data were de-identified, securely stored, and only accessible to the research team. Any identifiable information was removed during transcription to safeguard participant privacy. Participants were debriefed after data collection, and support resources were provided for those who experienced distress while reflecting on mental health.

3.2.3. Data analysis and findings

The quantitative data were analyzed using SPSS 26. Descriptive statistics were calculated to summarize the data given in Table 3. The descriptive data analysis indicated that among first-year international students enrolled in Turkish language learning programs, 45.93% exhibited optimal mental health, 45.14% reported moderate mental health, and 8.92% experienced low mental health. Further analysis revealed a significant association between mental health status, perceived social support, and coping strategies. Students with high mental well-being reported the strongest support from family (79.43%), friends (77.14%), and others (61.71%). In terms of coping strategies, this group relied moderately on problem-focused coping (38.29%), made limited use of emotion-focused coping (16%), and showed a strong preference for avoidance-focused coping (40.57%). These findings suggest that while avoidance strategies may offer temporary relief, their prolonged use is maladaptive and may exacerbate stress over time.

For students with moderate mental well-being, perceived support from family (17.71%) and friends (18.29%) was fairly balanced, while support from others was slightly higher at 29.14%. This group showed an increase in problem-focused coping (55.43%) and a significant rise in emotion-focused coping (78.86%). Avoidance-focused coping also stayed high (57.14%), suggesting that avoidance remained a common way to handle stress. Conversely, individuals with low mental well-being reported the lowest levels of perceived social support, with only 2.86% receiving strong family support, 4.57% from friends, and 9.14% from others. This group engaged the least in problem-focused coping (6.29%) and emotion-focused coping (5.14%), and used avoidance-focused coping minimally (2.29%), indicating major challenges in managing stress through any coping strategy.

Table 3. presents the descriptive analysis of mental health well-being, perceived social support, and coping strategies

Mental health well-being (%)		Perceived social support		%	Coping strategies		%
High	45.93	High	Family	79.43	Problem-focused	38.29	
			Friends	77.14	Emotion-focused	16	
			Others	61.71	Avoidance-focused	40.57	
		Medium	Family	17.71	Problem-focused	55.43	
			Friends	18.29	Emotion-focused	78.86	
			Others	29.14	Avoidance- focused	57.14	
		Low	Family	2.86	Problem-focused	6.29	
			Friends	4.57	Emotion-focused	5.14	
			Others	9.14	Avoidance-focused	2.29	
Medium	45.14	High	Family	51.74	Problem-focused	34.88	
			Friends	51.74	Emotion-focused	16.86	
			Others	44.19	Avoidance- focused	31.4	
		Medium	Family	37.21	Problem-focused	54.65	
			Friends	36.05	Emotion-focused	75	
			Others	40.7	Avoidance- focused	65.7	
		Low	Family	11.05	Problem-focused	10.47	
			Friends	12.21	Emotion-focused	8.14	
			Others	15.12	Avoidance-focused	2.91	
Low	8.92	High	Family	17.65	Problem-focused	17.65	
			Friends	23.53	Emotion-focused	8.82	
			Others	29.41	Avoidance- focused	14.71	
		Medium	Family	26.47	Problem-focused	50	
			Friends	32.35	Emotion-focused	50	
			Others	50	Avoidance- focused	85.29	
		Low	Family	55.88	Problem-focused	32.35	
			Friends	44.12	Emotion-focused	41.18	
			Others	20.59	Avoidance- focused	0	

Overall, individuals with moderate well-being exhibited the highest engagement with problem-solving and emotional regulation, whereas those with high well-being balanced their strategies by incorporating avoidance. In contrast, individuals with low well-being struggled the most with all forms of coping and received the least social support. The dependent variable, mental health well-being, was measured using 14 indicators, each rated on a 7-point scale (1 = lowest, 7 = highest). To derive a composite score, the simple average of the 14 indicators was calculated, with equal weight assigned to each item, ensuring that all indicators contributed equally to the overall measure of mental well-being (Tennant et al., 2007).

The independent variable, perceived social support (PSS), consisted of three sub-dimensions: family support, friends' support, and support from others (Zimet et al., 1988). Each subdimension comprised three indicators. To create a single independent measure, perceived social support was categorized into low, medium, and high levels, with low perceived social support serving as the base category. Medium and high levels were then compared with the low category within each subdimension (family, friends, and others) to evaluate their individual effects on mental health well-being. Additionally, the second independent variable, coping strategies, was categorized into three types: problem-focused, emotion-focused, and avoidance-focused strategies (Carver, 1997). To analyze their effect, each coping type was further classified into low, medium, and high levels, with low usage serving as the reference category. This approach enables the assessment of how varying intensities of coping strategies influence mental well-being.

To evaluate the comparative effects of perceived social support (low, medium, and high) across the three dimensions (family, friends, and others), a multiple regression analysis was performed using dummy variable coding. This method enabled a clear comparison of how different levels of support affected mental well-being relative to the low-support baseline. In addition, the regression analysis also examined the influence of gender on mental health and well-being. The results are summarized in Table 4.

