Thanks for the opportunity to speak at the inquiry yesterday. I've attached a few documents that might be helpful. One of the panel members did ask about data on students experiencing mental ill health and their completion rates. I followed this up today and as far as our team are aware, there's isn't anything that specific but hopefully some of the attached information is useful. We also have our University Mental Health Framework available here
https://www.orygen.org.au/Policy/University-Mental-Health-Framework

Kind regards,
Gina

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REVOLUTION IN MIND

Orygen acknowledges the Traditional Custodians of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and rela ionships to their ancestral lands, which continue to be important to The First Nations Peoples living today.

Youth Mental Health Policy Briefing

Vocational Education and Training (VET) Student Mental Health

Issue/s

Young people with mental ill-health are engaging in VET

At least one in four young people will have experienced mental ill-health in the past year. VET students have been found to be more likely to experience mild-moderate levels of psychological distress than non-students. There are also a significant number of VET students who, due to adverse fiscal, familial, social and housing situations, may be at higher risk of mental ill-health. Many VET settings provide the flexible learning environment needed for these young people to develop work-ready skills. Increasingly, youth mental health services are facilitating vocational pathways within a recovery-focused model of care.

Many of these students do not disclose their mental health issues

VET provider survey data has indicated that only one per cent of students in VET identify that they are experiencing a mental illness. This is a significant underrepresentation compared to the known prevalence of mental ill-health among the general population of young people. Further,

VET providers have reported they face significant issues responding to the needs of students who do not disclose a mental illness, particularly where their condition impacts attendance, performance and behaviours.

VET providers are struggling to provide support

Students with identified mental illness have low subject completion rates in VET. At present, VET providers, both public and private, report limited capacity to provide effective support for these students. In some states and territories, funding changes to the public VET system have threatened the capacity of even larger Technical and Further Education (TAFE) providers to maintain levels of student support services, such as counselling. Meanwhile, smaller private providers and Registered Training Organisations (RTOs) lack the size and infrastructure needed to deliver student supports and, therefore, rely on strong connections and links with community-based mental health services.

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The National Centre of Excellence in Youth Mental Health

Background

VET at a glance

Where previously states and territories had responsibility for VET, the system has become increasingly centralised with more involvement from the Australian Government (Atkinson and Stanwick, 2016). The Council of Australian Governments (COAG) now provides the national framework for policy, regulation, and products, which is then implemented based on the local priorities of states and territories.

In 2017, a total of 1.01 million students were enrolled in the government-funded VET system. Almost 42 per cent of students were aged under 24 years (NCVER, 2017).

The number of students (all ages) undertaking VET studies had been steadily growing from approximately 700,000 in 1981 to almost 2 million in 2011 (National Commission of Audit, 2014). More recently, however, there has been a decline including:

- a 6.6 per cent decrease across all provider types of students enrolled in government-funded VET between 2016 and 2017 (NCVER, 2017)

- a drop from 18.8 per cent in 2011 to 16.4 per cent in 2013 among all young people aged 15–19 years enrolled in VET (Foundation for Young Australians, 2014)

- a 3.8 per cent decrease in students with a disability in 2015 compared to 2014 (NCVER, 2017).

The only area of VET delivery to not have seen a decrease in student enrolments is VET in schools. In 2016, almost one in five (19 per cent or 156,300 people) aged 15-24 years who were enrolled in school were undertaking VET subjects (Australian Bureau of Statistics, 2016).

The delivery of VET is complex and there are myriad providers – government, community and private – with significantly varied sizes and course delivery models. In 2017, 40 TAFE institutes and 10 government providers had a 57.6 per cent share of all government funded VET students, while 1478 other registered providers had 35.5 per cent and community education providers 5.2 per cent (NCVER, 2017).

Prevalence of mental ill-health among Australian VET students

Due to a paucity of published research and data there are significant gaps in our understanding of the prevalence and experience of mental ill-health among VET students in Australia.

Using national survey data, we know at least one in four young people will have had an experience of mental ill-health in the past year (Australian Bureau of Statistics, 2008). Cvetkovski (2012) found that among all tertiary education students (VET and higher education) there was a higher prevalence of moderate distress than among non-students. For VET students, there was a particular link between financial concerns and psychological distress. Further, due to the adverse fiscal, familial, social and housing backgrounds experienced by many of these young people, they are a group who we could reasonably assume are at a higher risk of experiencing mental ill-health (Myconos et al., 2016, YACVIC, 2013).

VET provider survey results, published In 2011, indicated that of all VET students who reported a disability, 11.7 per cent identified a mental illness (NCVER, 2011). This translates approximately to only one per cent of all students in VET. Given one in four young people are likely to experience mental ill-health, this low rate suggests significant underreporting of mental health issues by VET students (Venville and Street, 2012, Griffin and Nechvoglad, 2008).

Disclosure

Many VET staff expect students to disclose a mental health condition in taking responsibility for their own academic success (Venville and Street, 2012). However, Griffin and Nechvoglad (2008) and Venville and Street (2012) highlighted that mental health issues are under-reported among students due to perceived stigma, uncertainty regarding the consequences of disclosure and a desire not to fail (Venville, 2010, Venville and Street, 2012).

Some students experiencing mental ill-health have reported negative reactions to disclosure and requests for adjustments. They 'expressed dissatisfaction with the reasonable adjustments offered to them, reporting that these neither outweighed the risks to their reputation and integrity, nor made substantial differences to their course outcomes' (Venville and Street, 2012).

It is also possible that many students studying in VET programs may not have levels of health literacy that would enable them to identify that they were experiencing mental health issues and seek support.

Impact

For many young people, mental ill-health can have a negative impact on their educational pathways (Orygen Youth Research Centre, 2014). However, vocational attainment, as a realistic and appropriate goal, has been shown to be an effective facilitator of recovery from mental illness (Lloyd and Waghorn, 2007).

Impact of VET participation on mental health outcomes

The strong links between educational attainment and future work outcomes (as a component of recovery) for young people with mental illness are well known (Waghorn et al., 2012, Orygen Youth Research Centre, 2014).

Stanwick et al. (2006) also identified that individuals with higher-level VET attainment (e.g. diplomas and advanced diplomas) were more likely to have better physical and mental health than those whose highest level of educational attainment was Year 11. However, the effect was not found between Year 11 and certificate level

qualifications. In undertaking qualitative interviews with practitioners in education and training services, the authors found many had observed psychological wellbeing benefits among students, including increased confidence and self-esteem.

Impact of mental ill-health on VET outcomes

A recent headspace evaluation found 20.2 per cent of clients were disengaged from study or work, compared to 10.7 per cent in the general population of young people (Hilferty et al., 2015) indicating that for many young people with experiences of mental ill-health, participation in education and work can be challenging.

Students with an identified mental illness have low subject completion rates in VET (67 per cent), and the lowest award rate of all the major disability groups, considerably lower than the total VET population (Cavallaro et al., 2005, Karmel and Nguyen, 2008, Polidano and Mavromaras, 2010). They are also more likely to enrol in lower-level qualifications (Miller and Nguyen, 2008) which may be less likely to have an effect on mental health and wellbeing outcomes.

Hartley (2010) describes a number of reasons why students experiencing mental ill-health do not complete VET courses including:

- cognitive or attention difficulties associated with illness symptoms and/or effects of medication

- stigma, discrimination, fear of failure and lowered perception of academic aptitude (particularly when past educational experiences have been negative)

- disruptions to participation due to exacerbations in the illness

- other life issues such as financial pressures, housing and family relationships which may also be related to experiences of mental ill-health.

Myconos et al. (2016) describes the important role of student wellbeing support in increasing the likelihood of successful learning outcomes for vulnerable learners. It is important that those working within the VET system are able to identify and connect these students into support and specialist supports (including mental health), while also making course and study adjustments where appropriate and necessary.

Impact on VET providers

Successive government policies have put increasing pressure on VET institutions to play their role in increasing workforce participation among people with a mental illness (Venville, 2010).

Staff in TAFEs have reported that students' mental health is a substantial issue for the sector and that, due to the 'earn or learn' paradigm in welfare policies, the number of students experiencing mental ill-health was increasing (Miller and Nguyen, 2008). In particular they identified:

- a need for greater awareness, stigma reduction and mental health promotion (including promotion of services) to support disclosure and help-seeking

- a need for appropriate skills, supervision and support among staff and managers to respond confidently to the diverse needs of students with mental illnesses

- a lack of clarity concerning their role in supporting students with mental illness, in particular their duty of care as educators (as opposed to personal support providers)

- that mental health providers promote TAFE as a therapeutic option for their clients but incorrectly assume there are extensive support services on campus available for them.

An increasing number of young people who are experiencing mental health issues are enrolling in private VET provider courses. Many of these students are early school leavers for whom the smaller scale and flexible learning environments are advantageous (Myconos et al., 2016). These private providers:

- believe that it is unrealistic to expect they have a range of welfare services at hand; however, they could, and should, work more closely and communicate with external agencies regarding individual student's needs

- perceive that access to youth mental health services such as headspace is difficult

- are aware of the range of challenges faced by students; however, they are less likely to identify mental health issues.

Economic impact

An economic benefits study on the impact of supporting students' mental health in the Australian VET sector was not identified in the grey or peer literature review undertaken for this briefing. Internationally, a US economic study on the benefits of investing in student mental health across higher education and community colleges found a net benefit of $6.49 for every dollar invested due to increased expected lifetime earnings. The report highlighted that for the community college students (where we can draw the closest parallels with Australian TAFEs) the net benefits were estimated to be even higher at $11.39 for each dollar invested (Ashwood et al., 2015).

Another study in the United Kingdom which investigated the retention, achievement and success outcomes of actively supporting students with mental health issues in mainstream further education courses found that among these students: 85 per cent remained in their course of which 75 per cent achieved the requirements of the course (of those retained), 5 per cent progressed to university and 12 per cent into employment. The authors concluded that supported education in further education is effective in promoting educational and mental health outcomes which, in turn, indicated a high level of cost-effectiveness (Morrison et al., 2010).

Government policy responses

VET policies

Across a number of government reviews, policies and strategies for VET, six themes relating to supporting students with mental ill-health emerge (predominantly in responses for students with a disability). These are described with examples in Table 1. Consistent through many of these themes is the need to develop partnerships with community service providers.

TABLE 1 – KEY THEMES FOR SUPPORTING STUDENTS WITH MENTAL ILL-HEALTH IN VET POLICIES

Theme	Examples
Guidelines/ obligations of RTOs.	In order to be compliant with the Commonwealth *Standards for Registered Training Organisations (RTOs) 2015*, organisations are required to provide educational and support services to meet the needs of learner cohort/s undertaking the training and assessment. This includes flexible scheduling and delivery of training and assessment, as well as counselling services or referrals to these services (Australian Government, 2014). The Tasmanian Government's *Policies and Guidelines for Traineeships and Apprenticeships* also requires that training plans contain, as a minimum, 'support services' although no further detail is provided (Tasmanian Government, 2017).
Additional funding	The NSW Department of Industry, Skills and Regional Development's *Directions Statement for Vocational Education and Training* identifies the role of, and need for, targeted and increased funding attached to individual students experiencing a disability (including mental illness). It acknowledges that, where disability loadings currently exist, they are fixed and determined at point of enrolment. They do not take into account varying support needs or that illness may onset during the course of study (NSW Department of Industry Skills and Regional Development, 2016).
Student support	Multiple policies (including the Northern Territory's *Learner Support Policy, 2016* and Queensland's *2016–17 Annual VET Investment Plan*) include developing and implementing assistance and support services for disadvantaged students and students with a disability (Northern Territory Government Department of Trade, Business and Innovation, 2016; Queensland Government Department of Education and Training, 2016). The *Victorian VET review* in 2015 described the need for partnerships between RTOs and community service providers to ensure students are provided with appropriate and high quality specialised support (Mackenzie and Coulson, 2015). *TAFE SA Disability Access and Inclusion Plan 2015-2020* requires the establishment of a strong disability support system internally, which includes: provision of counselling; the development and implementation of access plans for students with a disability; and ensuring students with a disability are provided with professional and appropriate student support services (TAFE SA, 2015).
Promotion of diversity/ inclusive learning culture	A small number of strategies promote diversity and inclusive learning cultures. In the *TAFE SA (Disability Access and Inclusion Plan 2015-2020)* this is to be delivered through staff professional development and active promotion of a supportive environment to disclose disabilities (improving chances of student success) (TAFE SA, 2015). The Tasmanian Government's *Ministerial Priorities for Training and Workforce Development* 2016 identified connection to other training providers, community support organisations and local industry as important in achieving this goal (Skills Tasmania, 2016).
Equity and protection of rights	*TAFE SA Disability Access and Inclusion Plan 2015-2020* requires that policies are in place and reviewed regularly to address issues relating to the safety and rights of students with a disability. Additionally, staff are to be trained on legislative requirements of their work and guides regarding disability rights and support for both students and staff are to be easily accessible (TAFE SA, 2015).
Increased intake of underrepresented groups (i.e. people with a disability)	Western Australia's *State Training Plan 2014-2017* acknowledges youth employment outcomes can be influenced by a number of factors, including mental health, and supports access to models of alternative education and training. A flexible approach to learning could be delivered through partnerships between training providers and community-based organisations (State Training Board, 2014).

Other government policies

A number of government mental health and/or social services policies focus on supporting young people with mental health issues into employment and education opportunities. The *Fifth National Mental Health Plan* identifies the need to connect mental health into areas of education and employment although there is little detail on the specific actions to achieve this.

The Australian Government is also undertaking a trial through June 2019 of specialised employment support, funded through the Department of Social Services, to assist young people with mental illness achieve their educational and/or vocational goals. Through this program, employment specialists are integrated into youth mental health services under an Individual Placement and Support (IPS) model (discussed in more detail on page 9) to better integrate employment and educational support with mental health services.

The *Queensland Plan for Mental Health 2007-2017* also describes initiatives to foster the increased involvement of people with mental illness in training, education and employment readiness, and incorporate employment specialists within mental health services (Queensland Health, 2008). The NSW Ministry of Health's *School-Link Strategy 2014-2017* includes a range of actions for providing TAFE students with access to evidence-informed mental health early intervention programs (NSW Ministry of Health, 2014). However, generally the reflection of tertiary education settings (including VET) as areas for mental health program delivery are limited across all state and territory mental health plans.

Current Australian approaches and evidence

VET setting and/or focused approaches

VET guideline development

Staying the course: A guide to working with students with mental illness was developed by the Western Australian Government at the request of VET staff and students who recognised there had been an increase in numbers of students with mental ill-health entering training and a lack of information and advice on how to respond appropriately within this learning environment (Department of Training and Workforce Development, 2012).

Based on their research at the time, the National Centre of Vocational Education and Research (NCVER) also published a brochure for TAFE staff on helping students with mental illness. It provides an overview of mental health, outlines the ways it impacts on learning and provides some suggestions for steps staff can take, along with suggested resources (NCVER, 2008).

Currently, the impact of these guidelines on improving responses and supporting students in VET is unknown. However, given VET providers nationally have identified a need for further support on this issue, the development and evaluation of a set of national guidelines for VET providers should be considered. This guidance should also reflect: a) the breadth and diversity of VET provider type and capacity, and b) the obligations and requirements of providers described in government policies.

VET provider or industry-focused programs and services

There are a number of other VET setting-based approaches to supporting students with mental health issues as described in Table 2.

