

From surviving to thriving: building the conditions for international student success.

Medibank and Nous Group.

2026



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About this report.

This report, developed jointly by Medibank and Nous Group, brings together the voices of international students, university perspectives, healthcare data, and broader evidence to better understand the health and wellbeing experiences of students studying in Australia, and to identify opportunities to strengthen support. All survey and claims data included in this report has been de-identified and aggregated for analysis and reporting purposes.

Medibank is a health company providing private health insurance and health services to millions of people across Australia. They work closely with health professionals, providers and governments to drive the health transition in Australia, so that the health system can support our generation and those to come.

Nous Group is an international management consultancy with over 600 people working across Australasia, the United Kingdom and North America, helping clients to realise a bigger idea of success. Founded in Australia, Nous has been delivering positive influence since 1999. Find out more at nousgroup.com

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Partnership.

Medibank and Nous Group partnered with six universities across Australia to develop this report. Our partners supported us in connecting with and hearing from their students and staff, and provided expert input on all research findings and opportunities outlined in this report. University partners include University of New South Wales, Southern Cross University, La Trobe University, Queensland University of Technology, Swinburne University of Technology and The University of Western Australia.



UNSW
SYDNEY



**Southern
Cross
University**



LA TROBE
UNIVERSITY



**THE UNIVERSITY OF
WESTERN
AUSTRALIA**

Authors and contributors.

Mia Juritzen | Director Nous Group

Jamie Cook | Manager Nous Group

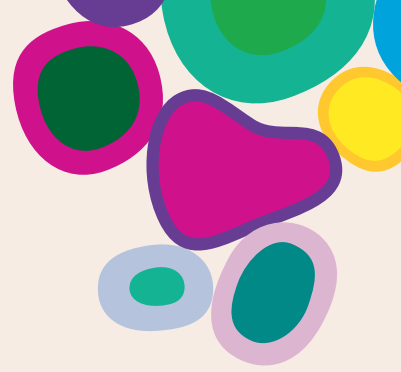
Elle McGill | Senior Graphic Designer Nous Group

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Medibank acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of this nation. We proudly recognise Elders past, present and emerging as the Traditional Owners of the lands on which we work and live. We're committed to supporting Indigenous self-determination and envision a future where all Australians embrace Aboriginal and Torres Strait Islander histories, cultures and rights as a central part of our national identity.

Foreword.



Becky Hyde | Senior Executive Overseas & Corporate Business, Medibank.

International students make an extraordinary contribution to Australia. They enrich our campuses and communities, strengthen our global connections, and bring diverse perspectives, experiences and ambitions that benefit us all. We have a collective responsibility to ensure they can do so in an environment that supports their health, wellbeing and success.

At Medibank, we believe that good health is about more than the absence of illness. It is about creating the conditions that enable people to thrive. For international students, those conditions include feeling connected, supported, informed and confident navigating life in a new country. Yet too often, the students experiencing the greatest need face the greatest barriers to obtaining support.

This report contributes to a deeper understanding of the experiences of international students and the factors that shape their health and wellbeing. The findings highlight the important role that connection and belonging play in helping students thrive, with loneliness emerging as a key warning sign of broader health and wellbeing challenges. For Medibank, these insights build on our work to understand and address loneliness, while adding to the growing evidence that social connection is a critical determinant of health and wellbeing.

The findings are also a reminder of the importance of prevention and early intervention. At Medibank, this understanding is reflected in our \$100 million commitment to mental health, focused on improving access to care and driving innovation across the health system. For international students, this means looking beyond crisis response and treating health navigation, peer connection and professional care as connected parts of the student journey. We hope this report sparks conversations, challenges thinking and encourages action across the sector. Most importantly, we hope it helps build a shared commitment to creating the conditions in which every international student can thrive.



Zac Ashkanasy | Principal, Nous Group.

International students are one of Australia's greatest success stories. Their contribution extends well beyond our universities, enriching communities, strengthening industries and shaping Australia's future as a globally connected nation. Yet while many international students succeed, this research reminds us that success cannot be measured solely through enrolments, satisfaction scores or completion rates. We must also ask whether students feel connected, supported and able to flourish throughout their journey.

At Nous Group, we are passionate about helping organisations tackle complex challenges and improve outcomes for the people they serve. We partnered with Medibank on this research because we saw an opportunity to bring together rigorous analysis, lived experience and practical insight to better understand international student health and wellbeing and, importantly, identify where change is most needed.

What makes this report different is its focus on action. Throughout our consultations, students, university leaders and sector partners consistently asked not only what the challenges are, but what can be done about them. This report seeks to answer that question. It highlights the importance of identifying emerging difficulty earlier, treating social connection and belonging as essential student success infrastructure, and making support easier to navigate and access.

We hope this report serves as a catalyst for collective action across the sector. No single institution or organisation can address these challenges alone. However, by listening closely to students, using evidence to inform decisions and working together across organisational boundaries, we can create environments in which international students are not simply surviving their time in Australia, but thriving within it. That is the aspiration that sits at the heart of this report, and the opportunity we hope it helps the sector realise.

Executive summary.

Overall success masks a worrying level of hidden struggles for international students.

International students are central to Australian higher education. Most report positive experiences of studying and living in Australia, and many successfully navigate the demands of living, studying and working in a new country. Yet positive experiences can hide considerable wellbeing pressures. A significant minority of students report poorer health, frequent stress, loneliness, financial pressure and difficulty accessing support. Many experience several of these pressures at once, making each more difficult to manage.

This report draws on a survey of 2,296 international students across six universities, focus groups with more than 150 students, interviews with 42 university staff, student and university partner roundtables, university administrative data, Medibank Overseas Student Health Cover (OSHC) claims data and existing literature. Together, these sources provide new insight into how international students experience health and wellbeing, where difficulties arise, and where universities, OSHC providers and sector partners can act.





Six wellbeing personas show the spectrum of variances in the international student experience.

International students experience different combinations of health, confidence, connection and distress. Some students report good health and low levels of stress, while others experience poorer health and multiple, overlapping challenges. Many sit somewhere in between. For international students, these challenges arise within a distinct context that can amplify difficulty. They are navigating unfamiliar support systems, managing financial and visa-related constraints, at times experience racism or discrimination that adversely affects their wellbeing, and building their personal support networks from scratch.

Through this study, we identified six wellbeing personas that make the variation in international student experiences visible. These personas provided a meaningful way of exploring how the differing experiences impact overall student experience and success.

Figure 1 | Wellbeing social personas



Thriving and connected.

Very positive physical and mental health and strong confidence managing their health and using healthcare. These students experience the least frequent loneliness, stress and difficulty coping.



Confident and belonging.

Generally positive health and comparatively infrequent loneliness, stress and difficulty coping. Their confidence managing their health and using healthcare is more moderate, and although they experience less distress, they experience somewhat lower health and confidence than those who are thriving.



Balancing and coping.

These students rate their physical and mental health positively and report relatively high confidence managing their health and using healthcare, but experience more frequent loneliness, stress and difficulty coping.



Managing under pressure.

Moderately positive health and confidence, but experiencing frequent loneliness, stress and difficulty coping. These students demonstrate how substantial distress can coexist with continued confidence in managing their own health and wellbeing.



Feeling disconnected.

Poorer physical and mental health combined with lower confidence managing their health and using healthcare. Their difficulties span loneliness, stress and coping with daily tasks or study demands, alongside less favourable assessments of their health and confidence.



Isolated and struggling.

Very poor health, very low confidence and the most frequent distress. Their difficulties span all eight measures, identifying a group whose circumstances warrant particular attention.



KEY FINDINGS

A quarter of international students struggle with their health and wellbeing.

24 per cent of students are in the two poorest-wellbeing personas and 26 per cent of students we heard from reported that their mental health had worsened since arriving in Australia. Additionally, survey results showed that students in their second and third years of study were more likely to report poor health and wellbeing, requiring attention and support throughout the student journey. Headline measures of overall satisfaction can therefore obscure this sizeable cohort requiring more intentional attention. Students with poor mental health and wellbeing are less confident of completing their course than their peers, reminding us that health and wellbeing are core enablers of academic success.¹

Loneliness is a key warning sign of deeper risk.

Social connection is a foundation for international student health, wellbeing and belonging, helping students to settle into Australia, build confidence, manage stress and make sense of unfamiliar situations. Peers are also one of the most trusted sources of support and information, including for health and wellbeing. Loneliness emerged as a key predictor of health need, with more socially disconnected students experiencing poorer wellbeing and higher healthcare utilisation. Students experiencing loneliness also reported lower confidence navigating support, highlighting an important relationship between connection, confidence and help-seeking. Social connection is therefore not simply an add-on to student experience, it is one of the most significant indicators of risk for students' capacity to stay well, manage pressure, seek support and remain engaged.

Students who need support most are often least able to access it.

Surveyed students with poorer wellbeing personas reported lower awareness of services and supports, lower confidence using the Australian healthcare system and weaker understanding of OSHC, while simultaneously experiencing greater need for support. Many students who experienced a health concern delayed seeking help or did not seek it at all, highlighting that those who most need support are least likely to access it. Fragmented service models and lack of integration between on- and off-campus service offerings make it more difficult for students to know what services are available and where to go. Low awareness also amplifies other barriers to support because students may not be able to find the most appropriate, convenient and cost-effective support options.

The sector must act to strengthen connection and supports.

Universities are not starting from zero. Many already provide high-quality services, and students who reach these services generally report positive experiences, but not enough of the at-risk international students are using these services. Universities and OSHC providers need to make support easier to find, navigate and access, while recognising that students begin with different levels of knowledge, confidence and informal support.

Three priorities identified have the greatest potential for impact:

Priority 1: identify and respond to emerging difficulties earlier.

Many students experiencing the greatest difficulties are not identifying themselves or seeking formal help. Universities must make emerging difficulties easier to recognise by bringing support closer to the academic experience, regularly listening to student sentiment, and using appropriately governed engagement, academic and service data to inform more proactive outreach. The objective is not to predict individual wellbeing. It is to identify observable signs of disengagement, empower students to reach out when they need it, and offer timely, proportionate support before pressures escalate.

Priority 2: treat social connection as a core student success infrastructure.

Social connection and belonging must be treated as foundations for student success, rather than optional additions to the academic experience. This means moving to opt-out models for social connection, prioritising relationship building during pre-arrival and orientation, and regularly measuring belonging to identify opportunities for improvement. It also means recognising peer networks as a trusted source of information and support – international students will often ask a peer before seeking formal help, equipping student leaders and mentors to provide appropriate advice can help to enhance reach and impact of support services.

Priority 3: build awareness and make supports easier to access.

Many international students struggle to work out where to begin, which service is best for them, what it will cost and what will happen next. Universities and OSHC providers must make intentional decisions about service design and delivery to meet students where they are and make navigating the health system easier. The objective is to provide a clear front door for support and build awareness through timely and relevant information about all available services – on and off campus – that helps students understand the best pathways to support for their specific challenge. This, in turn, requires intentionally reviewing service effectiveness and satisfaction to identify potential service gaps and adopting proven service models that better meet demand.



Introduction.

International students are integral to Australian higher education.

International students have become one of the defining features of Australian higher education. In 2001, they represented 19 per cent of university enrolments; by 2024, onshore overseas students comprised 31 per cent of all onshore higher education students.²

This growth has strengthened the scale and global reach of the sector. International students bring different experiences, languages, cultures and professional perspectives into Australia, and shape Australia's standing as a study destination. In 2024-25, international education contributed \$53.6 billion to the Australian economy.³

Many international students are succeeding in Australia.

International students report strong outcomes across many measures of study and life in Australia. The success rate for commencing international bachelor's students has traditionally been on par with or higher than their domestic peers (apart from in 2023), at 88 per cent compared to 87.9 per cent in 2024.⁴ In the same year, 74.9 per cent of international undergraduate students rated their overall education experience in Australia positively, only marginally below their domestic peers at 76.9 per cent. And while international students have historically rated their experience lower than domestic students, the gap has narrowed since 2021.⁵

These outcomes reflect both the capability and resilience of international students and the important role universities play in supporting their success. However, positive overall experiences can coexist with underlying challenges. Many students simultaneously navigate financial pressure, housing insecurity, limited local support networks, unfamiliar healthcare systems and uncertainty about where to seek help.

Health, wellbeing and academic success are mutually supportive.

Health and wellbeing directly influence students' ability to participate in, and benefit from, higher education. Students described a two-way relationship between wellbeing and study: poor health can affect academic performance, while study pressures can make it harder to maintain health and seek support. Staff reported similar experiences, describing students whose health had deteriorated to the point of academic disengagement, as well as students who prioritised academic performance at the expense of their wellbeing.

Australian research points in the same direction. Wellbeing, belonging and social connection are associated with stronger academic performance, retention and life satisfaction, while stress, mental health challenges and financial pressure are among the most common reasons students consider leaving their institution.^{6,7}

"Students are so focused on their studies that their wellbeing kind of falls to the wayside."

Student



1/3

of students report that their physical or mental health has negatively affected their studies.

1/3

of students report that study demands have negatively impacted their health and wellbeing.

1/2

of students report that study commitments are a barrier to accessing health and wellbeing support.

1/4

of students who delay help-seeking or do not access services report negative impacts.

International students experience common wellbeing pressures in a distinct context.

Many wellbeing challenges faced by international students are shared across the broader student population, including financial pressure, loneliness, academic stress, health concerns and uncertainty about support. Strengthening the conditions that support wellbeing therefore benefits all students.

For international students, however, these challenges arise within a distinct context. Alongside study, many are rebuilding the foundations of daily life in a new country: securing accommodation, finding work, understanding healthcare, managing finances, navigating transport, building friendships and adapting to new academic and cultural expectations, often without established family or community support nearby.

“The stakes are higher for international students. If a domestic student fails, it adds a bit to their HECS. For an international student on a visa, there is a risk that they have to go home.”
Staff member

Consultations with students and staff, supported by existing research, identified four conditions that shape international student wellbeing:

Table 1 | Four unique conditions about international students

Condition	Explanation
1 Navigating unfamiliar systems	Students often encounter Australian healthcare, support services and institutional processes for the first time, frequently in a second language. This can reduce confidence and delay help-seeking. ⁸
2 Experiencing racism and discrimination	International students report some of the highest rates of racism within Australian universities. Experiences of discrimination can erode belonging and negatively affect wellbeing. ⁹
3 Managing financial and visa-related constraints	Visa conditions, cost-of-living pressures and limited work opportunities can increase financial stress and influence decisions about seeking healthcare and support. ^{10 11 12}
4 Distance from home leaves students without established support	Unlike many domestic students, international students often arrive without established social support. Developing meaningful connections takes time, and isolation can have significant impacts on wellbeing, belonging and satisfaction.

The sector requires a deliberate, coordinated and sustainable response.

Universities do not control all determinants of student health and wellbeing, but they shape much of the environment students experience each day including how they study, connect, receive information and access support.

Students and policymakers have increased expectations for how universities support student success and wellbeing. The Universities Accord places student belonging, welfare, safety, wellbeing and completion within the national reform agenda for higher education, and the Australian Tertiary Education Commission (ATEC) is now in place to oversee it. Universities are expected not only to expand access and participation, but also to provide the support needed for an increasingly diverse student population to succeed in their studies and beyond.¹³

At the same time, the operating environment for international education is becoming more constrained. Universities are managing caps on new international student enrolments, increasing international attrition, financial pressure and rising expectations about student safety, wellbeing and support.^{14 15} Support systems are under pressure, and sector regulators have noted student concerns about the availability and adequacy of support.