Table 4. Regression analysis predicting mental health well-being

Mental well-being	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
<i>Family perceived support (base) Low PSS</i>							
Family medium PSS	0.506	0.142	3.56	0.000	0.226	0.786	***
Family high pss	0.764	0.145	5.26	0.000	0.478	1.049	***
<i>Friends perceived support (base) low PSS</i>							
Friends medium PSS	0.284	0.138	2.06	0.04	0.014	0.555	**
Friends high pss	0.486	0.139	3.50	0.001	0.213	0.759	***
<i>Other perceived support (base) other low PSS</i>							
Other medium PSS	-0.031	0.124	-0.25	0.805	-0.274	0.213	
Other high PSS	0.102	0.127	0.81	0.421	-0.147	0.352	
<i>Problem-focused coping (base) a little</i>							
Medium amount	-0.132	0.136	-0.97	0.333	-0.399	0.136	
A lot	-0.169	0.147	-1.15	0.252	-0.459	0.121	
<i>Emotion-focused coping (base) a little</i>							
Medium amount	0.369	0.134	2.76	0.006	0.106	0.632	***
A lot	0.254	0.166	1.53	0.126	-0.072	0.58	
<i>Avoidant-focused coping (base) a little</i>							
Medium amount	-0.01	0.23	-0.04	0.966	-0.463	0.443	
A lot	0.059	0.234	0.25	0.803	-0.402	0.519	
Age	-0.056	0.02	-2.76	0.006	-0.095	-0.016	***
<i>Gender: base male</i>							
Female	0.367	0.076	4.83	0.000	0.217	0.516	***
Constant	3.208	0.464	6.92	0.000	2.296	4.119	***
Mean dependent variable	3.511		SD dependent variable				
R-squared	0.313		Number of observations			381	
F-test	10.349		Prob > F			0.000	
Akaike crit. (AIC)	789.521		Bayesian crit. (BIC)			856.548	

Note. *** p<0.01, ** p<0.05, * p<0.1

Table 5. shows the parsimonious model for mental health well-being linear regression

Mental Well-being	Coef.	SE.	t-value	p-value	[95% CI]	Sig
Base family low PSS						
Family medium PSS	0.492	0.131	3.75	0.000	0.234, 0.75	***
Family high PSS	0.756	0.133	5.67	0.000	0.494, 1.018	***
Base friends low PSS						
Friends medium PSS	0.236	0.132	1.79	0.074	-0.023, 0.496	*
friends high PSS	0.494	0.134	3.70	0.000	0.231, 0.757	***
Base a little						
Medium amount	0.346	0.125	2.78	0.006	0.101, 0.591	***
High	0.231	0.15	1.54	0.124	-0.063, 0.526	
Age	-0.054	0.02	-2.75	0.006	-0.093, -0.015	***
Gender: Base male						
Female	0.345	0.074	4.68	0.000	0.2, 0.489	***
Constant	3.152	0.4	7.87	0.000	2.364, 3.939	***
Mean dependent variable	3.511		SD dependent variable			0.788
R-squared	0.304		Number of observations			381
F-test	16.151		Prob > F			0.000
Akaike crit. (AIC)	782.361		Bayesian crit. (BIC)			825.732

Note. *** p<0.01, ** p<0.05, * p<0.1

The multiple regression analysis presented in Table 4 identified several significant predictors of mental health well-being. High perceived social support from family ($\beta = 0.764$) and friends ($\beta = 0.486$), as well as medium perceived social support from family ($\beta = 0.506$) and friends ($\beta = 0.284$), were found to positively predict mental well-being. Among coping strategies, medium-level emotion-focused coping ($\beta = 0.369$) also demonstrated a significant positive effect. These findings indicate that mental health well-being increased with higher levels of perceived social support and moderate use of emotion-focused coping strategies. In contrast, age ($\beta = 0.056$, $p < 0.01$) suggests that mental well-being decreased slightly with increasing age. Regarding gender, females reported significantly higher levels of mental well-being than males ($p < 0.01$). To get the most parsimonious model, the general-to-specific methodology was used (detailed output in the appendix, Table 6), and the final results are shown in Table 5. Table 5 shows that perceived social support from family and friends, emotion-focused coping strategies, age, and gender are significant determinants of mental health well-being.

3.3. Qualitative study

3.3.1. Data collection and interviews

Participants for the qualitative study were recruited voluntarily through the same scholarship agencies. To maximize understanding of mental health help-seeking behaviour, students identified as having low mental health well-being in the quantitative phase were invited to participate. Additionally, nearly half of the qualitative participants were students who had not taken part in the quantitative study, thereby broadening the scope of perspectives. Data were collected through semi-structured interviews conducted by two trained researchers with prior experience in qualitative research. Both interviewers were doctorate-level researchers specializing in counseling psychology, enabling them to build rapport with participants and handle sensitive topics appropriately.

Before the interview, students were debriefed on the study's purpose and given permission to record the sessions. Participants were assured that all data would remain confidential and would be used exclusively for research purposes. A total of 20 individual interviews and five semi-structured focus group interviews were conducted with a subset of the survey participants to gain deeper insights into mental health experiences, perceptions of social support, and coping strategies. Interviews and focus group sessions were held in the scholarship agencies' offices. Each focus group comprised 12 participants, and both individual and focus group interviews lasted approximately 40 to 50 minutes. The focus group discussions further explored themes that had emerged from the quantitative findings and individual interviews.

3.3.2. Data analysis

The qualitative data were analyzed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2021). The process involved familiarizing oneself with the data, generating initial codes, identifying themes, reviewing themes, defining and naming themes, and producing the final report. Thematic analysis was performed to explore participants' views on mental health, social support, and coping strategies. The analysis identified key subthemes, including institutional barriers, personal barriers, perceived social support, and coping mechanisms. Specifically, 35 participants identified institutional barriers like limited counseling services and financial challenges, while 28 participants discussed personal barriers, including language barriers and cultural attitudes toward mental health. Perceived social support was noted by 22 participants, highlighting the importance of friends, family, and peers. Additionally, 25 participants shared insights into both adaptive and maladaptive coping methods. Two trained researchers with advanced expertise in qualitative research and thematic coding conducted the thematic analysis. Both independently coded the data to ensure comprehensive coverage of recurring themes and patterns. Discrepancies were resolved through iterative discussion and consultation with a senior qualitative researcher to enhance reliability.

