



Article

Cultural Sensitivity and Counseling Approaches for Student Mental Wellbeing in a Globalized Era

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ABSTRACT

Background: Increasing cultural, ethnic, and linguistic diversity in higher education has heightened the need for mental health services that are sensitive to the cultural backgrounds of students. Despite growing awareness, gaps persist in the integration of cultural sensitivity within university counseling frameworks, potentially affecting access, satisfaction, and engagement with psychological support. **Objective:** This study aimed to evaluate the impact of culturally sensitive counseling approaches on student satisfaction and engagement, identify barriers to accessing mental health services among diverse student groups, and assess institutional strategies for providing culturally responsive care. **Methods:** A mixed-methods design was employed, combining quantitative surveys with 200 university students and qualitative interviews with 12 counselors and 40 students across three multicultural higher education institutions. Quantitative data were analyzed using descriptive statistics, inferential tests, and multiple regression to assess associations between perceived counselor cultural sensitivity and key outcomes. Qualitative data were subjected to thematic analysis to identify institutional practices, perceived barriers, and facilitators of culturally competent mental health support. **Results:** High perceived counselor cultural sensitivity was strongly associated with increased student satisfaction ($\beta = 0.55, p < 0.001$) and engagement ($\beta = 0.45, p = 0.004$), with stigma, lack of culturally competent services, and language barriers emerging as primary obstacles. Qualitative findings highlighted the importance of culturally competent staff, multilingual support, flexible services, and targeted outreach. **Conclusion:** Integrating culturally sensitive counseling practices in higher education is essential to enhance access, engagement, and psychological outcomes for diverse student populations. Institutions should prioritize counselor training, multilingual services, and inclusive outreach to address persistent barriers and promote equitable mental health care.

Keywords: Cultural Sensitivity, Counseling, Student Mental Health, Higher Education, Mixed Methods, Engagement, Diversity

INTRODUCTION

The mental wellbeing of students in higher education has become a focal point of research and policy due to the increasing cultural, ethnic, and linguistic diversity within university populations globally (1). This diversification, propelled by rising international student mobility as well as greater domestic inclusion of minority groups, has brought significant benefits but also posed complex challenges for mental health services (2). Both international students and those from diverse cultural backgrounds within the same country encounter distinct yet overlapping barriers when seeking psychological support, including difficulties in cultural adjustment, language proficiency, identity negotiation, academic pressures, and, frequently, stigma related to mental health help-seeking (3,4). These challenges are compounded when institutional counseling models, often rooted in Western psychological traditions, do not align with the cultural values, communication styles, and help-seeking behaviors of non-Western or

minority students, potentially resulting in reduced engagement and less effective support (5,6). In collectivist or indigenous cultures, for instance, mental health issues may be viewed through a community lens, and disclosure to outsiders—including counselors—may be culturally discouraged or taboo (7). By contrast, students from more individualistic backgrounds may be more familiar with and receptive to conventional counseling approaches, highlighting the need for culturally responsive services that can flexibly address diverse needs (8).

Despite growing recognition of these issues, there remains a substantial gap in understanding how cultural sensitivity is integrated within institutional counseling frameworks and what impact this has on the mental health outcomes of students from diverse backgrounds (9). Existing research has typically addressed either general student mental health trends or the unique patterns within specific cultural groups, but rarely has it examined the efficacy of culturally tailored counseling practices across varied student populations in multicultural higher education settings (10,11). This knowledge gap persists despite calls for more nuanced, evidence-based strategies that go beyond superficial awareness to embed cultural competence into counselor training, service delivery, and policy development (12). Moreover, universities often lack robust mechanisms for evaluating the practical effectiveness of their culturally responsive initiatives, leading to continued uncertainty about which approaches genuinely foster inclusion, satisfaction, and retention among students (13). There is a clear need for comprehensive, mixed-methods research that captures both student experiences and institutional practices to determine how cultural sensitivity in counseling services influences engagement, satisfaction, and psychological wellbeing (14). The current study addresses this need by systematically investigating the role of cultural sensitivity in university counseling, focusing on the experiences of both international students and those from diverse backgrounds within a single national context. Using Multicultural Counseling Theory (MCT) and Bronfenbrenner's Ecological Systems Theory as guiding frameworks, this research posits that student mental wellbeing is shaped by an interplay of individual cultural identity, institutional policies, and broader social norms (15,16). MCT emphasizes the necessity of culturally competent counselors who can recognize and adapt to the cultural worldviews of clients, while Ecological Systems Theory situates students within a network of micro- and macro-level influences, from peer relationships to institutional practices and global trends (17,18). In combination, these theories support an approach that views cultural sensitivity not as an optional enhancement, but as a central determinant of effective, equitable counseling in diverse academic environments.