TABLE 2 – VET SERVICES AND PROGRAMS

Service/activity	Evidence for effectiveness
Student support services	Many larger government providers of VET, such as TAFE colleges, provide student support services, guidance and counselling. In some states and territories, funding cuts for TAFE have reportedly put these services at risk of being depleted or scaled back (Lead West, 2012). We know from research in higher education environments that brief counselling can improve student achievement, particularly of academic outcomes (Connell et al., 2008, Murray et al., 2016).
Mental health training for staff	Many VET providers have signalled the need for improved mental health literacy in staff and among students (Miller and Nguyen, 2008). While there are a number of mental health literacy and training programs available in Australia, VET providers (both government and private) will have varying capacity to prioritise and release staff to attend this training. *Promoting mental wellbeing in VET* was a partnership project between Netherlands, Finland, Spain, Lithuania and Denmark. The project, which concluded in 2016, aimed to share tools, materials and methods to promote students mental health skills in vocational education and training and to develop professional competence of teachers, directors and trainers in promoting mental health in VET. Unfortunately, no evaluation of this project has been published to date.
Mentoring	There have been a number of industry-led activities to develop formal and informal mentoring and social support for younger trainees and apprentices. A recent research report on these programs found the most effective to be informal and peer-based mentoring. The report recommended the need for an organisational culture which builds informal support structures into the core business, valuing and promoting these support structures and providing access to these and wider support networks (Buchanan et al., 2016). More formal mentoring programs have been established by governments. For example, the Victorian Apprenticeship Support Officers based in TAFEs assist young apprentices with family, work and training issues that could affect their apprenticeship. These support officers help apprentices access drug and alcohol counselling or mental health practitioners (where needed), to keep them on track and safe through their trades training.

VET–Community partnerships

Historically, community or social partnerships had featured strongly in VET research and delivery (Balatti et al., 2009). These partnerships have been developed across a range of goals and purposes, including the provision of support for disengaged or disadvantaged young people to engage and remain in VET education pathways.

One example are the Local Learning and Employment Networks (LLENs) which operate in 31 locations across Victoria. LLENs have been funded by the Victorian State Government since 2001 and co-funded by the Australian Governments since 2010. LLENs link education providers (including VET), health and community services, industry, local government and state government. They have been successful over a number of years in the delivery of coordinated responses for young people aged 10-19 years who are at risk based on community resources, needs and identified local service gaps (Victorian Council of Social Services, 2017). As Balatti et al. (2009) identified, it can take several years for partnerships to be established in such a way that they can be sustained. Therefore, secure and consistent funding from governments during this establishment phase increases the likelihood of success.

Mental health services and programs

headspace vocational services

headspace centres provide an integrated platform of primary mental health care for young people which includes vocational and education support. headspace vocational services are provided through the direct employment of a youth vocational specialist within the headspace team and/or through engaging in a consortia with a local vocational service provider. Another vocational support model currently being implemented at two headspace centres in north-western Melbourne is the employment of young people as Vocational Youth Peer Workers. These positions provide support and information to young people receiving vocational support through the service. Fourteen headspace centres across Australia are also currently trial sites for the IPS program model.

The recent headspace evaluation found only one per cent of young people presenting to headspace did so primarily to seek vocational assistance (Hilferty et al., 2015) although more, presumably, would be connected into these supports through the course of their mental health care. At present there are limited data and/or detail publically available to understand the variety of different vocational service models delivered across headspace centres, or to determine their impact and effectiveness.

Evidence: vocational outcomes in mental health services

An Australian study by Sommer (2012) investigated the impact of employing a vocational coordinator on attitudes and practices in NSW mental health service. It found these positions were effective in raising awareness of education and training issues among clients and improving the provision of vocational education and training support, particularly as part of routine clinical practice.

A 2009 evaluation of headspace found that approximately 50 per cent of young people believed headspace had improved their ability to go to school, TAFE or university, or to work or find work. However, this 'improved willingness to engage with work or education was largely attributed to psychological support received through headspace, rather than support from the vocational service providers' (Muir et al., 2009. p.xii).

A subsequent evaluation in 2015 also found that among young people attending headspace with significant psychological distress, the improvements in their mental health had positive benefits on their social and economic participation, with days out of role (in study or work) dropping from 7.6 days per month to 3.1 days per month. (Hilferty et al., 2015).

Individual Placement and Support (IPS)

The Australian Government through the Department of Social Services is trialling the IPS program model, an evidence-based vocational support program for young people with mental ill-health (Orygen, 2015). The trial will run for three years up to mid-2019, for young people with mental illness up to 25 years of age, and will be integrated into clinically focused youth mental health services in 14 headspace sites across Australia. The Australian Government has specifically tasked IPS providers to support young people achieve both their education and work goals.

Evidence: IPS in education settings

While there is strong evidence for IPS in regards to employment outcomes (Modini et al., 2016, Killackey et al., 2017, Lloyd and Waghorn, 2007), there is less evidence to support IPS in improving educational outcomes for young people with early psychosis (Orygen, 2015). It has been acknowledged that the short duration of treatment in some trials (e.g. 6 months) could have limited the educational outcomes.

A recently published study evaluating the feasibility and effectiveness of adapting the IPS model to focus on education for young people with mental illness found that 95 per cent of participants who completed the intervention achieved positive education results (Killackey et al, 2017).

A review of the literature on young people experiencing first episode psychosis and employment noted several studies which have adapted the IPS model to include support into education, recognising for many young people completion of education is of equal priority to gaining employment (Rinaldi et al., 2010a). Many of these studies have found positive effects, particularly when supported education and employment through an IPS model were provided together (Rinaldi et al., 2010b, Robson et al., 2010).

Supported education

Supported education programs assist people with experiences of mental ill-health and illness to attain a post-secondary education qualification. The approach extends the IPS model to include elements to achieve educational outcomes including:

- Participation in mainstream education (rather than segregated settings).
- Based on individual circumstances and preferences (to maximise retention and goal achievement).
- Quick commencement of education and established channels of communication between mental health services and nominated support at the educational institution.
- The provision of ongoing support for education as well as employment goals (Robson et al., 2010).

Evidence: supported education

A systematic review of the literature on supported education for people with severe mental illness (many of whom were young people) found some evidence that these models can assist individuals to identify educational goals and respond to barriers in completing their education. There were also preliminary evidence (albeit insufficient) that supported education could increase educational attainment (Rogers et al., 2010).

Another review identified limitations in the current literature and suggested a need to further develop and rigorously test specific supported education models with clearly defined outcomes. The authors also suggested the need to develop a better understanding of supported education and supported employment as dual goals for many young people (Luciano et al., 2014).

Online support

Through the Empowering YOUth Initiatives, the Australian Government has recently funded the headspace Digital Work and Study Service to provide professional online employment and education assistance combined with mental health support. The online nature of the assistance is intended to increase acceptability and accessibility under the premise that a digital interface is a less threatening and more acceptable alternative for young people who may not seek face-to-face services.

Orygen has also commenced development and trials of the Youth Online Training and Employment System (YOTES). This is a comprehensive web-based employment support package for Victorian young people aged 15-24 experiencing barriers to obtaining and remaining in work due to mental ill-health. It features moderated social interaction with other young people and targeted career support provided by online vocational specialists and peer motivators in real time.

Evidence: online vocational education support

There is emerging evidence available for the efficacy of providing online vocational education assistance for young people with mental ill-health, with some research conducted on the inclusion of online, peer support networks in an enhanced IPS model (Luciano et al., 2014).

Ensuring these systems are integrated and complimentary to the reporting and day-to-day role of the IPS worker and service will be important if they are not to result in an additional layer of administration (and therefore a barrier to use). As Luciano et al (2014) identifies, researchers will need to demonstrate the effectiveness, cost-effectiveness, and feasibility of implementing technology-based IPS enhancements in routine settings with limited resources.

Implications and recommendations

The following section outlines a number of implications and recommendations for action in VET, mental health and social services-related ministries and portfolios across all Australian governments.

VET policy and education providers

Personal barriers, such as mental illness, can impact on students' capacity to engage with and complete their training. Student wellbeing support is a key factor in achieving successful learning outcomes, particularly for vulnerable and high needs learners. As such, the VET system must be able to connect these young people to the necessary specialist supports.

All Australian governments should also acknowledge that for a number of young people with mental ill-health, VET is an educational pathway into future employment and provides significant opportunities for improving mental health outcomes. Therefore, VET policies need to clearly identify the requirements and obligations for VET providers in supporting these students. Monitoring adherence to these obligations is also needed across this diverse and complex sector. These requirements may include:

- providing information to all students about mental health, study supports and reasonable adjustments (not dependent upon the disclosure of mental ill-health)
- monitoring student attendance, accountability and academic performance, and ensuring offers of study assistance are made repeatedly and in a timely manner
- collecting information on the numbers of students reporting mental ill-health to support the planning and provision of student support services and community partnerships.

For both TAFE and private providers, there is a need for nationally endorsed guidance to increase awareness among staff and students of how mental health issues can present in this learning context and to advise managers and educators on appropriate steps and reasonable adjustments to support these students (including those who do not disclose a mental health issue).

For larger institutions, the delivery of student support services must be protected through targeted funding provided by governments, rather than placing TAFE managers in the position of deprioritising these services within constricting budgets. While the provision of support services 'in-house' is unrealistic for many smaller RTOs, there is a need for training and improved mental health literacy among staff and students, as well as improved connections and coordination with the community-based mental health system.

Recommendations	Action required
Develop a coordinated policy response for VET student mental health	Given the shared responsibilities of the VET system across governments, there is a need for the first Ministers responsible, through COAG, to determine reasonable and appropriate responses for supporting VET student mental health across the system. VET providers should be provided with clear and consistent direction on their obligations and requirements to support the additional needs for young people to achieve educational and employment pathway outcomes.
Support VET and community service partnerships	All governments should co-invest in supporting community-based VET–mental health partnerships. This could include establishing local brokerage bodies, such as Victoria's Local Learning and Employment Networks, to foster strong relationships between students, VET providers, and community support and health services.
Develop national guidance and resources	Develop nationally consistent guidance and training to support VET providers to: 1) identify mental health issues 2) respond with reasonable adjustments and 3) facilitate connections into appropriate supports available both within the institution and in the community. This guidance will need to recognise and be implementable across the diversity of VET providers.
Increase mental health awareness and literacy among staff, students and vocational service providers.	The Australian Government should develop and fund resources and training to increase awareness of mental health issues in VET for both staff and students. For students, these should be developed and delivered in partnership with young people engaged in VET to ensure the materials are accessible and appropriate for their peers. A package of mental health training should also be developed specifically for career counsellors and vocational service practitioners across Australia to support them to work effectively with young people experiencing mental ill-health and re-engage them in education and work pathways.

Mental health policy and service providers

The headspace integrated primary care platform recognises the need to support vocational outcomes among young people experiencing mental ill-health. Currently, this is delivered through a range of service delivery models and agreements although little has been published to provide a national picture on the various approaches to implementation.

Resources are required to support mental health services in the provision of enhanced individualised support for young people within VET settings, particularly for those whose participation is compromised by more severe and complex experiences of mental ill-health. This should include the development of stronger relationships and partnerships at a regional level between mental health services and VET providers and should extend the reach of current mental health promotion and education programs into VET settings.

Recommendations	Action required
Understand the delivery and effectiveness of vocational support in headspace	The Australian Government should fund a research project to better understand the range of delivery approaches, impact and effectiveness of vocational services provided as a part of the headspace platform. This should include identifying how these services directly support young people to engage and participate in VET.
Mental health services to deliver support to VET providers in their local area	headspace centres should be tasked with, and supported to, identify and link into VET providers within their catchment and provide training, advice and support on responding to mental health issues for young people. This should include promotion and raising awareness of local services (including online).
Extend delivery of school-based mental health education programs into the VET sector	Current government-funded mental health education programs should be extended beyond secondary schools and into tertiary education settings (including VET).

Consideration should be given to the online delivery of specific modules which support these education providers to respond to the mental health needs of students, in what is a diverse range of learning settings. |

Social services policy and services

While the IPS model has strong evidence regarding its efficacy in supporting employment outcomes among young people experiencing mental ill-health, at present there is limited evidence available on the impact of the IPS model on educational outcomes. Given the Australian Government is trialling and evaluating the IPS model in headspace centres up to mid-2019, it is important to understand the impact this model may have on supporting vocational education and training outcomes for young people (both as a stand-alone goal and as a dual goal with supported employment).

Recommendations	Action required
Understand the impact of the IPS model on supporting education outcomes	The evaluation of the IPS roll out in headspace centres should include outcome measures relating to the effectiveness, appropriateness and impact of this model for young people who have been supported to participate in further education environments such as VET.

Research

There is very little known about the prevalence, experience and disclosure of mental health among students studying in the VET system in Australia. Much of the research into Australian VET student mental health had been commissioned by NCVER and is now between five and 10 years old, predating recent policy, funding and structural changes across the VET system. Further, given the increasing focus on mental health awareness and stigma reduction in the broader community, it is important that VET student mental health remain on the research agenda of NCVER, supported by direction and investment from the Australian Government.

There is also a need for more research regarding the most effective interventions and approaches to supporting young people experiencing mental ill-health to participate, remain and succeed within VET courses and settings. In particular, there is a need to better understand how/whether IPS can be used or augmented to support young people within their educational pathways into work.

There is also a need to better understand the role technology and online services can play in supporting VET students who are experiencing mental ill-health, particularly those studying with smaller private providers where there are limited resources 'in-house' for supporting students' mental health and wellbeing.

Recommendations	Action required
Prioritise research within VET sector	Through VET policy and research priorities, the Australian Government should prioritise further research into the: • Prevalence and experience of mental ill-health among VET students. • Experiences of help-seeking in these settings. • Experiences of VET providers in responding. • Effective interventions for mental ill-health in VET settings.
Prioritise research within the mental health sector	Further Australian research is required into specific models which support young people with mental ill-health to engage and participate in VET. This should include gaining a better understanding of supported education and supported employment as dual goals for many young people and trialing novel online platforms and interventions which support young people with mental ill-health to participate in work or further study.

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INTERNATIONAL STUDENTS AND THEIR MENTAL HEALTH AND PHYSICAL SAFETY

orygen

REPORT – JUNE 2020

EXECUTIVE SUMMARY

Studies have shown that international students are at increased risk of experiencing poor mental health, with isolation from families and culture, language barriers, financial stress and academic pressures among the key drivers. Further, international students have been found to be less likely to seek help for mental ill-health than domestic students.

Existing literature and surveys regarding the broader issue of international student safety indicate that international students feel safe and secure within education settings. However, this does not necessarily extend to off-campus grounds and community settings, particularly on public transport, where students perceived an increased risk of threats to their physical safety.

Orygen has consulted with international education staff and international students across Australia to identify:

- the current challenges regarding mental health and physical safety;
- good practice across the sector in responding to these issues, including management of critical incidents;
- how information and resources are currently shared across the international education sector; and
- opportunities to increase collaboration and build sector capacity to respond to mental health and physical safety challenges for international students.

CHALLENGES

Challenges which impact on international students' mental health and physical safety (as reported by education providers and international students) include:

- the reality of living and studying in Australia not matching expectations;
- financial, employment and housing stress;
- difficulties accessing services on and off campus;
- English language barriers (particularly for communicating concepts relating to mental health);
- experiences of bullying, harassment and experiences of racism; and
- perceived and actual safety risks on public transport and in the broader community.

In addition, international education staff reported the following challenges in providing services and supports for mental health and physical safety:

- resourcing limitations;
- increased demand for services and increased complexity of mental health presentations to services;
- lack of service awareness, particularly regarding health insurance coverage; and
- diversity of cultural differences and language barriers.

GOOD PRACTICE

The report describes seven areas where good practice was identified through the consultations:

- whole of provider commitment through policy and leadership;
- enhancing connections and belonging;
- building mental health and physical safety literacy and awareness;
- prevention and early identification of risk or emerging issues;
- promoting and facilitating access to supports on campus or in the community;
- designing and delivering culturally appropriate responses; and
- critical incident management

'Good practice' was viewed to be that which sought to address the challenges described by education providers and students; and/or demonstrated implementation of existing practice advice or sector standards (including standards for responding to critical incidents).

COLLABORATION AND OPPORTUNITIES TO BUILD CAPACITY

There are a number of existing local, state and national communication channels, fora, networks, training and conferences that the international education staff considered valuable and important to the future development of the sector. More staff in larger education providers, notably universities, identified that they participated in these mechanisms and events than staff working in vocational education settings or smaller/private higher education providers.