Several rigorous measures were employed to minimize interpretative bias. Data from individual interviews and focus group discussions were cross-verified to identify consistent themes. Inter-coder reliability was established by comparing and reconciling codes from both researchers. Reflexive journals were maintained throughout the analysis to document and account for potential biases. A subset of participants was invited to review the preliminary themes to ensure the findings accurately reflected their experiences. Additionally, NVivo software was used to systematically organize and analyze the data, further enhancing consistency and reliability.

3.3.3. Results

The qualitative data were analyzed under three major categories: barriers to mental health help-seeking behaviors, perceived social support from sources other than family and friends back home (Others), and the coping strategies employed by international students (Figure 2).

3.3.3.1. Barriers to mental health help-seeking behaviors

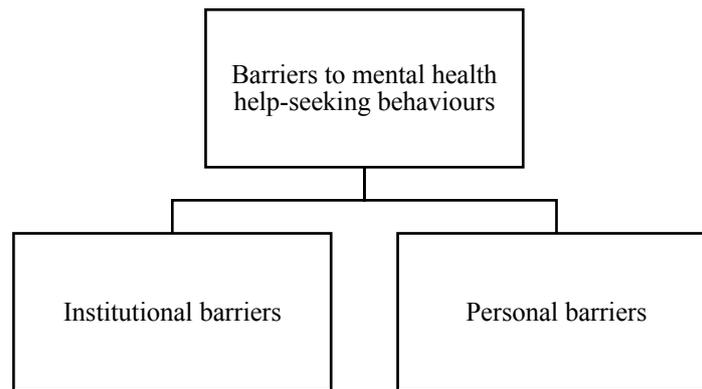


Figure 1. Barriers to mental health help-seeking behaviours

a) Institutional barriers

1) *Lack of counseling facilities*: A key issue highlighted by participants was the lack of counseling facilities and counselors in Turkish hospitals. Many students shared that their attempts to access counseling through government hospitals often resulted in appointments with psychiatrists instead of counselors. This distinction was critical, as psychiatrists primarily focus on medication management, whereas students were seeking talk therapy or other counseling services. One participant explained:

"I ended up meeting with a psychiatrist in the hospital who prescribed me medication, but what I actually needed was to speak with a counselor and receive therapy." (Student 23)

This statement reflects a systemic gap in the Turkish healthcare system, where counseling services are often unavailable in government hospitals. As a result, students are directed toward psychiatric care, even when their needs might be better addressed through counseling and therapeutic support. Another student described their experience with a Turkish online healthcare application, noting the absence of counseling services:

"I kept searching the Turkish online healthcare app (e-nabız) for a counseling appointment, but I could not find any counseling services, and it left me feeling even more frustrated." (Student 12)

This lack of easily accessible counseling services, both in hospitals and online, emerged as a significant barrier to mental health support. International students, already facing the challenges of life in a foreign country, often find themselves in urgent need of counseling but unable to access appropriate resources. The absence of such services not only exacerbates their feelings of isolation and helplessness but also forces them to explore limited or inadequate alternatives. This shortage of counseling options represents a substantial setback for international students who actively seek mental health support. Without access to appropriate services, many are left to navigate the system on their own, without receiving the care they truly need.

2) *Financial burden*: Participants highlighted the significant financial challenges associated with seeking counseling services in Türkiye. Many students reported turning to private counseling services when support was unavailable in government hospitals. However, the cost of private therapy was prohibitively high, rendering it unaffordable for many. One participant explained:

"When I calculated the cost per session at private counseling centers, I could not believe it—it was nearly my entire monthly scholarship." (Student 23)

For undergraduate students in particular, the financial burden of private counseling was especially overwhelming. The high cost of therapy sessions often exceeded their limited financial resources as one undergraduate participant shared:

"My scholarship is not even enough to cover half of the sessions." (Student 40)

This reflects a common struggle among students, where the cost of mental health care creates a barrier to accessing support. The financial strain is compounded by the fact that many students live on tight budgets, relying primarily on scholarships or family support, making private counseling unaffordable. A recurring concern among

participants was the lack of insurance coverage for mental health services. Several students discovered that their health insurance policies excluded mental health treatments, forcing them to bear the full cost of therapy. As one student described:

"I realized that my insurance does not cover therapy sessions, so I had to pay out of pocket, which is really expensive." (Student 30)

This statement underscores a broader systemic issue in Türkiye's healthcare system, where mental health services are often excluded from insurance coverage. As a result, students face substantial financial barriers that prevent them from receiving appropriate care. The lack of affordable and accessible counseling services further exacerbates the mental health challenges faced by students, who are already burdened with academic and personal pressures.