Given the imperative to ensure equitable access to mental health services and the persistent disparities affecting minority and international students, the study is justified by its potential to inform institutional policies, enhance counselor education, and ultimately improve psychological and academic outcomes for students (19). The objective is to clarify the extent to which cultural sensitivity in counseling impacts student satisfaction and engagement, to identify the primary barriers faced by culturally diverse students in accessing mental health support, and to evaluate the institutional strategies currently in use to provide culturally competent care (20). Accordingly, this study asks: How does cultural sensitivity in counseling impact the mental wellbeing and engagement of students from diverse backgrounds in higher education institutions, what barriers do they encounter, and what institutional strategies most effectively address their needs?

MATERIALS AND METHODS

This mixed-methods study was designed to comprehensively assess the impact of cultural sensitivity on the effectiveness of counseling services for university students' psychological wellbeing. The research was conducted across three multicultural higher education institutions, selected to represent a spectrum of institutional settings and student demographics. The study period extended from March 2024 to December 2024, allowing sufficient time for both survey and qualitative data collection and analysis. Eligible participants included undergraduate and postgraduate students aged 18 years or older, currently enrolled in the participating institutions, as well as professional counselors employed in the respective university counseling centers. Students were required to have accessed counseling services at least once in the preceding academic year. Counselors eligible for participation had to have at least one year of experience providing counseling in a multicultural university setting. Individuals unwilling to provide informed consent or those unable to participate in interviews due to language barriers or scheduling conflicts were excluded from the study.

Participants were selected using a combination of stratified random sampling for students and purposive sampling for counselors. Stratification factors for students included gender, year of study, and self-identified cultural background, ensuring representativeness and minimizing sampling bias. A total of 200 students were recruited, a sample size determined by power analysis to detect moderate effects (Cohen's $d = 0.5$) with 80% power at a 5% significance level for group comparisons, while also facilitating thematic saturation in qualitative analysis (1,2). Counselors were recruited purposively to ensure a range of experience with multicultural student populations, with 12 participating in qualitative interviews based on recommendations for achieving data saturation in qualitative studies (3). Recruitment was conducted via institutional emails and on-campus announcements, and participation was voluntary. Written informed consent was obtained from all participants prior to any study procedures, in accordance with the principles of the Declaration of Helsinki and local ethical requirements.

Data collection combined quantitative and qualitative methods. Quantitative data were gathered from students through a structured, self-administered questionnaire incorporating the Cultural Competence Assessment Instrument (CCA1) (4), supplemented with items measuring satisfaction with counseling services, perceived counselor competence, ease of communication, comfort in seeking help, and perceived service effectiveness. The questionnaire was pilot-tested for clarity and reliability in a subsample of 20 students, and data were collected in supervised group settings to reduce response bias. Qualitative data were obtained via semi-structured

interviews with counselors and focus group discussions with students. Interview and focus group guides were developed using best practices from the literature (5) and included topics such as counselor training, cultural barriers to service access, institutional supports, and recommendations for improvement. All interviews and discussions were audio-recorded with participant consent and transcribed verbatim for analysis.

Variables were defined and operationalized a priori. The primary independent variable was perceived cultural sensitivity of counseling, measured on a Likert scale. Primary outcomes were student satisfaction with counseling and level of engagement (session attendance and retention). Secondary variables included communication ease, comfort in help-seeking, and service effectiveness. Potential confounders such as gender, cultural background, language proficiency, and year of study were measured and controlled for in analyses. To address potential sources of bias, all quantitative instruments were validated, and survey administrators were trained to ensure consistency. Efforts to minimize social desirability bias included anonymous data collection and clear instructions emphasizing confidentiality. Missing quantitative data were handled using multiple imputation under the missing at random (MAR) assumption, and sensitivity analyses were performed to confirm the robustness of findings.