In this context, supporting international students to remain engaged, progress through their studies and have a positive experience in Australia is no longer only about maintaining a strong student experience. It is also about reducing preventable disengagement and attrition at a time when universities have less room to absorb avoidable loss of students, trust or outcomes.

This report translates our understanding into practical areas for action.

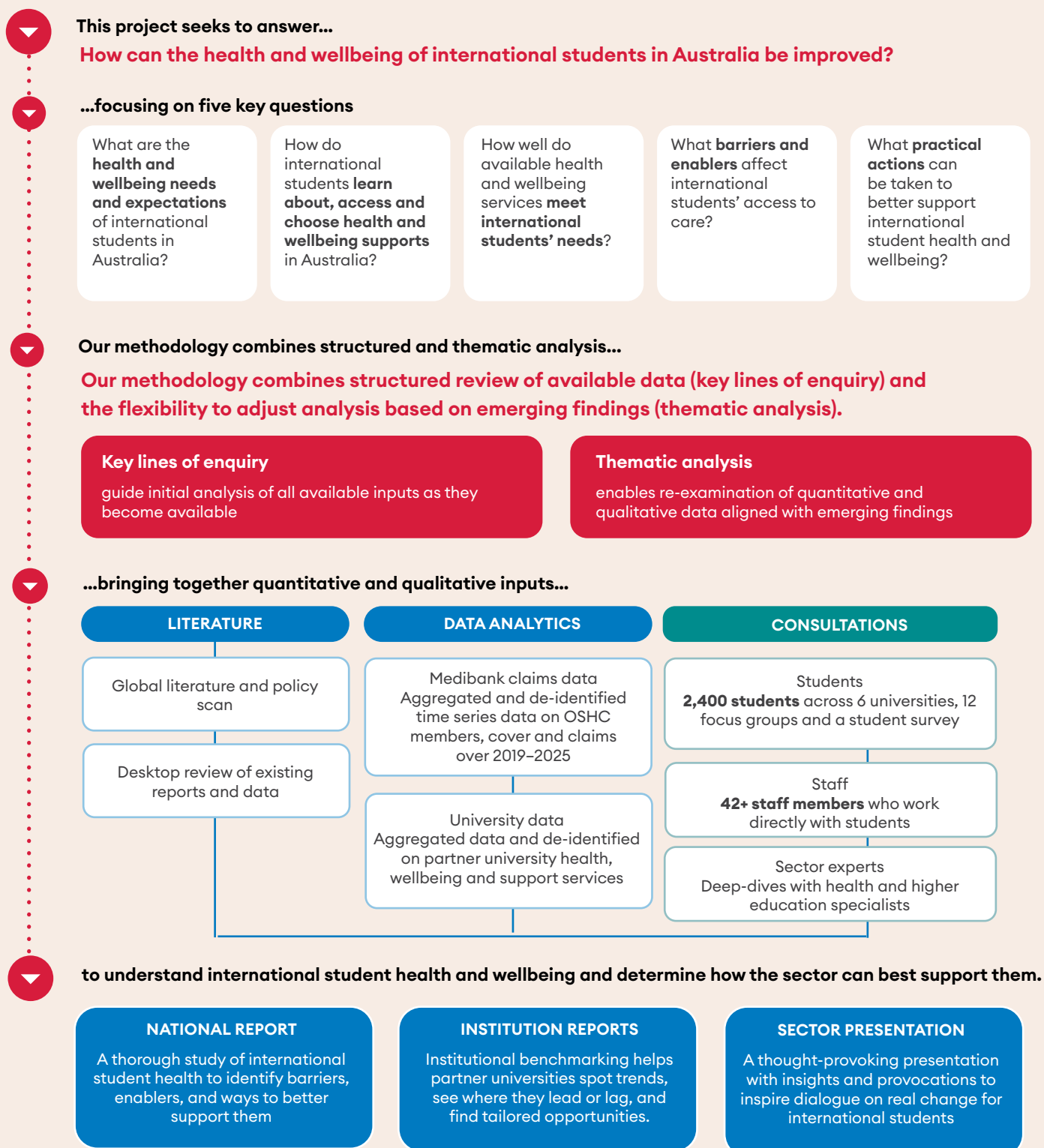
Our research draws on all available sources to understand what shapes international student health and wellbeing in practice, and importantly, translates what we know into clear opportunities for improvement. It is intended to be a practical resource for the sector to take intentional, evidence-informed action to better support international students to succeed.



Methodology.

This report brings together complementary evidence to build a fuller understanding of international student health and wellbeing in Australia. The methodology, outlined in Figure 2, used a mixed-methods approach to examine what shapes students' experiences and how universities, OSHC providers and healthcare services can strengthen support. The analysis was structured around Key Lines of Enquiry (KLEs) that articulated the core questions for the project and enabled systematic comparison and synthesis across data sources. Further information about methodology and strengths and limitations can be found in Appendix B and D.

Figure 2 | Project methodology

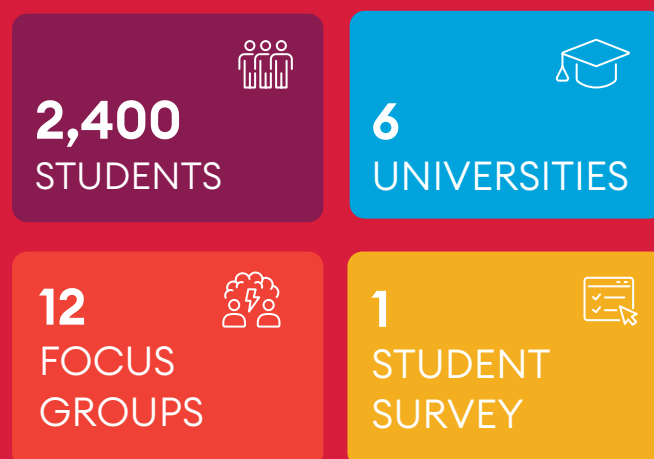
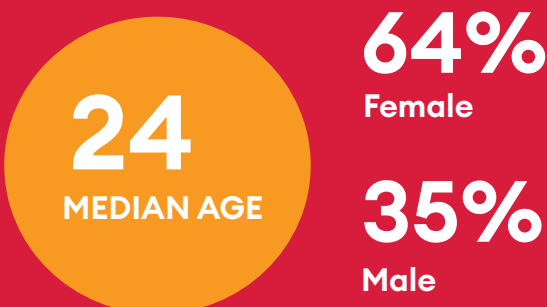


Student snapshot.

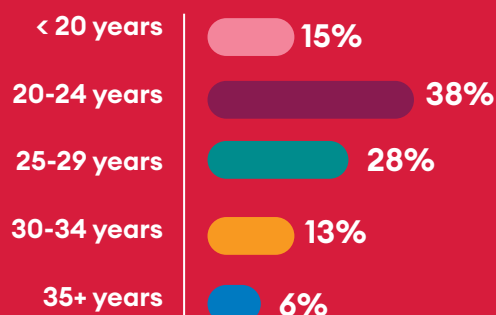
This study heard from more than 2,400 international students across Australia, representing six universities, four states and more than 50 countries of origin. Through a national survey of 2,296 students, 12 focus groups and a dedicated student roundtable, students shared their experiences of health, wellbeing and studying in Australia, providing one of the most comprehensive student perspectives captured on this topic to date.

While the cohort was broadly comparable to Australia's international student population, some differences existed. The study included a higher proportion of female and postgraduate students, and the distribution of cultural backgrounds did not fully align with national enrolment patterns. Nonetheless, the breadth and diversity of participation provides valuable insight into the experiences of international students across the sector.

Student demographics.



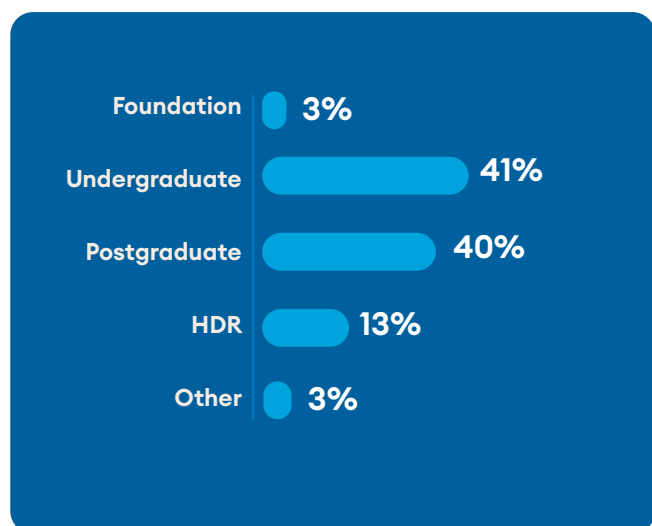
Age distribution of surveyed students.



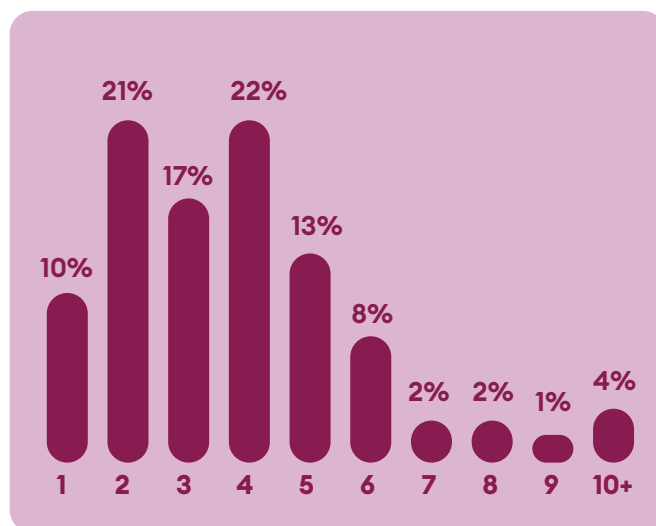
Country/region of origin.

China	34%	Indonesia	3%
India	17%	Hong Kong	3%
Nepal	5%	Malaysia	2%
Vietnam	4%	Pakistan	2%
Sri Lanka	3%	Bangladesh	2%

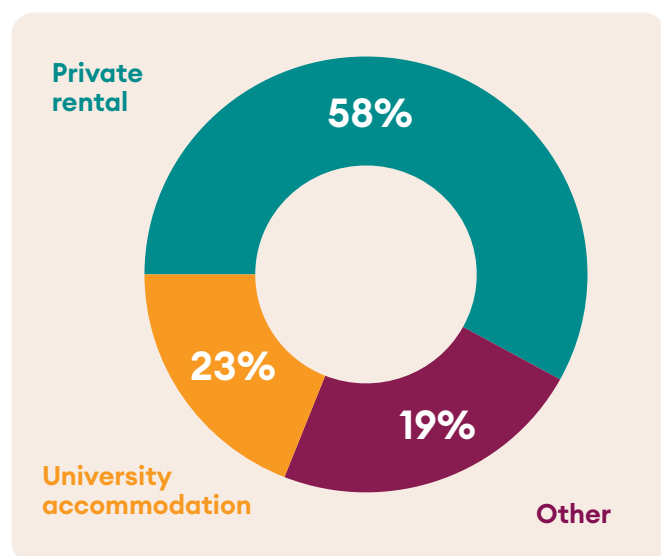
Current level of study.



Household size.



Accommodation arrangements.



Student circumstances.

Time in Australia	
< 0.5 year	32%
0.5 - 1 year	17%
1 - 2 years	22%
2 - 3 years	15%
3 - 4 years	8%
> 4 years	7%



From surviving to thriving: our key findings.

While existing literature can provide insight into the international student experience, headline results do not capture the full breadth of experiences across the international student cohort. Many students thrive, but a significant number experience a combination of poorer health, higher stress, loneliness and lower confidence that makes study and life in Australia more challenging.

This chapter explores what is working, where barriers remain, and where universities, OSHC providers and sector partners can take practical action to better support student success. This starts with recognising that international student health and wellbeing is a continuum, and there is therefore no single answer to what can help (or hinder) an international student to succeed in Australia.

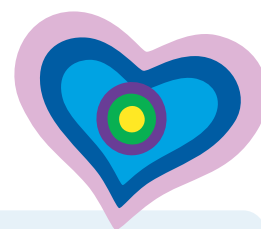


Wellbeing exists on a spectrum.

Our research found that students experience different combinations of health, confidence, connection and distress, resulting in a spectrum of wellbeing experiences. Many students thrive, but a significant number experience a combination of poorer health, higher stress, loneliness and lower confidence that makes study and life in Australia challenging. To make this diversity of experience visible, survey respondents were grouped into six wellbeing personas based on patterns across eight health and wellbeing dimensions, including overall physical and mental health, stress, and confidence navigating the Australian health care system.

Wellbeing analysis surfaced key findings about the international student experience.

The wellbeing personas demonstrate that international students are not a homogeneous cohort. Beneath generally positive sector-wide results sit distinct groups of students with very different experiences of health, connection, confidence and support. Analysis of these personas revealed findings that highlight the unique challenges international students face in Australia.



Thriving and connected.

Very positive physical and mental health and strong confidence managing their health and using healthcare. These students experience the least frequent loneliness, stress and difficulty coping.

15%



Confident and belonging.

Generally positive health and comparatively infrequent loneliness, stress and difficulty coping. Their confidence managing their health and using healthcare is more moderate, and although they experience less distress, they experience somewhat lower health and confidence than those who are thriving.

24%



Balancing and coping.

These students rate their physical and mental health positively and report relatively high confidence managing their health and using healthcare, but experience more frequent loneliness, stress and difficulty coping.

17%



Managing under pressure.

Moderately positive health and confidence, but experiencing frequent loneliness, stress and difficulty coping. These students demonstrate how substantial distress can coexist with continued confidence in managing their own health and wellbeing.

20%



Feeling disconnected.

Poorer physical and mental health combined with lower confidence managing their health and using healthcare. Their difficulties span loneliness, stress and coping with daily tasks or study demands, alongside less favourable assessments of their health and confidence.

22%



Isolated and struggling.

Very poor health, very low confidence and the most frequent distress. Their difficulties span all eight measures, identifying a group whose circumstances warrant particular attention.

2%

A quarter of students are struggling.

Summary.

A substantial minority, 24 per cent, of international students we heard from are struggling. They experience poor mental and physical health, feel more stressed, and are lonelier. Importantly, **they are not struggling with only one thing**: our study shows they face numerous, compounding pressures that negatively impact their ability to cope and engage with their studies.

Institutions and OSHC providers can do more to empower students to access support when they need it and simultaneously work to identify and respond to emerging difficulty earlier.

Opportunities.

- » **Normalise seeking help as part of academic success.** Present early disclosure and student support as routine parts of staying on track and consider embedding wellbeing content into teaching and learning.
- » **Consider dedicated support roles within faculties.** Position advisers within faculties and schools to provide academic and pastoral support, giving international students a single, known point of contact. Equip academics to notice difficulty early and provide clear referral pathways.
- » **Leverage data to proactively support students.** Join engagement, submission and results data to proactively identify when students start to disengage from their studies and use e-tools and/or dedicated staff to follow up with the students when they need it.