3) *Lack of multicultural counseling perspectives:* Participants expressed concerns about the absence of a multicultural perspective in their counseling experiences. Many felt that their cultural backgrounds were neither fully understood nor acknowledged by their counselors, which negatively affected the quality of the sessions. One participant described this challenge:

"It is challenging to connect with a counselor who does not grasp my cultural background. At times, I feel like she does not fully understand me, and the blank expression on her face leaves me feeling disconnected and uncertain." (Student 12)

This statement highlights the emotional distance that can arise when counselors fail to engage with the client's cultural context. A lack of cultural sensitivity in counseling can contribute to feelings of isolation, making therapy less effective for students from diverse backgrounds. In addition, several participants noted that language barriers compounded this issue. Counselors often lacked proficiency in English, limited meaningful communication, and left students feeling their cultural experiences were being dismissed. As one student shared:

"While I was explaining to my counselor how much I miss my family, my relatives, and the open fields and greenery of our home, the counselor gave me a blank look, as if I wasn't supposed to feel that way. It felt like he was not listening and quickly changed the subject." (Student 19)

This experience illustrates how cultural disconnect and inadequate communication can prevent counselors from recognizing the emotional significance of students' cultural references, leaving them feeling unheard and misunderstood. Some participants also reported experiencing being stereotyped or judged based on their appearance. For instance, one participant recalled:

"I felt that because of the way I dress, the counselor was judging me. I did not feel comfortable at all. The way the counselor looked at me made me feel even more uneasy." (Student 27)

This account underscores the importance of addressing biases within the counseling environment. When counselors unintentionally project judgments based on appearance or cultural differences, trust is undermined, creating further barriers to effective therapy. Participants emphasized the need for counselors to be culturally sensitive and aware in order to foster an inclusive and supportive atmosphere.

4) *Counseling centres:* Many participants reported significant challenges in accessing counseling services through university counseling centers or private providers. One of the most common issues was difficulty finding a counselor or therapist who could communicate effectively in English. Since many newly arrived international students rely on English as their primary language, they often expressed frustration when counselors lacked fluency. As one participant explained:

"It is hard to communicate with a counselor who does not understand English well, which makes it difficult to explain my problems." (Student 15)

This language barrier poses a serious obstacle to effective communication in therapy, where understanding nuances and emotions is crucial for progress. Students who could not fully express themselves often felt their concerns were misunderstood or inadequately addressed, leaving them without the support they needed. Another frequently reported challenge was the difficulty in securing timely appointments. University counseling centers, often overcrowded, were said to have long waiting lists. One student described their experience:

"I was struggling and needed help, but they gave me an appointment two months later. By then, I didn't even feel like going anymore." (Student 27)

Delay of this kind can have profound consequences for students' mental health, as long waiting periods may discourage or demotivate them from seeking further help. Timely access to counseling is particularly critical for

students experiencing acute emotional or psychological distress. The shortage of staff at counseling centers was also a major concern. With too few counselors available to meet the growing demand, students frequently struggled to secure appointments. As one participant noted:

"There is a shortage of counselors, so getting an appointment is really tough." (Student 19)

This scarcity of professionals further exacerbates the issue, leaving students feeling that adequate support was unavailable to meet their needs. In addition, logistical challenges posed barriers for first-year students, particularly those enrolled in language-learning programs. Some counseling centers were located far from the main campus, making them difficult to assess. One participant described:

"The counseling center is too far from my dormitory, and when I checked on Google Maps, it showed a two-hour travel time each way. I just gave up." (Student 55)

This statement illustrates the added burden of distance and accessibility. For international students still adapting to their surroundings, the lack of readily available mental health resources was a major deterrent. When combined with long waiting times, staff shortages, and language barriers, the distance to counseling services contributed to many students abandoning their efforts to seek help altogether.

b) Personal barriers

1) *Language barrier*: A significant barrier identified in participants' willingness to seek mental health assistance was the challenge posed by language difficulties. Many students described experiencing internal conflicts due to their struggles in effectively communicating emotions in Turkish, which contributed to their reluctance to express mental health concerns. One participant shared:

"You feel very shy; although you may understand Turkish somehow, you may not know how to articulate your emotions and feelings... so it can be very embarrassing. I do not know how to express my emotions in Turkish, and I am always worried about making mistakes" (Student 10).

Language barriers were reported to affect participants at multiple levels, from difficulties with self-expression to adverse effects on self-confidence and self-identity. One student explained this struggle:

"I feel strange... I am not who I used to be because of this language. It becomes difficult to convey what I truly feel. I do not feel like myself when I switch to Turkish" (Student 44).

For many participants, these barriers led to a sense of social isolation. They described struggling to establish meaningful connections, feeling unable to fit in (Student 23) and form relationships (Student 29). Despite efforts to build new interpersonal connections during their language program, cultural differences further constrained their communication with peers. One participant explained:

"I do not know, I just cannot engage... after all, I am an African student... and I am unfamiliar with the culture... I just listen, and at that moment, I feel very lonely because I cannot participate in the conversation" (Student 38).

As a result, participants found it challenging to be open and authentic with their peers. This inner conflict often led them to withhold, as they perceived seeking help or support for their mental health as *"being a burden"* (Student 22). Instead, many reported avoiding social contact altogether. One student reflected on how this led to withdrawal:

"I tried to solve the problems on my own, but I failed... I tried my best to avoid sharing with other people and tried to avoid socialization... I became very lonely and depressed" (Student 36).

Ultimately, many participants expressed a profound sense of *loneliness* (Student 3), *feeling alone* (Student 27), and *being different from others* (Student 11). These sentiments further intensified their sense of isolation and disconnect from their host country and culture.

2) *Navigating support services*: The majority of participants expressed uncertainty about where to seek mental health support, highlighting a significant lack of information regarding available services. This knowledge gap was particularly pronounced among students from African and Asian countries. For example, one student questioned: *"Are there any such services on our campus?"* (Student 55).

Similarly, another participant expressed confusion about accessing services:

"How do I make an appointment with a counselor? Are these services free, and are they included in our health insurance?" (Student 61).

Accessing information online was often described as highly complicated. Several participants acknowledged that, despite their attempts, the process was complex (Student 9). These challenges were particularly acute for students from distant regions of Africa and Asia, who found it even more difficult to be aware of mental health resources and how to access them. Additionally, many participants reported that their universities did not provide sufficient information to help them navigate available support services effectively.