Quantitative data were analyzed using IBM SPSS Statistics (version 27). Descriptive statistics summarized sample characteristics and outcome variables. Bivariate relationships were explored using chi-square tests and independent t-tests. Multivariable linear regression was employed to examine the association between perceived cultural sensitivity and satisfaction or engagement outcomes, adjusting for relevant confounders. Subgroup analyses were conducted to explore differences across cultural groups and years of study. Qualitative data were analyzed using Braun and Clarke's six-phase thematic analysis (6) to identify and interpret recurrent themes related to cultural responsiveness and institutional strategies. Coding was performed independently by two researchers, and discrepancies were resolved through discussion. Integration of quantitative and qualitative data followed a convergent parallel design (7): quantitative and qualitative findings were analyzed separately and then merged during interpretation to triangulate evidence, provide contextual explanations for statistical trends, and generate comprehensive insights.

Ethical approval for the study was obtained from the institutional review board. All data were collected, stored, and analyzed in accordance with data protection regulations. Anonymized datasets and analysis code are available upon reasonable request to ensure transparency and reproducibility. To further enhance reproducibility and data integrity, standardized protocols for data collection, entry, and analysis were maintained throughout the study, and all steps were documented in a detailed study manual accessible to the research team.

RESULTS

A total of 200 students (response rate: 89%) completed the quantitative survey. The primary outcomes measured were satisfaction with counseling services and engagement in counseling, analyzed in relation to perceived levels of cultural sensitivity among counselors. Group comparisons and associations are presented in detail in Tables 1–3, with sample size, p-values, and relevant effect sizes clearly displayed.

Table 1. Association Between Perceived Cultural Sensitivity and Student Satisfaction with Counseling (n=200)

Cultural Sensitivity Level	% Positive Responses	Mean Satisfaction Rating/5	SD	95% CI	p-value	Cohen's d
High	72% (n=144)	4.1	0.8	3.9 – 4.3	<0.001	1.13
Moderate	18% (n=36)	3.5	1.2	3.1 – 3.9	0.024	0.27
Low	10% (n=20)	3.2	1.0	2.7 – 3.7	Ref	–

Table 2. Association Between Perceived Cultural Sensitivity and Counseling Engagement (n=200)

Influence of Cultural Sensitivity	% Positive Engagement	Mean Engagement Rating (out of 5)	SD	95% CI	p-value	Cohen's d
Strong Influence	65% (n=130)	4.2	0.7	4.0 – 4.4	<0.001	1.46
Moderate Influence	25% (n=50)	3.6	1.1	3.2 – 4.0	0.011	0.52
No Influence	10% (n=20)	2.9	1.3	2.4 – 3.4	Ref	–

Table 3. Key Barriers to Accessing Mental Health Services (n=200)

Barrier	n	% of Students	95% CI	p-value (χ^2 vs. all others)
Stigma and Cultural Perceptions	90	45%	38–52%	<0.001
Lack of Culturally Competent Svcs	70	35%	29–42%	0.003
Language Barriers	60	30%	24–36%	0.012
Awareness & Accessibility	50	25%	19–31%	0.044
Financial Constraints	30	15%	10–20%	0.078

Table 1 presents the relationship between perceived counselor cultural sensitivity and student satisfaction with counseling services among the 200 surveyed students. Of those who perceived a high level of cultural sensitivity, 72% (n=144) expressed positive satisfaction, reflected in a mean satisfaction score of 4.1 out of 5 (SD = 0.8; 95% CI: 3.9–4.3). This contrasts with students who rated counselor sensitivity as moderate (18%, n=36), who reported a lower mean satisfaction of 3.5 (SD = 1.2; 95% CI: 3.1–3.9; p = 0.024,

Cohen's $d = 0.27$ vs. low), and those reporting low sensitivity (10%, $n=20$) with the lowest mean satisfaction at 3.2 (SD = 1.0; 95% CI: 2.7–3.7; reference group). The observed differences were statistically significant (ANOVA, $F=8.67$, $p<0.001$), with a large effect size for high versus low sensitivity (Cohen's $d = 1.13$). These data demonstrate a robust, graded relationship: the greater the perceived cultural sensitivity of the counselor, the higher the students' satisfaction with services.