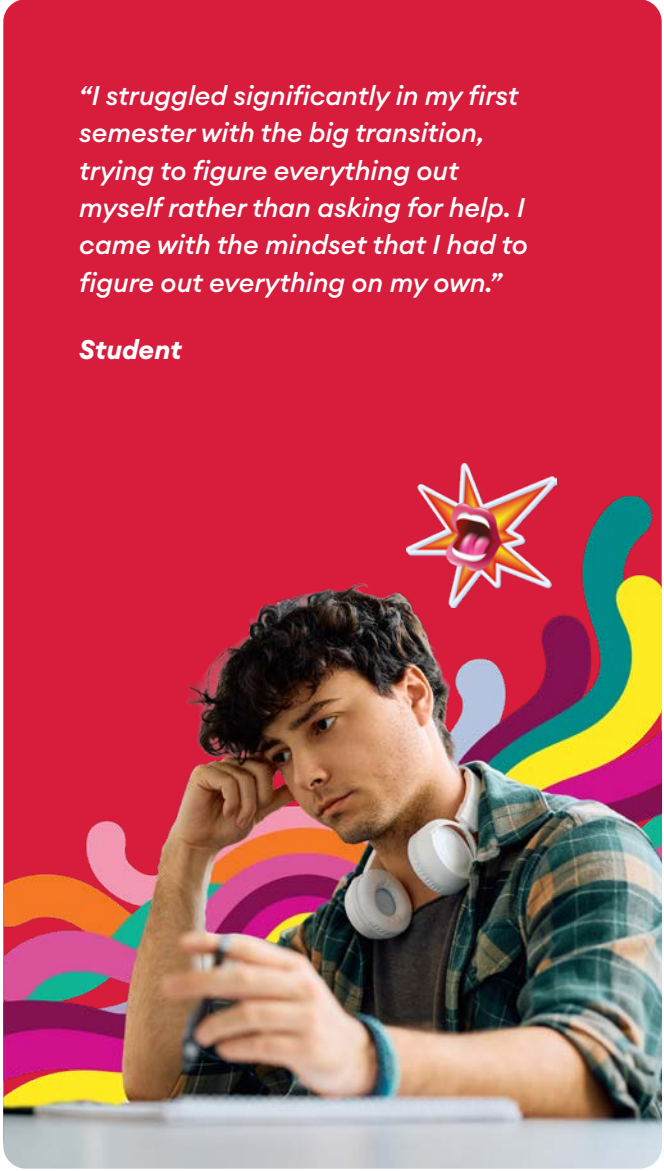
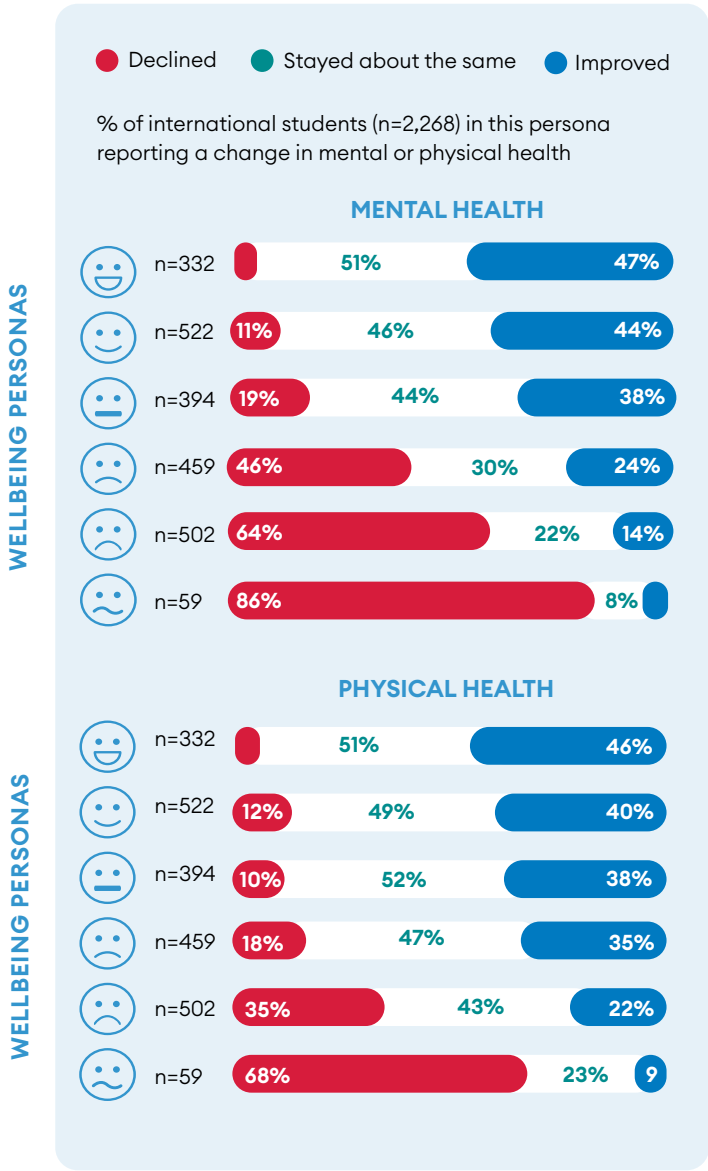
Questions to consider.

- » How can we encourage and empower students to seek support when they need it?
- » Do we have the data and systems in place to identify and support students at risk?
- » How can our academic and professional staff work more collaboratively to bring wellbeing information and support closer to the classroom?



While the wellbeing personas demonstrate the diversity of experiences among international students, they also surfaced a concerning number of struggling international students. Alongside this, survey results showed that 26 per cent of students reported their mental health and wellbeing had worsened since arriving in Australia, and for those in the three lowest wellbeing personas their mental health declined substantially more than their physical health (Figure 3).

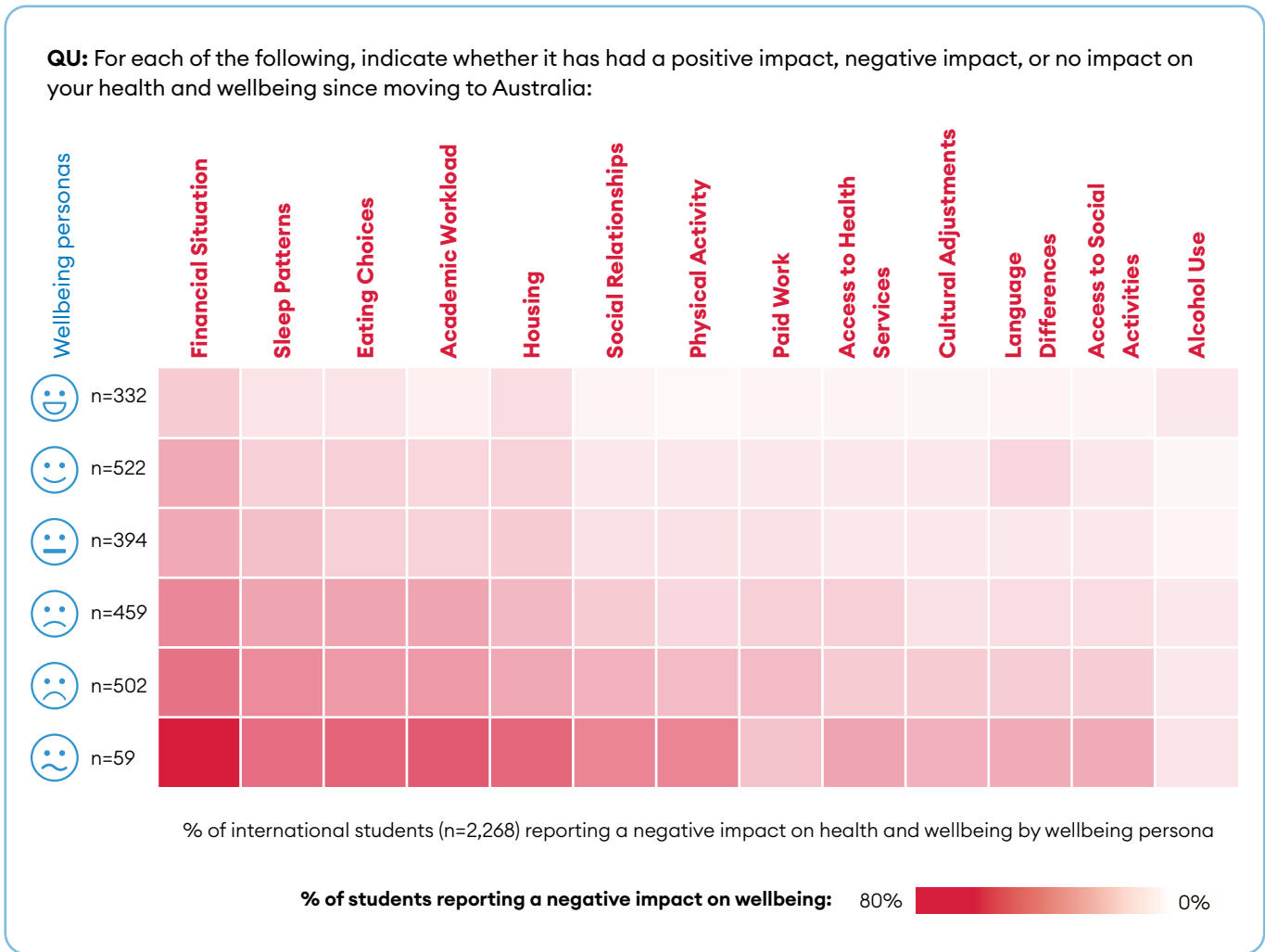
Figure 3 | Self-reported change in mental and physical health since arriving in Australia, by wellbeing persona



Compounding pressures create challenges that persist well beyond orientation.

Whilst financial stress was reported by nearly all students, those with poorer overall wellbeing reported negative influences across a much broader range of life domains, including daily routines, study, social connection and access to support (Figure 4). This suggests that lower wellbeing is associated with a wider accumulation of pressures across the student experience, rather than any single risk factor in isolation. This matters because students experiencing multiple pressures simultaneously may be more difficult to identify and less able to resolve any one challenge without support in the others.

Figure 4 | Factors negatively impacting health and wellbeing across wellbeing personas



Crucially, our research showed that poor physical and mental health, frequent stress and persistent loneliness become more prevalent over time. After six months in Australia students were...

1.9x

more likely to report physical health at 4/10 or below.

2x

as likely to report mental health at 4/10 or below.

1.6x

more likely to report being often or always **stressed**.

1.7x

more likely to report being often or always **lonely**.

Focus group participants highlighted that everything from information to opportunities for social connection often dropped off after the first semester, leaving them with fewer opportunities to connect with peers while academic pressures start to mount. These findings indicate that student support must be viewed as a student journey issue rather than an arrival issue. Health and wellbeing do not resolve on their own over time in Australia, meaning a transition model centred on orientation alone is insufficient.

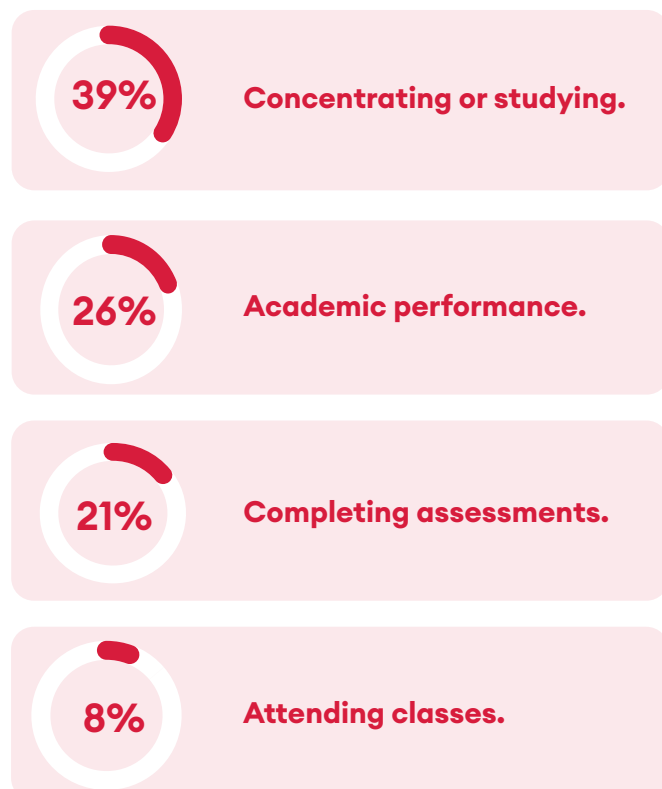
“A lot is provided at pre-arrival and orientation, but there is no follow up for the rest of the year.”
Student

Academic pressure is common, but not evenly experienced.

Students experiencing poor mental health, more frequent stress and higher rates of loneliness were significantly more likely to report feeling overwhelmed, struggling to cope with academic expectations and experiencing concerns regarding their capacity to succeed. Academic pressure rarely occurred in isolation: it frequently intersected with financial pressures, health concerns and social disconnection. Students with poor mental health and wellbeing are less confident of completing their course than their peers, at 53.4 per cent against 80.3 per cent overall.¹⁶ Among international students who told us their health had made study harder, the most common effects were on concentrating or studying, achieving the grades they are capable of and completing assessments on time (Figure 5). The challenge is to help students seek and receive support before both their wellbeing and academic performance start to suffer.

Self-reported impact of health and wellbeing on study among international students (n=2,296)

QU: In what ways has your health made it harder to take part in your studies?



“Depending on cultural background, some students believe they have to solve it themselves because they’re told to be resilient.”

Student

“Some students feel overwhelmed by the academic demands.”

Staff member



Classrooms provide an opportunity to make support visible, normal and timely.

Often, international students spend most of their time on campus in the classroom. There is opportunity to bring health and wellbeing information into the classroom so students can receive information where and when they are most engaged. Simple, clear and non-judgemental information about student supports as part of teaching, including wellbeing supports, may not take up much time or space, but can help to reassure students that seeking support is an ordinary part of staying on track.

Similarly, educators can intentionally include information about health and wellbeing services and initiatives at key points in the year. This can mean incorporating topics such as stress, sleep and belonging when talking about upcoming assessment periods, or providing light-touch opportunities for students to provide feedback on how they are tracking.

Personal tutors can make pastoral support more accessible.

Academic staff see students every week, making the classroom a natural setting to incorporate wellbeing content and early referral pathways. Universities can support academics to recognise signs of difficulty through light-touch training and clear referral processes.

While educators are often the first port of call for students, they are not trained to provide pastoral support. Australian universities can consider dedicated roles that provide both academic and pastoral support within the school or faculty (or allocating workload to existing roles for this purpose) – a “personal tutor” model can enable more proactive support and provides students with a single front door for all types of support needs. Models of this kind are well established in the United Kingdom and the United States, where faculty-based personal tutors and advisers give international students a single, consistent point of contact for academic and pastoral needs. While this model may require investment, research has found that personal tutor models are associated with both a stronger sense of belonging and better retention outcomes.¹⁷ Considering that just a one per cent increase in retention can generate a mid-sized Australian university an additional \$15 million annually, the potential return on investment is considerable.