3) *Mental health perceptions*: Participants consistently highlighted the negative connotations and perceptions associated with mental health issues. Mental health was predominantly associated with adverse beliefs, such as weakness (Student 5), failure (Student 9), being mad (Student 17), being taboo (Student 31), or representing negative emotions (Student 36). The notion that mental health concerns were *shameful* (Student 42) and *frowned upon and shoved under the rug* (Student 7) was widely recognized and often internalized.

The majority of participants reported that studying abroad posed challenges to their mental health. However, they were reluctant to disclose these difficulties due to fear of being negatively judged by their peers in Türkiye (Student 28) or by their social circles back home, due to *loss of face* (Student 21). As one student articulated:

"I did not perceive that it was problematic at all. In fact, I think I was scared to seek help, that I was scared to be aware of the problem... I worried how others would react" (Student 22).

Similarly, Student 8 recounted being told that *"the way I'm thinking is wrong"* after disclosing mental health challenges to a family member. Another student expressed fear that sharing concerns within the university would result in being sent to a psychiatric hospital. Others worried that disclosing struggles could negatively impact their education or even lead to being sent home (Student 16). These negative perceptions surrounding mental health led participants to believe that students from similar cultural backgrounds often lacked awareness and possessed limited knowledge about mental health. This sentiment is reflected in one participant's observation:

"In our culture, discussing mental health openly is not encouraged, as we tend to view it as a very private matter" (Student 21).

As a result, participants emphasized their apprehension about discussing mental health concerns with others, fearing judgment, potential consequences, and bringing shame upon themselves or their families. Several reported experiencing constant feelings of being *"very low"* (Student 45) and navigating the *"really stressful"* (Student 60) sociocultural and lifestyle differences in Türkiye, such as food, dormitories, weather, and understanding Turkish dialects and accents. To cope, participants often downplay their struggles in order to avoid *"bothering"* (Student 11) peers or *"bringing shame to [their] family"* (Student 19). One participant reflected:

"I feel like if I seek help for my mental health, I am turning a small issue into a much bigger problem. Why should I do that when everyone else here is dealing with similar challenges?" (Student 7).

Participants also viewed seeking mental health support as incompatible with their desire to *"succeed academically"* (Student 18). They feared that *"acknowledging such struggles would bring shame to the family"* (Student 13) and threaten their self-image as *"self-sufficient"* (Student 23), *"intelligent"* (Student 33), and *"academic"* (Student 41).

Moreover, some participants believed that accessing mental health support was reserved exclusively for individuals with severe mental illnesses. This belief, combined with the view that stress and anxiety should be managed independently or with the support of family and friends, further discouraged professional help-seeking. As one student explained:

"Mental health is a synonym for madness or insanity in our culture, and stress and anxiety are life things, something small that goes away with time or talking to family or friends." (Student 54).

Such attitudes contributed to the underutilization of mental health services, as participants often felt reluctant to seek help unless they perceived their condition as severe. This mindset reinforced stigma, perpetuating the idea that professional intervention is only necessary in extreme cases, thereby discouraging early intervention and preventive care.

3.3.3.2. Perceived social support from sources other than family and friends (others)

Quantitative findings indicated that international students predominantly sought support from their family and friends back home. Specifically, 24.41% of students reported relying on their families, while 23.24% sought support from friends back home. By comparison, 16.67% received support from fellow international students, 14.32% from language learning teachers, 14.08% from senior international students from their home country, and only 6.57% from their scholarship agency. Building on this, the qualitative phase of the study explored the effectiveness of these support systems and examined why social support services within the host country were underutilized.

This exploration focused on sources such as language learning institutes, scholarship agencies, and university counseling services.

The thematic analysis showed that students viewed social support in the host country as lacking, mainly because of the limited availability of professional mental health services. A major issue was the lack of professional counselors in language learning centers, which greatly limited students' access to proper mental health support. Without formal resources, many students relied on informal networks. For example, one participant shared:

"When I was not able to understand anything in my language class, I felt so depressed and was looking for help. I called my mother back home, but she could not understand my problems because she had no context. So, I looked for help at the language learning institute and spoke with one of my teachers. Although she is not a counselor, sharing my issues with her relaxed me." (Student 51)

Language barriers further limited students' ability to seek professional help. One student explained:

"I kept crying on the phone while talking to my friend about my problems, and my friend suggested I seek professional help. But I lack Turkish language skills to explain my emotions and feelings." (Student 2)

The analysis also highlighted that many students felt uncomfortable sharing all their struggles with family members back home. The geographical distance made it difficult for family members to provide tangible support, and some students feared burdening their loved ones. This often led to internalizing problems or to the development of alternative coping strategies. One student reflected:

"I started feeling guilty when my mother became stressed after hearing that I was struggling here. Over time, I stopped sharing my problems with her because I did not want to worry her. I started trying to figure things out independently, which helped me for the moment." (Student 34)

In summary, the qualitative data underscore the limited social support available from institutional sources within the host country. As a result, many students were compelled to rely on personal networks. However, dependence on informal support from family and friends back home often proved inadequate, particularly given the lack of professional services and language barriers. This left many students feeling isolated and unsupported, contributing to their reliance on both adaptive and maladaptive coping strategies to manage their emotional well-being.

3.3.3.3. Coping practices

Participants reported employing a variety of strategies to cope with stress, yet they often lacked awareness or knowledge of effective coping mechanisms that could genuinely alleviate distress. The qualitative data highlighted the diverse strategies international students typically adopted, often without recognizing the long-term implications of these approaches. For instance, one participant shared that when feeling stressed, they tend to *sleep* or *keep surfing the internet*, which helps them temporarily forget their problems (Student 8). Another participant similarly explained:

"I keep watching movies to divert my attention" (Student 17).

