

# INTERNATIONAL STUDENT HOUSING & MENTAL WELLBEING



# Table of Contents

|    |                                  |
|----|----------------------------------|
| 3  | Introduction                     |
| 4  | Project activity description     |
| 6  | Project logic overview           |
| 9  | Methodology                      |
| 13 | Issues to be addressed           |
| 15 | Survey: findings & results       |
| 28 | Focus group findings: themes     |
| 42 | Discussion of results & findings |
| 49 | Findings & recommendations       |
| 51 | Reference list                   |
| 62 | Appendix one: data tables        |
| 65 | Appendix two: survey instruments |

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Allianz  Care

STUDY MELBOURNE 

### Authors:

Tim Corney, Victoria University  
Catherine Lou, Victoria University  
Brett Woods, Victoria University  
Anita Dewhurst, Victoria University

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# Introduction

Incidence of mental ill-health among tertiary students is higher than the general population, in particular among international students and rates of mental ill-health among international students are increasing, including suicidal ideation (Forbes-Mewett & Sawyer, 2016). This is consistent with a view within the literature that regards young people aged between 15-25 as being at higher risk of mental ill-health (McGorry, 2011) and there is a growing body of evidence showing a negative trend in mental health in young Australians generally (Landsedt et al., 2016). This project was undertaken between October 2019 and March 2021, during this time Australia and the state of Victoria experienced the effects of the COVID-19 global pandemic. It is important to note that government responses to the pandemic included periods of enforced isolation and other social distancing requirements.

International students face challenges beyond those experienced by domestic students. Transitioning to independent living in a foreign country away from family and community networks, and dealing with language and cultural differences may contribute or compound mental ill-health problems (Elliott, 2018). Some international students may arrive at university with pre-existing mental health issues, these issues may be exacerbated by pressures associated with tertiary study; expectations to perform at high academic standards, coupled with finding housing, employment and financial issues. Contextual experiences such as grief and loss and family and relationship difficulties may also contribute to students experiencing anxiety, stress or depression.

The Australian Human Rights Commission submission to the NSW Legislative Assembly Inquiry into International Student Accommodation (AHRC, 2011) revealed that students experience, ‘... direct and indirect discrimination, exploitation, and/or disadvantage due to their race, temporary migrant status, culture, religion, language’. The report suggested that discrimination occurs in relation to accessing safe affordable accommodation and occurs when accessing health services. An empirical study by Redfern (2016) found Chinese students' levels of stress and anxiety were significantly high and international students experience significantly higher levels of anxiety and stress than their Australian counterparts.

As such, understanding the contributing factors to international students' health and wellbeing, particularly their experiences of mental ill-health, ways to destigmatise mental ill-health, and ways to promote positive health and wellbeing, particularly mental health, are key outcomes of this project.

# Project Activity Description

*Undertake a survey and focus group interviews with international students residing in Victoria, Australia (with a particular focus on Chinese international students) regarding:*

- perceptions of health, wellbeing and mental health;*
- contributing factors to students' experiences of mental ill-health, with a particular focus on housing;*
- level of stigma associated with mental ill-health; and*
- levels of support within their networks for those at risk or suffering from mental ill-health, barriers to support services and ways to best promote mental health and wellbeing.*

This applied and translational (Denzin & Lincoln, 2005) research project had a health education focus and can be described as a form of action-research (Cohen et al., 2018; Hobson & Townsend, 2010). Action-research is a term for a variety of methodologies that involve a research cycle based on planning, acting on plans, reflecting on the actions, and modifying, renewing or continuing the planning towards further action (Denzin & Lincoln, 2005; Cohen et al., 2018). This action-research project, while collecting and analysing data, was also a health education activity. Surveys and focus groups can also act as vehicles for raising awareness to health issues; they can provoke reflection, raise awareness and provide information to participants enabling them to act on issues concerning their own health and of those in the wider community. For example, more than half of the survey respondents reported that completing the survey had been useful in prompting them to think about their health and wellbeing (n=139, 57.0%). As such, the concepts of health literacy and health education in the context of action-research are important to the underpinning assumptions of this project.

The action-research project worked with Victorian-based international students' organisations and their leaders and members, in order to better understand contributing factors to international students' experiences of health and wellbeing and, in particular, mental health. The project had a particular focus on the relationship of international students' health and wellbeing to their accommodation and housing. The project took a multicomponent, mixed-methods approach, undertaking initial contextual research with international student leaders and stakeholders (1 x pre-survey contextual focus group, 5 x semi-structured interviews with stakeholders and 1 x survey pilot focus group) that informed a large online survey (632 students from 44 countries) and a number of follow-up focus groups (3 x post-survey focus groups). The findings from the project were fed back to key participants and stakeholders, particularly student leaders, via knowledge translation workshops and feedback sessions (1 x stakeholder workshop and 1 x sector conference presentation).

The project met the stated aims and deliverables and achieved the project objectives.



## Project Activities

### Contextual Research

- Initial contextual research with stakeholder advisory group
- Literature review to survey current issues
- Research to identify best-practice wellbeing measures & best-practice wellbeing interventions
- Co-design of survey instrument with stakeholder advisory group and student organisations
- Testing of survey instrument in pilot focus group with international students

### Data Collection

- Promotion of survey instrument through partner networks
- Preliminary statistical analysis of survey results to inform focus group questions
- Three focus groups with international students (2 x English & 1 x Mandarin)

### Reporting

- Detailed statistical analysis of survey & thematic analysis of qualitative data from focus groups
- Preliminary report of findings and recommendations presented to student organisations and wider university accommodation sector
- Findings and recommendations presented to Study Melbourne



# Project Logic Overview

The project was undertaken by academics from Victoria University in collaboration with international students' organisations. The project team consisted of project manager and Lead Chief Investigator Associate Professor Tim Corney, Assistant Chief Investigator Dr Catherine Lou, Research Assistant Brett Woods and PhD student Anita Dewhurst. Statistical analysis was undertaken by Statistical Consultant, Daveena Mawren.

The international students' organisations involved in the project were:

- Council of International Student Australia (CISA)
- Council of Australian Postgraduate Associations (CAPA)
- Victoria Chinese Student & Scholar Association (VCSSA)
- Victoria University Chinese Students & Scholars Society (VU CSSS)
- Victoria University International Students Association (VUISA)
- Victoria University Student Services
- Chinese Association of Professionals and Scholars, Australia (CAPS Australia)
- Zhejiang Province Youth Association
- Australia China Youth Association (ACYA) Melbourne

The project sought to understand contributing factors to international students' experiences and understanding of health and wellbeing, with a focus on mental health:

- Explore positive health and wellbeing and the relationship to accommodation;
- Understand the issues of mental health and related stigma of mental ill-health;
- Explore support and education options for those at risk or experiencing mental ill-health; and
- Communicate the findings to partners and stakeholders, particularly international students, student leaders, and those that work with them.

The project sought to recruit participant cohorts of international students located in Melbourne, Victoria. The project utilised Study Melbourne's existing social media and other communication channels and those established networks of partner Student Associations to assist recruitment and participation.

## The project aimed to:

1. Survey international students and work with students in focus groups; and
2. Undertake knowledge translation activities (e.g. seminar, workshop, publication) to communicate the findings to a wide audience of international students, student leaders, stakeholders and those that work with them.

## Project objectives

Mental health is a growing issue for international students. In order to assist relevant agencies and student organisations to support international students, this project aims to increase knowledge and understanding of international students regarding:

- their perceptions of wellbeing and mental health;
- contributing factors to experiences of mental ill-health, with a particular focus on housing;
- perceptions of stigma associated with mental ill-health;
- access to support within their networks for those at risk or suffering from mental ill-health;
- barriers to support services; and
- ways to promote mental health and wellbeing.



## Health literacy education and action research

This action-research project, while collecting and analysing data, is also a health education activity. As well as collecting data, surveys and focus groups also act as vehicles for raising awareness to health issues. They serve to question, provoke reflection, raise awareness and provide information to participants about their own health and of those in the wider community. As such, the concepts of health literacy and health education are important to the underpinning assumptions of this project.

The World Health Organisation ('WHO') suggests that health education and literacy are broad concepts encompassing a range of activities; they are not narrowly focused solely on individuals or their behaviour but are aimed at addressing community-wide social and political factors. Accordingly, health education is prefaced on health literacy and that experiencing good health is not just related to an individual's literacy but also to broader community levels of health literacy. Kanj and Mitic (2009) suggest that levels of health literacy are related to levels of individual and community empowerment and control over the creation, use and dissemination of health information. Kanj and Mitic (2009, p. 12) assert that health literacy is complex and involves not just individuals, but also communities and their governance systems.

Nutbeam (2000) suggests that health literacy is an outcome of health promotion activities that are educational and that health education is synonymous with health literacy. Dearfield et al. (2017, p. 190), drawing on Freire's critical pedagogy, suggest that health literacy is about facilitating a dynamic educative process where the participant is able to recognise and become aware of the particular 'health' problem in their world and 'name and understand his or her body and its relationship to the world'. This is done, they suggest, in order for the participant to become a 'knowing subject', aware and able to 'pass onto others' their knowledge of their health problem and engage in individual and community change to address the problem.

Health education, in this more comprehensive understanding, aims to influence not only individual lifestyle decisions, but also raises awareness of the determinants of health, and encourages individual and collective actions which may lead to a modification of these determinants. Health education is achieved therefore, through methods that go beyond information diffusion and entail interaction, participation and critical analysis. Such health education leads to health literacy, leading to personal and social benefit, enabling effective community action, and contributing to the development of social capital (WHO, 2019). This definition of health literacy in the context of action research is important for this project.



A photograph of a diverse group of students sitting in a lecture hall, looking towards the front. The students are seated at long wooden tables. The word 'METHODOLOGY' is overlaid in large white capital letters on a dark horizontal bar across the middle of the image.

# METHODOLOGY

In general, the project drew on a multicomponent, mixed-methods approach (Shinde et al., 2017; Mikkelsen et al., 2016; Cohen et al., 2018). As a health education intervention, this project can be described as ‘action research’ (Denzin & Lincoln, 2005; Hobson & Townsend, 2010; Cohen et al., 2018). This is a term for a variety of methodologies that involve a research cycle based on planning, acting on plans, reflecting on the actions, and modifying, renewing or continuing the planning towards further action. The literature evidences a number of complementary approaches to health education and literacy using action-research based methods in educational settings with students and young people (Warren et. al., 2019; McCuaig et. al., 2019). Miles and Huberman (1994, p. 10) suggest that the use of qualitative data in a mixed-methods study is useful to ‘validate, explain, illuminate or reinterpret quantitative data gathered from the same setting’.

The project used a mixed-methods approach collecting both quantitative and qualitative data from both large-scale survey and small focus group interviews. As an action-research activity the project was iterative, working closely with student associations and project participants in developing the survey questions and focus group topics, in undertaking surveys and focus groups, feeding back emergent themes and data analysis, and reporting of findings. All focus group interview and survey data was recorded and participant observations noted. All data collected was transcribed and analysed and the findings reported. Data was collected, recorded and stored by Victoria University in accordance with the university's research ethics consent criteria. Evaluation of the project's aims and objectives was iterative and fed back to participants for authentication as part of the project cycle in order to improve the project and achieve outcomes. As action-research, the project was co-designed and delivered with international students, collaboratively working with students, student organisations and stakeholders in Victoria, Australia.

## Recruitment of participants

The target population for this project were international university students and student leaders who were living and studying at universities in Victoria. The recruitment of survey and focus group participants was facilitated by international students' organisations, done through the networks and membership bases of international students' organisations and Study Melbourne. The study adopted 'purposeful' sampling (Creswell, 1998, pp. 118–20; Patton, 2015) for recruiting participants who had knowledge of the particular issue under investigation, who were willing to share with the investigators the degree of detail and depth required to enrich the study (Gray, 2003, p. 101) and who were available for interviews. The recruitment process was on the basis of 'convenience' insofar as it maximised opportunities for identifying suitable participants within the short timeline of the project (Wright & Sim, 2002).

The following student organisations assisted with survey promotion and recruitment of student participants:

- Study Melbourne
- Victoria Chinese Student and Scholar Association
- Australian Federation of International Students
- Victoria University International Student Association
- Victoria University Chinese Student Scholars Association
- Council of International Students Australia
- Victoria University Student Services

## Contextual research

An initial literature review was undertaken to inform the project methodology and design and enable the development of survey and focus group questions, in consultation with international student leaders and project stakeholders. Consistent with action-research methodologies, a series of contextual focus groups and interviews were conducted with student leaders and stakeholders, with results fed back to participants to enable reflection and understanding of the health and wellbeing problems faced by international students and to inform particular cultural and or language nuances and/or issues in the research design. Undertaking contextual research, including piloting of survey questions, enabled international student leaders and stakeholders to participate in the design of the project and to reflect on their understandings of health and wellbeing and the relationship to their accommodation, providing a contextual backdrop to the larger survey and focus groups that followed.

## The survey

An online survey was administered to international students living and studying in Victoria during 2020. The survey (see Appendix two for English and Mandarin survey instruments) asked a number of demographic questions, used the internationally recognised 'Personal Wellbeing Index' (2013) to determine levels of wellbeing in the international student population and examined student awareness of the '5 Ways to Wellbeing' (Aked & Thompson, 2011) public-health messaging. A total of 632 students from 44 countries of origin undertook the survey. Due to attrition, incomplete and inconsistent responses, the final sample size was reduced to 431. All quantitative data from the survey was analysed in SPSS version 25, individual survey items were examined via frequencies, percentages and means and to assess significant differences between cohorts. A thematic analysis was conducted on the qualitative data identifying patterns and frequency of responses.

Findings from the survey are provided in this report as part of the project results, discussion and implications section (see pages 28 onwards).

## Personal Wellbeing Index

The Personal Wellbeing Index (PWI) was developed by the Australian Centre on Quality of Life (International Wellbeing Group, 2013). It is an internationally recognised, evidence-based measure of subjective wellbeing. This measure was selected to allow a comparative analysis of the data against the general Australian population and the relevant international population results. It also allows for an internationally recognised measure to be used as a baseline in order to track the effectiveness of future mental health and wellbeing interventions with international students.

The PWI measures subjective wellbeing through questions of satisfaction in specific life domains. These life domains include:

- standard of living,
- health,
- achieving in life,
- relationships,
- safety,
- community-connectedness,
- future security, and
- religion and spirituality.

## 5 Ways to Wellbeing

'5 Ways to Wellbeing' (5 Ways) is an evidence-based, health literacy education campaign promoting everyday behaviours that improve the overall wellbeing of individuals. The model seeks to promote emotional, social, spiritual and psychological health (5 Ways to Wellbeing, 2018). The model is based on research from 400 international studies on improving mental wellbeing. The New Economics Foundation collated this research and produced the public-health promotion material for the UK Government's 'Foresight Project on Mental Capital and Wellbeing' (Aked & Thompson, 2011). This model was evaluated in the Australian context in 2012 by the North West Area Mental Health Service, a part of the Royal Melbourne Hospital (5 Ways to Wellbeing, 2018, p. 1).

This public-health promotion model was included as part of the survey instrument in order to explore the everyday health and wellbeing behaviours of international students, enabling them to reflect on ways in which the 5 Ways could be incorporated into student organisation activities. The intention was to explore the 5 Ways as a ready-made, whole-of-population community health intervention and to reflect on its possible use as an established, well-resourced and sustainable model for student organisations and Study Melbourne to implement to promote overall wellbeing of international students into the future.

## Focus groups

One pre-survey contextual focus group with student leaders, five semi-structured interviews with stakeholders (Study Melbourne, West Justice, Tenants Victo, and Talking Health Works) and one survey pilot focus group (with international students) were conducted to inform the online survey and post-survey focus group design. The genders and nationalities of the international student leader contextual focus groups were mixed and participants were aged between 18 and 30 years approximately. Three post-survey focus groups were conducted. Two of these focus groups were conducted in English and one was conducted in Mandarin. The genders and nationalities of the two contextual focus groups conducted in English were mixed and participants were aged between 18 and 30 years approximately. The Mandarin speaking focus group was conducted with students who were Chinese nationals of mixed gender, aged between 18 and 30 years. The Mandarin speaking group was determined on the basis that Chinese nationals are a significant cohort (31%) of international students in Victorian higher education institutions (Victorian Government, 2019) and are represented as a priority cohort for health and wellbeing outcomes (Coroners Court of Victoria ['CCV'], 2019). All focus groups had an average of between five and eight participants in each group. A total of 31 students participated in the focus groups.

Focus group interviews were audio recorded, transcribed verbatim and the data analysed using thematic analysis (Guest, 2012) involving identification of patterns and frequency of responses in regard to common concerns in the cohort. Initial themes were cross-checked with field notes, and discussions about emerging themes were held by the research team. The final selection of themes was based on frequency and relevance to the aims of the study (Guest, 2012). Consistent with Miles and Huberman (1994), the qualitative research drew on small samples of human experience, but was examined 'in-depth'. The limitation of a small sample is that it precludes claims to generalisability beyond the cohort.