Future opportunities to build sector capacity were identified through the consultations. These included:

- developing a national international student mental health strategy that could bring together all levels of government and stakeholders across the education sector to progress work in this space;
- building capacity in international student peer support and mentoring;
- addressing other aspects of international students' lives that create stress or increase risks to mental health and physical safety (such as financial pressures and employment issues);
- providing simpler and more easily accessible information on supports and services;
- building the capacity of the international education sector to co-design mental health and physical safety services and programs with international students;
- facilitating dedicated mechanisms for smaller education providers (e.g. private higher education colleges and Registered Training Organisations [RTOs]) to network and share resources;
- developing online platforms for networking and communities of practice; and
- undertaking more research and evaluation to better understand the efficacy of interventions and programs designed to improve international students' mental health and physical safety.

Consultations highlighted the leadership, innovation and good practice of the education sector to support the mental health and physical safety of international students. This indicates both a strong commitment to the welfare of these students and a solid foundation from which to build new opportunities for collaboration and continual improvement of practice.

CONTENTS

INTRODUCTION

The incidence and severity of mental health problems in both domestic and international students has attracted increased attention. (1–3) Despite experiencing an increased risk for poor mental health, international students under-utilise available support services.(1, 2, 4–6) In 2019, an investigation by the Victorian Coroner's Prevention Unit identified a low rate of health service use among 27 international students who had died by suicide between 2009-2015 compared to their domestic student counterparts.

Following the recommendations from this investigation, the Department of Education, Skills and Employment (Australian Government) engaged Orygen to consult with education sector staff and international students. Orygen was asked to identify and report on the current challenges, opportunities and best-practice examples in supporting the mental health and physical safety of international students and responding to critical incidents. However, identifying 'best practice' in supporting international students' mental health and physical safety and managing critical incidents was found by Orygen to be problematic. Without undertaking a supporting literature review of high quality, replicable studies of programs and interventions, it is not possible to draw a satisfactory level of evidence to confidently determine what 'best practice' consists of.

As such, this report outlines seven good practice areas based on consultation feedback and existing guidance documents and presents a collection of case studies and program examples to demonstrate current work in each area.

'Good practice' was viewed to be that which sought to either address the challenges described by education providers and/or demonstrated implementation of existing practice advice or sector standards (including standards for responding to critical incidents). An overview of relevant existing guidance is provided in Appendix 1.

Education providers identified a number of mechanisms that currently facilitate cross sector collaboration and information sharing which are described in this report. It is hoped that sharing the case studies and examples of good practice identified through these consultations will further contribute to the knowledge base across the sector and facilitate continual improvement in response to these issues.

The report concludes by describing a number of opportunities to build connections across government and the education sector and develop a stronger evidence base through which best practice could be more confidently articulated and defined in the future.

METHODOLOGY

Over 650 individuals from across Australia took part in consultations for this project between January and March 2020. Stakeholders consulted included:

- peak bodies;
- international students;
- English language intensive courses for overseas students (ELICOS) providers;
- private vocational education and training (VET) providers;
- universities; and
- technical and further education (TAFE).

The consultation was undertaken through two approaches: face-to-face consultations and an online survey.

Face-to-face consultations were conducted with 24 international education providers and five international student Study Centres participating in semi-structured face-to-face interviews. Providers were located across seven Australian states and territories, and included both metropolitan and regional areas.

An online survey was open from the 21 January 2020 to the 27 March 2020 for both staff and students.

The survey was completed by 315 staff in educational institutions. The majority of staff identified themselves as working in student support or teaching.

International students (n=276) originating from 48 different countries completed the online survey. Two-thirds were female and the majority were Indian, Chinese and Nepalese. Ninety per cent were studying in universities (making this group an overrepresented sample).

The project team also drew on national and international research findings to build an understanding of the prevalence and experience of mental health and physical safety issues among international students (see section: The issue).

A secondary source utilised for information on international student experiences was an unpublished consultation report from headspace National Office in 2019 under a separate contract with the Department of Education, Skills and Employment, Australian Government. A detailed methodology is included in Appendix 2.

IMPACT OF COVID-19 ON THIS PROJECT AND INTERNATIONAL STUDENTS

In 2020, Australia imposed a number of restrictions in response to the COVID-19 pandemic. During this time, online classes became the norm and non-essential services shut down; resulting in loss of social contact and income. This potentially exacerbated the sense of isolation for international students and some students were reportedly subjected to racist behaviours in relation to the pandemic.

COVID-19 also had a significant impact on this project. Project consultations occurred during a period when many Chinese students were unable to re-enter Australia due to border restrictions, which may have impacted their rates of participation in the online survey. The consultations also occurred during a time when many providers were understandably preoccupied with responding to rapidly changing circumstances and were adapting their supports in response.

The COVID-19 pandemic will likely affect international students' sense of safety and their mental health now and into the future (22). Implementation of good practices that address the challenges identified during consultations will be even more important now as Australia and its international student community overcome effects of the COVID-19 pandemic.
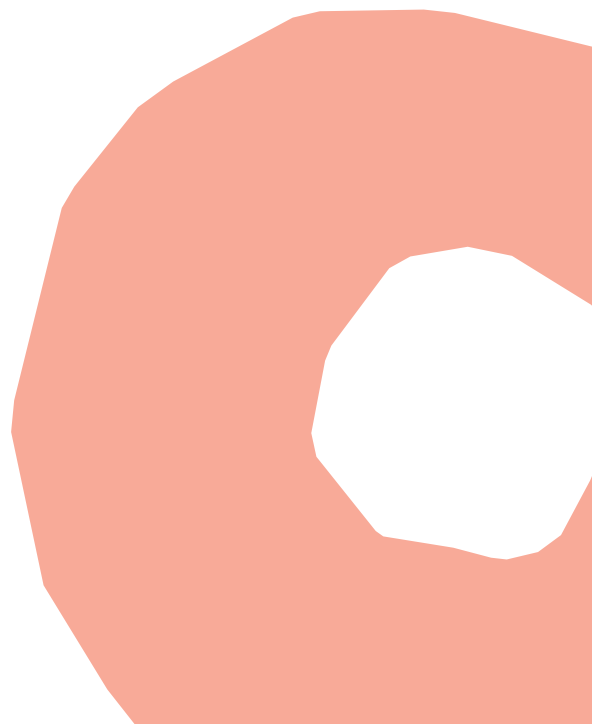
THE ISSUE

This section provides a high level overview of available data and research evidence on the mental health and physical safety of international students in Australia.

MENTAL HEALTH

Australian and international research suggests that the incidence and severity of mental ill-health in both domestic and international students is increasing.(1-3)

Young adulthood is a period in life when mental ill-health is most likely to first emerge with 75 per cent of mental illnesses shown to onset before the age of 25 years.(7) Education and employment pressures, increasing independence, growing social demands and early experiences of relationship break-ups are other challenges a young person may grapple with as they move into adulthood.(8)

Research has also shown that international students are at increased risk of experiencing anxiety and other mental illnesses compared to local students.(1, 5, 9, 10) Risk factors including social and cultural isolation in a new country, high expectations and performance pressures, financial stress, language barriers and adjusting to a new academic system can place them at greater risk of mental ill-health.(1, 2, 4, 5)

'Coming into a foreign land where you don't know much people, all the new faces and new areas puts on extra stress on students [as well as] the anxiety of being a new person in the crowd or in the class, not very confident with the language and talking.'

INTERNATIONAL STUDENT

While international students experience many of the same barriers to accessing mental health supports and services as domestic students, these barriers can be compounded by stigma, a lack of culturally appropriate services and cost.(1, 2, 4, 5) 'Being unsure where to go' and 'not having enough time to seek support' have also been identified as barriers to seeking help for international students.(10) As a result, international students have been shown to under-utilise support services.(1, 2, 4-6)

The consequences of unidentified and/ or untreated mental ill-health can be tragic. While the rates of suicide among international students have not been shown to be higher than those for domestic students, there are some concerns that stigma associated with suicide in many cultures may lead to under-reporting of international student deaths.(11)

PHYSICAL SAFETY

Generally, Australia is regarded as a safe destination for international students. Personal safety and security is consistently identified by international students as one of the most important reasons for choosing to study in Australia.(12, 13) The 2019 headspace consultation with international students found 53 per cent reported that they felt 'always safe' during the day while on-campus, and 44 per cent reported that they felt 'usually safe'.(10) International students also reported general awareness of the on-campus services available to support them in maintaining their personal safety. On-campus security and safety apps were identified as one of the most useful services in supporting the physical safety of international students.(10)

An earlier research study on the community safety of international students found that over half of the international students surveyed reported feeling less safe in Australia than they expected they would. The most frequently reported perceived threats to safety for international students included theft, workplace exploitation, automobile accidents and assault on public transport. In addition, 50 per cent of international students who perceived threats to their safety believed these had a racial, religious or cultural dimension.(14, 15)

Additionally, international students often feel ill-equipped to respond to such safety threats and can be reluctant to seek help due to language barriers and a lack of understanding of their rights as temporary residents in Australia.(15)

CURRENT CHALLENGES

This section presents perspectives from a range of stakeholders in international student education, including staff and students, on the challenges in supporting and responding to issues of mental health and physical safety among this student cohort in Australia.

The dominant challenges identified by students and staff in the consultations differed, with staff also articulating challenges they experience in delivering services and supports to international students.

Table 1 below provides a high level summary of the themes that emerged through the consultations; each dot point is described in further detail throughout the section.

Table 1: Summary of challenges international students face while studying in Australia

CHALLENGES REPORTED BY STUDENTS	CHALLENGES REPORTED BY PROVIDERS/STAFF
• Social isolation and loneliness and the loss of proximal family and social connections. • Difficulties with English and communicating in a second language, particularly concerning health/safety issues. • Experiences of bullying, racism and discrimination. • Physical safety concerns, generally off-campus, including fear of theft and assault. • Lack of knowledge of support (for employment, housing, educational, health, mental health, etc.) available within the new environment.	• Unrealistic expectations among students of the experience of living, studying and working in Australia. • Student stress regarding visa requirements and employment, including fear of the repercussions for reporting employment concerns, mental ill-health or legal matters. • Resourcing to meet demand for support from international students, both within and outside the educational institution. • Low service awareness by students, particularly regarding health insurance coverage for mental health care. • Responding to complex cases – particularly complex and serious mental ill-health. • Stigma and communication barriers, which can make it difficult to provide culturally appropriate information and services.

CHALLENGES REPORTED BY INTERNATIONAL STUDENTS

International students who completed the survey were asked what they viewed as the most significant challenges and issues impacting their experiences of mental health and physical safety. An analysis of the quantitative and qualitative data from the survey highlighted the following themes.

SOCIAL ISOLATION AND LONELINESS

Thirty-six per cent of international students surveyed indicated that social isolation and loneliness had affected their mental health while studying in Australia. Physical distance from family members and difficulties establishing new friendships, particularly during the initial adjustment period, were specific factors described in the qualitative responses.

> 'Many international students do not have the same level of support or connectedness as locals. No family to reach to for advice, financial support, housing in a crisis ... few friends who totally understand their culture.'

INTERNATIONAL STUDENT

Further, 12 per cent of international students surveyed indicated that the loss of proximal family and social connections left them feeling vulnerable to physical safety threats in the community and without any emergency contacts.

> 'I feel like as an international student, I always am by myself, no friend, no family around. If there is anything ever happen to me, my family would be the last people to be informed. I always feel like I have no one to protect me, to make me feel safe.'

INTERNATIONAL STUDENT

ENGLISH LANGUAGE CAPABILITY

Although all international students must possess a certain level of English proficiency in order to study in Australia, international students, particularly those who speak English as a second language, can struggle to communicate with education providers and staff, service providers (including first responders) in the community and other students. Twenty-one per cent of surveyed students said that language barriers prevented them from seeking help, 13 per cent felt their language capability affected their mental health and 6 per cent of respondents also felt this added to their physical safety concerns.

Qualitative responses from students highlighted the difficulties they encountered when trying to access services, housing and employment due to their English language capabilities and the discrimination they faced when communicating with services on and off campus.

> 'Sometimes they do not have patience because your English is not as good.'

INTERNATIONAL STUDENT

BULLYING, RACISM AND RACIAL DISCRIMINATION

Experiences of racism, bullying and discrimination were perceived by students as threats to their physical and mental health. Twenty per cent of respondents said racism was a key factor that affected their physical wellbeing and 13 per cent said it affected their mental health.

Through the qualitative responses to the survey international students also indicated that they experienced harassment and bullying not only from domestic students and the broader community but also from other international student cohorts. While it was not always clear from the survey responses whether the bullying/harassment was race-related, there were a number of comments that indicated this was the case.

PHYSICAL SAFETY THREATS

While many students saw Australia as a safe country, some felt a greater risk to their physical safety on public transport and were particularly worried about theft, assault, sexism and sexual assault and harassment. Thirty per cent of student survey respondents were worried about being harassed, 20 per cent theft and 10 per cent assault. A small number of students specifically noted they were concerned about commuting alone between education, work and home, especially in the later hours of the evening.

Students reported the need for more information and skills on how to:

- avoid a situation which might put their safety at risk;
- respond to threats; and
- report an incident or a threat that has been made.

'International students have no idea what to do. [They] tend to think that if a local shouted "go back to your home country!" and the international student retaliated, [then their] physical safety may be at risk.'

INTERNATIONAL STUDENT

EMPLOYMENT AND LEGAL RIGHTS AND RESPONSIBILITIES

A lack of knowledge of Australian processes, laws, rules and everyday skills was identified in 17 per cent of survey responses as contributing to levels of stress, particularly in relation to employment. Students reported the need for more information to help them understand Australian processes in the following areas:

- exploitation and wage theft;
- knowledge of employment law;
- help for on-the-job accidents or injuries;
- managing work–study balance; and
- workplace health and safety training.

CHALLENGES REPORTED BY EDUCATION PROVIDERS

The thematic analysis of the face-to-face consultation sessions and the survey responses from education providers highlighted a number of challenges they believed affected international students' mental health and physical safety and the provision of mental health and physical safety support services to international students.

UNREALISTIC EXPECTATIONS

Education providers indicated that international students often arrive in Australia with unrealistic expectations of their experience. This includes:

- location of the institution – some providers reported that prospective students were promoted images by education agents suggesting the institution was near a beach or in an urban environment, when in reality the institution was in a regional inland area;
- level of access to transport, amenities, shopping or entertainment;
- ease of finding work while they are studying;
- cost of living (finances were cited by 53 per cent of education providers as a major contributor to stress for international students, positing that many international students are unprepared for the costs of living); and
- expectations of pathways to permanent residency and future employment in Australia.

'There is this false expectation that Australia is a land of milk and honey, that once a student landed here, they will be able to find out whatever job they can, then they will be able to sustain themselves, or pay for something. But … accommodation is an issue, underpayment or income expectation is also an issue.'

PROVIDER

STRESS RELATING TO VISA REQUIREMENTS AND EMPLOYMENT

International students must maintain a full-time study load and have minimum attendance requirements to meet their visa requirements. Reduced study loads are not permitted except under compelling circumstances.

Twenty-seven per cent of education staff consulted reported that international students sometimes felt significant academic pressure keeping pace with a full study load and part-time work. This pressure often increased around exam time. Providers noted that students sometimes felt under significant academic pressure yet were reluctant to access available educational supports and reasonable exemptions as they were concerned this could affect their academic progression or visa.

In addition, providers noted that some students come to Australia financially underprepared and can find obtaining employment and the high cost of living (particularly in major cities) challenging. While students are permitted to undertake paid work (40 hours per fortnight), providers were aware that some international students were vulnerable to conditions where they are underpaid or accept cash in hand working arrangements, a theme that was reported in 27 per cent of consultations. Thirteen per cent of providers reported that grades and performance noticeably declined when students took on additional hours of paid work to cover the cost of living and tuition fees.

RESOURCING FOR SERVICES

The perception of resourcing differed between workforce types within the educational institution. In the online survey, 51.4 per cent of the health professionals (but only 17.5 per cent of student support and academic staff) reported feeling under-resourced to properly support international students.