However, this same participant also acknowledged the negative impact of these habits:

"I keep watching movies, surfing the internet, or watching never-ending series and consume a lot of junk food, which makes me gain weight and increases my stress" (Student 17).

In addition to such behaviors, several participants pointed out that prayer was a common response to stress, reflecting cultural and familial practices. As one student noted:

"When we struggle with problems, we often pray" (Student 22).

Another admitted:

"To be honest, I do not know what to do in such situations, so I pray" (Student 60).

Withdrawal also emerged as a recurring coping strategy. One participant described their pattern of disengagement:

"Whenever I feel stressed, I feel no energy and choose to sleep all day, avoiding talking to anyone... I feel somewhat better when I wake up, but the cycle continues" (Student 8).

The findings suggest that, while students employed a range of coping practices, many were maladaptive. The reliance on avoidance-based strategies such as excessive sleep, internet use, or overeating provided temporary relief but often prolonged mental health struggles, ultimately exacerbating the issues rather than resolving them effectively.

4. Discussions

4.1. Discussion of quantitative data results

The results indicate that nearly half of first-year Turkish language learning international students report normal mental health, while a similar proportion experience moderate mental health challenges. A smaller percentage displays low mental health, highlighting the need for targeted support, particularly for those struggling with adjustment and coping strategies. This distribution suggests varying levels of mental health well-being among students, potentially influenced by social support, coping skills, and the barriers to accessing mental health services. The findings reveal that high perceived social support, particularly from family and friends, is crucial for promoting positive mental health outcomes. International students with high levels of mental health well-being reported the highest perceived support from family (79.43%) and friends (77.14%), as well as moderate problem-focused coping (38.29%) and avoidance-focused coping (40.57%). This pattern suggests that while students actively engage in problem-solving strategies, they also selectively avoid stressors when necessary. Although avoidance-focused coping, such as withdrawing from social interactions or stressful tasks, may provide temporary relief (Fitzgibbon & Murphy, 2023), it is often linked to negative long-term outcomes (Achnak & Vantilborgh, 2021; Ottenbreit & Dobson, 2008). Students who rely heavily on these strategies reported heightened feelings of isolation and increased psychological distress over time. These observations align with Li and Browne's (2000) findings, which showed that avoidance coping among Asian international students delayed mental health treatment and exacerbated symptoms. This underscores the importance of addressing the limitations of avoidance strategies and promoting the adoption of more adaptive coping mechanisms.

In contrast, individuals with medium well-being reported moderate social support from family (17.71%) and friends (18.29%). However, they exhibited a significant increase in both problem-focused coping (55.43%) and emotion-focused coping (78.86%). This suggests a stronger reliance on emotional regulation and problem-solving, possibly reflecting a heightened need for coping mechanisms to sustain their mental health at this level. The low well-being group, by comparison, received the least social support, with only 2.86% perceiving high family support. They also engaged minimally in all coping strategies, including problem-focused coping (6.29%), emotion-focused coping (5.14%), and avoidance-focused coping (2.29%). This pattern implies a severe deficit in both external resources (social support) and internal strategies for managing stress, contributing to poorer mental health outcomes.

The finding that social support is a critical determinant of mental well-being is consistent with the buffering hypothesis of social support, which posits that support from family and friends can alleviate the negative effects of stress and enhance overall well-being (Lubarsky, 2024; Negi & Sattler, 2024). The present study reinforces this theory, showing that individuals with high perceived social support tend to report better mental health. Moreover, the significant role of problem-focused coping aligns with previous research suggesting that active problem-solving strategies are associated with improved mental health outcomes (Lazarus & Folkman, 1984). At the same time, the results also indicate that avoidance-focused coping, typically regarded as maladaptive, plays a notable role among the high well-being group. This suggests that selective disengagement from stressors may serve as an adaptive strategy in certain contexts (Leis et al., 2024).

Several studies support these findings; for example, Thoits (2011) highlights that social support not only buffers against stress but also provides emotional and instrumental resources that improve coping abilities. The increased use of emotion-focused coping seen in the medium well-being group aligns with Folkman and Moskowitz (2004), who state that emotional regulation becomes especially important when dealing with situations that cannot be changed immediately, helping to reduce emotional distress. However, the reliance on avoidance-focused coping in the high well-being group presents an interesting contradiction. While avoidance coping is generally linked to poorer mental health outcomes (Holahan et al., 2005), the data here imply that it may serve a protective function when combined with other coping strategies. This suggests a more nuanced understanding of avoidance, where temporary disengagement from stressors can prevent emotional overload and potentially lead to better mental health (Montero-Marín et al., 2014; Reh et al., 2021).

The regression analysis underscores the importance of perceived social support from family and friends as a significant predictor of mental well-being. High perceived support from family (Coef. = 0.764) and friends (Coef. = 0.486) emerged as the strongest positive predictors, indicating that close relational networks significantly improve mental health outcomes. These findings align with Ramos et al. (2022), who emphasize the protective effects of familial support on psychological resilience. Furthermore, the positive impact of emotion-focused coping at a medium level (Coef. = 0.369) suggests that emotional regulation, rather than mere avoidance or problem-solving, plays a crucial role in maintaining mental health. This result is consistent with the transactional stress model, which

posits that individuals can modulate their emotional responses to stress, thereby mitigating its adverse effects (Lazarus & Folkman, 1984).