Table 4. Multiple Regression Analysis Predicting Student Satisfaction and Engagement by Perceived Counselor Cultural Sensitivity ($n=200$)

Dependent Variable	Predictor: Perceived Cultural Sensitivity	β (Standardized)	95% CI for β
Satisfaction	0.55	0.39 – 0.70	<0.001
Engagement	0.45	0.29 – 0.62	0.004

Table 2 examines the impact of cultural sensitivity on student engagement in counseling sessions. Among students who described cultural sensitivity as having a strong influence on their experience, 65% ($n=130$) reported positive engagement, with a mean engagement rating of 4.2 (SD = 0.7; 95% CI: 4.0–4.4). In contrast, engagement was moderate for 25% of respondents ($n=50$; mean = 3.6, SD = 1.1; 95% CI: 3.2–4.0; $p = 0.011$, Cohen's $d = 0.52$ vs. no influence), and lowest among students who felt cultural sensitivity had no influence (10%, $n=20$; mean = 2.9, SD = 1.3; 95% CI: 2.4–3.4; reference group). The differences between groups were highly significant ($p<0.001$ for strong vs. none), with a very large effect size (Cohen's $d = 1.46$). These findings indicate that strong perceptions of cultural sensitivity by counselors substantially increase student engagement, retention, and willingness to continue counseling.

Table 3 details the main barriers students encountered when accessing mental health services. The most commonly cited obstacle was stigma and culturally influenced perceptions of mental health, reported by 45% of respondents ($n=90$; 95% CI: 38–52%; $p<0.001$). Lack of culturally competent services was the second most common barrier, experienced by 35% ($n=70$; 95% CI: 29–42%; $p=0.003$), followed by language barriers affecting 30% ($n=60$; 95% CI: 24–36%; $p=0.012$). Awareness and accessibility issues were identified by 25% of students ($n=50$; 95% CI: 19–31%; $p=0.044$), while financial constraints were cited by only 15% ($n=30$; 95% CI: 10–20%; $p=0.078$). This hierarchy of barriers underscores that cultural and structural challenges are more prevalent and pressing than financial limitations in this diverse university student population. Table 4 summarizes the results of multiple regression analyses evaluating the independent effect of perceived counselor cultural sensitivity on both satisfaction and engagement, while adjusting for gender, year of study, and cultural background. The analysis revealed that perceived cultural sensitivity was a strong, independent predictor of satisfaction ($\beta = 0.55$; 95% CI: 0.39–0.70; $p<0.001$) as well as engagement ($\beta = 0.45$; 95% CI: 0.29–0.62; $p=0.004$). These standardized coefficients indicate that for every one-unit increase in perceived cultural sensitivity, satisfaction scores increase by more than half a standard deviation, and engagement scores increase by nearly half a standard deviation, holding other variables constant. This underscores the central role of culturally sensitive counseling in improving both student satisfaction and active participation incounseling, even after accounting for demographic and educational factors. Together, these tables illustrate a clear and consistent pattern: high levels of perceived cultural sensitivity among university counselors are strongly associated with greater student satisfaction and engagement, while barriers rooted in stigma, language, and lack of cultural competence remain significant obstacles to equitable mental health service utilization. The regression results further confirm that these relationships persist even when accounting for important confounders, highlighting the critical need for culturally informed practices in university mental health support systems.

QUALITATIVE RESULTS

A total of 12 university counselors and 40 students (in four focus groups) participated in qualitative interviews. Thematic analysis yielded six major themes related to institutional practices, counseling experiences, and barriers to culturally sensitive support. Illustrative quotes from participants provide direct insight into the lived experience of students and staff. The authorship and institutional structure of this article reflect a broad international and interdisciplinary collaboration, linking academic and healthcare expertise from Pakistan, Kazakhstan, Nigeria, and Afghanistan.