Staff who perceived resourcing as a major challenge highlighted resourcing issues both for internal services provided by the education institution (e.g. not having enough trained student support/counselling staff to meet demand) and external services delivered in the community (e.g. mental health/health services were not available in the local area or, if services were available, they did not cater to international students).

> There's a few points where we hit some challenges … when we need to provide international students with access to community services, they're not eligible. It's frustrating, it's not in the best interests of the student (and) it's not in the best interests of the community at large.

PROVIDER

Providers also reported that resourcing limitations were particularly challenging during periods of increased demand during the semester, such as exam periods, when staff and academics managing a number of competing responsibilities.

LACK OF AWARENESS REGARDING HEALTH INSURANCE COVERAGE

Thirteen per cent of education providers reported that international students were often unaware of their level of Overseas Student Health Cover (OSHC) and what they can access under their policy.

Staff consulted for this report described that the student's choice of OSHC policy was often influenced by either the policy's affordability or the advice of the education agent, rather than an understanding of whether the inclusions/exclusions contained in the policy would meet their health needs. Providers noted that this might be one reason that many international students appeared to be unaware of what was and wasn't covered through their health insurance. As a result, many students were not accessing health services (including mental health services) due to real or assumed costs.

'Sometimes the agent's organised it, it's just literally like a tick box thing. They don't even know what it's for sometimes – oh, I've got health insurance? Yes, you have to have it to get your visa. They don't know how to use it.'

PROVIDER

## COMPLEX MENTAL HEALTH PRESENTATIONS

Meeting the needs of students presenting with more serious and complex mental ill-health (complexity being defined by the co-existence of other social, housing and employment issues) was frequently raised and discussed in detail in the face-to-face consultations. Providers felt that staff were not adequately trained to recognise complex mental health presentations or equipped with the time, resources and specialist skills to assist a student in significant distress; nor in some cases was it seen to be the responsibility of the institution to respond specifically to these issues.

'We end up trying our best to manage them … more and more it was shifting towards the counselling team holding on to and picking up much more risk than we ever were meant to. I think that we're not really equipped to do that; we have no inpatient unit on-campus, we have no psychiatrist; we're not a crisis service.'

PROVIDER

Providers, particularly those staff working in student support and counselling services, report that referring out to primary and tertiary mental health services is often hampered by long waitlists, high threshold of illness to gain access and a mixed understanding of international students' eligibility to pay for and access healthcare.
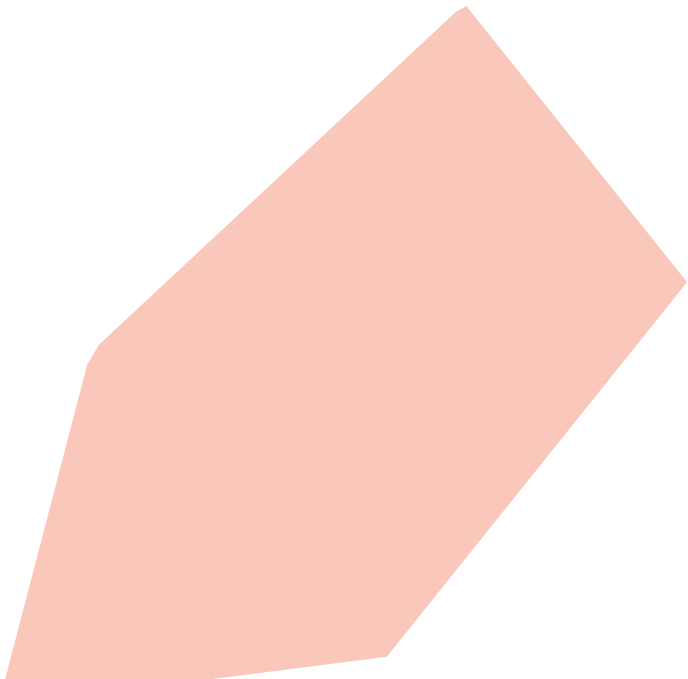
STIGMA AND COMMUNICATION BARRIERS

Thirty-seven per cent of providers consulted reported that stigma associated with mental and physical (especially sexual health) health reduced students' willingness to access support service.

A small number (13 per cent) of education providers consulted through the face-to-face interviews noted that the diversity of the international student cohort made it challenging to tailor support. Seventy-five per cent of providers who identified this issue were from universities. Diversity was particularly evident in regards to stigma (particularly with mental health and sexual health in different countries and cultures) and language barriers.

Differing levels of ability to express mental health or physical safety concerns and/or understand mental health related content were also evident for non-native English speakers. Some international students are from countries where there is even a limited local language for talking about these issues or concerns.

'We will put messaging out that makes sense potentially in an Australian context but does not, when you translate it word-for-word, make sense culturally … People get to a point where they stop asking for clarification because they're ashamed to be asking for clarification.'

PROVIDER

Providers identified that they can find it difficult to refer international students to supports and services in the community that have a good level of cultural awareness and can communicate with the student in an appropriate language (either simplified English or in their own language via translation services and interpreters).

GOOD PRACTICE: MENTAL HEALTH AND PHYSICAL SAFETY

This section describes identified good practice across the international education sector across seven thematic areas. These practice areas were viewed by the authors as either: a) addressing the challenges identified by students and providers aligning to, or b) building on the existing requirements, frameworks and guidance developed in the secondary and tertiary education sectors both in Australia and overseas. A summary of these are included in Appendix 2.

PRACTICE AREA 1
WHOLE OF PROVIDER COMMITMENT THROUGH POLICY AND LEADERSHIP

PRACTICE AREA 2
ENHANCING CONNECTIONS AND BELONGING

PRACTICE AREA 3
BUILDING MENTAL HEALTH AND PHYSICAL SAFETY LITERACY AND AWARENESS

PRACTICE AREA 4
PREVENTION AND EARLY IDENTIFICATION OF RISK OR EMERGING ISSUES

PRACTICE AREA 5
PROMOTING AND FACILITATING ACCESS TO SUPPORTS ON CAMPUS OR IN THE COMMUNITY

PRACTICE AREA 6
DESIGNING AND DELIVERING CULTURALLY APPROPRIATE RESPONSES

PRACTICE AREA 7
CRITICAL INCIDENT MANAGEMENT

Each thematic area is illustrated by a range of examples of strategies and initiatives that are currently being delivered by education providers (across the sector) to support the mental health and physical safety of international students. Case studies are provided that highlight current good practice in more detail. Each area concludes with a number of industry highlighted suggestions of how they could be supported to build their capacity.

A tabulated and comprehensive list of identified activities and initiatives currently undertaken by consulted providers across each area of practice is included in Appendix 3.

PRACTICE AREA 1
WHOLE OF PROVIDER COMMITMENT THROUGH POLICY AND LEADERSHIP

PURPOSE: To assist education providers to create an environment, community and culture supportive of students' mental health and physical safety.

A 'whole-of-institution' policy facilitates a role and commitment across all areas of the educational setting in creating an environment, community and culture supportive of international students' mental health and physical safety.

This practice could be a platform for how many challenges identified in the consultations are addressed, including:

- resourcing of services and programs (by building the capacity across the campus to identify and respond to mental health or physical safety risks);
- lack of awareness of services and supports (through campus-wide mental health and physical safety promotion); and
- isolation (through building inclusive and supportive learning environments).

Internationally available guidance on supporting mental health in tertiary education specify the need for a whole of institution policy and leadership commitment.(16, 17) The development of mental health and physical safety policies in educational institutions has become increasingly common practice in Australia; although there are an insufficient number of evaluations to understand the effectiveness of these policies at this time.

In the online survey, 41.4 per cent of staff participants reported that their employer had a mental health and wellbeing policy specifically for international students, while 26.4 per cent said there was one in development and 60.4 per cent reported that their employer had a personal safety policy specifically for international students.

FUTURE OPPORTUNITIES

There are a number of opportunities to strengthen the capacity of the education sector to develop a whole-of-institution focus on international student mental health and physical safety within existing structures and resourcing. Governments and sector peak bodies can play a role in driving and supporting this direction.

IN PRACTICE: UNIVERSITY OF SYDNEY (NEW SOUTH WALES) – STRATEGIES FOR STUDENT MENTAL WELLBEING

The University of Sydney's *Student mental wellbeing strategy* provides a comprehensive and sustainable approach to furthering mental wellbeing for all students. It does this through a mental health framework that:

- embeds mental wellbeing in all aspects of university life;
- builds an inclusive and supportive campus culture and environment;
- promotes mental wellbeing practices throughout the student experience;
- integrates delivery of care with student needs; and
- provides case management and crisis intervention guidance.

This approach allows the university to take a whole-of-community approach to mental wellbeing so that both international and domestic can participate to their full potential throughout the student experience.

FUTURE OPPORTUNITIES FOR WHOLE-OF-INSTITUTION POLICY RESPONSES	
Develop a national international student mental health strategy.	Develop a targeted international student public health approach, encapsulated in a national strategy developed by the federal, state and territory governments. This could assist providers from different levels and areas understand priority areas for action, standardise responses to the specific needs of international students and measure progress.
Peak bodies working together.	Facilitate collaboration between the peak bodies for international education in Australia and develop strategies for how their work fits together and feeds down to education providers. This opportunity recognises the important role peak bodies can play in offering a comprehensive and consistent approach to international education support or guidance for students, staff and providers.
Development of implementation and evaluation plans.	Strengthen the evidence for whole-of-institution policies and strategies for mental health and physical safety by developing clear and measurable implementation plans and evaluating for impact and outcomes.

PRACTICE AREA 2
ENHANCING CONNECTIONS AND BELONGING

PURPOSE: Connecting international students to other international students, domestic students and local communities in order to foster a strong sense of belonging within and outside the provider campus.

Connecting international students to other international students, domestic students and local communities can combat social isolation and loneliness – key concerns described by students in the consultations. Many providers also noted this issue and believed that creating a sense of belonging was one of the foundational aspects of an international students social and psychological wellbeing a while studying in Australia.

There were a significant number of initiatives and approaches providers had implemented to foster and build connection and belonging among international students. These are described here across three categories: enhancing peer connections, providing a welcoming learning environment and facilitating connections with community and community agencies.

PEER CONNECTIONS

Many educational providers proactively encourage connections with peers, both international and domestic students, and create events, spaces and other opportunities for students to socialise or engage with each other and also provide more formalised support through peer work or peer mentoring[1].

Fifty-three per cent of providers delivered peer mentor programs that facilitate connectedness through varying levels of contact with international students, support and resourcing. Some examples, particularly in university settings, include international student associations, interest and faith based groups and clubs. These programs are assertively promoted to international students, particularly during orientation.

These programs are highly acceptable to international students, with 60 per cent of surveyed students indicating they'd like to see more peer support programs for international students.

IN PRACTICE: STUDY ADELAIDE (SOUTH AUSTRALIA) – SPEED FRIENDING

Study Adelaide runs speed friending in collaboration with the City of Adelaide. It is run at specific times of the year to help international students build friendships – particularly around arrival time – and to meet people from different backgrounds.

Speed friending takes place in a CBD-based café and is hosted by student ambassadors. Participants sign up through a phone app, where they can add a photo and their preferred name. The app randomises which table the student is to go to next, where they will meet someone new. Study Adelaide provides light refreshments at the end of the night. Students have the opportunity to stick around and chat to people on a more casual basis.

The initiative has had positive outcomes, including increasing social connectedness and nurturing a sense of belonging within the community.

IN PRACTICE: NORTHERN TERRITORY (STATE-WIDE, NT) INTERNATIONAL STUDENT AMBASSADORS

International students studying in the Northern Territory are eligible to become international student ambassadors. Ambassadorships run for one year and participants receive up to five days' professional development as well as opportunities to attend formal events with local and international business people and delegations; be a peer leader for other international students; participate in community events and activities, including Harmony Soiree; and, work up to 30 casual paid hours. The program is run by StudyNT and is offered to Northern Territory international education and training providers.

IN PRACTICE: TAFE SA STUDENT AMBASSADOR PROGRAM

International students who have been studying with TAFE SA for six months or more are eligible for its student ambassador program. Student ambassadors use their own lived experience to provide a friendly face and words of advice for TAFE SA's international student group throughout the year.

Ambassadors also plan some social events (e.g. welcome nights, movie nights, volleyball sessions at the beach) to help newly arrived students connect and engage during their time in Adelaide.

https://www.tafesa.edu.au/international/int-news/2019/06/07/students-are-enthusiastic-ambassadors-for-tafe-sa

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1   Note: Orygen defines peer work as individuals providing emotional and social support to others with whom they share a common experience. They focus on building a mutual relationship that fosters hope and optimism. The peer workforce in mental health is developing as a workforce in its own right – with expectations of remuneration and accreditation.

WELCOMING LEARNING ENVIRONMENT

Providing and demonstrating that the educational institution is a culturally welcoming, friendly environment was seen by many providers as critical to creating a sense of belonging for international students.

Providers described examples of ensuring representation and recognition of international students, their achievements and experiences in communication materials and websites. They also reported the importance of creating a learning environment that is culturally responsive and sensitive (e.g. with the provision of prayer rooms and culturally safe spaces) and facilitates respectful discussions in classes, tutorials and lectures to elicit culturally diverse perspectives and contributions from all students, including international students.

COMMUNITY PARTNERSHIPS

During the consultations, 27 per cent of providers reported they facilitate community engagement activities between international students and local community groups, service providers and other front line safety responders.

As international students relocate to a new community, not just to a new education setting, supporting local community interaction with international students is crucial. This is particularly important for aspects of the international students' experience that extends beyond the learning environment, including their mental health and physical safety.

Creating and building connections with local service providers and other front line safety responders, such as police, was seen by education providers to enhance the sense and experience of safety and wellbeing of international students.

IN PRACTICE: 'ADOPT A COP' AND POLICE LIAISON WITH DUAL LANGUAGE CAPABILITY, QUEENSLAND POLICE SERVICE (STATE-WIDE, QUEENSLAND)

Adopt-a-Cop is a Queensland Police Service initiative that aims to build positive working relationships between the police force and members of the school community, including staff, students and parents. Police liaison officers are appointed to a school and play a crucial role in educating and building rapport with the community.

Where it was not possible to have a police liaison officer who spoke the students' native language, there were interpreters who worked together with the police to deliver safety messages in a culturally appropriate manner. As a result, students reported no longer feeling afraid to speak to people about a problem they may have (e.g. not understanding the road rules, getting or paying a ticket and physical safety).

IN PRACTICE: CHARLES DARWIN UNIVERSITY (DARWIN, NORTHERN TERRITORY) - MEET THE LOCALS

Charles Darwin University runs a tour of Darwin, which helps international students get to know Darwin better. Students apply to participate in the activities, which include visiting well-known tourist spots, eating at local venues and meeting well-known people. In addition to helping international students familiarise themselves with Darwin, the tour also allows them to connect and build a social network with other international students.

FUTURE OPPORTUNITIES

While there were a number of activities and programs delivered by providers to enhance connection and belonging for international students, it was noted that this remained a challenging outcome to achieve. Opportunities to build capacity across the sector to enhance international student connection and belonging includes academic and industry linkages, greater connection with local diaspora groups and continuing to build and recognise peer programs and peer work.

FUTURE OPPORTUNITIES FOR ENHANCING CONNECTIONS AND BELONGING	
Prioritise and promote activities that build social connection with domestic students.	Build stronger academic and social programs (e.g. peer supports, peer mentoring and social gatherings) around core disciplines and courses to facilitate connections between international students and domestic students. Examples where existing practice in this area could be extended includes: academic mentors (e.g. where to find a printer, how to use the library, writing and editing support, tutoring, where to get your ID card); industry mentors (e.g. pre-graduation connections with workplace mentors, work integrated learning peer workers); develop faculty-specific mentoring programs co-designed with current students.
Facilitate access to and use of existing diasporas and community cultural groups.	Connect with community-based international groups to open up social and culturally relevant connections and provide international students with culturally relevant support from leaders and elders. Local community-based international groups may include church services held in languages other than English, sporting groups or cultural support groups.
Continue to build peer supports and peer mentors.	Implementing or expanding peer support and mentoring would improve international student support offerings. There are also opportunities to formalise mental health and first aid training for peer supports and build pathways between departments (e.g. student services, wellbeing and counselling, academic services) and peer supports to communicate mental health and physical safety resources to students.