“Building trust with staff is really important, not just triage staff but all staff, and they should equip classroom teachers with knowledge about how to respond and where to go for support.”
Student

CASE STUDY

Royal Holloway, University of London.¹⁸

How it works

Royal Holloway assigns every student a personal tutor from their academic department at the start of their course. The tutor provides academic and pastoral support, guides choices such as module selection, and signposts students to specialist services where needed, with regular contact points through the year rather than meetings only when a problem arises. A separate Wellbeing Support team sits behind the tutors, triaging wellbeing queries, providing non-clinical advice and referring students to specialised or clinical services where needs go beyond what a tutor can support.

Why it matters

The example shows the faculty-based contact model in practice. An international student has a single, known point of contact inside their faculty from day one, for both academic and personal concerns, and reaching support does not depend on knowing which service owns which problem.



Universities can use data to proactively support students before they fail.

Universities globally have long been exploring how to leverage existing data to proactively identify students “at risk”, for example using patterns in engagement, submission and academic results to identify students who are starting to struggle with their studies. Some universities have custom-built systems or dedicated dashboards to enable this, but it remains resource intensive to establish, track and action. Staff we spoke to described how demanding the work is in practice. Engagement, submission and results data sit in separate systems, matching them takes resourcing and sustained effort, and acting on what the data shows requires staff with time to follow up.

The opportunity is to intentionally design systems, processes and data to enable this work. This means joining the systems that hold the data, establishing intentional data flags for disengagement risk, providing students simple ways to let the university know they’re struggling, and combining digital tools with dedicated

staff resources to follow up with students. Streamlining this process is not easy (as most universities are currently learning), but necessary to enable a pro-active approach to student support. When combined with a personal tutor model (or similar), the two can collectively enhance an institution’s ability to improve student retention and outcomes.

“International students see support as only for emergencies and won’t reach out if they’re struggling. We need to make it easier for students to reach out for help.”
Student



CASE STUDY

University of New England, Early Alert.¹⁹

How it works

The University of New England built Early Alert to find struggling students and offer support before they disengaged. Students recorded how they were feeling each day by selecting an emoticon on their student portal – happy, neutral, unhappy or very unhappy – with a free-text box for comments. If a student recorded a negative emotion, the student support team contacted them within 24 hours. Comments were aggregated into a word cloud visible to all students, so students could see what their peers were experiencing. Alongside this, an automated engine analysed data from university systems nightly against 34 behavioural triggers, including portal access and assignment submission, and flagged students for outreach.

Why it matters

The example shows a low-friction wellbeing signal – a daily tap on an interface students already use – prompting outreach within a day, paired with behavioural data that finds the students who never signal at all. Between 17 and 20 per cent of students who recorded feeling unhappy or very unhappy were case managed, and about a third required multiple contacts. During initial trials, the university reported attrition falling from 18 per cent to 12 per cent. A peer-reviewed analysis of more than 16,000 student observations found the system identified students at significantly higher risk of discontinuing their studies.

Strategic implication: empower students and institutions to recognise and respond to emerging difficulty.

Universities can make emerging difficulty easier to recognise and respond to by normalising help-seeking and making it easier for students to seek support, providing proactive support through dedicated support roles, and using engagement, academic and service data to inform more proactive outreach. This will allow institutions to spot early signs of disengagement, empower students to reach out when they need it, and offer timely, proportionate support before pressures escalate.

Loneliness is one of the strongest indicators of wellbeing risk.

Summary.

Social connection is a foundation for international student health, wellbeing and belonging. It helps students settle into Australia, build confidence, manage stress and make sense of unfamiliar situations. Its absence is one of the clearest indicators of wellbeing risk and support needs, and survey findings suggest loneliness does not simply resolve with time in Australia. This points to a more active role for universities to facilitate connection, recognise the important role peer networks play in guiding students to the right supports, and leverage student voice to identify when (and why) connection is weakening.

Opportunities.

- » **Use pre-arrival, orientation and the first year to build connection, and sustain belonging throughout the student lifecycle.** Treat orientation as the start of a year-long connection sequence and create formal reconnection points beyond the first few weeks.
- » **Adopt opt-out models to foster peer connection.** Opt-out models can help reach students who may not actively seek connection, while giving universities a clearer view of who is not engaging and why.
- » **Leverage and equip peer networks to enhance reach.** Promote peer-initiated social connection opportunities and equip peer mentors to provide appropriate and accurate guidance.
- » **Intentionally measure and act on student belonging and connection.** Regularly measure student sentiment, belonging and connection to identify targeted opportunities for improvement.

Questions to consider.

- » Are we measuring loneliness and belonging, or simply participation?
- » Which students are least connected and how do we know?
- » Do our connection strategies stop after orientation?



Students who frequently experience loneliness indicated substantially poorer mental health, poorer physical health, greater stress, lower confidence navigating support and greater difficulty coping with day-to-day challenges. The relationship was remarkably consistent across the dataset and emerged as one of the clearest indicators of broader wellbeing risk. Students who often or always felt lonely, compared with those who rarely or never did, indicated markedly worse outcomes. They were:

7.6x

more likely to report mental health had worsened since arriving.

7.1x

more likely to rate their mental health 4/10 or below.

4x

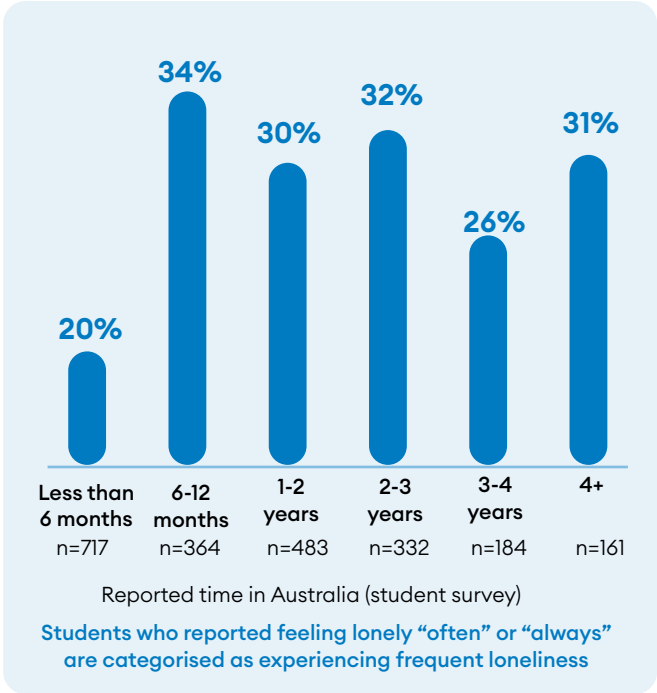
more likely to report any health problem, mental or physical.

Loneliness was not confined to newly arrived students. After six months in Australia, international students were 70 per cent more likely to experience frequent loneliness, and findings showed that students in their second and third year were more likely to report feeling lonely often or always (Figure 6). This demonstrates that students do not simply need time to settle, rather connection should be viewed as an ongoing student success challenge that requires intentional action throughout the student lifecycle.

Loneliness and poor health are closely interconnected.

The student survey and Medibank OSHC claims provide complementary perspectives on student wellbeing and

Figure 6 | % of international students (n=2,296) experiencing frequent loneliness by time in Australia



healthcare use.²⁰ Poorer mental health was associated with more frequent loneliness, stress, difficulty coping and lower confidence navigating healthcare (Figure 17), while claims showed variation in recorded healthcare utilisation across the OSHC member cohort. Comparing the two data sets provides useful context: some regions with higher reported rates of loneliness in the survey also showed comparatively higher healthcare utilisation relative to their share of OSHC membership (Figure 7 & 8). These findings warrant further investigation to better understand differences in healthcare utilisation across international student groups, including the potential contribution of health need, social connection, healthcare navigation, access and care-seeking.

Figure 7 | Loneliness by region of origin (international student survey, n=2,296)

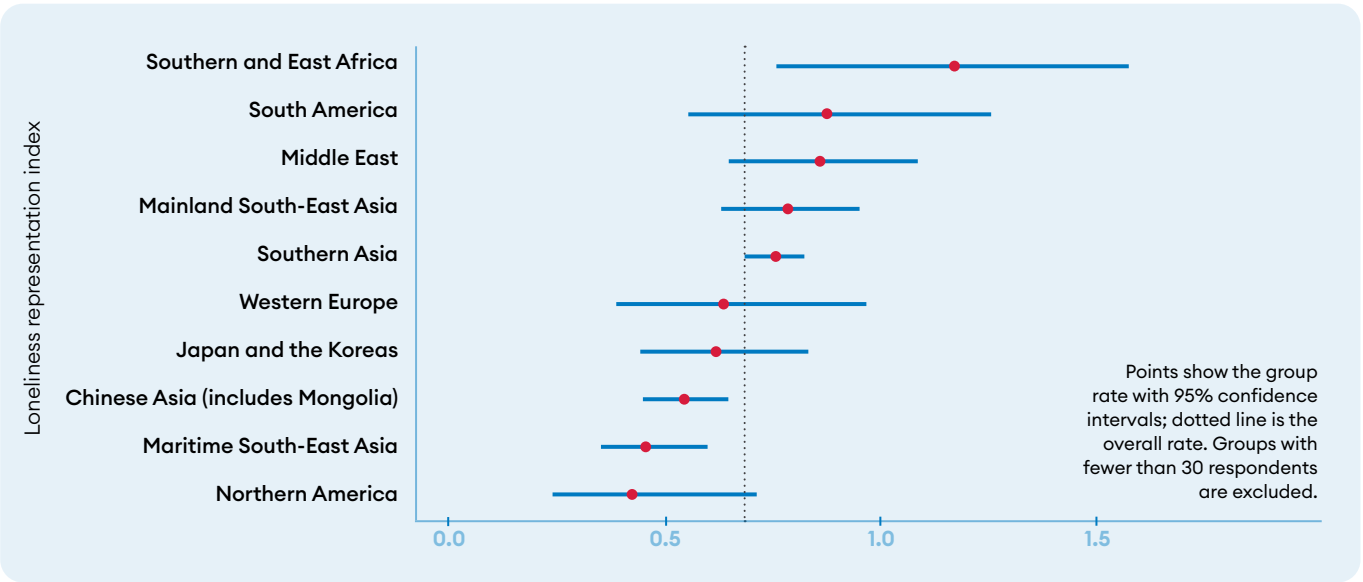
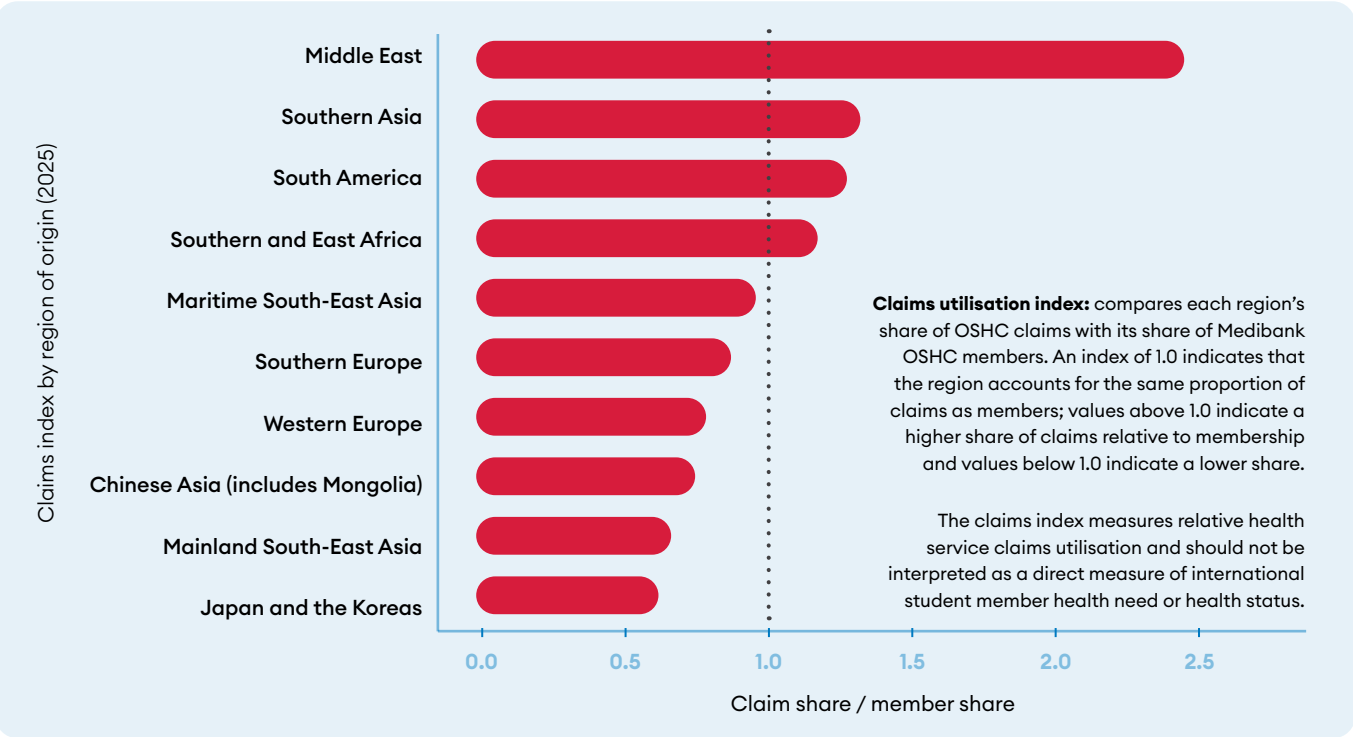


Figure 8 | OSHC claims by region of origin (Medibank Analytics and Reporting System (MARS), 2025 data)



LONELINESS IN FOCUS

Medibank, measuring what matters: social connection, belonging and wellbeing.

Background

As part of its 10-year commitment to addressing loneliness, Medibank is working to strengthen the evidence base for social health and understand how connection contributes to better health outcomes. Recognising that meaningful change requires collective action, Medibank partners with organisations such as Ending Loneliness Together, batyr, Flying Fox, Mum Walk and parkrun to raise awareness, build knowledge and create opportunities for connection and belonging. Medibank measures impact by evaluating how its investments, partnerships and advocacy contribute to stronger social connection, belonging and mental wellbeing. By understanding the relationship between social connection, wellbeing and participation in community and workplace activities, Medibank aims to build a stronger evidence base for connection as a protective health factor.

Approach

Guided by a theory of change and an outcomes framework, the approach focuses on collective impact, and uses validated, evidence-informed measures, including adapted versions of the UCLA Loneliness Scale and wellbeing indicators, enabling outcomes to be assessed through a consistent methodology tailored to each program.

Rather than measuring participation alone, Medibank seeks to understand both the connections created and participants' experiences of connection. For example, through its partnership with Flying Fox, evaluation captures both participation and connection outcomes. Alongside indicators such as the number of Social Hangouts delivered, attendance levels and program reach, the evaluation also examines the meaningful interactions created through participation. Quantitative survey data is complemented by participant feedback and lived-experience stories, providing a richer understanding of how connection and belonging are strengthened for young people with disability, their peers, and families. This approach reflects a broader shift from measuring engagement to measuring belonging.