## ISSUES TO BE ADDRESSED

International students face challenges beyond those experienced by domestic students. Transitioning to independent living in a foreign country away from family and community networks, and dealing with language and cultural differences may contribute or compound mental ill-health problems (Elliott, 2018). Treatment of mental ill-health also creates additional financial costs to students (Orygen, 2017). A recent report by the Victorian State Coroner (CCV, 2019) into the suicides of 27 international students raised concerns regarding international students' health and wellbeing and in particular mental health. The report acknowledged commonalities between cases, allowing for the identification of stressors uniquely associated or enhanced with international students.

International students may arrive at university with pre-existing mental health issues, these issues can be compounded by pressures associated with tertiary study. There are expectations to perform at high academic standards, coupled with finding housing, employment, and financial issues. Contextual experiences such as grief and loss, and family and relationship difficulties may also contribute to students experiencing anxiety, stress or depression. University students are often at an age when mental ill-health disorders may become apparent (Gewin, 2012; Norton & Brett, 2011; Perre et. al., 2016). High-risk behaviours such as excessive alcohol consumption, illicit drug use and unprotected sex are also associated with experiences of mental ill-health, these behaviours are consistent with university-aged cohorts (Sarmiento, 2015). In addition, students may find symptoms difficult to recognise and mental ill-health may go undiagnosed (Gewin, 2012).

There is a growing awareness regarding the role of tertiary education settings including student residential and community environments and the relationship of those environments to student health both internationally and in Australia (Jackson et al., 2019; Purdy & Dicks, 2020). In particular, the positive role these settings can play in supporting isolated international students, in bridging cultural and language barriers, in easing access to services and increasing resilience, and providing positive experiences that enable students to thrive and flourish (Jackson et al., 2019).

The Universities UK 'Steps for Change' (Purdy & Dicks, 2020) is a national initiative for improving student mental wellbeing, the report suggests that the university context is a mental health setting with 'positive and negative effects' on students. As such, responses to student mental health should take a whole-of-setting approach. In this context they suggest that mental health is determined by '... a range of individual, interpersonal, community, environmental and structural factors', this includes the residential accommodation environments of students.

As such, a health setting is a place or social context in which people engage in daily activities where environmental, organisational, and personal factors interact to affect health and wellbeing (WHO, 1998). VicHealth describes preventative health initiatives focused on a whole-of-setting as a 'social ecological' approach to primary prevention (VicHealth, 2017). This definition is important for this project. As such, this project explores the relationship between accommodation and the health and wellbeing of international students living and studying in Victoria, Australia.

The Australian Government Department of Education, Skills and Employment (2021) defines an international student or student from 'Overseas' as, 'a person (whether within or outside Australia) who holds a student visa as defined by the ESOS Act...'. A student visa is 'an authorisation permitting people who are not Australian citizens or permanent residents to come to Australia for the primary purpose of studying in Australia' as defined by the Migration Act 1958 (Cth).

In 2018 international students in Victoria accounted for approximately 281,000 enrolments with students from 170 countries (Victorian Government, 2019). The top five countries for onshore students were China (88,401), India (50,401), Malaysia (16,643), Vietnam (12,763), and Sri Lanka (9,541) (Victorian Government, 2019). The Australian Human Rights Commission ['AHRC'] (2010) reported that Australia has a higher proportion per capita of international students than any other country in the world. International students form a significant population set and may live in Australian communities for a lengthy period of time, depending on the education pathway duration (AHRC, 2011). Both individually, and as a collective, international students make significant contributions to Australian society (AHRC, 2011). Such contributions include diversification and enrichment in communities, and strengthening Australia's global networks (Australian Bureau of Statistics, 2011).

The international education sector is important not only to Australian society, but also the economy of the country (Orth, 2015). The State Government of Victoria (2019) classified international education as a multi-billion-dollar export earner, supporting almost 79,000 Victorian jobs and generating \$11.8 billion in export revenue. In addition, there is a natural economic flow when foreign students live and study in the host country (Orth, 2015). Gross Domestic Product (GDP) is stimulated as students spend money on a variety of goods and services (Layton et al., 2018).



# SURVEY: FINDINGS & RESULTS

## Survey methodology

Online surveys were distributed to international students in Melbourne through student association distribution networks. A total of 632 surveys were returned. Due to missing data (>50% of survey items incomplete), 201 participants were excluded from the analysis. Among the remaining 431 participants, a total of 56 (13.0%) cases were included in the analysis with incomplete data (50% or less). There were no significant differences observed in the demographics of the survey completers and non-completers. More than half of respondents reported that completing the survey had been useful in prompting them to think about their health and wellbeing (n=139, 57.0%). Most students had heard of Study Melbourne (n=300, 81.7%), with nearly half of respondents (n=155, 42.2%) having accessed services from the organisation. Of the 431 participants who were included in the analysis, 361 completed the survey in English and 70 completed the survey in Mandarin.

The statistical analysis was conducted in SPSS version 27. The aim of the analysis was to obtain a snapshot of the wellbeing of international students living in Melbourne and to identify predictors of wellbeing, areas of risk to wellbeing and levels of engagement in strategies commonly associated with increased wellbeing and circumstances of living in this population.

Patterns in responses to the individual survey items were explored by obtaining descriptive statistics such as means, standard deviations and frequencies. A series of one-way ANOVA tests were conducted to assess for significant differences in responses across demographic characteristics, living situations, perceived negative impacts of accommodation and perceived barriers to accessing support for wellbeing and health. Significant variables identified in the ANOVA were entered into a regression model, along with variables assessing frequency of engagement with each of the 5 Ways to Wellbeing strategies, in order to identify significant predictors of wellbeing. Correlations were also obtained to assess relationships between engagement with each of the 5 Ways strategies and each of the domains of wellbeing.



## Key findings from survey

- On average, the overall wellbeing of international students was substantially lower than that observed in the general Australian population (51.0% versus 74.5% respectively).
  - Previous research indicates that generally individuals from Asian backgrounds score lower on the PWI due to cultural response bias. However, the average score observed in this student sample was also significantly lower than the average PWI score observed in studies assessing the wellbeing of residents in Hong Kong (65.9%) (Lau et al., 2005).
  - Less than half of respondents indicated being satisfied with their life and personal circumstances as a whole (n=207, 48.0%).
  - International students reported the lowest satisfaction around domains of feeling part of the community (66.1%) and future security (64.5%) .
- Most respondents rated each of the 5 Ways strategies as important to wellbeing and health (77% to 85%). However, one in ten respondents disclosed rarely connecting socially with others (10.7%).
- Over half of the international students reported that the cost of the accommodation had a negative impact on their wellbeing (67.5%) and one third disclosed that the people they lived with had a negative impact on their wellbeing (30.6%).
- More than one in ten respondents reported feeling unsafe in their accommodation (15.3%).
- The stigma of accessing services for health and wellbeing was a barrier of uptake for over a third of respondents (35.2%).
- Wellbeing differed significantly across country of birth, with students from Nepal (M=44.46, SD=14.27) and South East Asian countries (M=46.43, SD=13.61) indicating significantly lower wellbeing scores than students from China (M=51.52, SD=12.27), India (M=53.14, SD=12.76) or other countries (M=51.34, SD=13.61).
- The strongest predictors of wellbeing were living in preferred accommodation settings (B=-.184, p<.001) and regularly helping others (5 Ways) (B=-.172, p=.002). Students who reported regular social connection and physical activity also indicated high wellbeing (B=-.119, p=.024 and B=.128, p=.018, respectively), while students who reported that negative views prevented them from accessing support for health and wellbeing reported significantly lower wellbeing (B=-.138, p=.010).

## Demographics of respondents

The majority of respondents were aged 18-25 years (n=256, 59.4%) with the remainder aged above 25 years (n=175, 40.6%). The majority of responding students were originally from China (n=99, 23.0%), countries in the South East Asian continent (n=72, 16.7%) or India (n=59, 13.7%). A total of 70 surveys were completed in Mandarin (16.2%). Over a third of students had been in Australia for only 1 year or less (n=148, 34.4%) and most were enrolled in an undergraduate university degree (n=273, 63.0%). Over half of students disclosed a religious domination (n=220, 51.0%). The demographic characteristics of the survey respondents are presented in Table 1 of Appendix one.



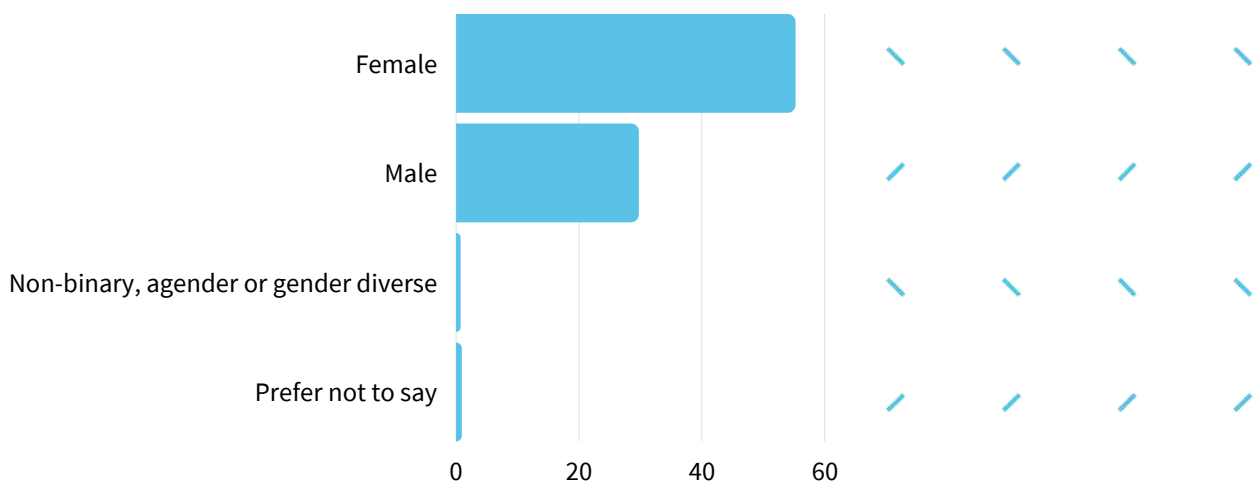


Figure 1: Gender of participants

### International students from 44 countries completed the survey



### Top 5 countries of origin

1. China (23%)
2. India (13.7%)
3. Nepal (11.1%)
4. Other South East Asian countries (16.7%)
5. European Countries (3.7%)

### Survey participants spoke 37 different primary languages\*

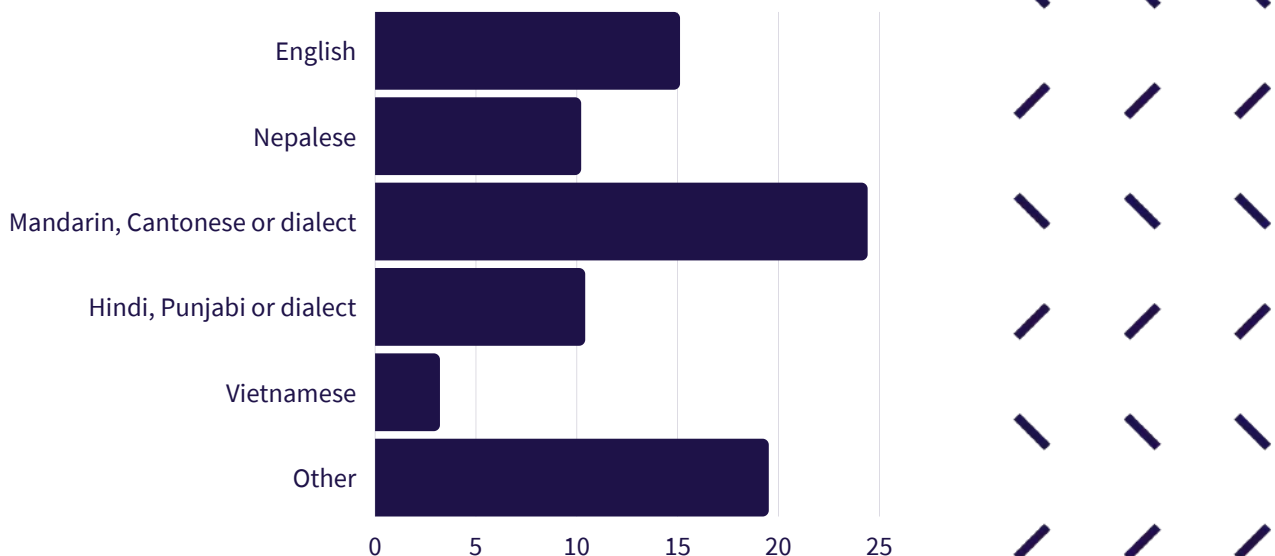
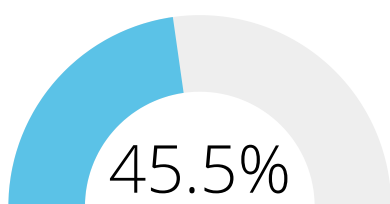


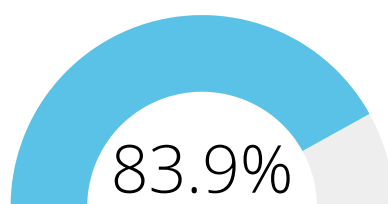
Figure 2: Primary language of survey participants

\*Some of the 44 countries represented amongst survey participants share common languages.

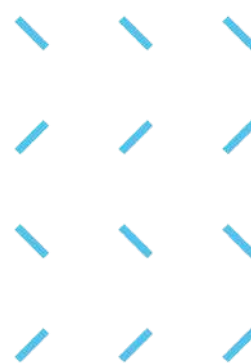
## 'Have you heard of Study Melbourne?'



Survey participants  
have accessed the  
services of Study  
Melbourne



Survey participants  
have heard of Study  
Melbourne



## Accommodation of respondents

The survey instrument surveyed the accommodation and living situation of responding students. The majority of students shared accommodation with other people (76.9%), with more than one quarter sharing a bedroom with another person (26.3%). (For details see Table 2 in Appendix one.) Students who lived in their preferred choice of accommodation indicated significantly higher PWI scores than those who did not (50.97 vs. 45.28). Significantly lower PWI scores were observed among students who reported that their accommodation negatively impacted their wellbeing. (See Tables 3 & 9 of Appendix one.)

The living situation of the survey respondents are presented in Table 2 in Appendix one.

**67.5%** Students reported that the cost of accommodation had a negative impact on their wellbeing

**30.6%** Students reported that the people they lived with had a negative impact on their wellbeing

**15.3%** Students reported feeling unsafe in their accommodation

Students who lived in their preferred choice of accommodation indicated significantly higher PWI scores than those who did not (50.97 vs. 45.28). Significantly lower PWI scores were observed among students who reported that their accommodation negatively impacted their wellbeing. (See Table 9 in Appendix one.)

These results are further explored in the focus group.