PRACTICE AREA 3
MENTAL HEALTH AND PHYSICAL SAFETY LITERACY AND AWARENESS

PURPOSE: Increase mental health and physical safety literacy and awareness of students, staff and providers in order to support and promote help-seeking before, during and after transition.

Lack of awareness regarding mental health and physical safety, along with knowledge of available services and supports, were common challenges identified by students and providers alike. Almost 60 per cent of surveyed international students indicated they would find education programs on mental health and physical safety helpful.

Fifty-seven per cent of international students believed their education provider was already actively increasing awareness about mental health. Thirty-five per cent said their institution provided initiatives that specifically encouraged international student engagement with mental health services. The following sections describe activities that are currently provided pre-departure, at orientation and for established students.

PRE-DEPARTURE

Pre-departure is the period of time when an international student has not yet left their home country; they may have applied or accepted an offer of study with an educational institution in Australia but remain in the process of making decisions or setting expectations about living in a new country. Sixty-three per cent of consulted education staff used pre-departure information.

'Transition is massive. And the transition needs to start at home.'

PROVIDER

PRE-DEPARTURE WEBINAR

Many providers run a pre-departure webinar or video Q&A. They generally aim to:

- introduce the international student services team or the person responsible for international student welfare;

- talk about expectations of Australia and the reality of studying overseas;

- talk about the support services available on-campus;

- talk about what to expect at orientation and how it will run;

- provide information about legal and fair accommodation;

- prompt students about required documentation, airport pick-up, accommodation and their academic studies; and

- begin breaking down some of the barriers to accessing help.

DIRECT CONTACT

Direct contact is when a provider reaches out to international students one-on-one. Usually, this is done via email. A pre-departure email may include or cover:

- a welcome pack with general provider information;
- how to enrol;
- how to get and understand a timetable;
- how to get a student card;
- links to peers and ambassadors within the university (see case study below); and
- contact information for key supports.

IN PRACTICE: LA TROBE UNIVERSITY (BUNDOORA AND BENDIGO, VICTORIA) – EFRIENDS PRE-DEPARTURE PROGRAM

The eFriends program is run for all Latrobe campuses via Facebook. International students who have been studying in Australia for multiple years can be appointed as ambassadors. The ambassadors are appointed as volunteers to chat, post and share content in a closed Facebook group. The program forms part of the pre-departure package for students and allows them to ask ambassadors questions prior to arriving in Australia to study. Students are invited by the university to join the Facebook group.

ORIENTATION

Orientation is a predefined period generally at the start of each academic year in which education providers run activities, presentations and events designed to familiarise students with the provider's campus and services. There are many benefits to both the provider and students in focusing on delivering information and resources during orientation, which the following initiatives demonstrate.

Twenty-seven per cent of providers consulted said they delivered mental health and physical safety information in the orientation stage (the first 60 days after arrival). Orientation activities included airport pick-up to ensure the student arrived in the country safely and to reduce students' stress around navigating a new and unfamiliar environment; on-campus service briefings from different services across the university, including counselling, academic and housing services; and community safety agency and police briefings.

Many providers engage community safety agencies to brief newly arrived international students on their rights, responsibilities and how to look after themselves while living in Australia. Thirty per cent of providers consulted have developed partnerships with external organisations such as the police and surf lifesaving clubs to assist in the delivery of physical safety information to international students, particularly during orientation periods.

IN PRACTICE: STUDY NSW (SYDNEY, NEW SOUTH WALES) – SYDNEY AIRPORT INTERNATIONAL STUDENT WELCOME DESK

Study NSW's international student welcome desk based at Sydney airport provides arriving students with a friendly welcome into Sydney and New South Wales. Current international students volunteer to greet new arrivals at the airport, which can be counted towards work integrated learning experience. Volunteering on the desk allows students to learn communication, leadership and teamwork skills. All volunteers receive training. There is also an acknowledgement ceremony to recognise participants' service to the community.

IN PRACTICE: JAMES COOK UNIVERSITY CROCS PEER MENTOR PROGRAM

Each year James Cook University (JCU) develops an international student peer mentor group called CROCS. These 30 international students are provided with training by the university counselling and mental health services. CROCS greet international students at the airport and assist with a free transfer service to temporary accommodation. CROCS mentors also provide students with a welcome pack and students are linked up with a buddy system to support newly arrived students.

To continue this support, CROCS mentors attend orientation week to answer any questions and provide support. Throughout the semester CROCS mentors assist with social events for international students including a weekly international café event, providing a space to meet with domestic students and where support staff are available to answer questions.

INFORMATION PROVIDED THROUGHOUT THE ACADEMIC YEAR

Pre-departure and orientation periods can be times of 'information overload' for international students. As such, information and resources are also actively promoted and delivered to students at various times during the academic/teaching year. In particular, as assessment and exam periods can be a particularly stressful time for all students, staggering the release of information about provider and external supports in the lead up to, and during these periods ensures that international students receive key information at the appropriate time.

Many providers advertise mental health and physical safety information:

- on the education institutes website at key points in the academic year (particularly pre-exams and pre-results);
- via posters around all campuses;
- through the promotion of wellbeing and mental health days; and
- by making this information available in different languages where possible.

FUTURE OPPORTUNITIES

There remain opportunities to build further capacity across the sector and enhance the effectiveness of activities in this area. These include: focusing on building skills of staff to provide information on mental health, physical safety and supports through their interactions with students throughout the academic year; and co-designing information and training for international students with international students to ensure the resources developed and the timing and method of their delivery is acceptable and accessible.

FUTURE OPPORTUNITIES FOR BUILDING MENTAL HEALTH LITERACY AND AWARENESS	
Focus on staff training as well as student training.	Limited time or financial resources can often be a barrier for staff to attend face-to-face training or conferences on supporting the mental health of international students. Training providers could offer professional development material in different formats, such as via webinars, videos or short-form information packs.
Co-design of resources and training.	Engage international students through a co-design process in the development and delivery of information and training aimed at building their mental health and physical safety literacy. Particular consideration could be given to developing tailored resources for specific international student populations.

PRACTICE AREA 4
PREVENTION AND EARLY IDENTIFICATION

PURPOSE: To mitigate and address the key stressors for international students, which may compromise their mental health, wellbeing and physical safety.

Education providers can play a significant role in promoting healthy lifestyles and behaviours and, where possible, address factors that might risk an international student's mental health and physical safety.

Initiatives to prevent and/or identify elevated risk of poor mental health and physical harm appear to be well established in most educational settings. All providers in the face-to-face consultations described initiatives to:

- promote health - assisting international students to maintain good mental and physical health;
- mitigate stressors to prevent the onset of stress or physical harms (including the key challenges noted in the student consultations such as financial, accommodation and employment stress); and
- identify signs of risk as early as possible.

HEALTH PROMOTION

'Coming to a different country, change in eating habits, managing studies and working (all) together sometimes makes it difficult for students to take proper care of [their] health.'

INTERNATIONAL STUDENT

As with domestic students, there is often a direct correlation between the mental health and physical safety of international students and other domains of health and wellbeing, such as healthy eating, exercise, sleep hygiene, healthy interpersonal relationships and sexual health.

Many educational institutions reported an increased focus on developing health promotion and prevention programs and strategies. In the provider survey, a large majority of participants (72.5 per cent) indicated that their employer had initiatives targeting international students on healthy lifestyle. Twenty-two per cent indicated that they were in the process of developing such initiatives.

During consultations, 57 per cent of the providers also referred to various physical safety promotion activities they undertake to improve international student safety.

MITIGATING STRESSORS

Prevention approaches mitigate against key stressors for international students, which can compromise their mental health and physical safety. These stressors can include unemployment, insecure accommodation, financial pressure and adjusting to independent living.

Providers in the consultations described a range of direct responses they provide to address/minimise the impact of these stressors, including:

- job search services;
- providing emergency financial assistance that may cover housing establishment costs, student hardship, overnight or over-the-weekend accommodation, supermarket vouchers and credited public transport vouchers;
- allowing students to access a 30 to 60 days' extension on academic fees on the presentation of financial hardship evidence;
- providing short-term and emergency loans to regional international students; and
- accommodation brokerage (including home-stay programs).

Recently some education providers have provided financial support packages to international students adversely impacted by the COVID-19 pandemic, such as those whose employment has reduced or ceased entirely.

EARLY IDENTIFICATION

58 per cent of staff who participated in the survey indicated that the educational institution they worked for had early identification procedures in place for international students who may be experiencing physical safety and mental health challenges. Developing systems to identify disengaged students and those who are struggling, and to check-in with them and/or ensure that contact is made with them helps prevent mental ill-health.

The English Australia *Guide to best practice in international student mental health* (18) includes specific advice for ELICOS providers regarding early identification. These include:

- taking action on visible signs of a distressed student - such students should be connected to support services as soon as possible;
- providing simple reporting processes for staff and students - there should be clear and simple ways for these people to advise responsible staff of their concerns so that appropriate action may be taken; and
- training all staff to be aware of the signs of disengagement that may indicate a mental health problem including non-attendance, reduced participation, failing to submit work, not logging into student portals and poor grades.

IN PRACTICE: CANBERRA INSTITUTE OF TECHNOLOGY - WELFARE CHECKS

Canberra Institute of Technology (CIT) has implemented a protocol for escalating welfare checks on students who miss classes. When a student misses two consecutive classes for a subject, teachers will give students a call to check in on them and to recommend the support services available on campus if needed. If the student misses a third consecutive class, the pastoral care officer is alerted and the student's attendance for other classes will be checked.

If the student has not missed any other classes, the case is not deemed a welfare issue and CIT will offer the student additional tutorial support for the subject. If the student has also missed classes for other subjects, the case is deemed a welfare issue and escalated to a student advisor or the critical incident response team based on its severity. CIT takes a proactive approach towards welfare checks and may contact the student's education agent or classmates if they are unable to get in touch with the student. Staff also conduct home visits, if necessary, to check if the students requires additional support outside of the classroom.

IN PRACTICE: UNIVERSITY OF QUEENSLAND WELFARE CHECKS

All first year students at The University of Queensland are contacted via phone by call centre, staffed by senior peers (a network of current students) to answer any questions about their transition to university, their degree program and life at university. This has occurred for a number of years with domestic students and in the last year, international students have been included in this activity, shortly after arrival in Australia. If the student raises concerns that can't be addressed by the senior peers, it is then referred to professional staff to address. The call centre conducts two or three waves of outbound calls throughout the year to follow up with students after the initial phone call. Professional staff including a team of counsellors and social workers also regularly conduct welfare checks on students who have been identified as at-risk by either their peers, university staff or members of the public.

In addition the University keeps track of students' engagement with online learning systems and class attendance in order to identify disengaged students. A call is then made to offer these students additional support and the case is further escalated if necessary.

FUTURE OPPORTUNITIES

Providers identified opportunities to address specific factors that often affected the mental health and physical safety of international students; many of these related to basic needs of financial and housing security and stability.

FUTURE OPPORTUNITIES FOR PREVENTION AND EARLY IDENTIFICATION	
Subsidised welcome packs.	To help newly arrived international students settle in their new surroundings, subsidised once-off welcome packs that include the basics a student needs during early transition (e.g. food vouchers, public transport vouchers or phone cards) could be organised by the institution.
Increased focus on supporting employment pathways.	Study Centres and other international student representative organisations could enhance supports for finding and maintaining employment while studying and post study by: • educating businesses, recruiters and organisations about employing international students, working with international students and international students' work rights; • develop careers skills workshops that are tailored to the needs of international students; and • improve knowledge of work rights, post-study work visas and internships for international students.

PRACTICE AREA 5
PROMOTING AND FACILITATING ACCESS TO SUPPORTS

PURPOSE: Build the capacity of international education providers to increase visibility of, and connection to, support services.

Students and staff consulted for this project highlighted the challenges they experienced regarding:

- a lack of awareness of available mental health services;
- understanding OSHC service eligibility;
- difficulties accessing these services both on and off campus; and
- managing complex mental health presentations.

Many of the international students who responded to the survey reported not accessing mental health services because they did not have enough time (37.8 per cent), were unsure where to go (36.2 per cent) and the cost of services would be too much (29.7 per cent). Similarly, the headspace consultation with international students found the most reported barriers to accessing services were: stigma, not enough time and costs of services.

In addition, 20 per cent of provider consulted recognise some international students will often not access support because they are worried that doing so will affect their visa status or their educational record.

An overwhelming majority of education providers who participated in our online survey reported that their employer provided direct support for international students experiencing mental health and physical health challenges (90.4 per cent and 87.1 per cent respectively). Providers have developed a range of service and referral approaches to support international students at points of help seeking including:

- informal referral pathways;
- dedicated international student welfare officers or student counselling services
- stepped care;
- co-located services (for example, health, mental health, financial, academic support, employment and accommodation);
- after hours support for students (online and telephone); and
- agreements and partnerships with external services including private health providers.

INFORMAL PATHWAYS

Mental health and physical safety training for all staff within the educational institution was seen as important, particularly in enhancing staff capacity and capabilities for facilitating informal pathways to information, resources and support services in a timely manner. Thirty-four per cent of survey participants reported that their employer currently required all staff to complete training on the internal processes for supporting the mental health and physical safety of international students.

In larger providers, student services and counselling teams would often provide a concerned teacher with advice in the first instance. Sometimes this would be enough for the staff member to support the student without further action required, although in many instances, the contact will result in the student being referred to counselling services.

As smaller education communities, smaller providers often relied on their ability to foster good and trusting relationships between teaching and administration staff and students, which can increase the likelihood a student would disclose concerns and issues.

'Students know they can just come to reception and they'll get good student support. Some of it could just be getting their CV printed, but when you're doing that, it gives our student support staff the ability to be able to chat to students. That's when you find out if there are issues.'

PROVIDER.

STEPPED CARE

Stepped care is a well-established and regarded approach to service delivery in community mental health. Stepped care involves providing a hierarchy of interventions, matched to the individual's needs and severity of ill-health, from the least to the most intensive. It enables an individual to 'step up and step down' to different levels of care as their ill-health either improves or deteriorates. It also enables services to deliver low-intensity supports where appropriate to level of need, saving resources for providing more intensive and expensive care and treatment for individuals experiencing more moderate to severe and complex issues.

'As things escalate and deescalate, we're on top it. And so the student knows that they don't have to retell their story.'

PROVIDER

IN PRACTICE: STEPPED CARE APPROACH TO DELIVERY OF SUPPORTS

A number of larger providers have been moving toward a stepped care approach to student support. This approach narrows care to an individual level, which also considers cultural and linguistic differences.

Stepped care begins with providing students with access to safe generic information online that may address early warning signs for poor wellbeing (e.g. lifestyle interventions for sleep, hygiene, settling in). If the student experiences persisting problems and needs additional support, the provider may offer psycho-education programs which have more targeted information than the online resources. If a student's mental ill-health is more serious and complex, they are booked in for an individual appointment where they can discuss their concerns with a member of the provider's counselling team. During this session, the counsellor undertakes triage and the student is placed on a waitlist for ongoing sessions (six to 10 sessions) if necessary.

The stepped care model allows the provider to overcome resourcing limitations within the counselling team and provide early intervention rather than responding only when a student has reached crisis point.

CO-LOCATED SERVICES AND CASE MANAGEMENT

Providers recognise it can be difficult for international students to access supports if services are not connected to the education provider, each other or are located further away. Some larger education providers, such as universities, are in a position to colocate a number of health and social/student services on campus.

'If there's an emerging mental health issue then our people [can] contain and hold the risk until we can get that young person into the right treatment option and support...the student can literally be walked down there or can find an on-the-day appointment and be considered for a mental health care plan...So that there is a 'no gap' service offering.'