Why it matters

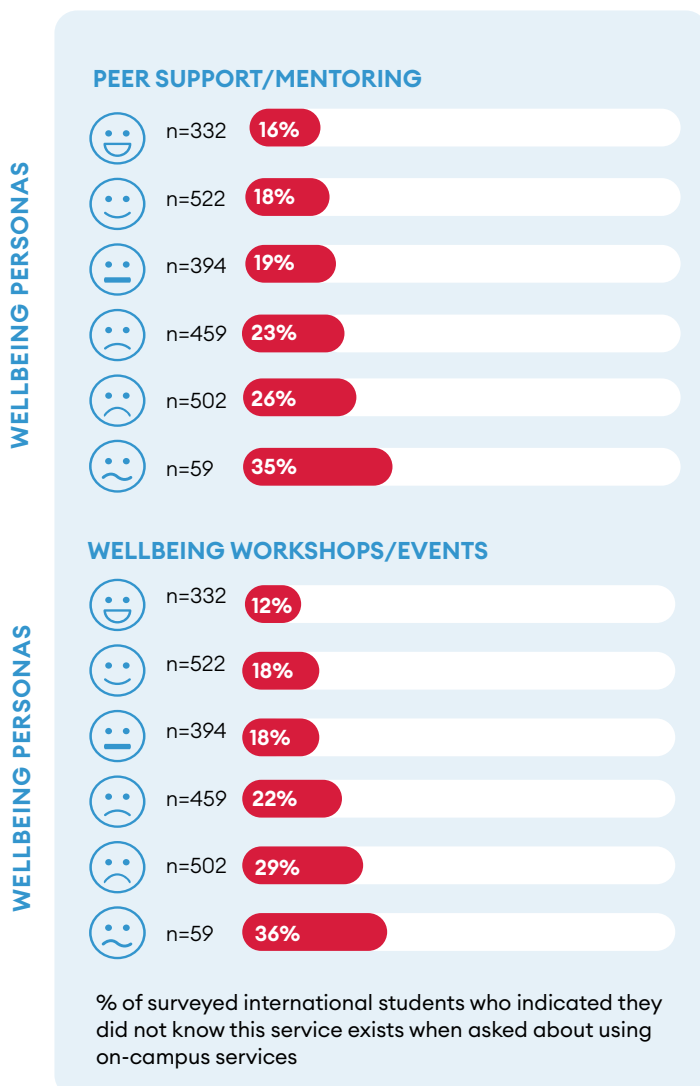
The findings of this report highlight the importance of measuring social connection and belonging alongside health and wellbeing indicators. For universities, the implication is clear: orientation programs and social events are important, but connection is most likely to be sustained when it is intentionally embedded across the student journey through peer networks, volunteering, mentoring, student communities, learning environments and ongoing opportunities for participation and belonging.

Students often rely on peers and social networks to navigate and seek support.

Alongside formal activities, institutions can recognise and support the important role peer-to-peer social connection plays – actively promoting and partnering with student guilds, societies and clubs can help more students find activities that align with their backgrounds and interests.

Peers are also one of the most trusted sources of information. In our survey, respondents rated peers higher than any university service in terms of where they'd turn for information (Figure 18). Australian research supports this: international students tend to seek help from friends and peers before professional services, 21 where peer support is formalised, international students value it highly. Of international students who had used formal peer support, 95 per cent were satisfied. This positions peers as more than a source of social connection. The challenge is reach: too few students know these programs exist and awareness is lowest among students who are struggling (Figure 9).

Figure 9 | Awareness of wellbeing initiatives and peer support programs by wellbeing persona (n=2268)



Because students often turn to people they trust before approaching formal services, well-equipped peer networks can provide an additional pathway to information and support. Peer advisers must therefore be equipped to provide appropriate guidance and support for international students, so we can feel confident that peers will help students reach the right support at the right time.

“Student clubs and societies organise so much, but they rely on students finding them - if unis can help promote those initiatives, that would be great.”

Student

“The reason they ask friends is not because they think the friend is smart, it’s because they trust the friend will understand their situation and they have a relationship with them.”

Student

CASE STUDY

University of Western Australia, The Living Room.²¹

How it works

The University of Western Australia’s Living Room is a peer-led, drop-in wellbeing space that students can use without an appointment or referral. Trained student peer supporters staff the space, with oversight from clinical psychologists, and the support on offer ranges from informal conversation and wellbeing activities through to connections with formal clinical services. It is believed to be the first initiative of its kind on a university campus in Australia and has attracted interest from universities nationally and internationally.

Why it matters

The example shows peer support operating as a genuine entry point into care, with no appointment, referral or disclosure required to walk in. Staff observed that international students are notably more likely to engage with peer-led support than with traditional university services, and more than 3,000 students had accessed the service as of 2023. A student who is not ready to name a problem can still reach support, and the clinical oversight behind the peer supporters means a student who needs more can be stepped up without starting again elsewhere.

Universities must design the conditions that make connection possible.

Universities cannot dictate who students befriend, but they shape the conditions that make connection more or less likely. These include the timing and design of orientation, the touchpoints they create across the year, and whether their programs reach the students most at risk of isolation. The opportunity is to design for connection, with participation set as the default.

The first year is a particularly important period. Staff told us that attrition is highest in international students' first year and falls once they reach their second, so the priority is helping students build connection across the whole of that first year and sustain it into their second year and beyond.

“Pre-enrolment and orientation should be focused on social connection and adjusting to life in Australia.”

Senior leader, university partner

The period between offer and arrival is an opportunity to help students build social connections and practical support networks before they reach Australia, and orientation is a critical connection point. But pre-arrival and orientation are often information heavy. There is a strong case for using pre-arrival and orientation to foster connection and moving administrative and how-to content into digital formats students can return to when they need them. Some universities already separate the two, which can make arrival less overwhelming and give the connections that follow a stronger foundation.

“In the early stages of journey, universities should put more effort in building a space for connection, and give students time to build trust and lasting friendships.”

Student

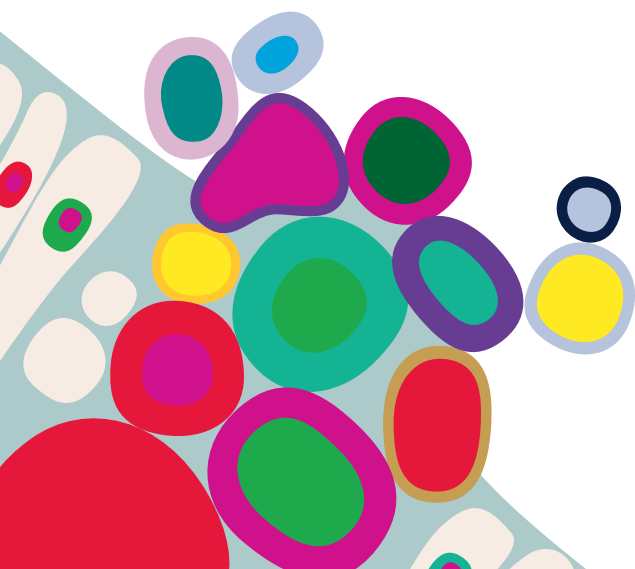


Opt-out models can support greater engagement.

Students who would benefit most from connection are not always the most likely to seek it out. Traditional approaches often rely on students volunteering to participate in social activities, peer-to-peer programs and events, but focus group and roundtable participants repeatedly highlighted that we need to do more to reach those that don't have the confidence to seek out opportunities for connection. Universities can shift their focus from creating more events toward designing participation and connection into the student journey itself, including through adopting opt-out models that facilitate connection without requiring students to find and join social activities.

“The students that are actively seeking support or signing up for programs aren't the concern, the bigger problem lies in the cohort that stays quiet and don't get involved.”

Student



Measure belonging and connection to identify targeted improvements.

Many universities already measure belonging, through national surveys such as the Student Experience Survey or their own wellbeing data. But these tend to be annual and aggregate, and useful only for shaping programs that benefit future students (whose needs may differ and evolve). The greater value comes from regular and targeted capture of student sentiment and belonging which can provide additional data points for at-risk student identification and allow universities to identify

broader opportunities for improving student experience and wellbeing. Done well, this turns student voice from a retrospective reporting exercise into a live input that tells universities what to invest in, and when.

“You can absolutely measure something as intangible as sense of belonging, and we should.”
University staff member

CASE STUDY

Belonging and Onboarding Project, The University of New South Wales (UNSW).

How it works

As part of a larger program of work to improve the student experience, UNSW sought to improve student belonging and the onboarding experience. This started with measuring current student belonging and experience, then leveraging insights from this research to identify opportunities to enhance student connection and belonging. This led to a number of new initiatives for new and current students that have resulted in a measurable increase in student belonging and experience, including:

- » a **‘first year festival’** at the end of their first year that provides a formal reconnection point before the summer holidays
- » a **pre-arrival video series** specifically for international students, and
- » a tailored **pre-orientation peer mentoring program, Buddy Up**, that connects current students with new students and new students with each other before their first semester.

Why it matters

This example shows how universities can not only effectively measure student belonging and

connection, but use the insights derived from these surveys to identify targeted opportunities for improvement that respond specifically to what matters most to their unique student population.

“Buddy Up provides space for connection and gives students the time to build trust and lasting friendships. Mentees often come back to join as a mentor later because they liked it so much!”
Student



Strategic implication: treat belonging as critical student success infrastructure.

Universities already invest heavily in learning systems, physical infrastructure and support services. Connection and belonging should be viewed with similar importance, as the foundation for student success, rather than optional additions to the academic experience. Connection and belonging should be treated as part of the core student experience, supported throughout the student journey rather than concentrated in orientation or one-off activities. This means prioritising relationship building, moving to opt-out models for social connection, and regularly measuring belonging to identify and action opportunities for improvement.

Students who need support most may be least likely to engage with it.

Summary.

Providing support does not mean students will feel able to use it. International students who access university services generally report positive experiences, but too few students, particularly those with poorer wellbeing, reach the support available. The central challenge is not simply service availability or quality. Students need to recognise when they need help, feel confident taking the first step, know where to begin and be able to navigate towards appropriate support at the point of need. Universities and OSHC providers can work together to enhance reach and make sure every student gets the support they need, when they need it.

Opportunities.

- » **Build awareness at the point of need.** Replace one-off information provision with timely, targeted and practical guidance delivered throughout the student lifecycle.
- » **Create a clear front door to support.** Use a coordinated first-contact or triage model that can resolve straightforward concerns, identify underlying needs and provide warm referrals to specialist support on and off campus.
- » **Use evidence to align services with demand.** Combine student feedback, service utilisation, satisfaction and OSHC claims data to identify unmet need, anticipated demand peaks and gaps in the support pathway. Use these insights to direct communications, capacity and investment where they can have the greatest impact.

Questions to consider.

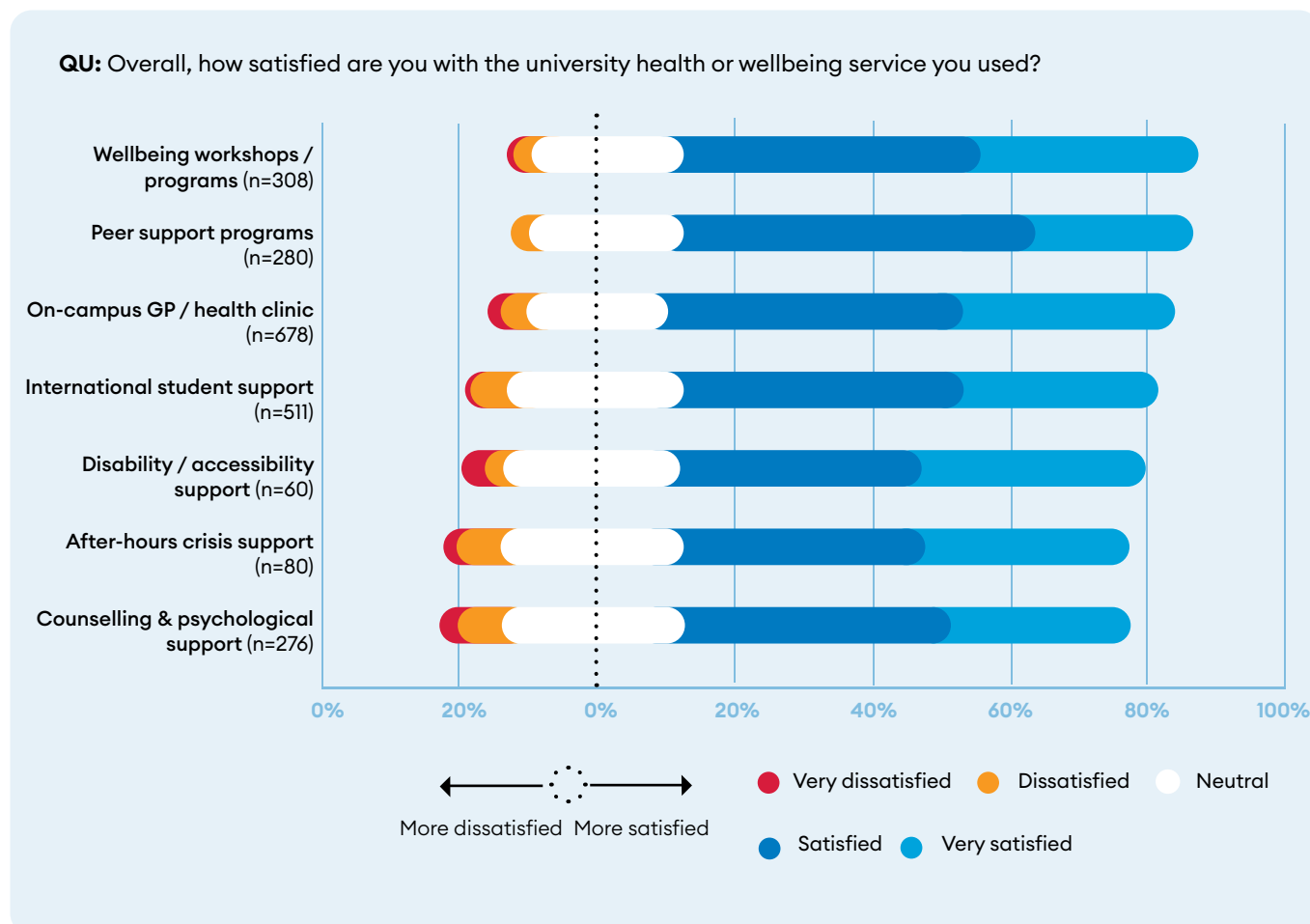
- » What are the most common barriers to access for our students? What does this tell us about support needs and expectations?
- » How can we optimise information, communication, and service models to enhance reach and impact?
- » How effectively do university, OSHC and external healthcare pathways connect from the student's perspective?



Students value the services they reach, but access remains uneven.

The report presents an apparent paradox. Service satisfaction is relatively strong, yet service utilisation remains uneven. Survey findings suggest that students who do access services generally report positive experiences, showing 72 per cent of students who used university services were satisfied with the care they received (Figure 10). Students valued staff expertise, empathy, responsiveness and the practical assistance provided. This finding is important because it suggests the primary challenge may not be service quality, but reach.