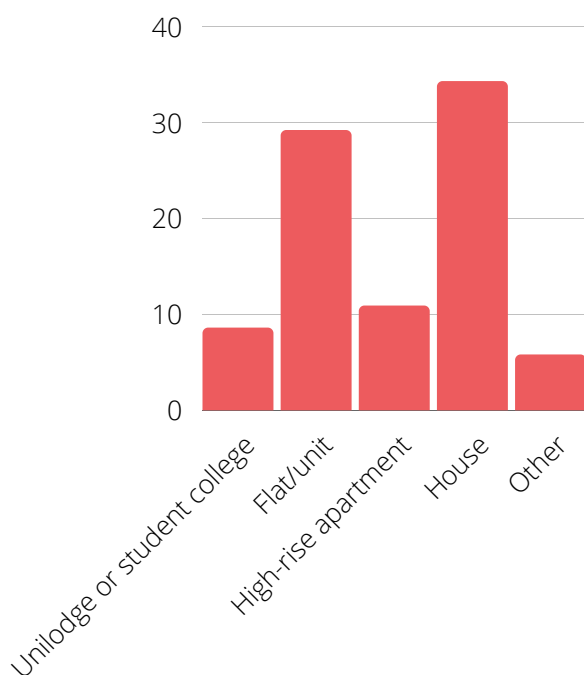


Figure 3: Current accommodation type

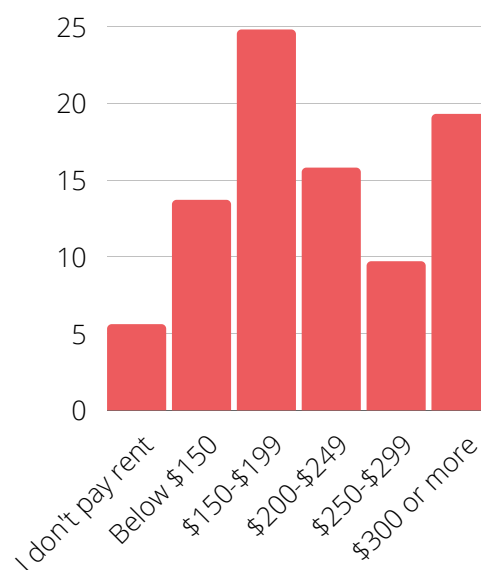


Figure 4: Cost of rent per week (AUD)

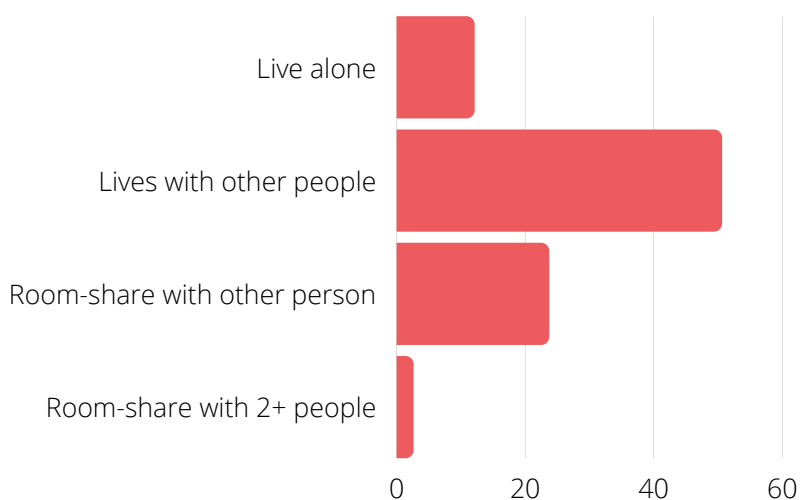


Figure 5: Current living arrangement

**42.4% of students living with others reported that they did not know the people they currently live with prior to moving in with them.**

## Personal Wellbeing Index scores

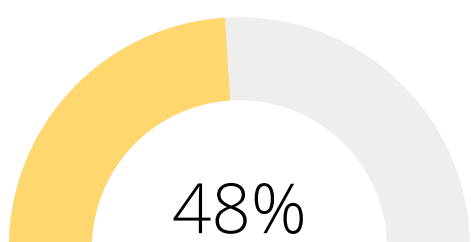
The international student survey participants' wellbeing scores were generated through the internationally recognised Personal Wellbeing Index (PWI). The PWI calculates a percentage score out of 100. The international student survey participants' scores were compared to the general Australian population in 2020 (Khor et al., 2020, p. 38). For cultural comparison, the average overall wellbeing of people in Hong Kong is 65.9% (Lau et al., 2005, p. 411).

Less than half of respondents indicated being satisfied with their life and personal circumstances as a whole (n=207, 48.0%). An average PWI score of 51.0% was observed (SD=13.55), substantially lower than average PWI scores reported in both the Australian population (74.5%) and Hong Kong (65.9%). Average scores for student satisfaction across the seven domains of wellbeing are presented below. Students expressed the least satisfaction when asked about 'feeling part of the community' and 'future security' (see Table 4 in Appendix one). In comparison to the general population, students disclosed substantially lower satisfaction around 'personal relationships' and 'standard of living'. 'Health' and 'safety' domains were most comparable to scores in the general community (For detail see Table 4 in Appendix one.)

## Differences in wellbeing (PWI)

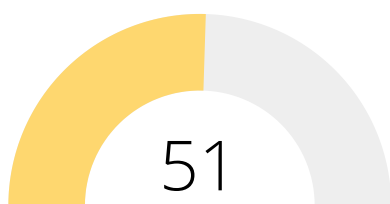
A series of ANOVAs were conducted to assess for differences in PWI scores across demographic characteristics, accommodation and living situations and perceptions of barriers to access of health and wellbeing services. PWI scores differed significantly across country of birth, with students from Nepal (M=44.46, SD=14.27) and South East Asian countries (M=46.43, SD=13.61) indicating significantly lower wellbeing scores than students from China (M=51.52, SD=12.27), India (M=53.14, SD=12.76) or other countries (M=51.34, SD=13.61).

Students who lived in their preferred choice of accommodation indicated significantly higher PWI scores than those who did not (M=50.97, SD=13.04 versus M=45.28, SD=13.84). Significantly lower PWI scores were observed among students who reported that their accommodation negatively impacted their wellbeing (see Table 9 in Appendix two); that disclosed language barriers and stigma, and barriers to accessing health and wellbeing support (see Tables 5 & 6 in Appendix two). The strongest predictors of wellbeing were living in preferred accommodation settings (3.2% PWI variance) and regularly helping others (5 Ways to Wellbeing) (2.2% PWI variance) (see Table 9 in Appendix two). Regular social connection and physical activity were also strong predictors of high PWI scores.

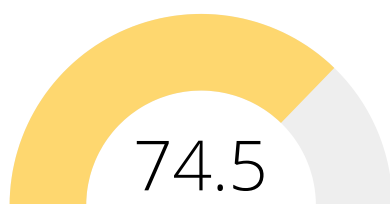


**Less than half of respondents indicated being satisfied with their life and personal circumstances as a whole**





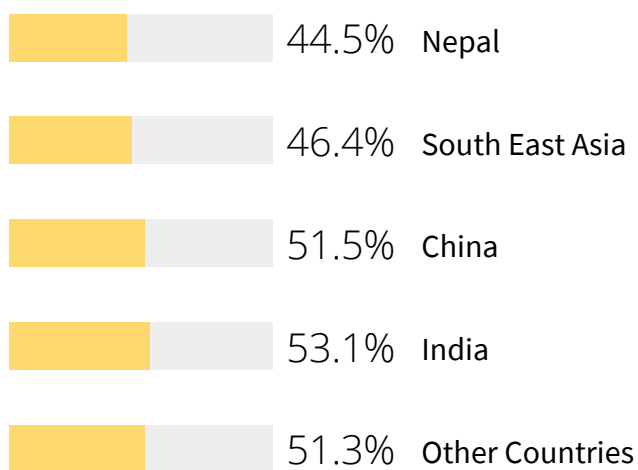
Overall PWI wellbeing score (out of 100) of international student survey participants



Overall PWI wellbeing score (out of 100) of general Australian population



### Overall PWI wellbeing scores differed significantly across country of birth



### Comparative satisfaction scores across PWI life domains

|                                | Survey scores | Comparative norms* |
|--------------------------------|---------------|--------------------|
| Standard of living             | 70.7          | 77.79              |
| Health                         | 77.0          | 74.65              |
| What you are achieving         | 68.4          | 73.60              |
| Personal relationships         | 71.2          | 79.45              |
| How safe you feel              | 77.3          | 78.95              |
| Feeling part of your community | 66.1          | 70.94              |
| Future security                | 64.5          | 71                 |
| Spirituality/religion          | 78.8          | 73.82              |

\* Comparative norms (International Wellbeing Group, 2013, p. 32)

## 5 Ways to Wellbeing

Respondents were asked to rate the importance of each of The Five Ways to Wellbeing strategies (see Table 6 in Appendix one) and how often they engaged in these strategies (see Table 7 in Appendix one). Each of the 5 Ways strategies were rated as important to wellbeing by respondents (77% to 85%). There is, however, a sizeable high-risk cohort who rate the 5 Ways strategies as either 'not important' or 'somewhat important.' See Figure 7 below. While the majority of respondents participate in the 5 Ways strategies at least once a week, there is a high-risk cohort that identified 'never/rarely' participating in these strategies. See Figure 8 below. Approximately one in ten respondents disclosed rarely connecting socially with others (10.7%) one fifth of respondents reported never or rarely engaging/learning in new activities or skills (19.0%).

### 'How important are the 5 Ways to Wellbeing strategies to you?'

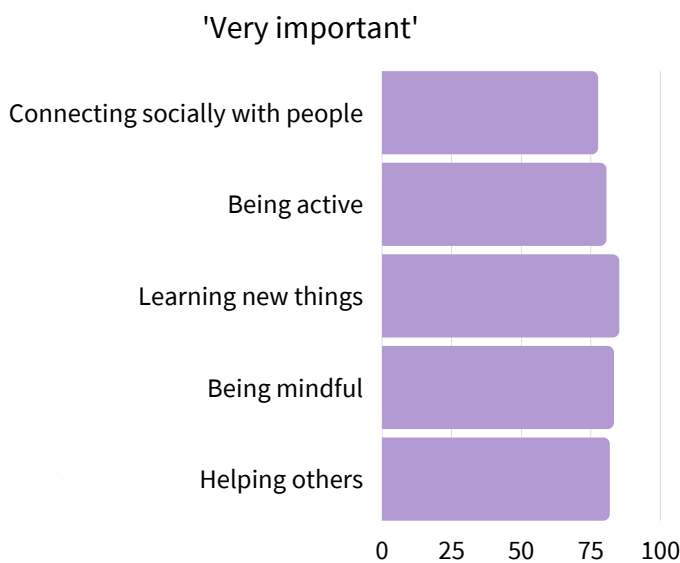


Figure 6: Participants who rated the 5 Ways strategies as 'very important'

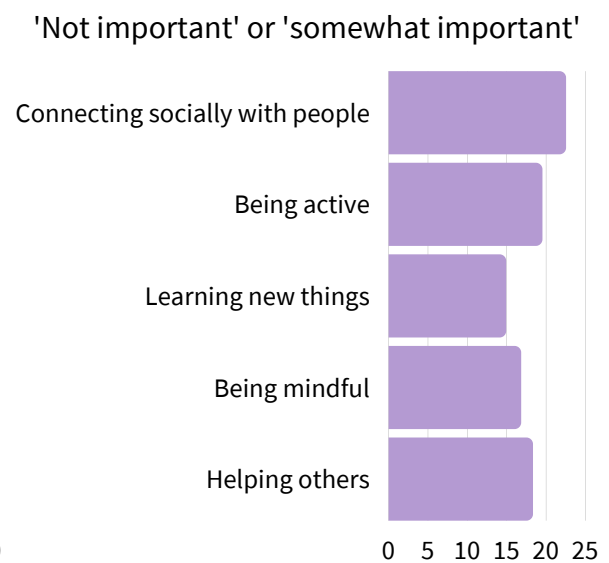


Figure 7: Participants who rated the 5 Ways strategies as 'not important' or 'somewhat important'



## 'How often do you participate in the 5 Ways to Wellbeing strategies?'

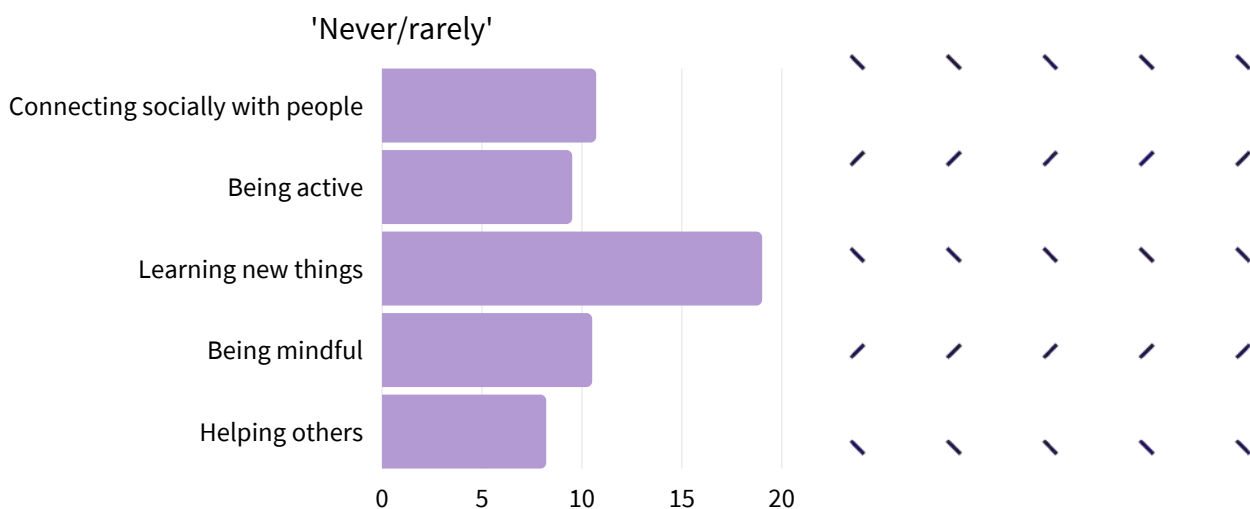


Figure 8: Participants who reported that they 'never/rarely' participated in the different strategies'



**One in ten respondents disclosed rarely connecting socially with others. This is a high-risk cohort.**

Respondents were asked open-ended questions to capture the ways students are currently engaging with each of the 5 Ways strategies. On the basis of repetition and frequency, the open-ended responses were grouped into over-arching themes and sub-themes and ranked for the most common responses.

The overarching themes were:

1. Connecting with others;
2. Being active;
3. Learning new things;
4. Being mindful;
5. Helping others.

The identified themes and sub-themes are displayed graphically below in Figures 9-13 below.

## Overarching theme: connecting with others



Figure 9: Sub-themes relating to 'connecting with others' overarching theme

### Sub-themes:

1. Travel
2. Meaningful conversations
3. Social media
4. Hanging out
5. Talking on phone/video call
6. Social events
7. Eat together
8. Sport

Respondents reported that talking and listening to others was an important way to connect socially, whether face-to-face or via telephone or video call. Respondents also described sharing experiences with other people (e.g. cooking, dancing, watching Netflix together) whether that be everyday tasks in the home or venturing out on activities with company. Students reported that most of their socialising was conducted online or over the phone (a consequence of both COVID-19 restrictions and living away from family and friends.)

Students cited community events as the best way to connect socially and highlighted a need for more student events and activities to better connect students socially. Organised events were also considered useful for engaging in physical activity (e.g. group sports), learning new skills or venturing outside of one's comfort zone (e.g. group trips outside of Melbourne, short courses) and helping others (e.g. volunteering at shelters with friends). Students suggested that the colleges and university could offer more organised activities to facilitate friendships and encourage uptake of activities.

These responses are further explored in the focus groups.



## Overarching theme: being active



Figure 10: Sub-themes relating to 'being active' overarching theme

### Sub-themes:

1. Walking, jogging & running
2. Dancing
3. Gym
4. Hiking
5. Household chores
6. Yoga

Students reported that keeping active was a social activity, with many students taking part in group sports. However, most students reported doing solitary activities such as regular walking, running or gym workouts to stay active.

## Overarching theme: learning new things



Figure 11: Sub-themes relating to 'learning new things' overarching theme

### Sub-themes:

1. Online tutorials & classes
2. Try new hobbies
3. Enrol in classes or courses
4. Set new goals
5. Seek new adventures
6. Meet new people

Students were proactive in researching new experiences and exploring new hobbies. For instance, regular engagement in both face-to-face and online tutorials to learn new skills.

## Overarching theme: being mindful



Figure 12: Sub-themes relating to 'being mindful' overarching theme

### Sub-themes:

1. Meditation
2. Prayer
3. Being in the moment
4. Mindful activities
5. Practicing gratitude
6. Yoga

Respondents reported participating in meditation, prayer and being in the moment. Some students reported that being mindful was a very social activity, with many students taking part in group yoga or meditation groups.

## Overarching theme: helping others



Figure 13: Sub-themes relating to 'helping others' overarching theme

### Sub-themes:

1. Giving people my time
2. Being a good listener
3. Providing advice & encouragement
4. Checking in on family & friends
5. Sharing skills & knowledge
6. Volunteer with those in need

Students described sharing their own skills and knowledge as a way to help others.

## Accessing support services

- 47.3%** Students reported that language barriers or lack of culturally appropriate services were a barrier to uptake
- 35.2%** Students reported that the stigma of accessing services for health and wellbeing was a barrier to uptake
- 60.6%** Students reported that cost of accessing health services was a barrier to uptake
- 54.1%** Students reported that time constraints were a barrier to uptake
- 54.7%** Students reported that a lack of information was a barrier to uptake

Students who disclosed language barriers and stigma as barriers to accessing support for health and wellbeing reported significantly lower wellbeing overall.





# FOCUS GROUP FINDINGS: THEMES

## Focus group methodology

Focus groups are often used in mixed-methods research, being seen as complimentary allowing the integration of qualitative and quantitative data (Seawright, 2016). Focus groups are useful for exploring the inter-subjectivity of participant perceptions and shared life experiences (Fern, 2001) and can add depth to statistical analysis allowing participants to dialogue on the given topic and to share their point of view (Morgan & Krueger, 1993).