PROVIDER

For some international students this arrangement can be particularly effective in mitigating against a reluctance to access certain services (particularly mental health services) due to stigma.

IN PRACTICE: RMIT UNIVERSITY (MELBOURNE, VICTORIA) – CO-LOCATED SERVICES AND CASE MANAGEMENT

Larger international education providers, such as RMIT University in Melbourne, co-locate essential services (including mental health, sexual health and general practitioner services) on campus. The co-location relationship extends to the RMIT student union and its student services team, Compass. Each of these services shares the space alongside student clubs, career service and student support for welfare and counselling.

In addition, RMIT University's case management system integrates notes and touchpoints for an international student – including from academics and administrative and service staff – so that as the student moves around the university, people or teams can see case notes which can assist in providing a bigger picture of what the student's needs and experiences are.

The case coordination team may also create a secure note, such as for if a student is admitted to hospital. This allows the case coordination team to follow-up with students upon discharge and connect students with RMIT services, such as with equitable learning services. This case management system is particularly useful for students with a disability or mental ill-health.

AFTER HOURS SUPPORT

A number of the Study Centres consulted specifically provide international students with access to supports 24 hours a day. This can include providing crisis interventions and referrals to community services and support in emergency situations. In addition, some education providers have partnered with community health organisations or private insurers to provide responsive, accessible after-hours support.

IN PRACTICE: THE AUSTRALIAN NATIONAL UNIVERSITY – 24-HOUR INTERNATIONAL STUDENT HOTLINE (OUTSOURCED TO LIFELINE)

Providers recognise that international students may need to access support after-hours, usually when on-campus support staff or services are not available. Some providers, such as The Australian National University have contracted 24/7 crisis lines with external partners, such as Lifeline.

Most students who utilise the crisis line are students wanting support in the early intervention stage. The external partner, in this case Lifeline, is able to counsel students over the phone and act early before things get worse. The service also caters to a small number of students who have been referred or require face-to-face counselling, which can be organised via the crisis line.

The partnership allows the providers to make appointments available to students in crisis, while meeting the needs of students who require early intervention.

PARTNERSHIPS WITH EXTERNAL SERVICES

More than 80 per cent of the education providers consulted partner with external organisations or individuals to deliver health promotion campaigns, provide direct service delivery on campus or facilitate referral for students outside campus where necessary.

Examples of partnerships with external organisations providers across the sector include:

- Memorandums of understanding developed between the student services team on campus and local health and mental health providers to ensure agreement and a shared understanding regarding referral processes and protocols;
- local headspace providers (e.g. for an over-the-phone consultation and to engage local headspace staff in the delivery of mental health presentations to students and/or staff);
- locum visits from OHSC providers (see below);
- links with general practitioners (especially those who can speak both English and the language of the student they are seeing);
- community awareness officers from charities and other community groups (e.g. to deliver presentations to students and/or staff on a range of areas including health, sexual health, mental health, accommodation, legal and employment rights); and
- state or territory departments of health (e.g. for disseminating correct health and travel information to students around global health crises, such as epidemics or natural disasters in students' home countries).

FUTURE OPPORTUNITIES

Facilitating access to services for international students' mental health and physical safety was seen to be an important role of education providers, no matter how large or small. However, directly providing support services to students is not feasible for many providers and even larger providers with dedicated counselling and student support services identified that it wasn't possible for them to support students with more complex presentations.

As such, providers identified future opportunities to facilitate access information and services available in the community, including dedicated online forums and platforms specifically to support international students with issues relating to mental health and physical safety, regardless of which education provider they are attached to.

FUTURE OPPORTUNITIES FOR PROMOTING AND FACILITATING ACCESS TO SUPPORTS	
Simple and easily accessible information online.	Introduce online platforms that allow students to have counselling and access to support (e.g. outsource live chat or forums) out-of-hours and beyond crisis lines. This initiative could help students access information and support when a provider may not be available, as well as reduce the burden on providers, particularly smaller or under resourced providers.
Develop state and territory-based directories of external services for international students	To help staff within different provider settings contact and refer students to external services, the sector could develop a directory of external services (e.g. counselling, GPs, religious and/or cultural groups, legal advice, etc.) specifically for international students in each state and territory. The directory could include the service phone number, email, address and a description of what the service provides.
Provide resourcing for case coordination for more complex presentations.	Many providers noted that complex mental health presentations were difficult to effectively support within their service. Students with a number of co-presenting issues needed more dedicated case coordination support.

PRACTICE AREA 6
CULTURALLY APPROPRIATE AND TAILORED RESPONSES

PURPOSE: Assist providers to supply culturally appropriate responses that respond to the depth and breadth of diversity within the international student cohort.

This report has described many of the unique challenges identified by international students and providers which require a more culturally nuanced and appropriate response to supporting their mental health and physical safety. These include:

- stigma and communication barriers, which can make it difficult to provide culturally appropriate information and services;

- differing cultural concepts of mental health, which can prevent help seeking or make it difficult to communicate concerns; and

- difficulties with English and communicating in a second language, particularly concerning health and safety issues.

Compounding these challenges is the depth and breadth of diversity within the international student cohort, across countries of origin, languages, cultures, religious beliefs and age ranges.

This section provides a summary of examples where providers have developed specific, targeted and culturally appropriate responses to address these challenges. These include: dedicated international student services, accommodations in mainstream programs to cultural or language needs; and developing and refining programs informed by the international student experience.

DEDICATED INTERNATIONAL STUDENT SERVICES

Some larger education providers (predominantly universities) have dedicated international student support offices. These are often well received by international students and can enable the delivery of a range of programs and service approaches described in this report, including training for students and staff, peer programs and welfare checks.

'There are so many different things, so many different challenges that international students face. We know there's financial pressure, we know there's pressure from their families to succeed. We know it's a huge personal and financial commitment to come to Australia so we basically try and tackle all of that.'

PROVIDER

A number of providers also employ staff from diverse cultural backgrounds who speak different languages, to help with orientation and information.

IN PRACTICE: DEDICATED INTERNATIONAL STUDENT SERVICES, LA TROBE UNIVERSITY (MELBOURNE, VICTORIA)

La Trobe University's International Student Services has a team structure based on four key pillars that encompass the main facets where international students may experience challenges.

- Academic engagement: help international students understand how academic culture is different to where they might have come from, and staff to understand how international students' learning might be different.

- Community and social engagement: actively work to support students to engage with the university and broader local community.

- Orientation transition: make sure that students arrive in Australia with somewhere to live, an understanding on how to navigate public transport and available services and how to stay safe.

- Communication: ensure messaging to international students remains consistent and that students are aware of who to speak to or where to get help if they are unsure.

While these teams are not necessarily trained in counselling or social work, their role is to understand international student needs and connect them to the most appropriate services available on and off campus.

IN PRACTICE: DEDICATED INTERNATIONAL STUDENT SUPPORT ADVISORS (TAFE QUEENSLAND), QUEENSLAND

TAFE Queensland employs a team of international student support advisors to support students from arrival and throughout their studies. They assist students across a range of personal, employment and welfare issues including:

- finding accommodation;

- managing money and banking;

- coping with homesickness or culture shock;

- understanding OSHC and accessing local health services; and

- student visa conditions including attendance, academic performance and employment restrictions.

This team also works to provide students with an up-to-date list of service providers from different nationalities that can speak different languages as well as English.

https://tafeqld.edu.au/information-for/international-students/life-in-australia/international-student-support.html

ACCOMMODATING CULTURAL AND LANGUAGE DIVERSITY

Other education providers had deliberately avoided the establishment of separate and distinct services and programs branded for international students and instead promoted to international students the supports available for all students (minimising unintended segregation between international and domestic students).

However, many also tailored the mainstream offerings to ensure they were accessible and appropriate for students from a diverse range of cultural backgrounds and needs. Again, peers were often utilised as conduits and 'cultural/language translators' to support international students to access available services and programs.

IN PRACTICE: THE UNIVERSITY OF SYDNEY – PEER-ASSISTED LEARNING LANGUAGE PROGRAM FOR INTERNATIONAL STUDENTS

The University of Sydney business school runs a peer-assisted learning language program for international students. Trained peers are recruited into paid positions to lead learning language sessions with international students, who attend voluntarily. Peer workers use a specific language program to annotate English in a way that makes it easy for international students to pronounce and remember.

This program is currently in transition to become a university-wide program, which includes both undergraduate and higher degree by research students.

DEVELOPING PROGRAMS INFORMED BY THE INTERNATIONAL STUDENT EXPERIENCE

Seeking and applying feedback and evaluation from international students is important in the development and continuous improvement of culturally appropriate programs and services for international students. Many providers consulted for this project actively seek student feedback to improve their services in a number of ways. Including:

- administering a yearly survey through equity services that aims to measure positive and negative feedback on support services;

- conducting face-to-face interviews with students at the conclusion of their participation in initiatives to evaluate what students liked, did not like and might prefer to do;

- surveying students about what they think of the student ambassadors, how they engage with them and what they would like to see;

- tracking data on the purpose of students' visits to support services (e.g. accommodation, study information, immigration) and plan activities and events that cover high-ranking queries; and

- collaborating with on-campus counselling services to run workshops or events for international students around commonly presenting issues (e.g. coping mechanisms for dealing with homesickness, cultural differences within the classroom).

FUTURE OPPORTUNITIES

There remain a number of possible future opportunities to tailor and deliver culturally appropriate and effective mental health and physical safety programs and services to international students. These opportunities include engaging international students in a genuine process of co-design in any future programs, services and interventions aimed at supporting this student population.

FUTURE OPPORTUNITIES FOR CULTURALLY APPROPRIATE AND TAILORED RESPONSES	
Translating the evidence base into practice.	While more research is required, the sector could work on translating existing research literature (especially qualitative research) on international students' mental health and physical safety into education and training materials for staff. Information on developing culturally appropriate services and responses based on student needs and cultural diversity would be particularly useful.
Co-design of programs and services with international students.	While many providers said they actively sought input and feedback from international students into programs and services, there is an opportunity to build the capacity of the sector to engage international students in a process of co-design to ensure new programs are developed from the outset with their needs and experiences at the forefront of their design.
Employment of dedicated international student support staff.	Many providers identified that employing dedicated staff to support international students could improve the institution's delivery of supports for their mental health and physical safety. While not feasible for all international student population groups or for smaller providers, hiring staff who could speak other languages (particularly where certain countries were heavily represented in the international student population) was identified as a possible future opportunity.

PRACTICE AREA 7
CRITICAL INCIDENT MANAGEMENT POLICIES AND PROCESSES

PURPOSE: To ensure processes and procedures are in place to effectively prevent, plan for, respond and promote recovery in the instance of a critical incident on or off an educational institutions campus.

Providers are currently implementing policies, actions and processes which meet the *National code of practice for providers of education and training to overseas students 2018* and other guidance available such as the *ISANA (International Education Association) Critical Incident Kit* (see Appendix 1 for more information).

The response to the critical incident is subject to its nature, severity, location and number of affected persons and their location. Many critical incident response policies in educational settings are not international student specific. They will include elements of:

- prevention and risk management – where the provider will manage and mitigate against risks, such as through campus safety and other institutional policies;

- preparation – making sure all relevant staff and students in the institution have the necessary skills, training and clear processes to respond to a critical incident should one occur;

- responding – when a critical incident has been identified, a response team is usually dispatched to assess and de-escalate the situation. This may involve the police and emergency services or the student being escorted to an emergency counselling appointment. Once immediate action has been taken to de-escalate the situation, the case is then monitored and managed until it is no longer considered 'active'; and

- recovery – following up after the incident with all impacted staff and students to ensure they receive appropriate supports, as well as understanding and addressing any flow on impacts for the institutions broader community or business.

Some education providers have also established a tiered crisis management framework. The tiers generally consist of: incidents that can be managed using local resources; emergency events that escalate and require active management and coordination; and crisis situations that often have wider implications for the provider itself.

'To manage that situation, we put together some really key questions that we need to ask at that time so that we capture the information. It's a very, very detailed flow chart. We've mapped it out – injury of an international student, death of an international student, mental health episode. It talks about all the different steps, the policies that are attached to each of those steps and the relevant staff in the university that need to be informed.'

PROVIDER

Sometimes the incident has occurred externally to the provider and in the students' country of origin. Providers' response to these incidents often rely on a strong relationship with student services teams either on or off campus and clear and prompt communication strategies. If an overseas incident is large in scale, the provider relies on different resources, such as the state, territory or federal government department for travel advice or local consular assistance and ensures this information is communicated to staff and students across the institution.

The following section describes additional good practices across the areas of: working across institutions; safety apps and third party providers; and facilitating access to counselling and health services in response and recovery phases.

WORKING ACROSS THE INSTITUTION

Many providers work across departments within their campuses to develop a critical incident plan and provide information to all staff to manage a critical incident or elevated risk of such an event occurring. The stakeholders involved may include the:

- accommodation manager;
- international student services manager;
- counselling or wellbeing manager;
- head of campus; and
- student services or academic manager.

IN PRACTICE: WHOLE OF INSTITUTION RESPONSES

Committee for students at risk

One provider has a committee for students at risk. The purpose of this committee is to case manage students who present with serious risk of harm to self or to others. The committee is a body is made up of managers and directors from the provider's wellbeing, academic services and security teams.

The committee might provide a case management plan for a student and then refer them into the services that can best de-escalate the issue. The committee might also discus options with a student to go on a leave of absence (e.g. to get treatment for mental ill-health).

Critical incident pocket guides for staff

These pocket guides for staff include a response plan during critical incidents. The pocket guide helps staff do risk assessment, so they know what to do and what level of intervention is needed. The provider's counselling team delivers training to staff on these pocket guides. The training includes how to get the right information from a student in crisis, what questions to ask, observation skills and skills for phone triage.

SAFETY APPS RUN BY THIRD PARTY PROVIDERS

A number of providers reported they utilise and promote the use of safety apps for students, provided by third party providers, as part of the management plan. These augment a provider's existing critical incident management by giving students access to:

- on and off-campus support provided 24/7 through the app, over the phone or in-person;
- phone and in-person support from an ex or off-duty emergency services person with critical incident and mental health first aid training; and
- in-person support within 20 minutes of sending a help request.

ACCESS TO APPROPRIATE MEDICAL AND HEALTH SUPPORTS

COUNSELLING SERVICES

The processes for facilitating immediate counselling during or after a critical incident vary across provider types and provider sizes; however, most providers enable access to immediate counselling either through a triage service over the phone (including a risk assessment) or in-person support (e.g. a staff member intervening and escorting the student to the counselling service).

While most on-campus counselling services have a waitlist, emergency sessions to students in crisis are prioritised and made available immediately.

WORKING WITH HOSPITALS AND SUPPORTING FAMILIES OF STUDENTS

In cases where a student is hospitalised, some providers take an active case management approach towards the critical incident by assisting the family or other supporters of the student. The team or staff member responsible will provide relatives who have to travelled to Australia with:

- in-person or over-the-phone counselling support;
- financial assistance for families to get to Australia quickly; and
- accommodation assistance when families arrive.

In this instance the education provider also maintains a close relationship with the hospital where the student is staying until the family arrives in the country. The provider can then assist the family or other supports available while the student is in hospital and after discharge.

CROSS-SECTOR COLLABORATION

One of the aims of this project was to identify current cross-sector initiatives the international education sector has initiated or engaged with. Cross-sector collaboration can play an important role in continually improving practice across the sector by assisting providers to:

- share resources and information in a resource and time-poor sector;

- learn from other providers' approaches to critical incidents;

- inform policy responses at a provider, sector and government level; and

- network and share good practice between provider types and sizes.

Sixty per cent of providers who completed the survey said that the primary enabler for cross-sector collaboration was forums or professional development workshops while 36 per cent identified conferences.

Below is a summary of examples of cross-sector collaboration initiatives described in the consultations. These demonstrate the scope of current collaborative initiatives across the international education sector, which consulted providers indicated they had derived value from and which had, in some instances, alleviated resourcing and networking barriers.