Figure 10 | Satisfaction with on-campus services (international student survey, n=2296)



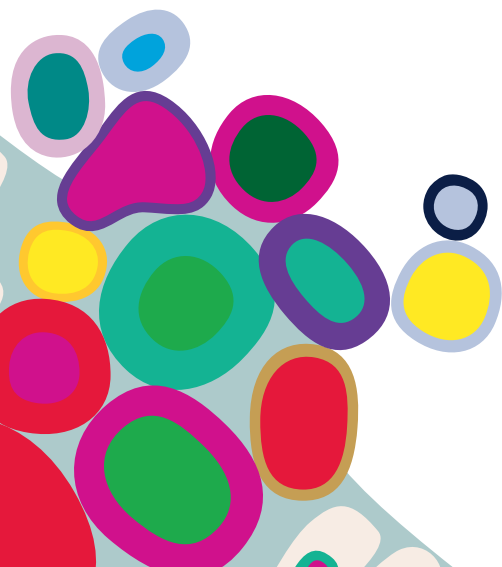
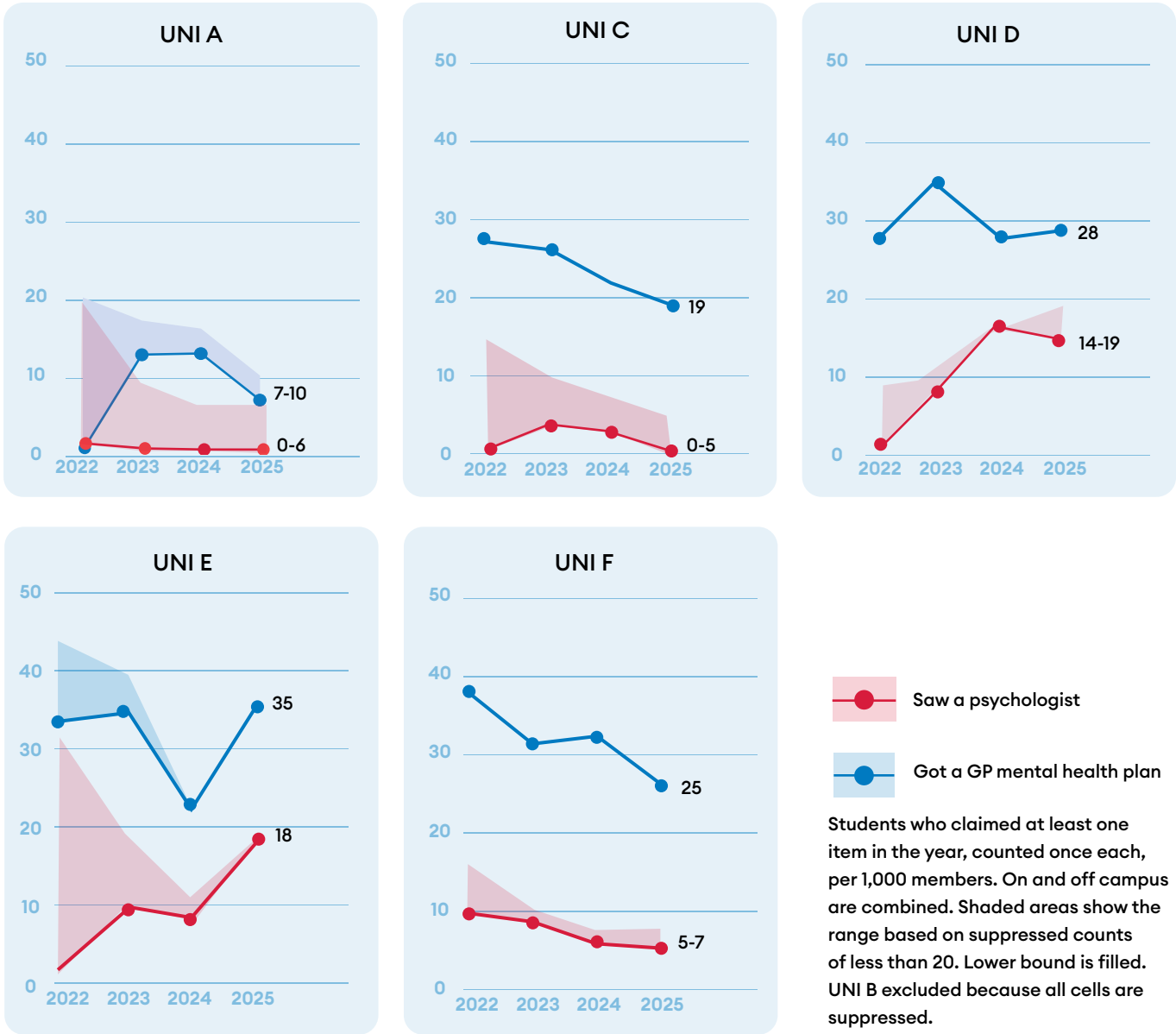
Across surveyed institutions, use of both on- and off-campus services was low, with only 5 to 20 per cent of students accessing most available services (Figure 19 and Figure 20). Notably, counselling and psychological support had only been used by 12 per cent of students surveyed, despite mental health being one of the strongest areas of reported need.

12%

Only a small percentage of students reported using **counselling and psychological support services.**

Medibank claims data echoes this gap: the number of students with mental health care plans is considerably higher than the number of students submitting claims for psychology services, suggesting that some international students begin looking for help with their mental health, but may not be reaching the support they need (Figure 11). Research shows that untreated mental ill-health is linked to poorer academic and personal outcomes,²² making this a genuine concern not only for the students but for the sector that supports them.

Figure 11 | Students with a mental health care plan and students who saw a psychologist (Medibank Analytics and Reporting System (MARS), 2022 - 2025 data)

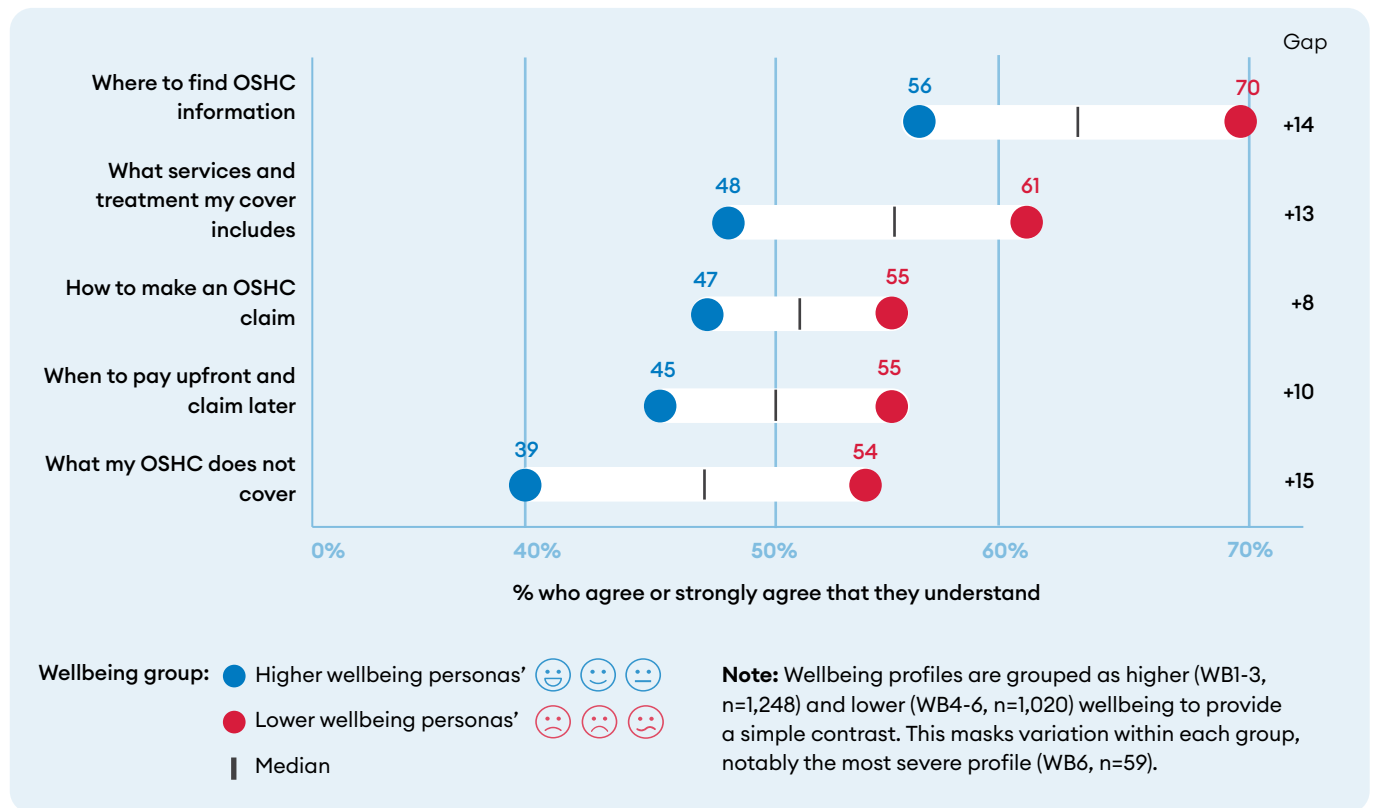


Research shows that **untreated** mental ill-health is linked to **poorer academic** and **personal outcomes**.

Struggling students are less able to navigate support options and often delay care, or don't seek it at all.

Fewer than one in five international students report a strong understanding of the Australian healthcare system²³ and students with poorer wellbeing personas generally report lower confidence navigating available supports. Less than half of students with poorer wellbeing reported that they understood at least three of five basic aspects of their OSHC (Figure 12).

Figure 12 | Self-reported understanding of OSHC among international students (n=2268) by wellbeing personas



Survey findings also showed that international students who need care do not seek it or seek it later than they should, and students who were struggling were less likely to seek help. Of those who identified a mental health problem, for example, 26 per cent of those with lower overall wellbeing waited more than a week to seek and/or receive help, compared to only 13 per cent of personas with better overall wellbeing (Figure 21).



Lower awareness exacerbates other barriers to access.

Access barriers often occur because students are unsure where to start, which service is appropriate or how different services work together. The challenge for many students is navigation and knowing what service is right for them: 44 per cent of students identified not knowing where to go as a key barrier to seeking support. Cost was also a considerable barrier, including upfront costs (Figure 13).

When students are less aware of the support options available to them or unsure where to go for support, this can amplify other barriers to access: without knowledge of how to find or access low-cost support options, students end up choosing services that may be less convenient and/or more expensive. Medibank, for example, has a 24/7 health and support line and an online service for GP appointments that can provide an additional pathway when students aren't able to access other supports, are short on time, or simply don't know where to start.

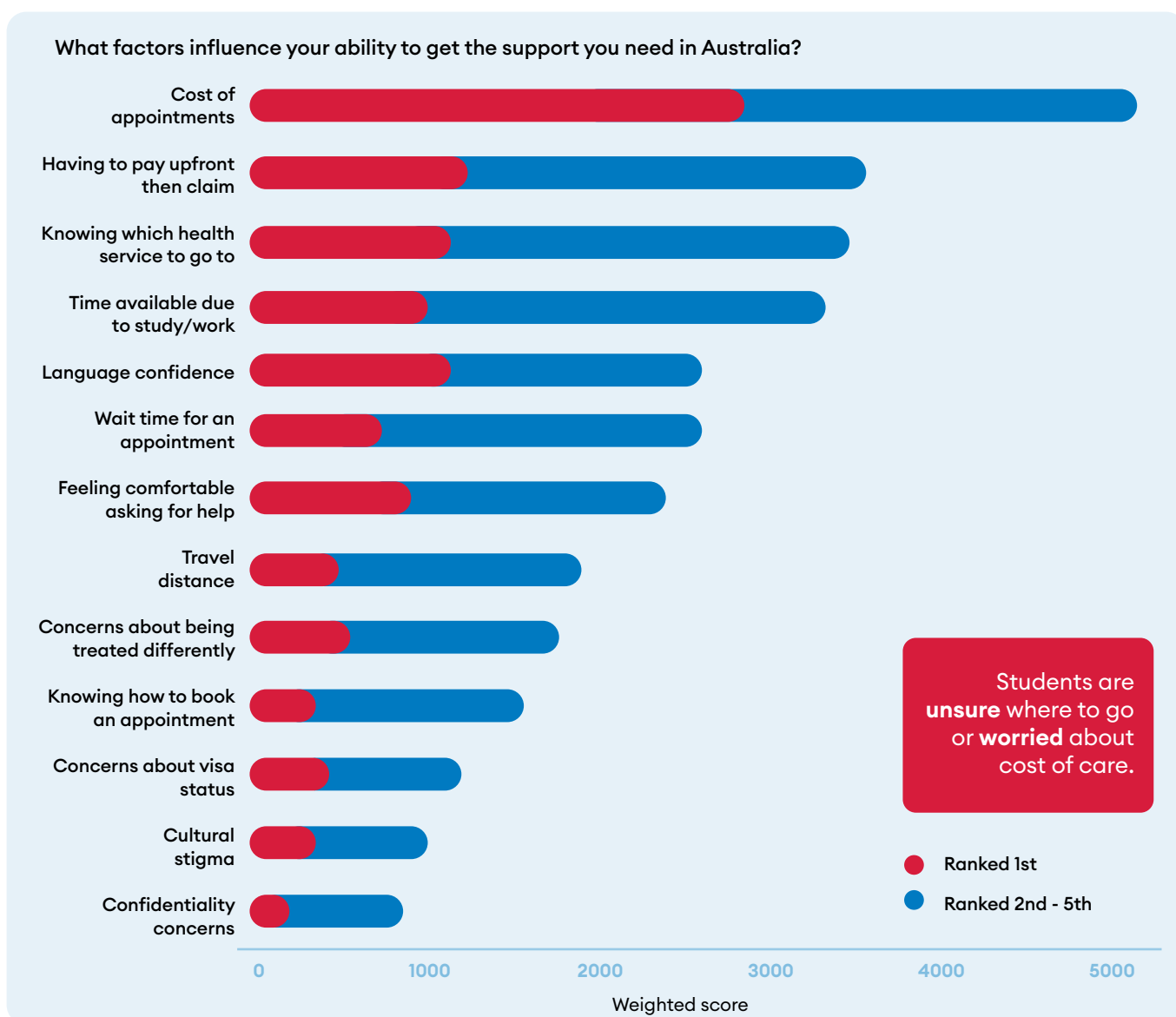
"When I became sick for the first time, I genuinely didn't know where I should go or how to seek care."

Student

"I went to the hospital because I had a fever, and the first thing they asked was 'why didn't you go to your GP?' I didn't even have a GP yet, that concept was very new to me."

Student

Figure 13 | Rank-weighted factors influencing help-seeking (student survey, n=2296)



Information must be delivered and available at the point of need.