In this project three post-survey focus groups were conducted with international students over the age of 18 who were living and undertaking tertiary studies in Victoria. Focus groups consisted of 5-7 participants purposefully recruited through international student organisations (Creswell, 1998; Patton, 2015). Focus groups were conducted online and facilitated by a member of the research team; consent to participate was provided by participants consistent with university ethics procedures. Participants were asked a series of questions on the topic of health and wellbeing (see Appendix two for survey instruments) and participant responses generated data both individually and through dialogue and interaction between participants and the interviewer. Participant responses were recorded in both audio and note form. A second research team member was present in the focus group observing and taking notes. Dominant themes as they emerged were noted and fed back in situ to participants for further comment and validation. Three levels of data collection and analysis - individual, group and interactive - enabled depth and reliability of data (Adcock & Collier, 2001).



## Thematic analysis

A thematic analysis (Guest, 2012) of the data was conducted using a dualistic approach of deductive and inductive techniques (Fereday & Muir-Cochrane, 2006). The combined technique enabled the capture of naturally emerging themes from the data as well as key themes that aligned with the project objectives. The audio recordings of focus group interviews were transcribed verbatim and the data thematically analysed identifying patterns, frequency of responses and common concerns in the cohort (Guest, 2012). Themes were cross-checked with field notes, and discussions about emerging themes were held by the research team. The final selection of themes was based on frequency and relevance to the aims of the study (Guest, 2012). Themes were fed back to participants for authentication and validation, comment and review.

Overarching themes were identified with multiple associated sub-themes. The identified themes and sub-themes are displayed graphically (see the following Figures 14 & 15) in order to depict relationships and enhance the conceptualisation of key factors. Direct verbatim quotes related to the themes are also presented.

### Overarching theme: accommodation & wellbeing



Figure 14: Sub-themes relating to 'accommodation & wellbeing' overarching theme



## Safety

### Safety is a priority for international students & their families

- Feeling safe important to wellbeing
- Physical safety
  - Surroundings such as crime (especially against international students) or theft at property, lack of transport nearby, dark streets & empty streets
- Type of accommodation
  - Perception that apartments are safer when not on ground floor, have key/entry card & neighbours around
  - Amenities/utilities such as fire alarms, fire extinguishers, smoke detectors, cameras, natural light

*'I feel safety is key. It's a priority for me and should be for everyone else. I believe that if you don't feel safe in your own home, it'll be really difficult to cope with it, because you'll always be afraid, and your home is literally where you spend most of the time.'*

*'From the perspective of international students, we come to this foreign country, and we are worried, we're scared all the time, and so are our parents and our family.'*

*'When I choose a home, my safety is priority....'*

*'...the apartment building is equipped with a door lock with an access control system, which made us feel safe. What's more, many people live in the apartment buildings, so I believe that the apartment is safe to live in.'*

### Information about safety

- International students are resourceful when finding information around safety
  - Sources include university communications, social media
- Not all students have knowledge about existing resources
- Some of the resources for safety require fees - can be a barrier to accessing information about safety

*'One of the emails that I got today was related to how safe you are at a beach or a pool. ...now that they've sent me the mail through my university app, I got to know how I can feel safe at beach, or even at pool. Earlier I had no idea that such things exist.'*

*'Obviously we do have applications [to communicate about safety] in place, but most of the applications are premium, you have to pay something upfront, or you have to be on that subscription model which has the fees involved. ...international students generally don't buy because it's like it's money going out from their pocket. But some universities ha[ve] a partnership with such applications and to students that is offered free of cost.'*

## Location

### Important for perceptions of safety

- International students research accommodation locations
- Get information from crime statistics & friends
- Crime is a core concern
- Perception that city and inner suburbs are safer than outer suburbs
- Living close to friends can help students feel safe

*'We cared little about the type of house when first renting a house in Melbourne. We were mainly concerned about its location.'*

*'...[W]hile you are searching for your accommodation, make sure that you have some kind of research about the crime rates in that particular area.'*

*'Sometimes I just ask the roommates if there's anything that happened around, or if – I also go and check the statistics from the police and things like that [for the location].'*

*'When we walked back home ten minutes after getting off the bus [after night classes], nobody else and no streetlight was on the road. It looked scary. It was one of the disadvantages of living in the suburbs.'*

*'If you are living somewhere close to your friends, somewhere close to the people you know, like just a kilometre from your place, that's fine. ...you have that sense of mental satisfaction that [you] have someone by your side if you want to call them in time of danger, they will be there within minutes.'*

### Access to campus, amenities & transport

- Access to facilities, amenities, transport are important
  - Access to nature, activities and entertainment were important
- Distance to their place of study & work is a core consideration
- Choose to live close to cultural community

*'We were mainly concerned about [accommodation] location.... [when] we first looked for a house close to the campus.'*

*'I would choose to live in the livelier city [Melbourne CBD]. I felt that it was crowded there, and the view is nice, and there was a lot to eat and kill time.'*

*'[Near where] I'm living in [suburb], we have gym facility available, we have swimming pools. We have restaurants which are nearby & ...we have public transport really easily available. And then we have also some fitness grounds like we have sportsgrounds like table tennis & other sports, really good things which help us to go there twice a week.'*

*'...making sure that you are living nearby your university & your workplace also matters where you can commute there very easily and you should be having public transport available.'*

*'I have solely decided to live in the [suburb] area because everyone who is south Asian is here.'*

## Living with others

### Housemates can provide positive social connections

- Some students described positive social connections with the people they lived with and the positive impact that had on their wellbeing
- Living with other people can be a good way to build friendships, have someone to talk to & do activities with

*'I live with my friends in the university. So we can do many things together like playing piano together and watching movies. Or like support each other with our assignments. So this is very good [for] my mental health.'*

*'If you are staying with people you like, I think that is a really good way to be in a good mental state I would say.'*

*'I'm living with my friends & I totally agree that the people who you live with, they totally impact your wellbeing. They can give you a boost in whatever, [if] you're procrastinating & everything.'*

*'...[L]iving alone is really depress[ing]. Because there are so many things running in the mind, but you can't share those things to anybody else.'*

*'...I found that because we all have different schedules & travel habits, we may have many conflicts. Later, if we had common spare time, we would watch movies together, or we would go to our favorite restaurant for dinner. After the original adjustment, we had a good time for the whole six months.'*

### Housemates can negatively impact wellbeing

- The majority of focus group participants described negative experiences living with other people
  - Examples of challenges were conflicts, cultural differences & different schedules
- The preference for many of the participants was to live alone - however this was often cost prohibitive

*'...if I can [afford other accommodation], I will choose [to] live by myself.'*

*'...when I can afford it I choose to live by myself, even though that comes with other challenges, it's still better than living with other people.'*

*'If you're staying with people that you don't like, that will affect your mental health.'*

*'...living with friends that you are not close with, or a stranger, is - has been quite challenging to my mental health. In occasions, I think with many different housemates, I would prefer to stay in my room and not go into the common area. You don't feel like you have your own space. Your own space is the tiny little room.'*

*'I'm living in a shared house. And sometimes that really affect you. If it's like noise complaints, internet issues. Sometimes there's hygiene issues, for example if someone doesn't clean something. So I think it can be really stressful, because you constantly need to speak to them and make sure there's constant communication. It's really stressful in terms of that.'*

## Living with others

### Sharing a room with others provides additional challenges

- The challenges identified in sharing accommodation with others (such as conflicts, cultural differences & different schedules) were amplified when students shared rooms
- Privacy was a core issue

*'We lived in pairs. It was good for me as a whole, because I enjoy the hustle & bustle in life. In this way, I would feel less anxious, because we could share something bad sometimes. But it would be better if we all lived in a separate room.'*

*'...my room partner, she used to come any time. It can affect a lot, and it doesn't matter if I am studying or something like that, and I can't deny because she shares the same room & she does have the authority to come. So that was challenging, to maintain with her – according to her time. And sometimes when I do need to sleep or something like that ...she put on music.'*

*'I shared a room with somebody ...if you & your roommate don't get along that well, or you have different timings so you're going to be disturbed & stuff like that. So it wasn't the most pleasant time & I got out of it as soon as I could.'*

*'...every student should have ...privacy.'*

## Choice & cost

### Accommodation preferences

- Many students identified that they were not always able to live in their preferred accommodation setting
- Cost was often prohibitive
- Housing instability was an issue
- Limitations with student accommodation (such as Unilodge) were identified

*'It was difficult to find a place that is affordable and is suitable. I think a lot of students have to resort to places that are not very good, just because how expensive the rent is.'*

*'[F]or international students [accommodation is] also unstable. We move - I used to move every year - so I have to keep an eye on when the lease is up, if I want to commit to another year, that is another year, it's a big decision for me to make every year. And when I have to move, it is also very stressful to find a new place where there was so many international students. It was difficult to find a place that is affordable and is suitable.'*

*'In my view, Unilodge is not so free as the house or the townhouse. In this way, I would feel that I lived in a dormitory rather than the home. But if I rent a single house or live with my classmates, I would feel relaxed or I could do something that I did at home. But in a [Unilodge] apartment, I may wonder whether it would influence others by doing this. If I live in a house, I will cook by myself, and I would make dishes whenever I like. But it would not be so convenient in the apartment. Maybe there is only microwave oven or induction cooker in the apartment, so there will be nothing special.'*

## Overarching theme: mental health & wellbeing

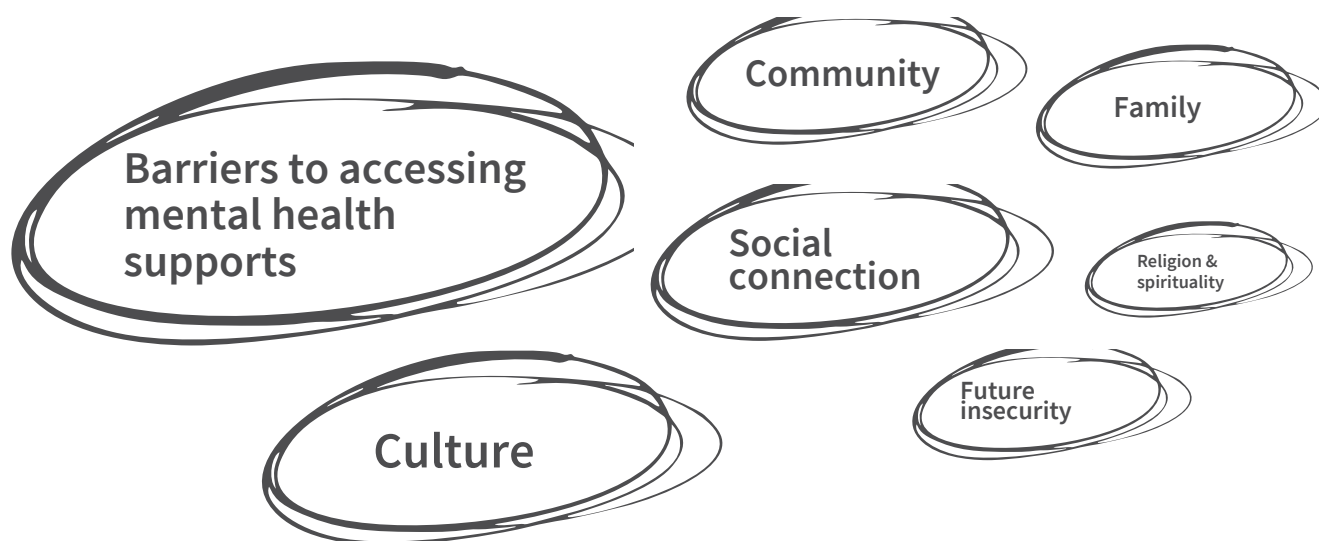


Figure 15: Sub-themes relating to 'mental health & wellbeing' overarching theme

### Barriers to accessing mental health supports

- There were significant barriers to accessing mental health supports:
- Cost
- Language/cultural barriers
- Lack of information
- Stigma amongst family
- Multiple students also disclosed a belief that mental health supports, such as seeing a psychologist, were only for people with 'serious' mental illness & did not consider stress or anxiety cause to get support

*'I think the cost is the first problem. At the other side, in my impression, if someone need to see a psychiatrist, that person must have a serious psychological problem...'*

*'I think it's quite normal [to access mental health services], but maybe not too much promotion or few people around me know about this kind of consultation services. Maybe I feel very troublesome, or I don't know exactly how to do it, so I am a little afraid of that.'*

*'In China, I may worry about whether my parents know enough about [mental health] ...whether they can accept or understand [me accessing mental health supports] or not.'*

*'I think we may perceive physical illness more intuitively, but it's hard to see psychological changes. So maybe we ignore mental problems.'*

*'If our psychological state is not very "serious", we may rarely seek [help from a professional], because the language issues, communicating in English may bring us more pressure.'*

*'I don't have that kind of serious mental illness. I have few good friends around & they are very good at answering my questions. ...they're kind of my personal psychiatrist.'*



## Existing strategies to improve mental health

- While the majority of focus group participants had not accessed mental health support services, they shared strategies that they used to relieve stress.

These included:

- Talking with friends/family
- Exercise
- Engaging in other activities
- Students disclosed feeling as if they had to 'fix' their own stress or anxiety and some reflected on the 'short-term nature' of the strategies they were adopting

*'I feel like stress or anxiety is mostly something that we put on ourselves. If only we could think of a way to release stress & anxiety.'*

*'I mostly seek help from my family members and friends & they do help me a lot. I think it is highly effective. However, it only works well in the short term, not in the long run.'*

*'For me, I usually solve psychological problems by exercising or talking to my friends about something else.'*

*'I think for me, it might be walking, or talking. Also, I prefer to sing or play musical instruments, just to find something I am interested in. That way, I think it might relieve some stress or some anxiety.'*

*'Personally speaking, it is more helpful to find a way to vent. I might go out & drink with my friends, play with them, or depending on my style, it might be better to just stay alone & listen to music.'*

## Culture

### Challenges being in a new culture

- Some students feel isolation from their own cultures
- Students reflected on the difficulties in sharing accommodation with people with different cultural values
- Vegetarian/Non-vegetarian cooking, drinking, communication
- Lack of gendered accommodation options
- Preference for living with people from same cultural background
- Desire to learn about new culture

*'....being an international student, I think ...the change in the culture that makes you feel all the time lonely and missing your culture.'*

*'I am not someone who is so much easy with the changes, with whom I can't understand their culture background. I can't feel that much secure and safe with them. I don't know, that can be my personal issue, but it's something that I feel much easier with people from my community, where I can express, and they can understand in what way I am trying to say the things. Because they do follow the same culture and all those things.'*

*'I believe when you come to a foreign country, it's more about the study. It's more about the experience. It's more about learning – it's a very exciting opportunity. ... meeting new people, being exposed to a new culture, a new world, is very important. I think that's key to the experience.'*

## Social connection

### Social connections are seen as important to wellbeing

- International students understand the importance of social connections to their wellbeing
- Students identified unique challenges in being removed from family and friend networks

*'...very good and very positive people... have impact on my health, my mental health and my wellbeing, in a positive way.'*

*'...social health or social wellbeing isn't really talked about either. Some of the GPs would prescribe yoga or meditation for mental health, but no one really prescribes for loneliness, like you have to go out and meet people. – I don't think that social life is seen as a health issue...'*

*'...a lot of international students find it difficult to make friends.'*

*'[I]f you are feeling alone and you are not feeling safe, it impacts everything, everything from top to bottom.'*

*'...being an international student I personally believe that you should have some good social connections. Because we don't have our parents there. We don't have our friends there. So I think that if we have new friends, so we can share things that are bothering us. If we have some relatives, we can share all these things.'*

## Community

### Limited sense of belonging

- The majority of focus group participants felt disconnected from the broader community
- Some students did not feel accepted and had experienced discrimination
- The short term nature of many students' stays in Victoria limited their opportunities to meet people
- Participating in organised activities provided an opportunity for students to feel a sense of belonging - however in certain locations there were not many community activities

*'I don't have much contact with people in the community.'*

*'I feel like I don't feel a sense of belonging. This is one of my biggest feelings. I was actually discriminated against once. ...[this] contribute[d] to my lack of a sense of belonging.'*

*'I would feel a little more connected with the area if people would accept me a little more.'*

*'Our study abroad time is relatively short ...I think [that makes] it is actually very difficult to establish a sense of belonging to the local region.'*

*'I think one of the things that makes me feel very attached is that we have a church [group] in our [student residence] called Red Frogs. They would hold some activities regularly & recommend me to go there so that I could learn something. [They] organised people to play together twice a week, which made me feel like I belonged to this community.'*

*'I think I only get to know some people when I go to work. Besides, where I live, there are no community activities & I have never participated in any activities organised by any organisation.'*

