

Mental health care for international Chinese students affected by the COVID-19 outbreak

Coronavirus disease 2019 (COVID-19), first identified in Wuhan, Hubei province, China in December, 2019, has received substantial attention globally. As of Feb 12, 2020, many countries in which numerous Chinese students pursue their academic studies announced travel restrictions on foreign nationals to contain COVID-19. International Chinese students are living with the fear that their families in China are susceptible and at risk of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), responsible for COVID-19. They also face discrimination and isolation in some countries due to being deemed as potential SARS-CoV-2 carriers.¹ Some media outlets have used derogatory headlines, perpetuating stereotypes and prejudices about Chinese people. This coverage fuels public fear, alienation, and discrimination. Consequently, such students are at risk of hate crimes, especially when individuals consider them contagious. This situation can lead to mental health problems, such as denial, stress, anxiety, and fear.² Hence, we urgently need to address the mental health needs of international Chinese students.

Some universities have sent messages of solidarity to international Chinese students, offering support and resources to respond to the crisis. Although these universities provide counselling services, such centres are often understaffed, and long waiting times might aggravate students' mental health problems. Mental health care for international Chinese students requires improvement. First, a walk-in triage system can assist university counselling centres in differentiating urgent and routine problems;³ meanwhile, the triage coordinator needs to be aware of international Chinese students' specific mental health

concerns involving COVID-19. Second, counselling training clinics are essential assets because they present avenues for collaboration with university counselling centres to address pressing understaffing issues.⁴ Free counselling services in training clinics can also ease anxiety among international Chinese students experiencing distress. Third, departments such as student affairs, international programmes, and student health centres should rally to support affected students by advocating for non-discrimination and coordinating the health response to the crisis. Advice services provided by these departments can help students address academic and financial issues, and other concerns causing distress. Education is also needed to inform the public about the facts of COVID-19 to protect international Chinese students from hate crimes.

Care and advocacy serve a crucial role in promoting mental health.⁵ Thus, building institutional and societal awareness of international Chinese students' needs for mental health care can be the lynchpin of supporting them. With the experience attained working with these students in this crisis, universities and communities should be well positioned to provide timely appropriate mental health care for other students experiencing natural or ecological disasters if required, in the future.

We declare no competing interests.

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