The contrast in coping strategies between individuals with high and low well-being highlights the nuanced role of avoidance-focused coping. Interestingly, those with high mental health well-being demonstrated moderate use of avoidance-focused strategies, indicating that strategic avoidance can serve as a functional to managing stress in specific contexts. This finding is consistent with research showing that, while generally maladaptive, avoidance may provide temporary relief in high-stress situations (Aloka et al., 2024; Kadir, 2024). By contrast, individuals with lower well-being reported the lowest engagement in all coping strategies. This may suggest a lack of awareness of effective coping mechanisms or disengagement from attempts to manage stress altogether. Such findings echo previous studies emphasizing the importance of mental health awareness and education among international students, particularly those from cultural contexts where mental health remains stigmatized (Cogan et al., 2024; Subu et al., 2024). Internalized stigma may further hinder these students from seeking help or developing adaptive coping strategies.

On the other hand, age was found to have a negative effect on mental health (Coef. = -0.056), consistent with research indicating that older individuals may face cumulative stressors, including health-related concerns, which negatively affect their well-being (Whitehead & Blaxton, 2021; Yang & Hedeker, 2020). Lastly, the gender effect (Coef. = 0.367 for females) showed that women in this sample reported better mental health outcomes than men. This difference may be attributed to stronger social networks and greater emotional expressiveness among women, both of which have been associated with improved psychological well-being (Bedrov & Gable, 2023; Hugh-Jones et al., 2023).

4.2. Discussion of qualitative data results

4.2.1. Institutional barriers

Thematic analysis of qualitative interviews revealed significant institutional barriers that prevent international students from accessing mental health care. The most frequently cited issues were the lack of culturally competent counselors and persistent language barriers. These findings mirror those from studies conducted in other countries, in which international students similarly reported challenges accessing effective mental health services. For instance, research on international students in Iran and the United Kingdom has emphasized that students often feel alienated when they cannot find counselors who understand their cultural backgrounds, leading to ineffective counseling experiences (Farokhian, 2024; Tajvar et al., 2024).

Participants in the present study frequently described struggling with linguistic barriers and feeling culturally misunderstood. This sentiment echoes the findings of Tajvar et al. (2024), who reported that international students at Iranian universities experienced disconnection due to the lack of cultural sensitivity in counseling services. Similarly, Cruter (2024) observed that suppressive coping, characterized by denial or avoidance of problems, was a common response among students confronted with such barriers. Without culturally competent support, international students may continue to rely on these ineffective coping strategies, which can further exacerbate their mental health difficulties.

4.2.2. Personal barriers and cultural perceptions

The qualitative findings also shed light on the personal and cultural barriers that prevented students from seeking help. Many participants cited the stigma surrounding mental health in their home countries, where psychological difficulties are often perceived as a sign of weakness or failure. This finding aligns with existing literature on Asian and African international students, which suggests that stigma and fear of judgment can significantly limit help-seeking behaviors (Rudra, 2024; Xu, 2024). A particularly important insight from the data was the frequent mention of social isolation, compounded by language difficulties and cultural differences. These findings are consistent with research on international students in the UK and Canada, where communication challenges and cultural misunderstandings often intensify feelings of isolation. Prior studies have also emphasized the critical role of cultural groups in shaping how students cope with these challenges (Astley, 2024; Bai & Wang, 2024; Oliso, 2024; Tavares, 2024). For example, Asian students in the current study were more likely to adopt suppressive coping styles, which may be cultural norms emphasizing emotional restraint and self-control (Robinson, 2024; Yausheva, 2024).

4.2.3. Counseling practices and institutional gaps

Another recurring theme was the lack of easily accessible information about mental health resources, along with the financial burdens associated with seeking care. Several students reported that their insurance did not cover

mental health services, echoing findings from other studies in which financial constraints posed a significant barrier to accessing mental health care (Alsaman et al., 2024; Kuzhabekova & Amankulova, 2024). These findings highlight the need for universities to provide clear guidance and more substantial financial support to help international students navigate available services. This recommendation aligns with prior research on international student populations, which emphasizes that institutional support is crucial for improving access to mental health care (Bai & Wang, 2024; Zhao & Schartner, 2024).

4.3. Integration of quantitative and qualitative data

Integrating quantitative and qualitative data provided a more nuanced understanding of the complex relationships between social support, coping strategies, and mental health well-being among international students. The quantitative findings indicated that individuals with high mental health well-being benefited from strong social support networks, particularly from family and friends, and used problem-focused coping strategies effectively. However, the qualitative findings revealed that institutional barriers such as the lack of counseling services and financial constraints often prevented students from accessing needed support. Even when services were available, the lack of multicultural competence among counselors frequently left students feeling misunderstood and disconnected, further undermining their ability to cope with stress.

For students with medium mental health well-being, the quantitative analysis highlighted greater reliance on emotion-focused coping, suggesting that these individuals may turn to emotional regulation strategies when managing stress. Yet, the qualitative findings revealed that many participants lacked awareness of effective coping mechanisms and often resorted to maladaptive behaviors such as avoidance or distraction. This reliance on less effective coping strategies may explain the moderate mental health outcomes observed in this group.

Participants with low mental health well-being reported the lowest levels of perceived social support and of the weakest engagement with all coping strategies. The qualitative findings reinforced these findings, with students describing persistent feelings of isolation, language barriers, and limited awareness of available resources. This combination of institutional and personal barriers left these individuals particularly vulnerable to psychological distress, as they lacked both the external support and internal coping strategies necessary to manage their mental health effectively.