## Family

### Family can be a source of pressure for international students

- Students were aware that their parents & families were concerned for their safety while they were overseas
- Students disclosed feeling unable to discuss mental health with family & friends back home
- Living with extended family
- Feel closer connection to home & less financial burden
- Challenges with lack of privacy & autonomy

*'We're scared all the time & so are our parents & our family. I live in a granny flat because my parents thought it would be safer for me to live close to another family that could do something if danger happens.'*

*'[My parents] are not worried about me when I am living with the university accommodation as they can trust them.'*

*'When I talk to my family or friends back home, they don't understand what mental health is. So sometimes I feel like if I want to talk about this & if I want to discuss my mental health, I can't do it with my friends & family back home because, for example, when I was speaking with the counsellor, I told my mum and she freaked out.'*

*'Living with my [extended] family does make it easier for me to keep on going & ...I get their total support.'*

*'I'm more comfortable here [at new private home] as compared to my relatives' home. Because there is no interference [here]. ...when I used to live at that home I didn't even get much time to spend with myself, to figure out the things.'*

## Future insecurity

### Feeling insecure or uncertain about the future

- Students disclosed that there were many uncertainties about their futures and this created additional pressure
- Language of 'future insecurity' in PWI needs to be contextualised for international students further
- Some students promoted mindfulness as a way to reduce fears or anxiety around the future

*'I think a future aspect which is somewhere relevant to everyone's current profile, while they are physically well, emotionally and mentally well, they keep on thinking about the future, how things are going to turn out in the future, how their situation going to turn out in the future, so I think having that future sense of things in everything which we are doing.'*

*'I think that when you are in the present, you really think about the future ...like 96% of the times we went in the past or in future. So for me, if you are thinking of the present you are not stressed about whatever is going to happen. ...like be optimistic and live in the present.'*

*'[PWI definition]...is too broad given future security doesn't talk about whether that's security about the finance or security about the personal wellbeing or security about their health or maybe emotional or mental or what sort of security. So it's like from my perspective it's pretty broad.'*

## Religion & spirituality

### Religion & spirituality were important for wellbeing

- For some focus group participants, religion & spirituality provided comfort in times of distress & through the challenges of studying overseas

*'And that sense of belief [religion/spirituality], I believe is key to also having a happy, content, mentally healthy mind.'*

*'I'm a very religious person, so whenever I am depressed I pray & I worship. I think that it helps me in reducing this stress, and being on the spiritually grounds, as I mentioned that we should share our problems with somebody else. But I think that – I personally believe that I personally do, whenever I am depressed or I am having problems, I pray about them. I only share with God. ...I believe that you should be healthy, both mentally and spiritually as well.'*

*'...the feeling of having this high entity, a God figure, that takes care of you & you don't have to worry about whatever is happening in your life, and if something bad is happening, you don't know it's bad. It could be for your own good in the end. You never know.'*



# 5 Ways to Wellbeing

The 5 Ways to Wellbeing were presented to the focus groups for discussion and dialogue, responses were recorded and thematically analysed. The following represents participant response themes.

Overarching themes were identified with multiple associated sub-themes. The identified themes and sub-themes are displayed graphically (see the following Figures 16 & 17) in order to depict relationships and enhance the conceptualisation of key factors. Direct verbatim quotes related to the themes are also presented.

## Overarching theme: response to 5 Ways concept

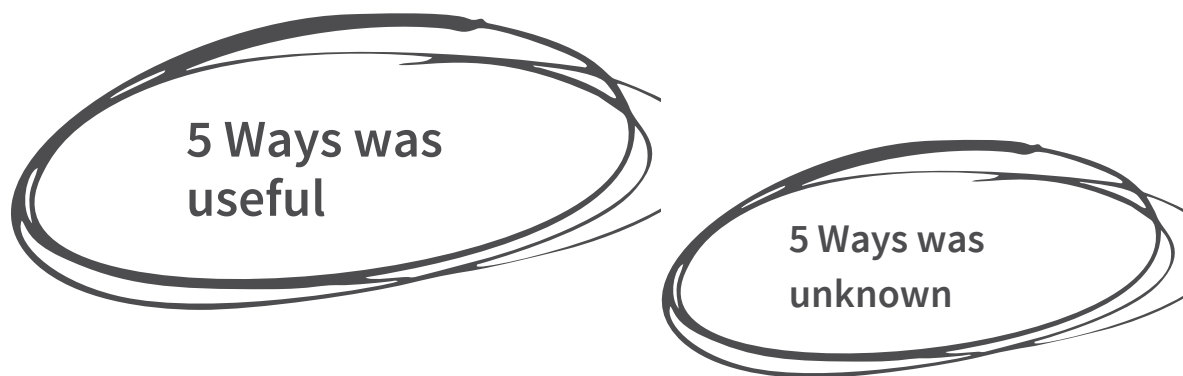


Figure 16: Sub-themes relating to 'response to 5 Ways concept' overarching theme

### 5 Ways was useful

- All focus group participants agreed that the Five Ways to Wellbeing strategies are useful for promoting health and wellbeing

*'[5 Ways are useful], because many of these points are about how to relieve your psychological stress & problems... [T]hese 5 Ways are pretty comprehensive.'*

*'I feel that these are really simple tips and tricks, but it's really important as well. Because sometimes we just need a reminder to be active, exercise, or connect with others. Because sometimes we're just more into our own personal lives that we don't take some time of to take care of ourselves. So I think it's really important.'*

### 5 Ways was unknown

- No students had seen this model before

*'I don't think I've heard those points before, the five points. [T]hey actually do summarise how you can improve your wellbeing.'*

*'Never have I seen these five bulleted points all in one place underneath 5 Ways to Wellbeing. They can absolutely improve wellbeing, like absolute, absolute.'*



## Overarching theme: response to 5 Ways activities

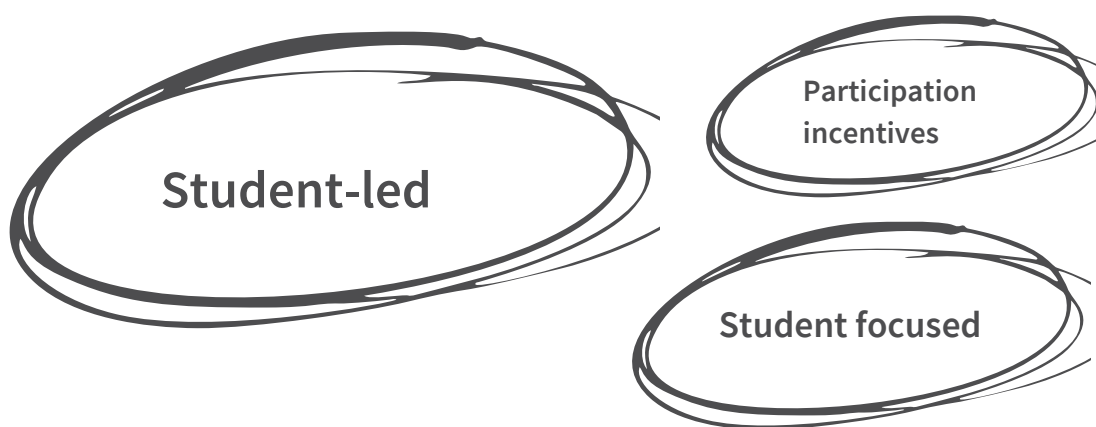


Figure 17: Sub-themes relating to 'response to 5 Ways concept' overarching theme

### Student-led

#### Activities should be organised by reputable organisations

- Students desired reputable, student-focused organisations or universities to facilitate activities to ensure safety

*'Study Melbourne, the organisations, can participate in our life, like organise some activities, like walking group, like that, I think it's very useful.'*

*'If it was local council or some organisations that was organising this, it would make me feel uncomfortable, and maybe I wouldn't participate. But if it can be organised by students or international students like us, it may make people want to participate more.'*

### Student focused

#### Activities should be student focused & organised by reputable organisations

- Opportunity to meet new people - in a non-intimidating setting
- Some students expressed a desire for events to be exclusively for international students

*'It is better to go to the activities organised by [student] organisations. If it's another organisation, it's likely to be a mixed bag of people. If it is a community, there may be some malevolent people to participate in it. But if it's a university, like we did at [university] before, we love it.'*

*'As for the person who organised this activity, I think it should be the school, because as international students, we still pay most attention to safety. If the school organises activities, and the participants [are] all students, the University can also have a guarantee for our safety, so it will be safer.'*

*'A lot of international students find it difficult to make friends. And if Study Melbourne post these events, that will be a good way to meet friends. ...I think that it is a little bit intimidating for students to go out & meet people.'*

## Participation incentives

- Activities provide an opportunity for students to focus on their wellbeing and learn new strategies
- The opportunity to learn new things was attractive to students
- Some students expressed a desire to 'get something out' of the activity - e.g. increased networks, mentoring
- Various activities to cater to different people's interests

*'I think if certain events will be organised, it would act as a reminder for students to be like, "Oh, this reminds me that I need to go exercise," or, "I think that I need to go make new friends – socialise." So having these events will be a reminder & maybe certain students might not even know that a simple thing like learning a new thing could be really helpful to them.'*

*'Those whom I walk with must be excellent & I can learn a lot from them. In this activity, I would like to participate in. For me, I will attend it if there are some cute girls.'*

*'Yes, I would [participate in a walking tour to learn about culture & history], because I think we go abroad to experience a foreign culture, talk with great people, and learn more knowledge.'*

*'I think it's good to learn local history, but I don't necessarily want to go because I'm not the kind of person who is interested in historical stuff. For example, I might not be able to talk to someone like a mentor.'*

*'When a group of musical instrument lovers take their instruments for a walk, they may sit somewhere in the park & play together or communicate with each other. I think I would be more willing to participate in this way.'*

## Learning about culture & history a motivator for participation

- Students reflected that they would be motivated to participate in a walking group if there was a learning opportunity as a part of it
- Students were particularly interested in opportunities to learn about Australian culture & history

*'[I've lived here in Australia] already five years almost. And I'm really ...I'm a novice about the new culture, the new life, living in Australia. So I think if someone can organise some activities, let me make new friends & to talk with each other, especially to talk with the local student, that will be better for me to more quickly go into this community, go to this new culture, new life. Study Melbourne can help student[s] to join in this kind of activities, can improve their [confidence] & also improve their wellbeing.'*

*'I don't feel like there are many programs that are by Study Melbourne & the universities that are providing services for international students, to make them comfortable & to help them learning about the culture of Australia.'*

*'And regarding the walking groups, I think it is really interesting because topics like local history or some cultures in Australia is what interest[s] most international students & we all try to become part of this community.'*



# DISCUSSION OF RESULTS & FINDINGS

## Accommodation and mental health

The results of the survey and focus groups are consistent with the literature generally that accommodation is a key stressor for international students (Toyokawa & Toyokawa, 2002; Deumert et al., 2005; Rosenthal et al., 2006).

A South Australian Government interdepartmental study of international students (2013, p. 60) found 'discernible difference in the psychological wellbeing of students who had found stable and suitable accommodation' when compared to those who had experienced difficulties. An overall finding from the study (2013 p. 60) was that international students identified 'suitable and appropriate accommodation upon arrival as central to their overall health and wellbeing'.

Evans et al. (2000) position the link between poor quality accommodation and psychological distress or lower measures of mental health. They suggest that physical housing quality can influence mental health, highlighting possible underlying psychosocial processes for a link between housing quality and psychological distress.

The Australian Human Rights Commission (2011) found that while discrimination in the provision of accommodation to international students exists, a key issue consistently raised with the Commission by international students is the lack of affordable and safe accommodation. The National Liaison Committee for International Students in Australia (2001) note that many international students are unable to find suitable housing on account of the scarcity of both university residential hall accommodation and lack of housing in the private sector.

Cathcart et al. (2006) and the South Australian Government report (2013) acknowledged that international students are vulnerable to exploitation by unscrupulous landlords and that students are unlikely to seek recourse against landlords for their nefarious conduct. Ziguas & Harwood (2011) report unacceptable private rental accommodation in Australian cities for international students, often related to overcrowding or poor quality premises. Fincher et al. (2009) argue that the propagation of small low-quality and unsupported student apartment blocks in urban inner-city locations creates international student 'ghettos'. Fincher et al. (2009) argue that students from overseas are the main occupants of high-density, purpose-built inner city housing. They suggest that due to this segregation, interactions between international and local students and the surrounding communities are restricted exacerbating isolation. As such a finding of this report is a link between accommodation and mental health and wellbeing for international students.

## **Safety**

Safety is a key issue for international students and is often exacerbated by experiences of racism and discrimination. Hanassab (2006) found that international students experienced discrimination generally and the South Australian government study (2013) found discrimination on the basis of a lack of English language proficiency. Orth's (2015) study found racial abuse had been endured by over half the participants in the study sample. Deurmert et al. (2005) found similar results, where 50% of international students in the study reported experiencing racism, this was predominantly experienced in their work or accommodation. Nyland et al. (2010) have commented that Australian authorities have been slow to acknowledge issues of international student safety. According to Jackson et al. (2019) experiencing respect in the community that students live in improves their wellbeing. Jackson et al. (2019) references the need to create a positive, enriching and uplifting culture in which students feel safe, are 'at home' and are comfortable. As such a finding of this report is the importance of safety in accommodation for the health and wellbeing of international students.

## **Affordable and discrimination-free accommodation**

The Australian Human Rights Commission (2011) suggested that the availability of affordable and safe on and off-campus accommodation options to all students should be expanded (AHRC, 2011). A 2009 International Student Roundtable called on education providers to collaborate with state and federal governments to improve the availability of affordable accommodation options for international students (DEEWR, 2009).

A report by Jackson et al. (2019) suggests that buildings play a role in creating environments and contexts to enable students to thrive. Robinson (2019) refers to the many universities investing heavily in their academic buildings, however the same attention has not been given to student accommodation and living spaces. With evidence of mental ill-health and associated issues on the increase, universities ignore this aspect of the student experience at their peril (Jackson et al., 2019). In this sense, integrated university and accommodation buildings, spaces and structures can help foster student community environments, creating the necessary space to enable social interaction, connection and social support networks.

The Australian Human Rights Commission (2012) prescribe key human rights principles and protections for international students. In particular Principle 2, ensuring all international students have access to human rights and freedom from discrimination. Point 2.2 ensure that adequate information on tenancy rights and responsibilities and complaints processes are available to international students, to maximise safety and avoid exploitation and unsafe co-habitation. Enabling and ensuring these rights and protections for international students is a recommendation of this report.

## Health promotion and mental health literacy

There are critiques of some public-health promotion methods as ineffective forms of information exchange. Research suggests that these forms of health promotion may not be educationally effective or conducive to health literacy: in particular, one-way health promotion messaging aimed at individual behaviour change (Wallerstein & Bernstein, 1988; Nutbeam, 2000). Researchers have been critical of some health campaigns aiming to influence the harmful behaviours of young people and university students (Hepworth et al., 2018; Ickes, 2011; Matthews, 2014; Hutton, 2012; Wallerstein & Bernstein, 1988). In particular, those health campaigns that have overlooked contextual issues, and those that lack authentic engagement with young people (Hutton, 2012; Osborn et al., 2007). Osborn et al. (2007, p. 119), suggest that while undergraduate university students are often the subjects of health research or harm prevention strategies, they are also often consigned to the role of ‘passive recipients’ and as such are ‘seldom regarded as collaborators in campus research endeavours’.

Researchers such as Dearfield et al. (2017, p. 185) suggest that numerous health promotion interventions use prescriptive methods that ‘do not seek to raise participant consciousness about the contexts that affect their health’ or seek to ‘fully understand participants’ concepts of health and health care, or motivations for wellness’. As a result, they have limited impact. As stipulated by Matthews (2014, p. 601), ‘one way, top down and authoritarian’ approaches to health education are flawed ‘because providing learners with facts and information, presented as “dos and don’ts”, has little effect on changing understanding or behaviour’. For health education interventions with international students, these discourses are related and important. Dearfield et al. (2017, p. 191) are critical of health promotion and health care professionals that don’t engage in a ‘dialogue’ with participants and would rather be ‘prescribing ... or conveying information’ and not ‘communicating in a manner that reflects understanding of [participants’] perspectives and values’. They suggest using a Freirean (1972) model that ‘involves expanding this discussion to a broader understanding of the social and economic conditions that affect health outcomes’ and democratising the relationship between people and health providers to ‘be more collaborative’ (2017, p. 196). This is consistent with the findings of Corney et al. (2020) in relation to public health campaigns with university students that are participatory and empowering.



Targeted communication campaigns with specific information are important and more successful than generic messaging aimed at the population as a whole (Jones & Donovan, 2004). Given the limitations of a health promotion model reliant on a one-way transfer of information, and attendant lack of authentic dialogue and participation by students and young people, a more critical, participatory and community-centred approach to health education and literacy has been called for (Wallerstein & Bernstein, 1988, Labonté & Robertson, 1996). These critiques of public-health education campaigns aimed at students and young people are important to this project and in particular recommendations supporting the promotion of mental health literacy with international students.