Health and wellbeing information should be designed around how and when international students use it. Universities and OSHC providers already give students substantial information upon arrival, which remains important for settlement and belonging. However, survey findings and student voices indicate that regular and targeted reminders are needed so students can readily access information at the point of need, including at known periods of increased stress (e.g. exam time). Students need information they can return to throughout their time in Australia, especially at the point when they are making decisions about care, cover, cost or support. Information must be relevant, timely and readily available (Figure 14):

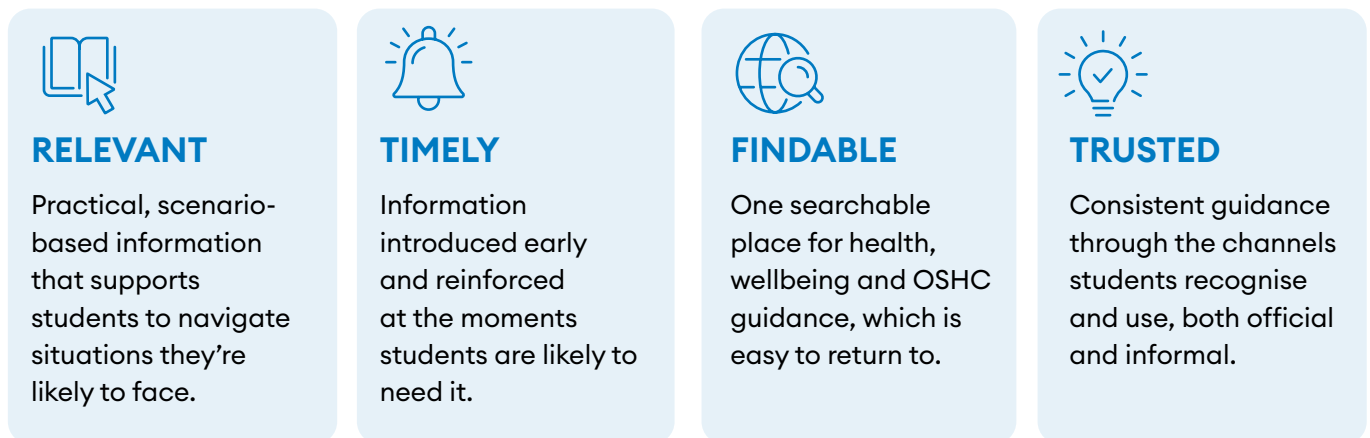
“A lot of information is provided at pre-arrival and orientation, but there’s no follow up for the rest of the year.”

Student

“Scenario based information is really important for students to see what is relevant to them and their needs. It helps them see themselves in the information - ‘that’s me, I should go to that service’. It makes it much clearer for them.”

Student

Figure 14 | Features of student-centred health and wellbeing information



CASE STUDY

University of Toronto, “Where to go when you feel sick”²⁴

How it works

The University of Toronto’s Centre for International Experience provides international students with a dedicated page on where to go when they feel unwell. The page is organised around the decision a student is likely to make in the moment. Students identify their symptoms or situation, then see whether to use the campus health service, a walk-in clinic or a hospital emergency department, with booking details and guidance on when to call 911. The page also links care choices to insurance information, including what is covered and how to claim.

Why it matters

The example shows how health information can move from general system explanation to practical navigation. Students do not need to understand the whole health system before acting. They can recognise their situation, compare the relevant options and move to the next step.



A clear front door will reduce the burden of navigation.

The opportunity extends beyond improving information. Reducing barriers between students and existing supports through simpler pathways, coordinated referrals and a single front door for campus support can help more students access the support they need, when they need it.

Better integration can also help students find the best support option for their needs. On-campus information and advice can do more to recognise and guide students towards external services where appropriate. This may include support options available through their OSHC providers. Medibank, for example, provides ample support options that universities can better signpost at the point of need, including an online doctor, 24/7 health and support lines, and a ‘find a provider tool’ provided in the OSHC application. Better collaboration with and connection to external support options can help students find the right service for the right need. This means that university staff and student information portals need to be able to identify all available services, not just on-campus options.

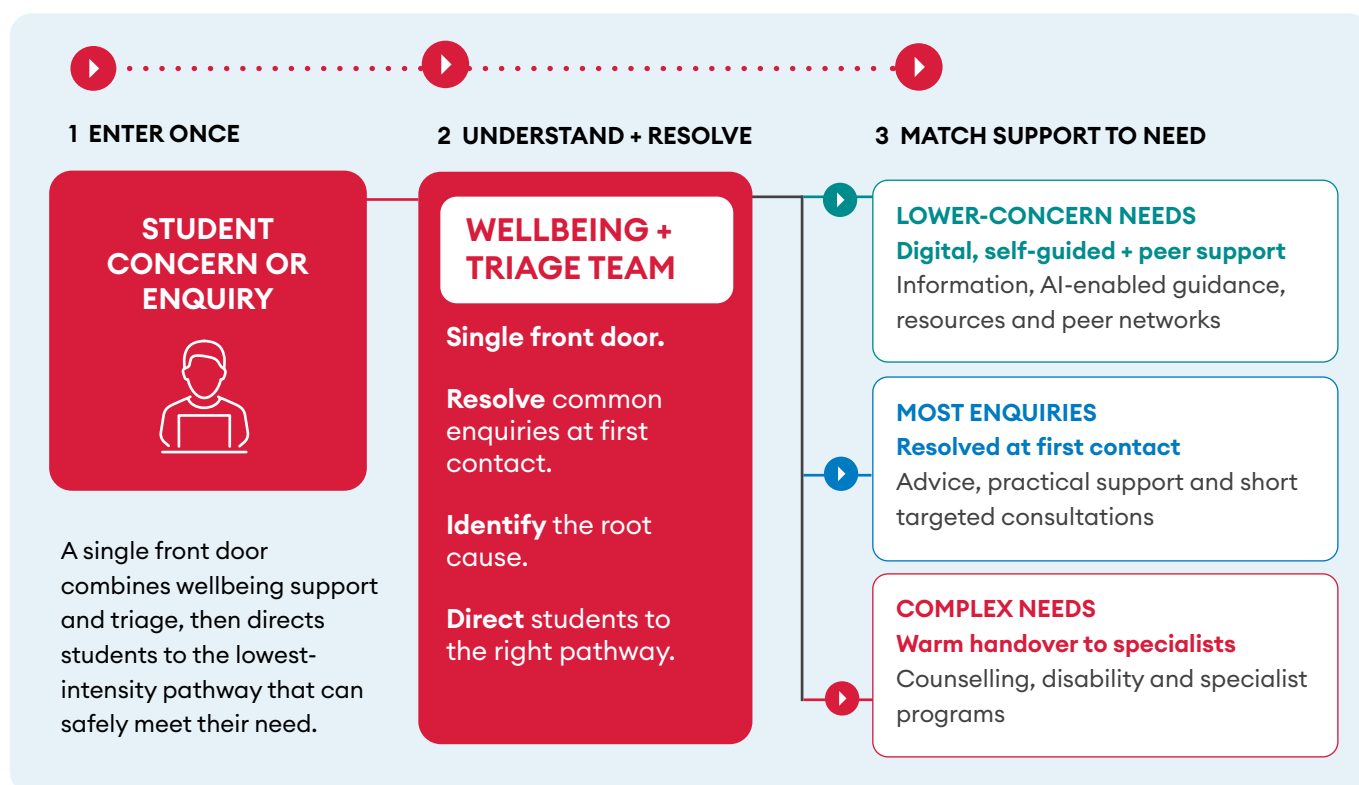
“I went to the university for support, but they had no sessions available. It would have been helpful if they had given me information about other services I could go to.”
Student

Redesigned service models enhance reach and reduce pressure on specialist services.

Universities are thinking deeply about how to meet demand without simply adding additional resources, which university finances often cannot accommodate. Scaling without adding resources requires looking at the service model itself and finding opportunities to reduce demand on scarce resources. Several universities we spoke to did exactly this: they redesigned the end-to-end service model to introduce a triage-based model of care. For one partner, this allowed them to reduce demand for specialist services by introducing a combined wellbeing and triage team that are trained to resolve many concerns at the point of initial query (see case study page 37). Combined with intentional design and use of digital, peer and self-guided tools for lower-concerns, including for example peer support and/or AI-enabled health and wellbeing information on university platforms, this can have a considerable positive impact on demand and wait times, reserving clinical time for those who most need it.

“The triage model was really effective in giving students immediate support and right direction, and a team-based model of care was really good for staff wellbeing.”
Staff member

Figure 15 | Tiered support for student wellbeing



Understanding service demand and satisfaction is a critical first step.

Prior to design (or redesign) of available services, it is necessary to understand the needs and expectations of the individual institution's student cohorts, including international students. Some universities collect substantial data on service utilisation, at times combined with service satisfaction data, but collating and utilising these datasets is often fraught with difficulty. System and data fragmentation, privacy concerns, and institutional governance structures can get in the way of leaders being able to learn from the data they collect. But where institutions can leverage the data available, the benefit is obvious: combining institutional data on service use and satisfaction with available data from their OSHC provider on claims patterns allows institutions to determine where there may be unmet need, which students may be missing out, and where the pain points in their service delivery are. These insights can then be used to make informed decisions about future service design and resourcing, so the university can direct resources and invest where it matters most to their students.

This can start, for example, with planning staffing and availability around known peaks in the year. Claims data rises and falls across the year (Figure 16), often aligned to the academic calendar. Universities can use this and

their own service utilisation data to determine when their students are most likely to need support and allocate both resources and relevant communications about available services accordingly.

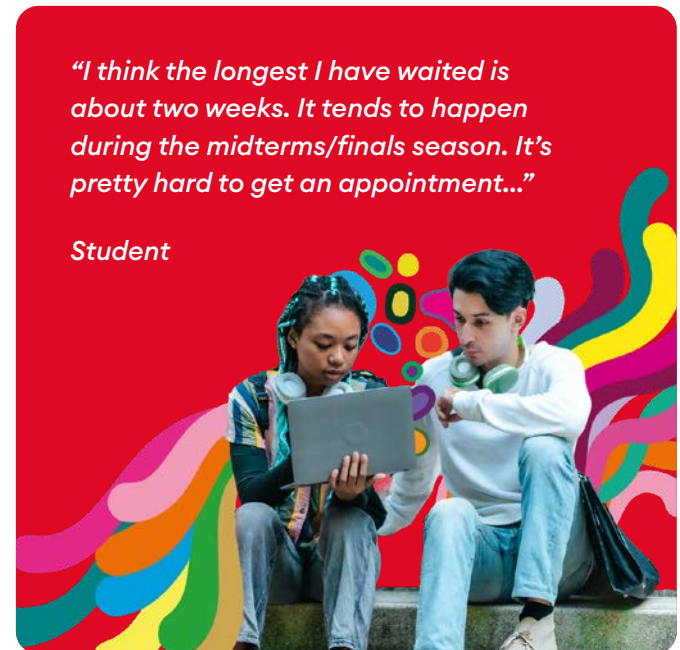
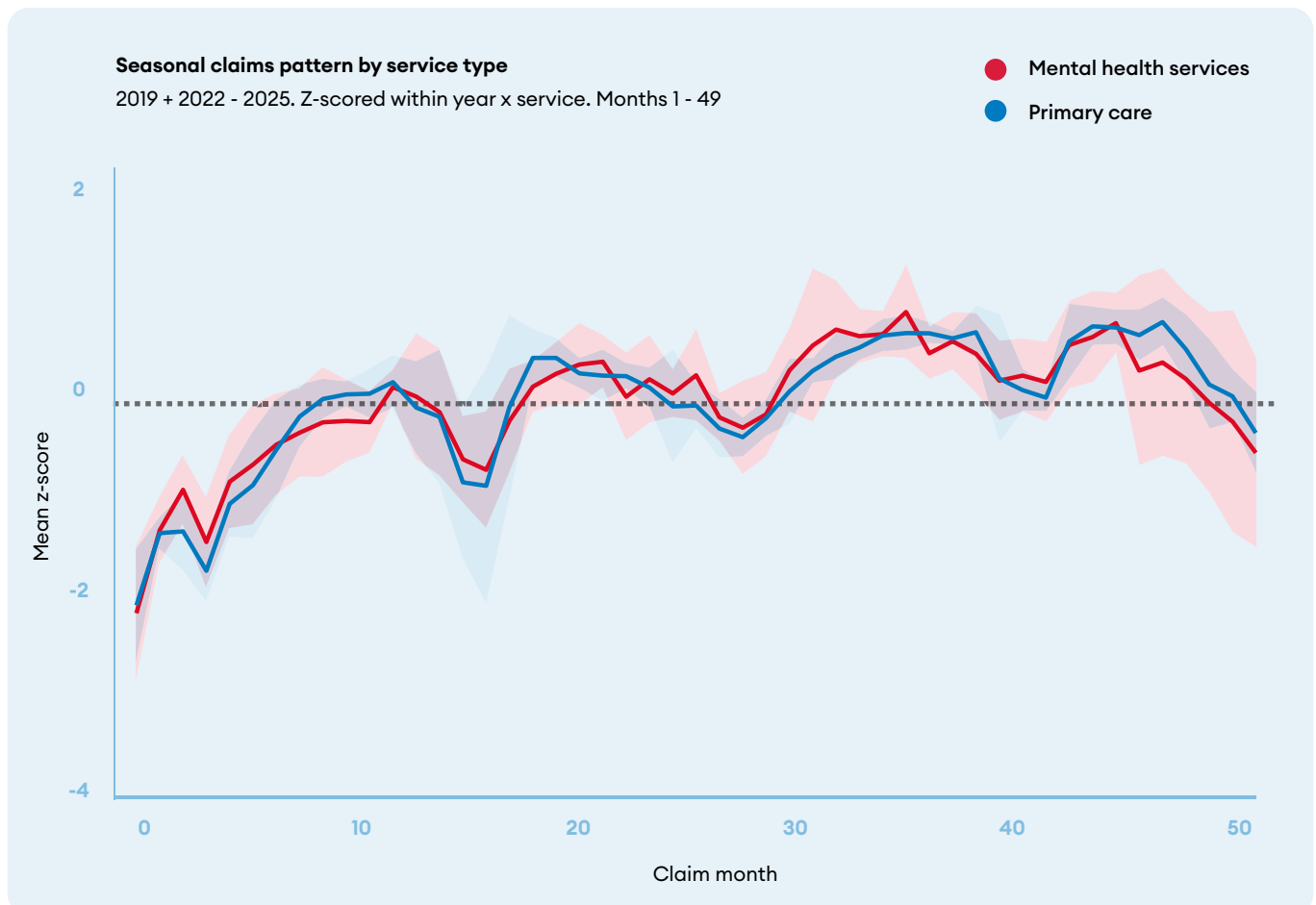


Figure 16 | Medibank claims by time of year (Medibank Analytics and Reporting System (MARS), 2019 + 2022 - 2025 data)



Queensland University of Technology (QUT), new triage model.

How it works

Faced with increased pressure on student support teams, duplication of effort and a large number of no-shows, QUT reviewed how its student support services were structured. In January 2026, QUT merged its triage team and Student Welfare Advisers (SWA) into a single combined triage team to reduce duplication, improve access and resolve more enquiries at first contact. They moved away from a dedicated appointment model to having trained specialist advisors available to answer most queries at point of enquiry via callbacks and walk-ins and targeted consultations for complex queries (with warm handovers to specialist areas e.g. counselling, disability, student programs).

Why it matters

The triage team has been effective in giving students immediate support and the right direction, helping them to find the right service for their needs, or resolving their needs at the point of enquiry. This has resulted in a clear shift from booked activity to supporting access at the point of enquiry: fewer long consultations, reduced pressure on and demand for specialist teams and a reduction in no-shows (down to 6.5 per cent thus far in 2026, compared to 14.1 per cent in 2024).

In terms of operational performance, case management has been reduced by 66 per cent as more enquiries were resolved without escalation with the released capacity being directed for proactive outreach and preventative initiatives. An additional benefit is that reported staff wellbeing has increased through a team-based model of care with shared responsibility, reducing pressure and stress for individual team members.