Figure 1 Themes and sub-themes of culturally responsive student mental health support strategies

The involvement of contributors from a range of medical and educational backgrounds—encompassing educational psychology, medical sciences, and university-level research—mirrors the multicultural focus of the study itself, which examines cultural sensitivity in student mental health. Each author's affiliation with diverse institutions suggests an integration of perspectives on counseling approaches and cultural competence, strengthening the study's relevance to globalized higher education. The shared responsibilities in concept, design, data collection, analysis, and drafting demonstrate a cohesive team dynamic, where expertise was distributed across all research phases, ensuring rigor and comprehensive insight. The corresponding author serves as the central point of communication for this international group, emphasizing the study's cross-border scope and its contribution to advancing culturally responsive counseling on a global platform.

Theme 1: Importance of Culturally Competent Counseling Staff

Counselors with explicit training in cultural competence were widely viewed as more approachable and effective.

"This is important when handling students from different cultural backgrounds, since our counselors are trained to factor this aspect. It makes a big difference when they feel someone understands them." (Student, Focus Group 2)

"Students need a role model that can comprehend their life experiences. It assists them to feel at ease when addressing matters that may be considered awkward." (Counselor 5)

Theme 2: Need for Multilingual Services

Students often struggled to communicate nuanced emotions in a non-native language; institutions that provided interpretation or multilingual support saw improved engagement.

"It is quite challenging for a non-native speaker to describe emotional problems. Speaking with a counselor who understands their language or having an interpreter makes them comfortable." (Student, Focus Group 1)

"Group sessions in different languages have enhanced students' attendance and their desire to seek counseling." (Counselor 8)

Theme 3: Cultural Awareness Training for Faculty and Staff

Faculty training improved the climate of support and early recognition of mental health needs.

"Some of the staff members did not know many of the challenges that students from different cultures go through; the training made them more sensitive to students' needs." (Counselor 3)

Theme 4: Flexible Appointment Scheduling

"The opportunity to have online counseling in the evening or during weekends is especially suitable for busy students like me." (Student, Focus Group 4)

Theme 5: Peer Support Programs

Peer support groups, especially those organized by cultural affinity, helped dismantle stigma and increased utilization of mental health services.

"There are more students participating in peer support programs, especially the international students. They feel more at ease if the counsellor is from the same ethnic origin as they are." (Counselor 7)

Theme 6: Inclusive Outreach and Awareness Campaigns

Campaigns using culturally relevant language and community leaders significantly increased awareness and use of services.

"Including culturally relevant messages from community leaders in our mental health campaigns was extremely effective in reaching students who otherwise might not engage." (Student, Focus Group 3)

Challenges Identified

Key barriers included limited funding for multilingual and culturally competent staff, resistance to changes in established institutional practice, and inadequate mechanisms for evaluating intervention effectiveness.

"While we know how important it is to have multilingual staff, the budget doesn't allow us to hire as many as needed." (Counselor 2)

“Currently, we lack adequate ways of measuring the effectiveness of these services; at the moment, feedback is more important to us than data.” (Counselor 4)

DISCUSSION

The present study demonstrates that culturally sensitive counseling services in higher education institutions significantly enhance both student satisfaction and engagement, reinforcing the urgent need for tailored mental health support in increasingly diverse academic environments. The finding that students who perceived their counselors as highly culturally competent reported markedly greater satisfaction and retention aligns with previous literature emphasizing the role of cultural congruence in therapeutic alliances and positive counseling outcomes (1,2). This consistency across diverse contexts is notable; prior studies, such as those by Sue et al. and Leong and Kalibatseva, have similarly identified that lack of cultural competence and the use of Western-centric models can hinder help-seeking and diminish therapeutic efficacy among students from non-Western or minority backgrounds (3,4). The robust association between perceived cultural sensitivity and engagement, confirmed through both descriptive statistics and regression modeling, extends this body of evidence by quantifying the effect size in a multicultural, university-based cohort and by accounting for confounding demographic variables.

A comparative analysis with earlier work reveals both agreements and new insights. Like previous research, this study identifies stigma, language barriers, and inadequate culturally tailored services as dominant obstacles to mental health service utilization (5,6). However, the quantitative evidence provided here—wherein nearly half the sample cited stigma and over one-third cited lack of culturally competent services—highlights the continued prevalence of these barriers even in settings that purport to embrace diversity. The study’s qualitative themes further enrich this context, echoing the necessity of faculty cultural awareness training, multilingual supports, and flexible service delivery as identified in international surveys (7,8). These results reinforce that, while awareness campaigns and administrative declarations of inclusivity are valuable, meaningful impact hinges on tangible institutional investment in staff training, linguistic accessibility, and sustained outreach efforts. Notably, the prominent effect sizes observed in this study for cultural sensitivity suggest that interventions targeting counselor training may yield considerable improvements in both satisfaction and engagement metrics—advancing the field beyond descriptive or policy-level recommendations toward measurable, practical strategies.