Mental health literacy has been adopted in many countries and public education campaigns aimed at de-stigmatising mental illness and increasing ‘mental health literacy’ have become more widely apparent (Jorm, 2012). Youth mental health literacy has been identified as a key area (Forbes-Mewett & Sawyer, 2016) and good mental health literacy in young people may lead to better outcomes for those who experience mental ill-health, particularly as health literacy facilitates early help-seeking and self-awareness (Kelly et al., 2007). Targeted and participatory health and wellbeing campaigns for international students such as the ‘5 Ways’ are a recommendation of this project.

## **Barriers to accessing supports**

Students identified barriers to support services consistent with findings from the literature. Most of the survey respondents disclosed that the cost of accessing health services was a barrier to accessing support for health and wellbeing (60.6%). The stigma of accessing these services was also a barrier of uptake for over a third of respondents (35.2%). (For detail, see Table 5 in Appendix one).

A South Australian Government interdepartmental study (2013, pp. 59-60) found international students were ‘uncertain and anxious’ about accessing health care, perceived the system as confusing, ‘complex and difficult to negotiate’ and generally ‘unaffordable’. Particular concerns were expressed regarding the nature of international student entitlements under the Overseas Student Health Cover (OSHC) scheme.

Previous studies have identified culture and language barriers as a key challenge for international students that can negatively impact international students’ wellbeing and their ability to adjust (Abukhattala, 2013; Bista, 2016; Hechanova-Alampay et al., 2002). Limited English can restrict communicating the complexities of mental health issues (Elliott, 2018) and complicate peer relationship building. Language barriers can be compounded for students who speak English as a second language (ESL) and may struggle with nuances and specific terminology (Montgomery, 2010; Nayak & Venkatraman, 2010).

The CCV (2019) expressed a strong concern that the low engagement of international students with health services for mental health related issues may reflect barriers to international students accessing mental health treatment, rather than a lower underlying prevalence of mental ill-health (see CCV, 2019, Annexure 1 pp. 10-17). Forbes-Mewett and Sawyer (2016) received several participant reports that international students tended to delay seeking professional help for mental health problems. The students would often hold off seeking help until their problems had reached the point of 'disaster' where 'urgent attention' was required. Delaying intervention often meant increased severity of mental health problems, with students requiring more intensive intervention than would otherwise have been necessary (Forbes-Mewett & Sawyer, 2016). Wynaden et al. (2013) suggest provision of culturally appropriate, accessible and affordable primary health care options as a way to intervene early with at risk students.

Quinn et al. (2009) found that students are reluctant to talk about their mental health and to access support services due to fear and anxiety surrounding stigma. This is particularly so among students from ethnic and religious backgrounds where personal problems are expected to be handled within the family or through a community network (Lindeman, 2016). Students may believe disclosing mental health issues will adversely affect them, and change how they are viewed by peers and academics (Elliott, 2018). The stigma associated with mental health means that students may be unwilling to disclose difficulties they are experiencing and access help (Elliott, 2018).

Peirson (2020) notes that for university residential colleges and halls the issue of mental ill-health is increasing for students and that provision of counselling and other support services are also increasing with varied success. Peirson (2020) acknowledges a range of barriers to help-seeking. He suggests (2020, p. 4) stigma and fear of 'disclosure' continue to be barriers for all students in accessing counselling and support services and that students are reluctant to seek help 'when connections can possibly be made between their difficulties and their reputation or academic outcomes'. Peirson (2020, p. 4) goes on to note that 'some international students will not seek help unless it is strictly confidential because of significant implications for their employment or family relationships in their home country'. Another barrier is the lack of formal qualifications and or mental health training of senior administrative staff such as Deans and Residential Advisors. Peirson (2020, p. 5) advocates that residential colleges should contract the services of independent, professionally trained and qualified counsellors rather than employ them 'within the college staff structure'. He notes that 'a simple introduction of college residents to counsellors' may reduce barriers and increase the confidence of students to 'seek help'.

With increasingly competitive pressures within academic environments, many international students view asking for psychological assistance as a sign of weakness that runs counter to their self-image or to the image they want others to see (Lindeman, 2016). There is a fear that disclosure may adversely affect their course progress or that their issues will be relayed to people in their home countries (Elliott, 2018). This fear response leads to suppression and delay in help-seeking behaviours. Research shows University support services can benefit students dealing with stress (Julal, 2016). A recommendation of this report in particular is the identification and removal of barriers and the enabling of access to health and support services, provision of public-health education and the promotion and destigmatising of help-seeking behaviours of international students.

## Social connection

The survey revealed that one in ten respondents rarely connect socially with others (10.7%), unlike domestic students, international students lack the social networks and support systems most domestic students enjoy (Government of South Australia, 2013). This is compounded for international students away from home and their usual support networks (Elliott, 2018) with the loss of mutually beneficial interdependent relationships (Khawaja & Dempsey, 2008), and are therefore, more likely to feel the effects of isolation and loneliness (Cvetkovski et al., 2012). Botswick (2014) suggests the level of isolation experienced by international students directly influences the degree of psychological distress experienced.

Many international students express a deep disappointment toward the failure to experience social integration and establish meaningful local friendships (Montgomery, 2010). Social integration and social inclusion have been identified as critical factors in alleviating ill-health and promoting positive wellbeing (VicHealth, 2010), and cannot be assumed to happen spontaneously when an international student enrolls in a university study program (Orth, 2015). Knowledge regarding the critical need for social connection, inclusion and integration can be used to shape our understanding of the cohorts exacerbated transition challenges. Social inclusion or interconnectedness is essential for the maintenance of positive mental and emotional health, and supports better learning outcomes (Orth, 2015). A recommendation of this report is the enhancing of international students' social connections, with each other, with students outside their culture and language group, with non-international students and with the wider Australian community, as essential for the health and wellbeing of international students resident and studying in Australia.

## Student-led events, activities and peer support

International students participating in this project cited community and university events as the best way to connect socially and highlighted a need for more student-led events and activities to enable social interaction and connection. Organised events were also considered useful for health and wellbeing generally such as engaging in physical activity (ie. group sports), learning new skills or venturing outside of one's comfort zone (group trips outside of Melbourne, short courses) and helping others (ie. volunteering at charities with friends). Students suggested that international students' associations and universities could offer and or enable more student run and organised activities to facilitate social connection, friendships and encourage uptake of activities. Student-led activities enable peer support networks to flourish. Peer support is recognised as a valuable alternative to immediate or extended family for students (Corney & DuPlessis, 2011). As well as the provision of social connection, peer support helps students organically gain an understanding of coping strategies from their peers (Seeto et al., 2013). Forming close social relationships with peers enables the students to transition more successfully into university life (Richardson et al., 2012). Promoting student-led social activities for international students and facilitating peer support networks through international students' associations provides practical and affordable options for health and wellbeing student support and is a recommendation of this study.







# FINDINGS & RECOMMENDATIONS

## Findings

1. The overall Personal Wellbeing scores for international students was substantially lower than that observed in the general Australian population.
2. There appears to be 'high-risk' cohorts of isolated international students - one in ten survey respondents disclosed rarely connecting socially with others.
3. Consistent with the literature, the study finds that accommodation is a key stressor for international students.
4. There is a link between accommodation and mental health and wellbeing for international students.
5. The importance of safety in accommodation for the health and wellbeing of international students.
6. Over half of international students reported that the cost of the accommodation had a negative impact on their wellbeing.
7. The study overall was useful in prompting participants to think about their health and wellbeing.
8. Engaging international students in public-health strategies (such as 5 Ways to Wellbeing) is important to their wellbeing and health.

The study finds that the strongest predictors of wellbeing for international students was living in preferred accommodation settings and regularly helping others (5 Ways). Students who reported regular social connection and physical activity also indicated high wellbeing, while students who reported barriers to accessing support for health and wellbeing reported significantly lower wellbeing.



Consistent with action-research methodology, the survey & focus group findings, results and themes were fed back to participants for their validation. Student organisation leaders confirmed that the findings were consistent with the experience of their members.

*'It's what I've seen with my friends and experienced myself.'*

*'...very close to our life.'*

*'...resonates with what our students are thinking.'*

## Recommendations

1. Enable and ensure rights and protections for international students.
2. Adopt targeted and participatory health and wellbeing campaigns for international students such as the '5 Ways'.
3. Identify and remove barriers, enabling access to health and support services.
4. Provide public-health education to promote and destigmatise help-seeking behaviours of international students.
5. Enhance international students' social connections, with each other, with students outside their culture and language group, with non-international students and with the wider Australian community, as essential for the health and wellbeing of international students resident and studying in Australia.
6. Promote student-led social activities for international students and facilitate peer support networks through international students' associations.
7. Provide practical and affordable options for health and wellbeing student support.



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# Appendix one: data tables

Statistical analysis conducted by Daveena Mawren, Statistical Consultant.

**Table 1: Demographic characteristic of sample**

|                                     | n(%)       |                                | n(%)       |
|-------------------------------------|------------|--------------------------------|------------|
| Age cohort                          |            | COB                            |            |
| 18-25 years of age                  | 256 (59.4) | China                          | 99 (23.0)  |
| 25 years+                           | 175 (40.6) | India                          | 59 (13.7)  |
| *Gender                             |            | Nepal                          | 48 (11.1)  |
| Female                              | 238 (55.2) | Other South East Asian Country | 72 (16.7)  |
| Male                                | 128 (29.7) | European Country               | 16 (3.7)   |
| Non-binary, agender, gender diverse | 3 (.7)     | Other Asian countries          | 29 (6.7)   |
| Prefer not to say/missing           | 4 (.9)     | Middle eastern country         | 16 (3.7)   |
| *Current education level            |            | South American country         | 20 (4.6)   |
| TAFE                                | 62 (14.4)  | Other                          | 16 (3.7)   |
| Undergraduate (University)          | 138 (32.0) | Primary language               |            |
| Post-graduate (University)          | 135 (31.3) | English                        | 65 (15.1)  |
| English language course             | 13 (3.0)   | Nepalese                       | 44 (10.2)  |
| Other                               | 24 (5.6)   | Mandarin, Cantonese or dialect | 105 (24.4) |
| *Years in Australia                 |            | Hindi, Punjabi or dialect      | 45 (10.4)  |
| Less than 1 year                    | 80 (18.6)  | Vietnamese                     | 14 (3.2)   |
| 1 year                              | 68 (15.8)  | Other                          | 84 (19.5)  |
| 2 years                             | 104 (24)   |                                |            |
| 3 years                             | 65 (15.1)  |                                |            |
| 4 years or more                     | 58 (13.5)  |                                |            |

\*n=59 missing, ^n=56 missing, \*n=58 missing

**Table 2: Living situation of responding students**

|   | n(%)       |  | n(%)       |
|---|------------|--|------------|
| Accommodation                                     |            | Did you know the people before you moved in with them? |            |
| Unilodge or student college                       | 37 (8.6)   | Yes  | 186 (43.2) |
| Flat/unit   | 126 (29.2) | No   | 137 (31.8) |
| High rise apartment                               | 47 (10.9)  | Cost of rent per week                                  |            |
| House   | 148 (34.3) | I don't pay rent                                       | 24 (5.6)   |
| Other   | 25 (5.8)   | Below \$150 AUD  | 59 (13.7)  |
| Recreation/outdoor space in current accommodation | 210 (48.7) | \$150-\$199  | 107 (24.8) |
| People in household                               |            | \$200-\$249  | 68 (15.8)  |
| Lives alone                                       | 52 (12.1)  | \$250-\$299  | 42 (9.7)   |
| Live with other people                            | 218 (50.6) | \$300 or more  | 83 (19.3)  |
| Shares a room with other person                   | 102 (23.7) |  |            |
| Shares a room with 2+ people                      | 11 (2.6)   |  |            |

\*Missing data n=13, n=58

**Table 3: Impact of accommodation on safety and wellbeing**

|   | Agree      | Disagree   | Neither agree/disagree |
|---|------------|------------|------------------------|
| The cost of my accommodation negatively affects my wellbeing      | 247 (57.3) | 58 (13.5)  | 72 (16.7)              |
| The people I live with negatively affects my health and wellbeing | 132 (30.6) | 148 (34.4) | 92 (21.3)              |
| I don't feel safe in my current accommodation                     | 66 (15.3)  | 216 (50.1) | 90 (20.9)              |

\*missing data n=18-n=22

**Table 4: PWI items**

|                                | M(SD)       | M (SD)<br>(Comparative norms) |
|--------------------------------|-------------|-------------------------------|
| Standard of living             | 70.7 (2.36) | 77.79 (1.13)                  |
| Health                         | 77.0 (2.06) | 74.65 (.73)                   |
| What you are achieving?        | 68.4 (2.29) | 73.60 (.86)                   |
| Personal relationships         | 71.2 (2.68) | 79.45 (.99)                   |
| How safe you feel              | 77.3 (2.39) | 78.95 (1.68)                  |
| Feeling part of your community | 66.1 (2.52) | 70.94 (1.03)                  |
| Future security                | 64.5 (2.60) | 71.00 (1.26)                  |
| Spirituality/religion          | 78.8 (2.63) | 73.82 (4.17)                  |

Table 5: Barriers towards accessing support for health and wellbeing

|  | Agree      | Disagree   | Neither agree/disagree |
|--|------------|------------|------------------------|
| Language barriers or lack of culturally appropriate services | 204 (47.3) | 91 (21.1)  | 84 (22.2)              |
| Cost of services   | 261 (60.6) | 32 (7.4)   | 80 (18.6)              |
| +Other people's negative views about mental health           | 152 (35.2) | 126 (29.2) | 93 (21.6)              |
| <sup>^</sup> Time constraints                                | 233 (54.1) | 49 (11.3)  | 91 (21.1)              |
| +Lack of information   | 236 (54.7) | 54 (12.5)  | 81 (18.8)              |

\*missing data n=16, <sup>^</sup>missing data n=22, +Missing data n=24

Table 6: Importance of the 5 Ways

|                                 | Not important | Somewhat important | Very important |
|---------------------------------|---------------|--------------------|----------------|
| Connecting socially with people | 30 (7.0)      | 67 (15.5)          | 334 (77.5)     |
| Being active                    | 16 (3.8)      | 68 (15.8)          | 347 (80.5)     |
| Learning new things             | 14 (3.4)      | 48 (11.5)          | 355 (85.1)     |
| Being mindful                   | 11 (2.8)      | 56 (13.0)          | 332 (83.2)     |
| Helping others                  | 11 (2.8)      | 60 (15.4)          | 318 (81.7)     |

Table 7: The 5 Ways - frequency of uptake

|                                 | Never/rarely | Once a week | 2-3 times a week | 4-6 times a week | Daily      |
|---------------------------------|--------------|-------------|------------------|------------------|------------|
| Connecting socially with people | 46 (10.7)    | 58 (13.5)   | 111 (25.8)       | 69 (16.0)        | 147 (34.1) |
| Being active                    | 41 (9.5)     | 51 (11.8)   | 129 (29.9)       | 106 (24.6)       | 104 (24.1) |
| *Learning new things            | 79 (19.0)    | 76 (18.2)   | 130 (31.2)       | 66 (15.8)        | 66 (15.8)  |
| *Being mindful                  | 42 (10.5)    | 51 (12.8)   | 114 (28.6)       | 76 (19.0)        | 116 (29.1) |
| *Helping others                 | 35 (8.2)     | 74 (19.0)   | 133 (34.2)       | 72 (18.5)        | 75 (19.3)  |

\*Missing data

Table 8: Correlations between the 5 ways strategies and wellbeing domains

|                               | Social connection |       | Active |       | Aware |       | Help others |       | Learn new things |       |
|-------------------------------|-------------------|-------|--------|-------|-------|-------|-------------|-------|------------------|-------|
|                               | r                 | p     | r      | p     | r     | p     | r           | p     | r                | p     |
| Standard of living            | .11               | .018  | .10    | .034  | .18   | <.001 | .15         | .003  | .11              | .028  |
| Health                        | .17               | <.001 | .19    | <.001 | .11   | .035  | .10         | .042  | .07              | .131  |
| Achievements                  | .163              | <.001 | .18    | <.001 | .17   | .001  | .25         | <.001 | .17              | <.001 |
| Personal relationships        | .21               | <.001 | .20    | <.001 | .10   | .058  | .21         | <.001 | .18              | <.001 |
| Safety                        | .16               | <.001 | .15    | <.001 | .11   | .027  | .19         | <.001 | .153             | .417  |
| Feeling part of the community | .153              | <.001 | .27    | <.001 | .12   | .016  | .15         | <.004 | .17              | .001  |
| Future security               | .21               | <.001 | .21    | <.001 | .13   | .009  | .17         | .001  | .15              | .003  |
| Spirituality/religion         | .08               | .120  | .22    | <.001 | .16   | .003  | .20         | <.001 | .07              | .158  |

Table 9: Predictors of wellbeing

|   | <i>t</i> | p-value | <i>B</i> | Part correlations | %variance in PWI explained by IV |
|---|----------|---------|----------|-------------------|----------------------------------|
| COB   |          |         |          |                   |                                  |
| *South east Asia (other)  |          |         |          |                   |                                  |
| China   | 2.42     | .016    | .143     | .115              | 1.3%                             |
| India   | 2.42     | .016    | .126     | .115              | 1.3%                             |
| Nepal   | -2.35    | .019    | -.133    | -.112             | 1.25%                            |
| All other countries   | 1.60     | .112    | .090     | .076              | .58%                             |
| Preferred accommodation (yes)                                     | 3.74     | <.001   | -.184    | -.178             | 3.2%                             |
| The cost of accommodation negatively impacts wellbeing            | -1.86    | .064    | -.095    | .088              | .77%                             |
| The people I live with negatively affects my health and wellbeing | -1.23    | .218    | -.066    | .059              | .35%                             |
| I don't feel safe in my current accommodation                     | 1.15     | .250    | .061     | .055              | .30%                             |
| Language barriers prevent access to mental health services        | .461     | .645    | .025     | .022              | .04%                             |
| Negative views prevent access to mental health services           | 2.58     | .010    | -.138    | -.123             | 1.5%                             |
| Five ways-How regularly do you connect with others?               | 2.27     | .024    | -.119    | -.108             | 1.1%                             |
| Five ways- How regularly are you active?                          | 2.38     | .018    | -.128    | -.113             | 1.2%                             |
| Five ways – How regularly do you learn new things?                | .259     | .796    | -.014    | -.012             | .04%                             |
| Five ways- How regularly do you practice mindfulness?             | .992     | .322    | -.055    | -.047             | .22%                             |
| Five ways- How often do you help others?                          | 3.16     | .002    | -.172    | -.150             | 2.3%                             |

<sup>a</sup>Controlling for the effects of all other variables

\*COB (South East Asia) excluded from model due to redundancy



# Appendix two: survey instruments

## Positive International Student Residences

This survey is part of a study researching student health and wellbeing in relation to student accommodation in Australia.