CURRENT CROSS-SECTOR COLLABORATION INITIATIVE	DESCRIPTION
Engagement in forums organised through the Commonwealth and state or territory governments.	Collaboration between state-based services tasked with promoting international education. Examples include the International Education Marketing Forum (IEMF) and the Commonwealth States and Territories International Educational Training Forum (CSTIETF).
Regional Education Services for Overseas Students reference group	In one region, providers meet quarterly for an Education Services for Overseas Students (ESOS) reference group. Professionals working in the international education sector meet alongside representatives from the state or territory department to discuss processes around the admission of students, updates on student visas and grants.
Conferences, workshops and professional development.	A number of providers said they participated in current international education sector conferences or workshops include: • **Australian International Education Conference (AIEC)** – provides international education practitioners, teaching staff, researchers, policy makers and other stakeholders to learn about major industry trends and to network with Australian and international colleagues. Co-hosted by the International Education Association of Australia (IEAA) and IDP Education Ltd; • **IEAA** – online professional development includes webinars, online modules, forums and masterclasses; • **ISANA International Education Association** – provides resources for students and professional development is open to all ISANA members, non-members and colleagues; • **ISANA National Conference** – annual conference that includes a program of speakers, workshops, social activities and networking opportunities; and • **NEAS** – provides quality assurance and endorsement for English Language Teaching (ELT) centres, professional development for ELT teachers, managers and professional staff and approval of ELT teacher qualifications.
Working groups (inter-university campuses)	Small working groups across campuses for international students' specific issues conducted online or via teleconference. Groups share resources and work on different collaborations and to identify areas for further work and advocacy.
The PIE Newsletter	The **PIE newsletter** provides updates and business analysis for professionals in international education.
Collaboration with state-based Study Centres	Providers often collaborate with state-based study centres to address identified needs of international students. Examples of collaborative projects include: • free airport reception for arriving international students; • accommodation and work exploitation research reports; • matched funding on partner project initiatives (e.g. matching grants that benefit the international education community); and • facilitated networking sessions.

FUTURE OPPORTUNITIES

Providers in the consultations noted that while several mechanisms existed to share practice, resources and information, there were a number of challenges and barriers to participation.

Smaller providers often had fewer resources available to support staff to engage in professional development and networking opportunities such as attending conferences; nor did the information and practice presented at these events often reflect the resourcing levels and structural considerations of vocational education or smaller higher education providers.

In addition, regional providers often felt they were isolated from information sharing and learning events often held in capital cities which required significant travel and time to attend.

Staff within counselling and student services teams also reported that it was difficult to find time to participate in conferences and workshops due to high demand for on-campus services, not enough resources to cover time away or professional development not being funded by the provider.

FUTURE OPPORTUNITIES FOR CROSS-SECTOR INFORMATION SHARING	
Body for RTOs to contact for support.	Registered training organisations (RTOs) report less information and support tailored to staff who work in these settings. There is an opportunity to establish a specific service that RTOs can contact and consult on international student issues and how to best respond in their context.
More opportunities for collaboration within smaller providers.	Education departments and sector peak bodies could coordinate events and forums that are specifically tailored to bringing together the VET sector network to facilitate the sharing of practice and resources for international students.
Online community of practices and networking events.	To address the travel and cost barriers associated with attending training, conferences and networking events, associations that currently organise these could move some opportunities to online forums, utilising video conferencing capabilities to facilitate sharing of practice and knowledge.

CONCLUSION

This report highlights the range of unique issues impacting the mental health and physical safety of international students including social isolation and loneliness, language barriers, experiences of racism and discrimination, stress regarding visa requirements and cultural barriers to conceptualising mental health and physical safety concerns.

This report also describes a number of challenges providers experience in delivering services and supports in response to international student mental health and physical safety issues including insufficient resourcing to meet demand for support from international students, both within and outside the educational institution; responding to complex cases – particularly complex and serious mental ill-health; stigma and communication barriers; and lack of service awareness (particularly regarding health insurance coverage).

Orygen found numerous positive and good practice examples of education providers attempting to address these challenges and develop initiatives, services and programs which support international students, mental health and physical safety. These were categorised in the following seven areas of practice: whole-of-provider policy for supporting the mental health and physical safety of international students; enhancing connections and belonging; building mental health and physical safety literacy and awareness; prevention and early identification of risk or emerging issues; promoting and facilitating access to supports on campus or in the community; designing and delivering culturally appropriate responses; and critical incident management.

Providers also described a number of mechanisms where they currently share practice and collaborate across the sector. These include government initiated and led sector forums, peak body and representative association conferences, working with Study Centres to address identified needs at a state or city level; newsletters and examples of provider-led inter and intra-institutional working groups.

Opportunities for future capacity building were identified through the feedback from the consultations. These include coordination at a national level through the development of a dedicated international student mental health strategy; building and enhancing the peer support workforce; greater efforts to address the determinants of poor mental health or risks to physical safety (such as employment and housing supports); making supports and services information more accessible and centralised; providing specific forums for smaller providers and vocationally focused institutions to share knowledge and resources relevant to their context; and building a stronger research and evidence base to translate into practice.

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APPENDIX 1: CURRENT GUIDANCE FOR SUPPORTING INTERNATIONAL STUDENTS IN AUSTRALIA

THE NATIONAL CODE OF PRACTICE FOR PROVIDERS OF EDUCATION AND TRAINING TO OVERSEAS STUDENTS 2018

The *National code of practice for providers of education and training to overseas students 2018* (the national code) (1) is a legislated instrument that recognises that international students face unique challenges when living in Australia and aims to protect the rights of international students.

The national code also describes the minimum standards education providers must fulfil when providing services to support international students' mental health and physical safety and manage critical incidents (see below).

Box 1: The National code of practice for providers of education and training to overseas students 2018

EXAMPLES OF WELLBEING AND SAFETY REQUIREMENTS

Directly replicated from the code.

6.1 The registered provider must support the overseas student in adjusting to study and life in Australia by giving the overseas student information on or access to an age and culturally appropriate orientation program that provides information about:

6.1.1 support services available to assist overseas students to help them adjust to study and life in Australia;

6.1.4 emergency and health services;

6.1.5 the registered provider's facilities and resources;

6.1.8 the support services available to assist students with general or personal circumstances that are adversely affecting their education in Australia; and

6.1.9 services students can access for information on their employment rights and conditions, and how to resolve workplace issues, such as through the Fair Work Ombudsman.

6.9 The registered provider must:

6.9.1 take all reasonable steps to provide a safe environment on campus and advise overseas students and staff on actions they can take to enhance their personal security and safety;

6.9.2 provide information to overseas students about how to seek assistance for and report an incident that significantly impacts on their wellbeing, including critical incidents; and

6.9.3 provide overseas students with or refer them to (including electronically) general information on safety and awareness relevant to life in Australia.

ENGLISH AUSTRALIA GUIDANCE DOCUMENTS

In the last two years, two best practice guides for education providers pertaining to the mental health and physical safety of international students have been published by English Australia specifically for the providers of English language intensive courses for overseas students (ELICOS) (2, 3): *Guide to best practice in international student safety* (2019) and *Guide to best practice in international student mental health* (2018).

The *Guide to best practice in international student safety* identifies the following principles for best practice:

- Develop a safety plan to increase student awareness and minimise safety risks.

- Recognise vulnerable cohorts, such as under-eighteens and lesbian, gay, bisexual, transgender, queer, intersex and other diverse gender or sexuality identifying (LGBTQI+) students.

- Develop and deliver targeted information in plain English.

- Engage adequate and trained staff.

- Work with stakeholders, including community groups and local emergency services.

The guide also specifies best practice principles in managing critical incidents, including:

- facilitating students' reporting by allowing anonymous reporting or direct reporting to staff;

- collecting data to comply with the *National code of practice for providers of education and training to overseas students* 2018; and

- using such data to review safety procedures.(3)

The *Guide to best practice in international student mental health* identifies the following ten principles for best practice:

- Written policy outlining the education provider's management strategy for mental health issues among students.

- Promotion of mental health services.

- Staff training and awareness for staff members who respond to students with mental health challenges.

- Health promotion activities.

- Procedures for early identification.

- Availability of short-term mental health services.

- Accessibility of such mental health services.

- Reasonable adjustments.

- Clear communication and record-keeping processes.

- Support for staff and students.(2)

These two guides highlighted the particular opportunities for the ELICOS providers to deliver evidence-based and good practice responses to international students. However, it is important to acknowledge that the resources and capabilities of education providers vary drastically across the international education sector. What works for one education provider may not necessarily be feasible for another to implement.

At the moment, a comprehensive cross-sectorial set of best practice standards for supporting the wellbeing and physical safety of international students studying in Australia does not exist. The Tertiary Education Qualifications and Standards Authority provides a guidance note for all higher education providers[2] on student wellbeing and safety. The guidance is non-binding/not-enforceable and covers the provider's role and responsibility for:

- avenues and contacts for support for students if needed;

- availability of specific types of personal support services;

- ensuring that support services offered reflect the needs of student cohorts;

- promotion of a safe environment; and

- management of critical incidents.(4)

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2   Providing awards such as diplomas, advanced diplomas, associate degrees, bachelor degrees (including honours), graduate certificates, graduate diplomas, masters degrees, doctoral degrees and higher doctoral degrees.

ISANA CRITICAL INCIDENT KIT

The ISANA Critical Incident Kit provides a practical resource, illustrated with real world examples, to guide international education providers and staff through a process of preparing for and responding to a critical incident. The kit includes information on:

- critical incident definitions;

- developing a clear critical incident policy;

- tips for working with the media in the event of a critical incident;

- managing information on student files;

- developing skills and knowledge among those most likely to be directly involved in critical incident responses and management;

- preparing yourself as an individual staff member to respond to a critical incident in a cross cultural setting;

- preparing others across the institution through training and resources;

- specific information on procedures for AusAID students;

- police involvement; and

- information to support a response when the critical incident is a death or results in a death/s.

The kit can be accessed at: **http://www. isana.org.au/wp-content/uploads/2015/03/ ISANACriticalIncidentsKit.pdf**

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APPENDIX 2: METHODOLOGY

The Department of Education, Skills and Employment (DESE) engaged Orygen to undertake the International Student Engagement Consultation (ISEC) project. This project sought to identify:

- current perspectives from a range of stakeholders in international student education, including providers, students, associations and sector bodies, on the opportunities and challenges in supporting and responding to issues of wellbeing and physical safety among this student cohort in Australia;

- examples of best practice in relation to mental health and personal safety support provided to international students studying in Australia; and

- opportunities to facilitate continuous improvements and sharing of best practice across the sector on an ongoing basis.

Stakeholders consulted included:

- peak bodies in the education industry;

- international students;

- providers of English language intensive courses for overseas students (ELICOS);

- vocational education and training (VET) and technical and further education (TAFE) providers;

- universities;

- international Student Study Centres (state/ territory funded); and

- private higher education institutions.

METHODOLOGY

Stakeholders were consulted using two methods: face-to-face consultations (education providers only) and an online survey (education providers and international students).

Analysis of consultations findings also considered:

- Thematic findings from face-to-face consultations with international students undertaken by headspace between September and November; and

- Findings from related international student welfare and mental health projects undertaken by Orygen:

  - International Student Welfare Project (Victorian Government).
  - Australian University Mental Health Framework (expected release second half of 2020).

The online survey and face-to-face consultations were approved through the Centre for Youth Mental Health Human Ethics Advisory Group: ethics application number F19-344.
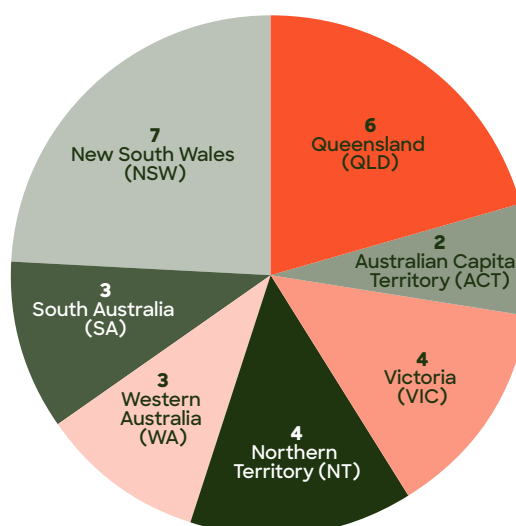
FACE-TO-FACE CONSULTATIONS

Face-to-face consultations were conducted with 24 international education providers and five study centres located across seven Australian states and territories (Figure 1).

Consultations ran for 90-120mins and were audio-recorded, transcribed and analysed for emerging themes related to the following areas:

- challenges providers experience in regard to supporting international students;

- common challenges international students face, as reported by providers;

- examples of good practice and initiatives for physical safety and mental health;

- critical incident prevention and management;

- cross-sector collaboration; and,

- opportunities to build capacity.

Figure 1: Providers by state/territory

Pie chart:
- 7 New South Wales (NSW)
- 6 Queensland (QLD)
- 2 Australian Capital Territory (ACT)
- 4 Victoria (VIC)
- 4 Northern Territory (NT)
- 3 Western Australia (WA)
- 3 South Australia (SA)

Of those consulted:

- Nineteen providers were located in major cities, three were located at inner regional areas, six were located at outer regional areas and one was located remotely.
- Eleven providers were university/higher education institutions; six were VET/TAFE and two English Language schools (Figure 3). One university and one higher education provider were private institutions.
- The average number of attending staff at each ISEC consultation was 2.2 people.

Consultations occurred between January and February 2020 prior to the escalation of the COVID-19 pandemic in Australia.

ONLINE CONSULTATION

An online survey ran concurrently to the face-to-face consultations to extend and broaden the input provided across the sector. International students' views were captured by the survey and data from headspace focus groups conducted in 2019. A total of 315 staff and 276 international students participated in the survey.
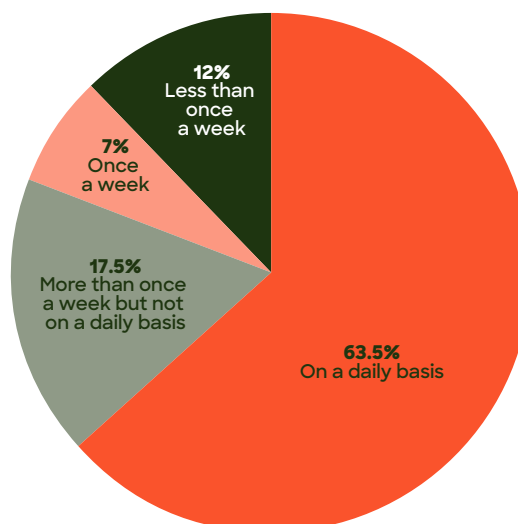
The survey was conducted during the rapid escalation of the COVID-19 pandemic. Originally the survey was to run from 21 January 2020 to 28 February 2020, however the survey was extended to Chinese students for a further four weeks up to 27 March 2020 in recognition of the impact the COVID-19 virus had on the capacity of this student cohort to participate in the consultation up to that point.

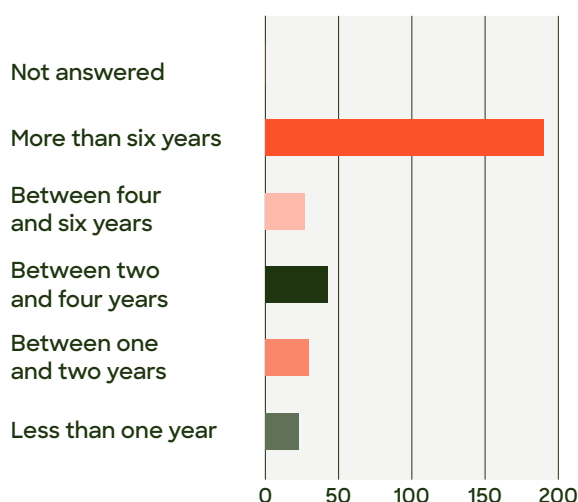### DEMOGRAPHICS OF SURVEYED EDUCATION PROVIDER STAFF

The online survey was completed by 315 staff in educational institutions. Generally, staff were divided into those working in health professional roles (n=35) or they were other student support or teaching staff (n=280).