5. Conclusion

The results of our study align with a broader body of research highlighting the critical role of social support and adaptive coping strategies in maintaining mental health among international students. Those with higher well-being benefit from stronger support from family and friends and employ a more balanced coping strategy, while those with lower well-being struggle with both social support and effective coping mechanisms. The qualitative data further emphasize the institutional and cultural barriers that exacerbate mental health challenges. Universities must prioritize providing culturally competent counseling services and more accessible mental health resources. Addressing the stigma around mental health in the international student population is also vital for encouraging early intervention and fostering an environment where students feel comfortable seeking help.

5.1. Theoretical implications

This study extends existing theories of student integration and cross-cultural mental health by highlighting the pivotal role of perceived social support in shaping international students' well-being. The findings reinforce the buffering hypothesis of social support, which suggests that strong ties with family and friends mitigate stress. At the same time, the results refine perspectives from the Transactional Model of Stress and Coping, showing that selective use of avoidance strategies traditionally viewed as maladaptive can serve a functional role when balanced with problem- and emotion-focused coping. Moreover, integrating the findings with the Integrated Model of Mental Health Help-Seeking demonstrates that institutional and cultural barriers, including stigma and inadequate counseling resources, critically constrain help-seeking behavior. Together, these insights provide a nuanced framework for understanding how coping strategies, social support, and systemic barriers interact to shape international students' adjustment in higher education contexts.

5.2. Practical implications

The results highlight several actionable steps for stakeholders. Universities and language institutions should prioritize culturally competent and multilingual counseling services to reduce both linguistic and cultural barriers. Workshops and orientation programs that normalize help-seeking, reduce stigma, and train students in adaptive coping strategies can promote resilience. Policymakers and scholarship agencies should allocate resources for

accessible counseling facilities and subsidized mental health support for international students. Mental health practitioners are encouraged to adopt culturally sensitive approaches that account for diverse backgrounds and to collaborate with academic institutions in building peer-support networks. These measures collectively can foster an inclusive environment that strengthens integration and enhances the overall well-being of international students.

5.3. Limitations and future research directions

Despite its contributions, this study has several limitations. The sample was restricted to first-year international students enrolled in Turkish language programs, which may limit the generalizability of the findings to other student populations or academic levels. Self-reported survey data may also be subject to response bias, and language barriers could have influenced participants' ability to fully express their experiences in interviews. Additionally, the cross-sectional design prevents conclusions about causal relationships between social support, coping strategies, and mental health outcomes. Future research should adopt longitudinal approaches to track changes over time, explore differences across academic disciplines and cultural groups, and test the effectiveness of targeted interventions such as culturally adapted counseling services and peer-led support programs. Such efforts will deepen understanding and provide more robust evidence for policy and practice.

Disclosure statement

The author reported no potential competing interests.

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Ethical committee approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study was approved by the Ethics Committee of Ibn Haldun University on June 20, 2024, with reference No: E-71395021-050.06.04-30552, and all procedures were conducted in accordance with the university's ethical standards. Consent to participate was obtained from all participants prior to their involvement in the study.

Author contribution statement

Thseen Nazir is responsible for all aspects of this research, including the study's conceptualization and design, data collection, analysis, and interpretation. The author also conducted the literature review, developed the research methodology, and wrote the entire manuscript. Zeynep Esra Yılmaz made the revision and proofreading. All revisions and final approvals were completed by the authors, ensuring the integrity and accuracy of the research presented.

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Appendix A

Table 6. Parsimonious model

Mental well-being	Coef.	St.Err.	t-value	p-value	[95% CI]	Sig
<i>Family perceived support (base) low PSS</i>						
Family medium PSS	7.725	4.07	3.88	0	2.75, 21.696	***
Family high pss	11.197	6.125	4.42	0	3.833, 32.711	***
<i>Friends perceived support (base) low PSS</i>						
Friends medium PSS	3.137	1.604	2.24	0.025	1.152, 8.543	**
Friends high pss	4.945	2.572	3.07	0.002	1.784, 13.706	***
<i>Other perceived support (base) other low PSS</i>						
Other medium PSS	0.733	0.362	-0.63	0.53	0.278, 1.932	
Other high PSS	0.789	0.411	-0.46	0.649	0.284, 2.189	
<i>Problem-focused coping (base) a little</i>						
Medium amount	0.619	0.33	-0.90	0.368	0.217, 1.76	
A lot	0.746	0.449	-0.49	0.627	0.23, 2.426	
<i>Emotion-focused coping (base) a little</i>						
Medium amount	3.051	1.505	2.26	0.024	1.16, 8.025	**
A lot	4.05	2.724	2.08	0.038	1.083, 15.138	**
<i>Avoidant-focused coping (base) a little</i>						
Medium amount	0.777	0.854	-0.23	0.818	0.09, 6.695	
A lot	0.77	0.856	-0.24	0.814	0.087, 6.795	
<i>Age (base) Age b/w (17-22)</i>						
Age b/w (23-28)	0.338	0.246	-1.49	0.137	0.081, 1.41	
Age b/w (29-34)	0.115	0.124	-2.01	0.045	0.014, 0.951	**
<i>Gender (base) Female</i>						
Male	0.276	0.101	-3.52	0	0.135, 0.565	***
<i>Degree (base) undergraduate</i>						
Masters	4.186	3.078	1.95	0.052	0.991, 17.689	*
PhD	3.697	3.445	1.40	0.16	0.595, 22.957	
Constant	0.259	0.33	-1.06	0.289	0.021, 3.155	
Pseudo r-squared		0.242		Number of obs.		381
Chi-square		97.976		Prob > chi2		0.000

Note. *** p<0.01, ** p<0.05, * p<0.1