This survey is for international students, 18 years of age or older, who are, or have recently been, a resident in Victoria while studying at a university or tertiary institution.

This project is being conducted by Associate Professor Tim Corney and Dr Catherine Lou from the Institute for Sustainable Industries and Livable Cities at Victoria University. This project is funded by Study Melbourne's International Student Welfare Program, a Victorian Government initiative.

The survey is anonymous and response information will be used for research purposes only.

The survey will take approximately 15 minutes to complete. For further information, please contact: [wellbeing.research@vu.edu.au](mailto:wellbeing.research@vu.edu.au).

## You could win a \$200 voucher!

By completing this survey, you can enter a prize draw to win one of three \$200 Coles vouchers. After completing the survey, you will be redirected to another web page to enter your contact details. This will enable your personal details to be entered separately from your survey responses, keeping your survey responses anonymous.

As an international student, completing this survey will provide useful feedback to help meet the needs of other international students.

本调查有普通话版本。请[点击此处](#)完成中文版本的调查问卷。

## Definitions

This survey considers the health and wellbeing of international students living in Australia. This survey will adopt broad definitions of health and mental health.

The World Health Organisation defines **health** as "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The organisation Beyond Blue suggests that **mental health** "... is about being cognitively, emotionally and socially healthy – the way we think, feel and develop relationships - and not merely the absence of a mental health condition".

## Support

While it is not the intention of this survey, participants may find some questions uncomfortable. If you do not wish to answer a question, you may skip it and go to the next question or stop the survey immediately. If you become distressed while participating in this survey, please contact the services listed [here](#).

## Consent to participate

This is an online survey, so there is no separate consent form. When you received the link to this survey, you were provided with the document '*Information for Participants*', explaining the project, how your information will be used and how your privacy will be protected. Please review that information (or view it again by following the link [here](#)).

Having read this information, and accepted the invitation to proceed to the survey, this indicates that **you are consenting to participate in the research**. Please click on the button below to proceed or exit the survey.

- ☐ I consent
- ☐ I do not consent (ticking this box will exit the survey)

How old are you?

- ☐ Under 18 years old
- ☐ 18-25 years old
- ☐ Older than 25 years

Are you a current student enrolled in a university or tertiary institution based in Australia or have you recently completed your studies at a university or tertiary institution based in Australia?

- ☐ Yes, I am a current student and I currently or usually live in Australia.
- ☐ Yes, I am a current student but I have not lived in Australia.
- ☐ Yes, I have recently completed my studies and I lived / am living in Australia.
- ☐ None of the above.

Are you a current student at Victoria University?

Please note, this survey is open to participants from all university or tertiary institutions based in Australia.

- ☐ Yes.
- ☐ No.

## PWI

### Personal Wellbeing Index

The following questions come from the *Personal Wellbeing Index*, which measures subjective wellbeing through questions of satisfaction in specific life domains. These life domains include: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security.

The Personal Wellbeing Index was developed by the Australian Centre on Quality of Life (International Wellbeing Group (2013). *Personal Wellbeing Index: 5th Edition*. Melbourne: Australian Centre on Quality of Life, Deakin University <http://www.acqol.com.au/instruments#measures>).

These questions are directed to people's feelings about themselves. As you answer the questions, just think of the question you have been asked in the way it makes sense to you. There is no right or wrong answer.

The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel no satisfaction at all and **10** means you feel completely satisfied.

Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole?**

|                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                                 |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| No<br>satisfaction<br>at all - 0 | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10<br>Completely<br>satisfied - |
| <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           |

How satisfied are you with:

|                                 | No<br>satisfaction<br>at all 0 | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10<br>Completely<br>satisfied |
|---------------------------------|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------|
| your standard of living?        | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| your health?                    | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| what you are achieving in life? | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| your personal relationships?    | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| how safe you feel?              | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| feeling part of your community? | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| your future security?           | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |

(OPTIONAL) How satisfied are you with **your spirituality or religion?**

|                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                                 |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| No<br>satisfaction<br>at all - 0 | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10<br>Completely<br>satisfied - |
| <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           |

## 5 ways - Connecting and Wellbeing

### Five Ways to Wellbeing

This next section introduces you to five simple and effective ways to improve your mental health and wellbeing. The five ways are connecting, being active, learning, being aware and helping others.

You can learn more about the Five Ways to Wellbeing [here](#).

This research is about your experience as an international student in Australia. As you answer these questions, please consider how you previously did, or will do these things in a post-COVID-19 world, without lockdowns and restrictions.

The following questions will ask you to think about how you **connect** with others. These questions ask you to think about your social life and your relationships with others around you.

Developing close relationships and socialising with friends, family and others, is important for good health and wellbeing. Broadening your social networks and range of relationships with others in the wider community, is also important for your wellbeing.

Remember, we're interested in what ways you *usually* connect with others – it might be helpful to consider what you did before COVID-19.

Please rate the importance of **connecting socially** with other people to your wellbeing?

Extremely important      Very important      Moderately important      Slightly important      Not at all important

☐      ☐      ☐      ☐      ☐

In what ways do you **connect** with other people? (e.g. talk, listen, be there for others, do things with others.)

How regularly do you **connect** with others?

Daily      4-6 times a week      2-3 times a week      Once a week      Rarely      Never

☐      ☐      ☐      ☐      ☐      ☐

What ideas do you have that would enable people to **connect** more often? (e.g. things *you* could do or things *organisations* (like universities, community groups or student groups) could do.)

## 5 ways - Being Active and Wellbeing

The following questions are about your **physical activity**. These questions ask you to think about how you are being physically active in organized / formal or informal ways.

Being active is important for good health, to help keep your mind and body working well. Doing something every day can help make you feel good and clear your mind!

Remember, we're interested in what ways you are *usually* active – it might be helpful to consider what you did before COVID-19.

Please rate the importance of **being active** to your wellbeing?

Extremely important      Very important      Moderately important      Slightly important      Not at all important

☐      ☐      ☐      ☐      ☐

In what ways are you **active**? (e.g. walking, running, dancing or gardening – whatever keeps you moving regularly.)

How regularly are you **active**?

Daily      4-6 times a week      2-3 times a week      Once a week      Rarely      Never

☐      ☐      ☐      ☐      ☐      ☐

What ideas do you have that would enable people to **be active** more often? (e.g. things *you* could do or things *organisations* (like universities, community groups or student groups) could do.)

## 5 ways - Learning and Wellbeing

The following questions will ask you to think about **learning new things**. These questions ask you to think about learning and interests outside of your formal study.

Learning new things is associated with higher levels of mental health and wellbeing. Learning can mean you try something new, take up a hobby or rediscover an old interest.

Remember, we're interested in what ways you *usually* learn new things – it might be helpful to consider what you did before COVID-19.

Please rate the importance of **learning new things** and/or **having an interest** (outside of your formal study) to your wellbeing?

Extremely important      Very important      Moderately important      Slightly important      Not at all important

☐      ☐      ☐      ☐      ☐

In what ways do you **learn new things**? (e.g. try a new hobby, seek out new experiences or set yourself a challenge.)

How regularly do you **learn new things** or participate in an **interest** outside of your formal study?

Daily      4-6 times a week      2-3 times a week      Once a week      Rarely      Never

☐      ☐      ☐      ☐      ☐      ☐

What ideas do you have that would enable people to **learn new things** more often? (e.g. things *you* could do or things *organisations* (like universities, community groups or student groups) could do.)

## 5 ways - Awareness and Wellbeing



The following questions will ask you to think about the ways that you are **mindful** and **notice and appreciate things around you**. Notice and appreciate new sights, smells, and sounds as you do your daily activities. Take notice of what you are feeling. Focusing on the 'here and now' can help you feel calm and reduce stress.

Remember, we're interested in what ways you are *usually* mindful – it might be helpful to consider what you did before COVID-19.

Please rate the importance of **being mindful** or **noticing and appreciating things around you** to your wellbeing?

Extremely important ☐    Very important ☐    Moderately important ☐    Slightly important ☐    Not at all important ☐

In what ways do you practice being **mindful** or **noticing and appreciating things around you**? (e.g. being in the moment, savouring the things you enjoy or noticing the change of seasons.)

How regularly do you practice **being mindful** or **noticing and appreciating things around you**?

Daily ☐    4-6 times a week ☐    2-3 times a week ☐    Once a week ☐    Rarely ☐    Never ☐

What ideas do you have that would enable people to be **mindful** or **notice and appreciate things around you** more often? (e.g. things *you* could do or things *organisations* (like universities, community groups or student groups) could do.)

## 5 ways - Helping Others and Wellbeing

The following questions will ask you to think about **helping others**. These questions ask you to think about ways you help others in formal ways (for example, through volunteering) or informally (for example, through random acts of kindness).

Helping others is associated with higher levels of mental health and wellbeing. Do something nice for a friend, or a stranger, including thanking someone, smiling, volunteering your time or joining a community group. Seeing yourself, and your happiness, linked to the wider community can be rewarding and creates connections with the people around you.

Remember, we're interested in what ways you *usually* help others – it might be helpful to consider what you did before COVID-19.

Please rate the importance of **helping others** to your wellbeing?

Extremely important ☐ Very important ☐ Moderately important ☐ Slightly important ☐ Not at all important ☐

In what ways do you **help others**? (e.g. giving your time, your words, your presence.)

How regularly do you **help others**?

Daily ☐ 4-6 times a week ☐ 2-3 times a week ☐ Once a week ☐ Rarely ☐ Never ☐

What ideas do you have that would enable people to **help others** more often? (e.g. things *you* could do or things *organisations* (like universities, community groups or student groups) could do.)

### Five Ways to Wellbeing COVID-19 Resources

While this survey has asked you to consider how you will connect, be active, learn new things, be aware and help others in a post-COVID-19 world, there are still lots of ways you can improve your health and wellbeing during this period. Click [here](#) for ideas on how you can strengthen these 5 Ways of Wellbeing during COVID-19.

### Mental Health and Wellbeing

The next section of the survey asks about your experience of wellbeing. It will ask some questions about your mental wellbeing. If you find a question distressing, stop and move to the next question, or exit the survey and please contact one of the services listed [here](#).

Please think about whether you agree or disagree with the following statements:

|   | Strongly agree        | Somewhat agree        | Neither agree nor disagree | Somewhat disagree     | Strongly disagree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-------------------|
| Language barriers or lack of culturally appropriate services restrict me <input type="radio"/> from accessing health and wellbeing support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> |                   |
| The cost of services restricts me from accessing <input type="radio"/> health and wellbeing support.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> |                   |

|  | Strongly agree        | Somewhat agree        | Neither agree nor disagree | Somewhat disagree     | Strongly disagree     |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Other people's negative views about mental health restrict me <input type="radio"/> health and wellbeing support.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Time constraints (for example, long waiting times or being too busy with work or study commitments) restrict me from accessing health and wellbeing support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A lack of information (for example, being unsure of where to go or what services <input type="radio"/> from accessing health and wellbeing support.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

### Accommodation Demographics

#### Accommodation

This survey is interested in the relationship, if any, of accommodation to wellbeing.

We are interested in your **current**, or **most recent**, accommodation as a **student** living in Australia.

What type of accommodation in Australia do you usually live in?

- ☐ UniLodge or Student Village or University college/hall of residence
- ☐ Flat/Unit
- ☐ High-rise apartment
- ☐ House
- ☐ Other, please specify:

Is this your preferred choice of accommodation?

- Yes ☐ No ☐

Does your accommodation have recreation or outdoor areas **within** the accommodation itself? This might include a gym, garden or shared outdoor space.

- Yes ☐ No ☐

Are you living with other people in your accommodation?

- ☐ No, I live on my own.

- ☐ Yes, I live with other people but I have my own room.  
☐ Yes, I live with other people and I share a room with one other person.  
☐ Yes, I live with other people and I share a room with two or more people.

Did you know the people you live with **before** you moved in?

Yes  
☐

No  
☐

How much rent do you pay per week in \$AUD dollars?

- ☐ I don't pay rent    
 ☐ below \$150 AUD    
 ☐ \$150-199 AUD    
 ☐ \$200-249 AUD    
 ☐ \$250-299 AUD    
 ☐ above \$300 AUD

### Accommodation (wellbeing and satisfaction)

Please think about whether you agree or disagree with the following statements:

|   | Strongly agree        | Somewhat agree        | Neither agree nor disagree | Somewhat disagree     | Strongly disagree     |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| The cost of my accommodation negatively affects my wellbeing.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| The people I live with negatively affect my health and wellbeing.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I don't feel safe in my current accommodation and that affects my health and wellbeing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Please explain how your current accommodation affects your health and wellbeing:

### Demographics

The following are some demographics questions. These final demographics questions help us to understand you better.

What level is your current or recently completed course of study?

- ☐ TAFE (certificate or diploma)  
☐ University (undergraduate)  
☐ University (postgraduate)  
☐ English Language Intensive Course for Overseas Students (ELICOS) College  
☐ Other (please specify)

How many years have you been living in Australia? (Please choose the nearest year):

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years or more

How do you identify in terms of gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary or gender diverse
- ☐ Transgender
- ☐ Agender
- ☐ Prefer not to say
- ☐ Other, please specify:

What is your Nationality or Country/Region of Citizenship?

What is the language you speak at home?

What is the language you speak at home?

OPTIONAL: What is your religion?

What denomination do you identify with?

- ☐ Catholic
- ☐ Orthodox
- ☐ Protestant
- ☐ Other

What is your religion?

What is/was the postcode of your most recent student accommodation in Australia? Please enter the four digit postcode.

Postcode

**Study Melbourne Question**



How did you hear about this survey?

- ☐ Friend forwarded it to me
- ☐ Council of International Students Australia
- ☐ Australian Federation of International Students
- ☐ Study Melbourne
- ☐ Victoria University Student Services
- ☐ Victoria Chinese Student & Scholar Association
- ☐ Victoria University International Student Association
- ☐ Victoria University Chinese Students Scholars Association
- ☐ Council of Australian Postgraduate Associations (CAPA)
- ☐ Other, please specify

Have you accessed the services of Study Melbourne?

Yes  
☐

No, I have heard of Study Melbourne but I have not accessed their services  
☐

No, I don't know about Study Melbourne.  
☐

### Conclusion

Has this survey been useful for thinking about your health and wellbeing?

Extremely useful  
☐

Very useful  
☐

Moderately useful  
☐

Slightly useful  
☐

Not at all useful  
☐

Thank you for participating in this survey. The findings from this research project will help improve the experience of international students and their health and wellbeing outcomes.

Please click [here](#) to enter the prize draw!