Sixty-nine per cent of staff worked at a private provider while 28.5 per cent worked in public institutions. The majority had worked with international students for more than six years and reported interacting with international students on a daily basis (Figure 2 and 3).

Figure 2: Within your role, how often do you interact with international students?

- 12% Less than once a week
- 7% Once a week
- 17.5% More than once a week but not on a daily basis
- 63.5% On a daily basis

Figure 3: Years working with international students

DEMOGRAPHICS OF SURVEYED STUDENTS

The online survey was completed by 276 international students; 64 per cent were female, 30.8 per cent were male; 0.8 per cent identified as genderqueer, gender non-conforming or gender diverse; and 0.4 preferred not to say.

Most of the participants reported their country of origin as India (19.6 per cent), China (11.2 per cent), Nepal (10.1 per cent), Malaysia (6.5 per cent), or USA (6.5 per cent). A total of 48 countries of origin were represented.

The participants had an average age of 25.7 years (range = 17-60 years) and the majority had been studying in Australia for less than two years at the time of the survey (67 per cent).

The majority of participants (90.2 per cent) were studying at a university with 46.7 per cent of the total sample completing courses at the undergraduate level and a further 43.4 per cent completing postgraduate courses (33.3 per cent by coursework and 10.1 per cent by research).[3] 51.4 per cent of the participants were attending a public institution and a further 27.5 per cent indicated that they were studying at a private institution; while 19.9 per cent were unsure if their education provider was a public or private institution (Table 1).

Most of the participants (75 per cent) had two years or less of study left and 24.6 per cent of the total sample indicated an intention to pursue further studies once they have completed their current course.

Table 1: Surveyed international students by level of study

LEVEL OF STUDY	NUMBER OF PARTICIPANTS	PERCENTAGE OF TOTAL PARTICIPANTS
University (undergraduate)	129	46.7%
University (postgraduate by coursework)	92	33.3%
University (postgraduate by research)	28	10.1%
VET	19	6.9%
ELICOS	3	1.1%
Secondary school	2	0.7%
Other	3	1.1%

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3   It should be noted that higher education students are overrepresented in this sample as only 47 per cent of all international students in Australia were enrolled in higher education courses as of October 2019.

APPENDIX 3: FURTHER EXAMPLES OF CURRENT PROVIDER INITIATIVES

The International Students and their Mental Health and Physical Safety report describes seven areas where good practice was identified through consultations with providers and students across the sector. These are:

Practice area 1
Whole of provider commitment through policy and leadership

Practice area 2
Enhancing connections and belonging

Practice area 3
Building mental health and physical safety literacy and awareness

Practice area 4
Prevention and early identification of risk or emerging issues

Practice area 5
Promoting and facilitating access to supports on campus or in the community

Practice area 6
Designing and delivering culturally appropriate responses

Practice area 7
Critical incident management

The following tables provide examples of this practice across the sector, complementing the case studies included through the body of the report.

Note: *Multiple providers is used when an initiative was mentioned by seven or more of the providers consulted. This was therefore considered to be common practice.

PRACTICE AREA 1: **WHOLE OF PROVIDER COMMITMENT THROUGH POLICY AND LEADERSHIP – EXAMPLE INITIATIVES**

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Health university working group	The Australian National University has established a working group which will be responsible for the development, implementation and review of a Healthy University Strategy action plan. The working group will also facilitate the sharing of ideas and initiatives within the university to promote the strategy. The Healthy University Strategy adopts a holistic understanding of health and takes a whole of university approach towards creating a culture that enables members of its community to achieve their full potential. An initiative that has come out this strategy is a series of parent and supporter events which will give parents and guardians of students enough information for them to work with the university in providing support for students.	Australian National University.
UQ mental health strategy	Guided by a strengths-based framework, the University of Queensland's mental health strategy seeks to empower the university community by encouraging them to engage in positive health behaviours and develop early help-seeking behaviours. The strategy is focussed around six key areas: • institutional organisation, planning and policy; • fostering a supportive and inclusive university environment; • mental health awareness and self-management; • early recognition of staff and students requiring support; • provision of mental health support services; and • crisis management. The strategy also uses a stepped-care model to develop strategies and interventions, from the least to most intensive, so students and staff can access the level of support that matches their needs.	University of Queensland.

PRACTICE AREA 2: **ENHANCING CONNECTIONS AND BELONGING – EXAMPLE INITIATIVES**

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Community engagement activities	Building relationships with local sporting clubs that facilitate international student participation. Partnering with local Aboriginal and Torres Strait Islander communities and elders to build cultural awareness and competencies including Welcome to Country ceremonies, cultural awareness, local Aboriginal history-telling and art-making. Engaging industries and workplaces where students are undertaking placements or completing vocational training. Linking into community groups that assist international students with conversational English and living in the community. Inviting police, emergency services and water safety organisations on-campus to give a presentation on their role within the community and an overview of local laws and general safety initiatives. When students are in homestay, foster relationships with families through education provider events (e.g. exhibitions by students).	Australian Careers College (Darwin, NT), Charles Darwin University (Darwin and Alice Springs, NT) and La Trobe University (Bendigo and Melbourne, VIC), among other providers.
Activities to connect international students with domestic students	Specific programs that connect international students with local students through a peer work model. Interactive and collaborative classrooms that build social relationships and connection by encouraging mixing within the classroom. Mentoring initiatives that pair an international student with a domestic student matched according to areas such as field of study, gender and their age.	La Trobe University (Bendigo and Melbourne, VIC) and University of Sydney (Sydney, NSW), among other providers.
Rural Homestay Program (Rotary Clubs)	Across Victoria, international education providers can partner with Rotary Clubs to offer international students the opportunity to spend the weekend in rural Victoria. These weekends come under the Rural Homestay Program, are fully funded and enable students to engage with Australian locations they may never have seen, as well as to spend the weekend with an Australian family who hosts them.	Rotary Australia.

PRACTICE AREA 3: **MENTAL HEALTH AND PHYSICAL SAFETY LITERACY AND AWARENESS - EXAMPLE INITIATIVES**

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Accessible professional development and training	Subsidise mental health first aid training through student services and amenities fees (SSAF) for students who have to complete the training as part of their studies. Provide recognised professional development opportunities through ambassador/mentor training Develop shorter online modules for students to develop knowledge of physical health and wellbeing (e.g. consent and sexual assault, physical and mental wellbeing, emotional intelligence). Provide access to mental health first aid training for support staff and volunteers who work with vulnerable international students for key topics, such as mental health, sexual assault, suicide prevention, self-harm and physical safety.	La Trobe University (Bendigo and Melbourne, VIC) and University of Sydney (Sydney, NSW), among other providers.
Water safety programs	Facilitate free water safety classes or programs either on-campus or by partnering with an external organisation (e.g. Surf Life Saving).	Multiple providers*.

PRACTICE AREA 4: **PREVENTION AND EARLY IDENTIFICATION - EXAMPLE INITIATIVES**

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Physical health promotion activities	Connecting with alumni who are trainers within various exercise programs who can return to campus and run physical health activities, such as Pilates. Facilitating mutually beneficial, student-led physical health activities within the vocational education sector. For example, get students who are studying aged care to run tai chi with the patients where they are doing working placements. Involving volunteer students studying allied health in the planning of activities that the health promotions officer may be running. Celebrating awareness days dedicated to specific cohorts within the international student community. For example, events for LGBTQI+ people (e.g. Wear It Purple day) and students aged under 18 years. Connecting with on-campus sports clubs to run lunchtime social sport, free classes for students and trial gym classes.	Australian Careers College (Darwin, NT) and The Australian National University (Canberra, ACT), among other providers.
On-campus security	Drive students in the university-owned security car to public transport and on-campus accommodation after-hours; this service is provided free-of-charge. Dedicated campus security hotline available to call from all the phones across the campus. Security staff trained in security-related matters and first aid as the after-hours first point of contact on-campus. Referral processes in place with on-campus security in situations when there is a distressed student/s (e.g. a student needed mental health help), including copies of incident reports distributed to the well-being team. Restrict access via lifts and/or stairs at certain times so people who are on-campus can only get to certain floors when there are fewer people around.	Multiple providers*.

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Physical safety apps	**On-Campus** Many larger providers have apps which provide easy access to security while on campus. These are usually specific to the provider or through a third party provider who can develop a customisable app so that specific campus requirements are met. This allows students to connect quickly with campus security and it can also be used to send out push messages about any safety concerns to app users on campus. **Off-Campus** Many providers also promote third party smart phone apps to international students. These apps can provide a multilingual safety and support service delivered through a nationwide network of trusted and trained professionals who provide safety and security services, day or night.	

PRACTICE AREA 5: PROMOTING AND FACILITATING ACCESS TO SUPPORTS ON CAMPUS OR IN THE COMMUNITY – EXAMPLE INITIATIVES

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Career counselling	The careers counsellor is someone students can book one-on-one to consult with, work on their resume, practice interview questions or just talk through what their best options are, long-term or short-term.	RMIT University (Melbourne, VIC) and other providers.
Formal referral pathways to external services	Formal referral pathways exist to essential and free or low cost services, including GPs, legal services, student housing, not-for-profit and community health services. Calling the local mental health team if it is a critical case. Some smaller providers supplied students with financial assistance to see a psychologist the first time.	Australian Careers College (Darwin, NT), La Trobe University (Bendigo and Melbourne, VIC) and StudyNSW (Sydney, NSW), among other providers.
Increase visibility of services using technology	Use technology to provide up-to-date and essential information to students in an accessible format. For example, YouTube campus tours for pre-arrival students, Q&A webinars with the international student services team or e-health services (online chat, third party app etc.)	Multiple providers*.
Informal referral pathways	Gather knowledge about external service processes and procedures to build referral pathways to external services through organic connections. For example, understanding hospital admissions procedures or specialised care services for eating disorders or substance use.	Multiple providers*.
Mental health support and supervision opportunities for staff	Make mental health first aid training available to all staff and allow clinical staff appropriate supervision time.	Multiple providers*.
Facilitate access to OSHC benefits	Partner with preferred OSHC provider to run workshops (e.g. mindfulness), arrange bulk billing for on-campus services and promote 24/7 counselling phone services.	Multiple providers*.

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
On-campus health care clinic	Some larger providers have on-campus healthcare staff. The healthcare clinic may include: community health nurse, clinical psychologist, general practitioner, pathologist, sexual health nurse and nutritionist. Some providers have bulk billing arrangements with preferred OSHC providers, which may include access to mental healthcare and hospital admission.	The Australian National University (Canberra, ACT), University of Sydney (Sydney, NSW), RMIT University (Melbourne, VIC) and University of Queensland (Brisbane, QLD), among other providers.
On-campus legal service	Independent student legal service on-campus (e.g. to assist students with housing issues).	RMIT University (Melbourne, VIC), among other providers.
Promote internal and external services	Promote internal and external services to help students understand what is available and what their options are. For example: Host welcome functions for international students to connect with internal and external representatives – these events could be culturally specific. Promote internal and external services information through a variety of outputs, such as brochures, student services, posters, website content, student ambassadors, email correspondence, verbally and via the international student support team. Connect students with local networks or existing community groups (e.g. Salvation Army) who are linked to specific cultures.	Multiple providers*.
Reducing barriers to access counselling	Provide multiple ways to book counselling appointments, including in-person, over the phone or online. Staff can make counselling appointments on behalf of students (with student permission and consent) and the student receives a notification. Provide an unlimited number of sessions in a non-threatening environment.	La Trobe University (Bendigo and Melbourne, VIC) and RMIT University (Melbourne, VIC), among other providers.
Student union supports	Facilitate peer-to-peer conversations through a student union-affiliated drop-in centre, which is staffed by a clinical professional as well as student volunteers who have a background studying in social work and psychology.	RMIT University (Melbourne, VIC).
Therapy animals	Therapy dogs are brought on-campus during orientations and before exams to reduce tension and stress.	La Trobe University (Bendigo and Melbourne, VIC) and other providers.

PRACTICE AREA 6: DESIGNING AND DELIVERING CULTURALLY APPROPRIATE RESPONSES – EXAMPLE INITIATIVES

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
In accommodation	Examples of international education providers supporting students with accommodation needs include: • female-only sections of on-campus accommodation; • non-alcoholic or non-party on-campus accommodation; • provide an up-to-date contact details registry for providers and students who want a share house or short-term accommodation until students find permanent off-campus accommodation; and • provide support for students in finding accommodation and negotiating with community rental agencies to find suitable accommodation.	La Trobe University (Bendigo and Melbourne, VIC) and other providers.
Celebration of culture	Celebrate culturally significant events (e.g. Diwali) or specific days (Brazilian Day) to engage with the international student cohort. For example, national days of students' home countries and ballroom nights run by a specific cultural group. This may also include celebrating Harmony Week with multicultural markets or a multicultural day.	La Trobe University (Bendigo and Melbourne, VIC) and other providers.
Access to multi-lingual service providers	Provide an up-to-date list of service providers from different nationalities that can speak different languages as well as English.	University of Sydney (Sydney, NSW) and TAFE Queensland (Brisbane, QLD), among other providers.
Diverse religious and spirituality services	Provide on-campus multi-faith prayer rooms or ministry rooms for bible studies. Connect students with local religious and spirituality services (e.g. churches in the community). Provide pastoral care to students and also linking with the safety and well-being staff. University sponsored on site multifaith chaplain. Tailored grief and loss workshops for international students about how to manage emotions when they lose someone and they are far away (e.g. family back home).	Multiple providers*.
Using social media platforms students are on (e.g. Weibo, WeChat)	Examples of using social media platforms students are on include: Tailor messages to the social media platform being used. For example, consider where students are located – onshore or offshore – and use the platform most appropriate to them, such as WeChat and Weibo for Chinese students. Use closed Facebook groups to promote support services and events within the communities. Set up a WhatsApp group of small groups of international students moderated by a peer mentor who might encourage students to engage outside class.	Study Adelaide (Adelaide, SA) and Study Perth (Perth, WA), among other providers.
Information and assistance for graduating or leaving students	Outreach services for international students in the final year of their degree to check how they are going and remind them of support available post-graduation (e.g. job services, mental health services, etc.).	RMIT University (Melbourne, VIC).

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
Supporting students to access career enhancing opportunities	Examples of supporting international students to access career enhancing opportunities include: Highlight the value of volunteering, including the networking opportunities and possibility of volunteer work leading to paid work. Run mentoring programs (e.g. matching up a new international student with a former student) within different faculties to build employment connections and networks. Develop work integrated learning experiences that provide international students the opportunity to learn communication skills, leadership skills and teamwork skills.	La Trobe University (Bendigo and Melbourne) and StudyNSW (Sydney, NSW), among other providers.

PRACTICE AREA 7: MANAGING CRITICAL INCIDENTS – EXAMPLE INITIATIVES

NAME OF INITIATIVE	DESCRIPTION OF THE INITIATIVE	PROVIDER
On-site sexual harm response	Part-time staff provide confidential advice or support to students who experience or witness an unacceptable or concerning behaviour (e.g. harassment, bullying or sexual assault). Staff may be trained in sexual assault counselling. Provide a crisis line staffed by a team with significant experience in responding to sexual harm circumstances. Train student liaison officers to respond to sexual harassment, misconduct and domestic violence in the Safer Community space. Qualifications may include in counselling or psychology. Speak Up is a free and confidential service offered by La Trobe University. It is for students who experience or witness unacceptable or concerning behaviour to seek advice, support and referrals. Students can contact Speak Up by phone and email or by submitting an anonymous online report.	La Trobe University (Bendigo and Melbourne), University of Sydney (Sydney, NSW) and RMIT University (Melbourne, VIC), among other providers.
Staff knowledge of support services	Supply staff with have a 'quick-response protocol', which is a one-page sheet outlining the path staff should take when responding to different kinds of situations. Encourage staff to call support services when they do not know what to do to ask for help.	Charles Darwin University (Darwin, NT).