Theoretically, these findings substantiate and operationalize the tenets of Multicultural Counseling Theory and Bronfenbrenner’s Ecological Systems Theory within the context of student mental health. The observed benefits of culturally competent counselors and institutional support systems reflect the interconnectedness of micro- and macro-level influences posited by these frameworks (9,10). Mechanistically, culturally attuned counseling may reduce psychological distance, foster trust, and create a therapeutic space wherein students feel their identities are recognized and respected, which is particularly crucial for populations that traditionally experience alienation or marginalization within clinical encounters. The integration of peer support programs and culturally matched groups, as surfaced in the qualitative data, further supports the assertion that shared cultural background and lived experience can significantly mitigate stigma and promote help-seeking—mechanisms increasingly highlighted in recent clinical and psychosocial research (11).

From a clinical and institutional perspective, these results carry immediate implications. Universities and mental health services should prioritize the recruitment and continuous training of culturally competent counselors, the development of multilingual and flexible counseling services, and the active engagement of community leaders in outreach campaigns. The association between cultural sensitivity and positive counseling outcomes not only improves student wellbeing and retention but also has the potential to enhance academic performance, reduce dropout rates, and foster a more inclusive educational climate. These strategies are likely to be scalable and adaptable across varied institutional contexts, provided adequate resource allocation and leadership commitment.

The strengths of this study include its mixed-methods design, which allowed for triangulation of findings and a deeper understanding of student and counselor perspectives, as well as its robust sampling and analytic approaches. The inclusion of both quantitative and qualitative data provides a comprehensive view of the problem, and the use of validated instruments ensures reliability and comparability with other research. Nevertheless, several limitations should be acknowledged. The sample, although diverse and sufficiently powered for the primary analyses, was drawn from a limited number of universities within one country, potentially limiting the generalizability of findings to other contexts or to students in non-university settings. Reliance on self-reported perceptions of cultural sensitivity may also introduce response bias, and the cross-sectional nature of the data precludes definitive causal inference. Qualitative interviews, while rich in detail, were conducted with a relatively small number of counselors and focus group participants, which, despite reaching thematic saturation, may not capture all possible experiences or perspectives.

Future research should aim to address these limitations by expanding the sample to include a wider range of institutions and geographic contexts, utilizing longitudinal designs to track changes over time, and employing objective measures of service utilization and outcomes. Further investigation into the specific components of cultural competence that most strongly drive positive outcomes, as well as the role of intersectional identities such as socioeconomic status and disability, would offer additional nuance and practical guidance. Experimental or intervention-based studies testing the efficacy of specific training programs, outreach models, or peer support frameworks could yield actionable recommendations for university policymakers and clinical leaders.

In summary, this study reinforces and extends the growing consensus that culturally sensitive mental health services are not merely a matter of social justice, but a foundational determinant of counseling effectiveness, student wellbeing, and institutional success. By elucidating the mechanisms, quantifying the benefits, and highlighting persistent barriers, these findings provide a clear roadmap for the enhancement of student support systems in an era of globalized higher education (12).

CONCLUSION

This study demonstrates that culturally sensitive counseling approaches substantially enhance student satisfaction and engagement with mental health services in higher education, confirming that institutions must prioritize cultural competence, multilingual support, and inclusive outreach to address the diverse needs of their student populations. These findings directly address the objectives of evaluating the impact of cultural sensitivity on student mental wellbeing and identifying barriers and effective institutional strategies, as articulated in the study title. The clinical implications are clear: integrating culturally responsive practices into counseling frameworks is essential for improving access, retention, and psychological outcomes among multicultural student groups. For the broader field of human healthcare, this research underscores the necessity of embedding cultural sensitivity into service delivery to reduce disparities and promote equitable care. Future research should expand on these results by rigorously testing interventions that foster cultural competence and by evaluating their long-term effects on both student wellbeing and institutional outcomes.

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