Study Melbourne have lots of resources to support you as an international student. You can find their website [here](#).



## 积极的国际学生居住调查

本调研是一项研究在澳洲留学生的有关居住状况的健康和福祉项目的一部分。此项调研旨在研究18岁及以上，目前或之前一段时间居住在维多利亚州并在大学或大专院校学习的国际学生的健康和福祉。该项目由维多利亚大学可持续工业与宜居城市研究所的蒂姆·科尼副教授和凯瑟琳·楼博士主持，并由维多利亚州政府倡议的“留学墨尔本国际学生福祉计划”资助。该调查问卷采用匿名的方式，所有收集到的回复信息将仅用于研究目的。问卷大约需要15分钟完成。如果需要更多信息，请联系 [wellbeing.research@vu.edu.au](mailto:wellbeing.research@vu.edu.au)。

### 您有赢得200澳元的代金券的机会!

通过完成此调查，您将参与抽奖，有机会赢取一张价值\$200Coles代金券（共有三张代金券）。完成整个调查问卷后，您将被转到另一个网页去输入您的联系方式。这样可以使您的个人信息与问卷回复内容分开，从而使得您的问卷回复保持匿名。

作为一名国际学生，您的问卷信息将提供有用的反馈会帮助满足国际学生的需求。

## 定义

这项调查将考虑生活在澳大利亚的国际学生的健康和福祉，采用健康和心理健康的广义定义。

世界卫生组织将健康定义为“……一种身体、精神和社会的完整幸福状态，而不仅仅是没有疾病或虚弱”。

Beyond Blue (澳洲支持心理健康和福祉的协会)认为，心理健康“……是关于认知、情感和社会健康——我们思考、感受和发展人际关系的方式——而不仅仅是心理健康状况的缺失”。

## 支持

虽然这不是此调研的本意，参与者可能会发现一些问题不太舒服。如果你不想回答某一个问题，可以选择跳过，进入下一个问题或立即退出调查问卷。如果您在参与这项调查时感到不适，请与[这里](#)列出的服务联系。

## 同意参与

这是一个在线调查，所以没有单独的同意书。当您收到这个调查的链接时，您会收到一份文件“参与者信息”，用于解释这个项目、您的信息将如何使用，以及您的隐私将如何得到保护。请查看该资料（或按[此链接](#)再次查看）。

阅读了这些信息，并接受了进行调查的邀请，表明您同意参与这项研究。请按下列按钮进行或退出调查。

- ☐ 我同意  
☐ 我不同意 (勾选此框将退出调查)

您的年龄?

- ☐ 18岁以下
- ☐ 18-25 岁
- ☐ 25 以上

您是目前在澳大利亚的大学或大专院校就读的学生或者最近在澳大利亚的大学或大专院校完成了学业吗？

- ☐ 是的，我是在读学生，我目前/经常住在澳大利亚。
- ☐ 是的，我是在读学生，但我没有在澳大利亚生活过。
- ☐ 是的，我最近完成了学业，我曾经或现在在澳大利亚居住。
- ☐ 以上都不是。

你现在是维多利亚大学的学生吗？请注意，本次调研对所有澳洲的大学和学院开放。

- ☐ 是的。
- ☐ 不是的。

PWI

个人幸福指数  
下面的问题关于“个人幸福指数”，它通过特定生活方面的满意度问题来衡量主观幸福感。这些生活方面包括：生活水平、健康、生活成就、人际关系、安全、社区融洽和人生保障。

“个人幸福指数”是由澳大利亚生活质量中心制定的（国际幸福团体 International Wellbeing Group (2013)，《个人幸福指数（第5版）》，墨尔本：澳大利亚生活质量中心，迪肯大学）

这些问题是针对人们自身的感受。当你回答问题的时候，只需要根据自己的理解来考虑问题。答案没有对错之分。

以下问题询问你的满意度，从0到10分。零表示你非常不满意，10表示你非常满意。

你对你自己的人生和个人机遇，**总体**上来说，有多满意？

非常不满意-0

0

1

2

3

4

5

6

7

8

9

非常满意-10

您对以下内容的满意程度：

|             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|             | 非常不满意-0               | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 非常满意-10               |
| 您对自己的生活水平感到 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 您对自己的健康状况感到 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                 | 非常<br>不满意-<br>0       | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 非常<br>满意-<br>10       |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 您对自己在生活中取得的成就感到 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 您对自己的人际关系感到     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 您对自己的安全状况感到     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 您对自己的社会参与感到     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 您对自己的未来保障感到     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(可选) 您对自己的**灵性或宗教信仰**方面有多满意?

| 非常不<br>满意- 0          | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 非常满<br>意- 10          |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### 5 ways - Connecting and Wellbeing

#### 幸福的五种方法

接下来的这节会向你介绍五种简单有效的方法来改善你的心理健康和幸福感。这五种方式是保持联系，保持活跃，坚持学习，多加留意和帮助别人。

[点击此处](#)了解“健康箴言五则”详细信息。

这项研究是关于你在澳大利亚留学的经历。当你回答这些问题的时候，请考虑你在COVID-19之前是如何做的，或者说在COVID-19疫情之后没有封锁和限制的世界，将如何做这些事情

以下问题将要求你思考如何与他人保持**联系**。这些问题会要你思考自己的社交生活以及你与周围人的关系。与朋友、家人和其他人发展密切的关系和社交活动对身体健康和幸福很重要。扩大你的社交网络、与更广泛社区中其他人的关系范围，对你的健康也很重要。

请记住：我们对你**通常**是怎么与他人联系的方式感兴趣——考虑一下你在COVID-19之前的做法可能会有帮助。

请评价与他人的**社交联系**对你幸福的重要性？

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 极其重要                  | 非常重要                  | 一般重要                  | 略显重要                  | 一点儿也不重要               |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

你通过什么方式与他人**联系**? (例如: 谈话、倾听、陪伴他人、与他人一起做事。)

你与他人**联系**的频率是？

|    |        |        |      |    |    |
|----|--------|--------|------|----|----|
| 每天 | 一周4-6次 | 一周2-3次 | 一周1次 | 很少 | 从不 |
|----|--------|--------|------|----|----|

你有什么主意可以使**人联系**得更频繁？(例如:你可以做的事情，或组织机构(例如学校、社区团体、学生**组织**)可以做的事情。)

## 5 ways - Being Active and Wellbeing

以下问题是关于身体活跃的。

这些问题会要求你思考你是如何有组织的/以正式的或非正式的方式保持身体活跃的。

保持活跃对身体健康很重要，有助于保持身心健康。每天做一些事情可以让你感觉良好并保持头脑清醒！

请记住：我们对你**通常**是怎么保持活跃的方式感兴趣——考虑一下你在COVID-19之前的做法可能会有帮助。

请评价**保持活跃**对你幸福的重要性？

极其重要 ○      非常重要 ○      一般重要 ○      略显重要 ○      一点儿也不重要 ○

您通过什么方式**保持活跃**的？(例如：散步、跑步、跳舞或园艺—任何保持您经常运动的方式。)

您运动/活跃频率是？

每天 ○      一周4-6次 ○      一周2-3次 ○      一周1次 ○      很少 ○      从不 ○

你有什么想法可以让人更经常活跃？(例如：你可以做的事情，或组织机构(例如学校、社区团体、学生**组织**)可以做的事情。)

## 5 ways - Learning and Wellbeing

下面会问你思考学习新事物的问题。

这些问题会让你思考正式学习课程之外的学习和兴趣。学习新事物与更高层面的心理健康和幸福有关。学习可以意味着你尝试新事物，培养一种爱好或重新发现原来的兴趣。

请记住：我们对你以往学习新事物的方式感兴趣——考虑一下你在COVID-19之前的做法可能会有帮助。



请评价一下**学习新事物**和/或**培养兴趣**(在你正式学习课程之外)对你的幸福的重要性?

极其重要      非常重要      一般重要      略显重要      一点儿也不重要

☐      ☐      ☐      ☐      ☐

您如何学习新事物? (例如: 尝试培养新的爱好、寻求新的体验或给自己设定一个挑战。)

在正式课程学习之外, 您学习新事物或参与到一项兴趣的频率是?

每天      一周4-6次      一周2-3次      一周1次      很少      从不

☐      ☐      ☐      ☐      ☐      ☐

你有什么想法可以让人们更频繁地学习新事物呢? (例如: 你可以做的事情, 或组织机构(例如学校、社区团体、学生**组织**)可以做的事情。)

### 5 ways - Awareness and Wellbeing

下面的问题会要求你思考你感知、多家留意和欣赏周围事物的方式。在日常生活过程中多家留意并欣赏新的景象、自然的芳香和悦耳的声音。注意你的感觉。对“此地和此刻”多家留意有助于找到平静的感觉并减少压力。

请记住: 我们对你以往通常留意的方式感兴趣——考虑一下你在COVID-19之前的做法可能会有帮助。

请评估多加**留意**或**关注**和**欣赏**你周围的事物对你幸福的重要性?

极其重要      非常重要      中等重要      略显重要      一点儿也不重要

☐      ☐      ☐      ☐      ☐

您以什么方式练习**留意**、**关注**和**欣赏周围的事物**? (例如, 活在当下, 品味你喜欢的东西, 或者注意到季节的变化。)

您多加留意或关注和欣赏你周围事物的频率是?

每天      一周4-6次      一周2-3次      一周1次      很少      从不

☐      ☐      ☐      ☐      ☐      ☐

你有什么想法可以让人们更频繁地留意或关注和欣赏周围事物呢? (例如: 你可以做的事情, 或组织机构(例如学校、社区团体、学生**组织**)可以做的事情。)

### 5 ways - Helping Others and Wellbeing

下面的问题将问你想一想帮助别人。

这些问题要求你思考下你帮助他人的方式或以正式的方式(例如, 通过志愿服务)或非正式的方式(例如, 通过随机的善举)。帮助他人与更高层面的心理健康和幸福感有关。为朋友或陌生人做点好事, 包括对别人表示感谢、微笑、自愿贡献时间或加入社区团体活动。把自己和自己的快乐与更广泛的社区联系起来是有益的, 并与你周围的人建立联系。

请记住: 我们对你以往助人的方式感兴趣——考虑一下你在COVID-19之前的做法可能会有帮助。

请评估助人对你幸福的重要性?

极其重要      非常重要      中等重要      略显重要      一点儿也不重要

☐      ☐      ☐      ☐      ☐

你是如何帮助他人的? (例如: 奉献你的时间, 你的话语, 你的陪伴。)

你通常助人的频率是?

每天      一周4-6次      一周2-3次      一周1次      很少      从不

☐      ☐      ☐      ☐      ☐      ☐

你有什么想法可以让人们更频繁地帮助彼此呢? (例如: 你可以做的事情, 或组织机构(例如学校、社区团体、学生组织)可以做的事情。)

### 幸福的5种方法 (COVID-19资源)

尽管本调查要求您考虑在新冠肺炎后的世界中如何增加联系、保持活跃、学习新事物、感知生活和帮助他人, 但在此疫情期间仍有许多方法可以改善您的健康和福祉。[点击这里](#)了解如何在COVID-19期间增加幸福感的这5种方式。

### Mental Health and Wellbeing

调查的下一部分是询问你的幸福体验, 一些关于你心理健康的问题。如果你发现某一个问题让你感觉不适, 可以直接跳转下一个问题或者退出调查, 并请联系[这里](#)列出的服务之一。

请考虑你是否同意以下描述:

|                                   | 完全同意                  | 部分同意                  | 中立                    | 不太赞同                  | 强烈反对                  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 由于语言障碍或缺乏文化上适当的服务, 限制了我获取健康和福祉支持。 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 因为服务的费用, 限制了我获取健康和福祉支持。           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  | 完全同意                  | 部分同意                  | 中立                    | 不太赞同                  | 强烈反对                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 由于其他人对心理健康的负面看法，限制了我获取健康和福祉支持。                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 时间条件(比如长时间等待，或工作太忙或有学习任务)，<br><input type="radio"/> 限制了我获取健康和福祉支持。 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| 因为缺乏信息（例如，不确定去哪里或需要什么服务），限制了我获取健康和福祉支持。                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Accommodation Demographics

### 住宿

这项调查对住宿与幸福之间的关系 (如果有)感兴趣。

我们对你目前或最近作为一名住在澳大利亚的学生的住宿条件感兴趣。

你在澳大利亚通常住哪种类型的房子？

- ☐ 学生公寓 (UniLodge)、学生村 (Student Village) 或大学学生宿舍 (University college/hall of residence)
- ☐ 单元房 (Flat/Unit)
- ☐ 高层公寓楼 (High-rise apartment)
- ☐ 别墅 (House)
- ☐ 他，请说明:

这是你的首选住宿吗？

是  
☐

否  
☐

您的住宿设施内是否有娱乐区或户外区？如健身房、花园或共享的户外空间。

是  
☐

否  
☐

你和其他人一起住吗？

- ☐ 不是，我自己住。
- ☐ 是的，我和别人一起住，但我有自己单独的房间。
- ☐ 是的，我和别人一起住，我和另一个人同住一个房间。
- ☐ 是的，我和别人一起住，我和另外2个人(或以上)同住一个房间。

你搬进来之前认识和你住在一起的人吗？

认识  
☐

不认识  
☐

你每周租金大约多少澳币呢？

- ☐ 我不需要付租金
- ☐ 低于\$150 AUD
- ☐ \$150-199 AUD
- ☐ \$200-249 AUD
- ☐ \$250-299 AUD
- ☐ 高于\$300 AUD

### Accommodation (wellbeing and satisfaction)

请考虑你是否同意下列描述:

- |                          | 完全同意                  | 部分同意                  | 中立                    | 不太赞同                  | 强烈反对 |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------|
| 我的住宿费用对我的幸福感有负面影响。       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |      |
| 和我一起生活的人对我的健康和幸福有负面影响。   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |      |
| 我觉得现在的住处不安全，这影响了我的健康和幸福。 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |      |

请解释您目前的住宿如何影响您的健康和幸福的:

### Demographics

以下是一些人口统计学问题，这些最后的基本问题有助于我们更好地了解你。

你目前学习或最近完成的课程是什么水平？

- ☐ 专科(执照或文凭) TAFE (certificate or diploma)
- ☐ 大学本科 University (undergraduate)
- ☐ 研究生 University (postgraduate)
- ☐ 英语语言预备课程 (面向海外学生的英语强化课程) English Language Intensive Course for Overseas Students (ELICOS) College
- ☐ 其他，请说明:

你在澳洲居住多长时间了？(请选择最接近的时长):

- ☐ 不到一年
- ☐ 1 年
- ☐ 2 年
- ☐ 3 年
- ☐ 4 年多

您的性别？

- ☐ 男
- ☐ 女
- ☐ 非二元性别或性别多样 (Non-binary or gender diverse)
- ☐ 变性 (Transgender)

- ☐ 无性别 (Agender)
- ☐ 不便告知
- ☐ 其他, 请说明:

你的国籍或国家/地区的公民身份?

你在家说什么语言?

你在家说什么语言?

**可选:** 你的宗教信仰是什么?

您的教派是?

- ☐ 天主教
- ☐ 正教
- ☐ 新教
- ☐ 其他

您是什么教派的?

您正在(或最近在)澳大利亚的学生住宿区域的邮政编码是什么? 请输入四位数的邮政编码。

邮编

**Study Melbourne Question**

您是如何知晓本项调查的?

- ☐ 朋友转发给我的
- ☐ 澳大利亚国际学生理事会 (Council of International Students Australia)
- ☐ 澳大利亚联邦国际学生协会 (Australian Federation of International Students)
- ☐ 留学墨尔本 (Study Melbourne)
- ☐ 维多利亚大学学生服务机构 (Victoria University Student Services)
- ☐ 维多利亚州中国学生学者联谊总会 (Victoria Chinese Student & Scholar Association)
- ☐ 维多利亚大学国际学生协会 (Victoria University International Student Association)
- ☐ 维多利亚大学中国学生会 (Victoria University Chinese Students Scholars Society)
- ☐ 澳大利亚研究生协会理事会 (Council of Australian Postgraduate Associations - CAPA)



☐ 其他

你是否使用过留学墨尔本（Study Melbourne）的服务？

☐ 是的

☐ 没有，我听说过留学墨尔本，  
但没有使用过他们的服务。

☐ 没有，我不知道留学墨尔本。

## Conclusion

这项调研对思考你的健康和幸福有帮助吗？

☐ 特别有用

☐ 比较有用

☐ 有用

☐ 有点儿用

☐ 一点没用

感谢您参与本次调查。这项研究项目的结果将有助于改善国际学生的体验、健康和幸福。

[点击这里](#)参与抽奖！ Please click [here](#) to enter the prize draw!

留学墨尔本有很多资源来支持作为国际留学生的您。[点击这里](#)访问他们的网站。