Strategic implication: build awareness and make support easier to access.

Institutions can design support around the student's journey, rather than requiring students to navigate organisational and service boundaries. This means providing timely and practical information throughout the year, creating a clear front door through which students can enter once and be connected to the right level of support, and coordinating referrals across university and external services. Student feedback, service utilisation, satisfaction and claims data can help institutions identify gaps, anticipate demand and continuously improve reach, access and effectiveness, particularly for students experiencing poorer wellbeing.

Conclusion.

Supporting international student wellbeing is ultimately about helping students stay connected, capable and engaged.

International students are a defining part of Australian higher education. They enrich classrooms, strengthen communities, expand the global reach of universities and make a substantial contribution to Australia's social, cultural and economic success. Whilst many report positive experiences of studying and living in Australia, this study reveals that international student wellbeing exists on a spectrum. Many students thrive, but a significant minority experience multiple, overlapping pressures that affect their health, wellbeing and capacity to engage in university life. Nearly one-quarter of surveyed students were in the two lowest wellbeing personas, reporting challenges that extended across daily life, study, social connection and access to support. These findings reinforce that supporting wellbeing is not separate from supporting academic success. It is central to helping students remain engaged, progress through their studies and realise the benefits of an Australian education.

The evidence challenges assumptions commonly held within the sector.

First, wellbeing challenges are not confined to arrival or the first semester. Students who had been in Australia for longer frequently reported poorer health, greater stress and more persistent loneliness. Support must therefore extend beyond orientation and respond to emerging difficulty throughout the student journey. Universities can strengthen this response by normalising help-seeking, bringing support closer to the classroom and using appropriately governed data to enable timely, proportionate outreach.

Second, loneliness emerged as one of the strongest indicators of broader wellbeing risk. Students experiencing frequent loneliness reported poorer mental and physical health, greater stress and more difficulty coping. There is also an important relationship between connection, confidence and help-seeking: students experiencing poorer wellbeing and more frequent loneliness are also less confident navigating support. Connection and belonging must therefore be treated as core student success infrastructure, not optional additions to the student experience. This requires universities to design for connection throughout the

student journey, strengthen and equip peer networks, move beyond models that depend on students opting in, and regularly measure belonging to identify where further action is needed.

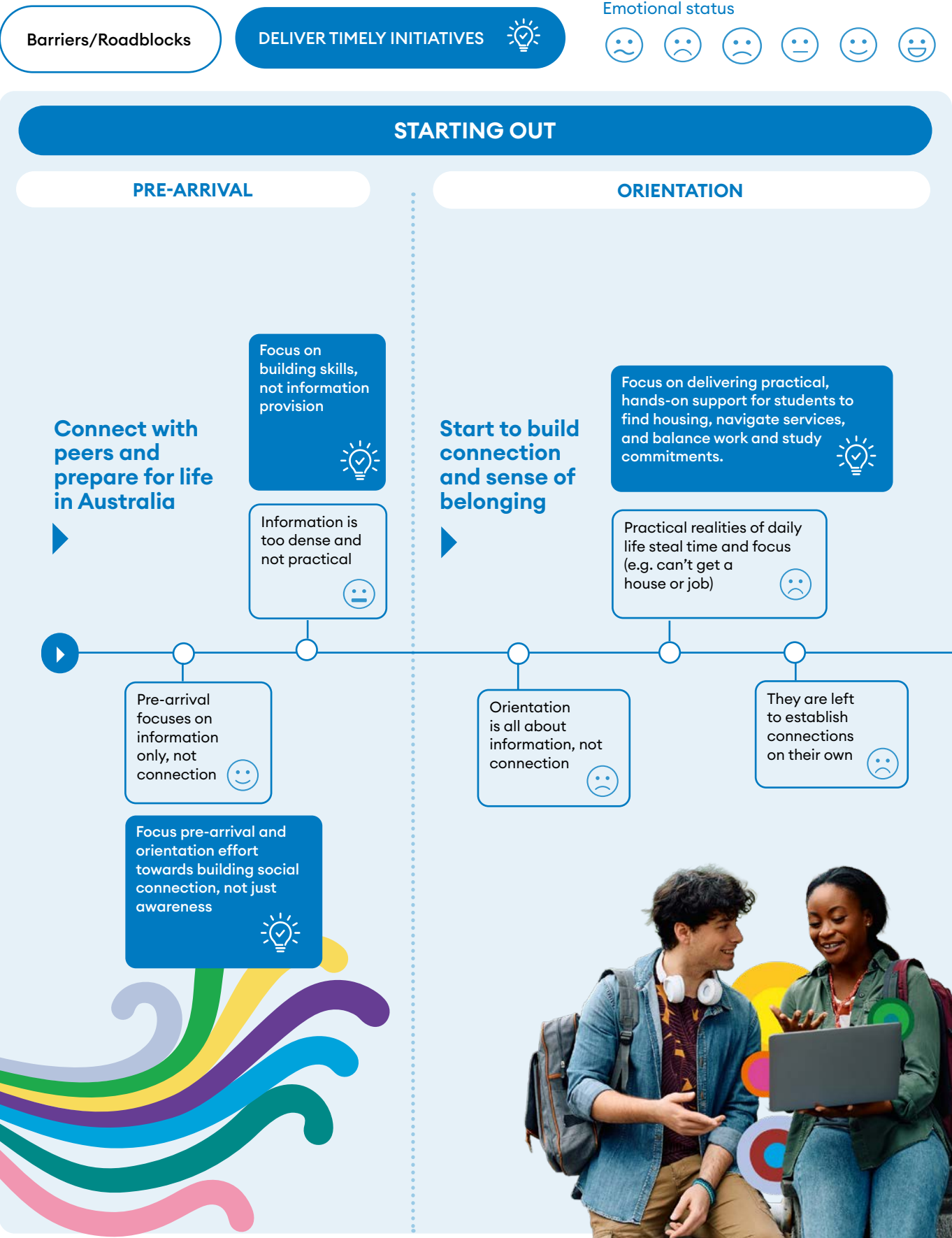
Third, students experiencing the greatest difficulty are often the least equipped to access support. Although students who reach university services generally report positive experiences, many students have limited awareness of available services, lack confidence navigating the healthcare system or delay seeking help. Improving outcomes therefore requires practical information at the point of need, a clear front door to support, and coordinated referrals across organisational boundaries. Universities can also use feedback, utilisation, satisfaction and claims data to better align services with student need.

The findings show that providing services is not enough. Students must be able to recognise when they need support, know where to start and have the confidence to access help before challenges begin to affect their wellbeing or studies. A more proactive, integrated and navigable approach can help more students stay well, stay engaged and succeed.

The sector must partner with international students to identify and drive improvement.

Universities, OSHC providers, student organisations, policymakers and students themselves each have a role in creating an environment in which international students can thrive. The greatest progress will come from institutions and partners that listen closely to students, examine their own data and design support around the student journey. Connection and trusted peer networks can complement these formal pathways, particularly where students first turn to people they know for information and guidance. By identifying emerging difficulty earlier, treating connection as core to student success and making support easier to understand and access, the sector can build the conditions in which international students remain connected, capable and engaged throughout their time in Australia.

Student Journey Map (Step 1).



Student Journey Map (Step 2-3).

SETTLING IN

SEMESTER 1

Create lasting connection and confidence to navigate and balance life and study

Normalise seeking help as part of academic success (tell students about special consideration, extensions, academic support programs)



Consider dedicated support roles within faculties



Create formal reconnection points for new and continuing students



Provide scenario-based health and OSHC guidance



Academic pressure starts to set in



Balancing part time work and study becomes more challenging



Connections fall away post-orientation



Without a support network or confidence to navigate an unfamiliar system, students' health starts to decline



Short, sharp prompts that remind students about available supports (academic and pastoral)



Leverage data to proactively support students



STAYING CONNECTED

SEMESTER 2

Sustain connection and access the support needed to succeed

Engage student associations and peer-support programs to spread the word about available supports



Intentionally measure and act on student belonging and connection



Loneliness starts to set in as connection falls away



Financial pressure intensifies as the year goes on



Academic pressures accumulate as end of year exams approach



Health and wellbeing challenges increase in the absence of proper support



Intensify student supports during predictable pressure points (e.g. around assessment and exam times, or even when tuition is due)



Sustain connection and belonging through end of year events and (re)connection opportunities



Appendix A Additional tables and charts.

Figure 17 | Wellbeing and support indicators among students whose mental health has declined

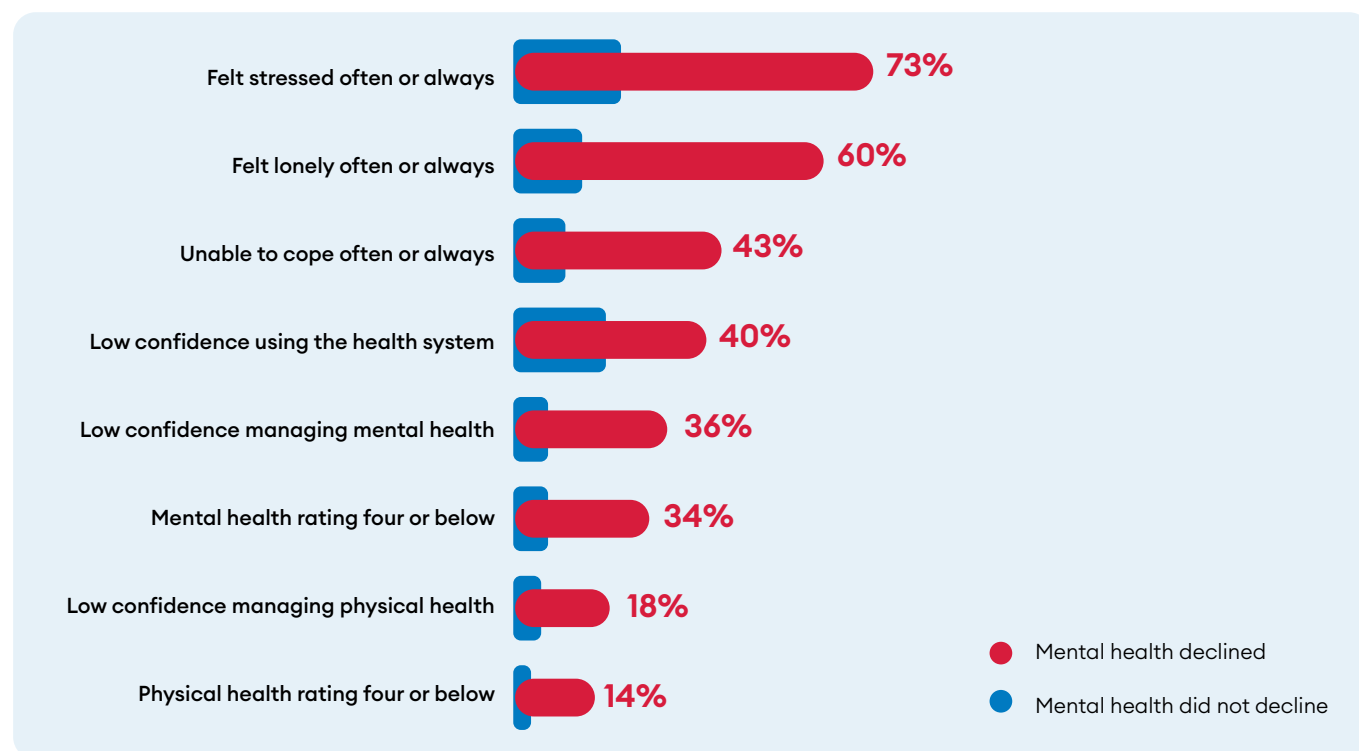


Figure 18 | Preferred information sources for health and wellbeing

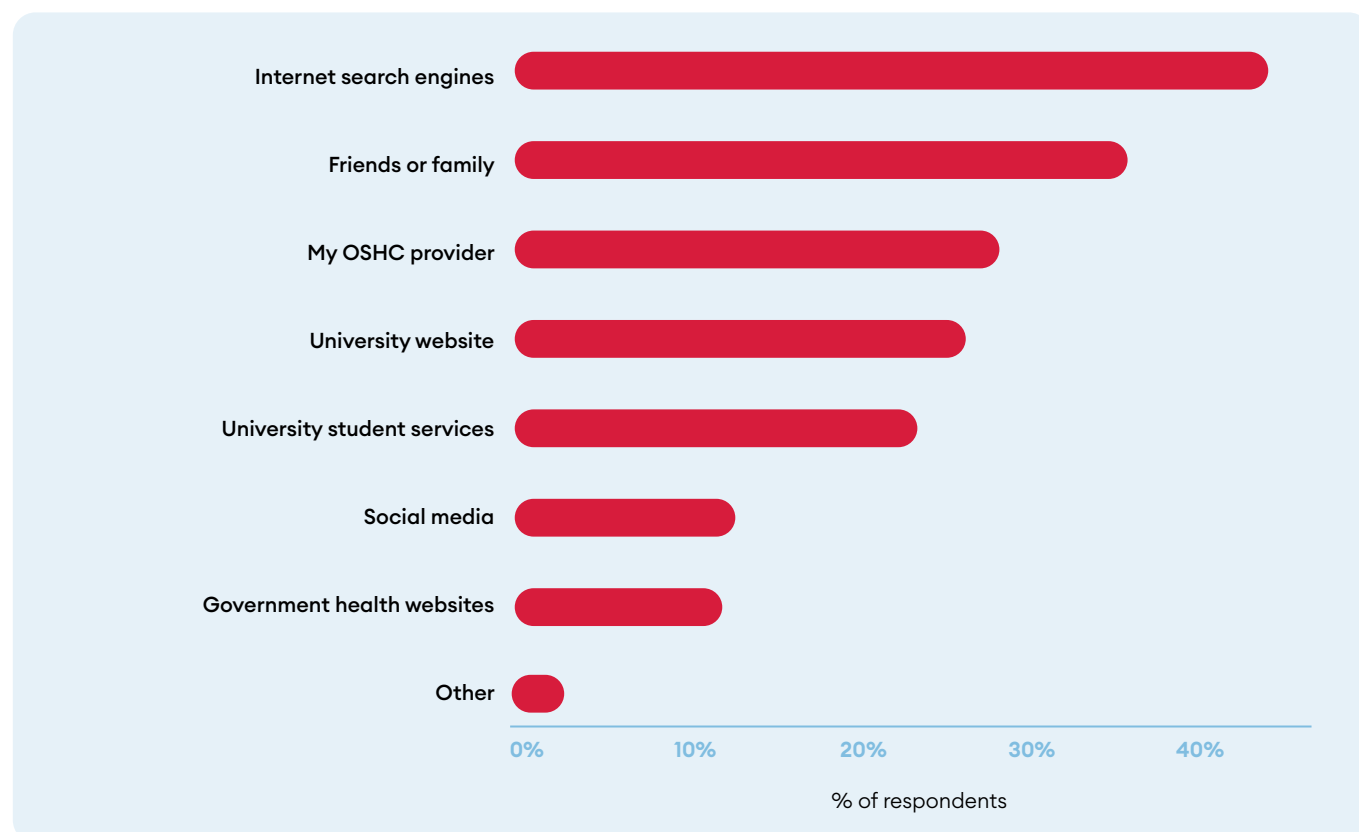


Figure 19 | Percentage of students who report having used on-campus health services

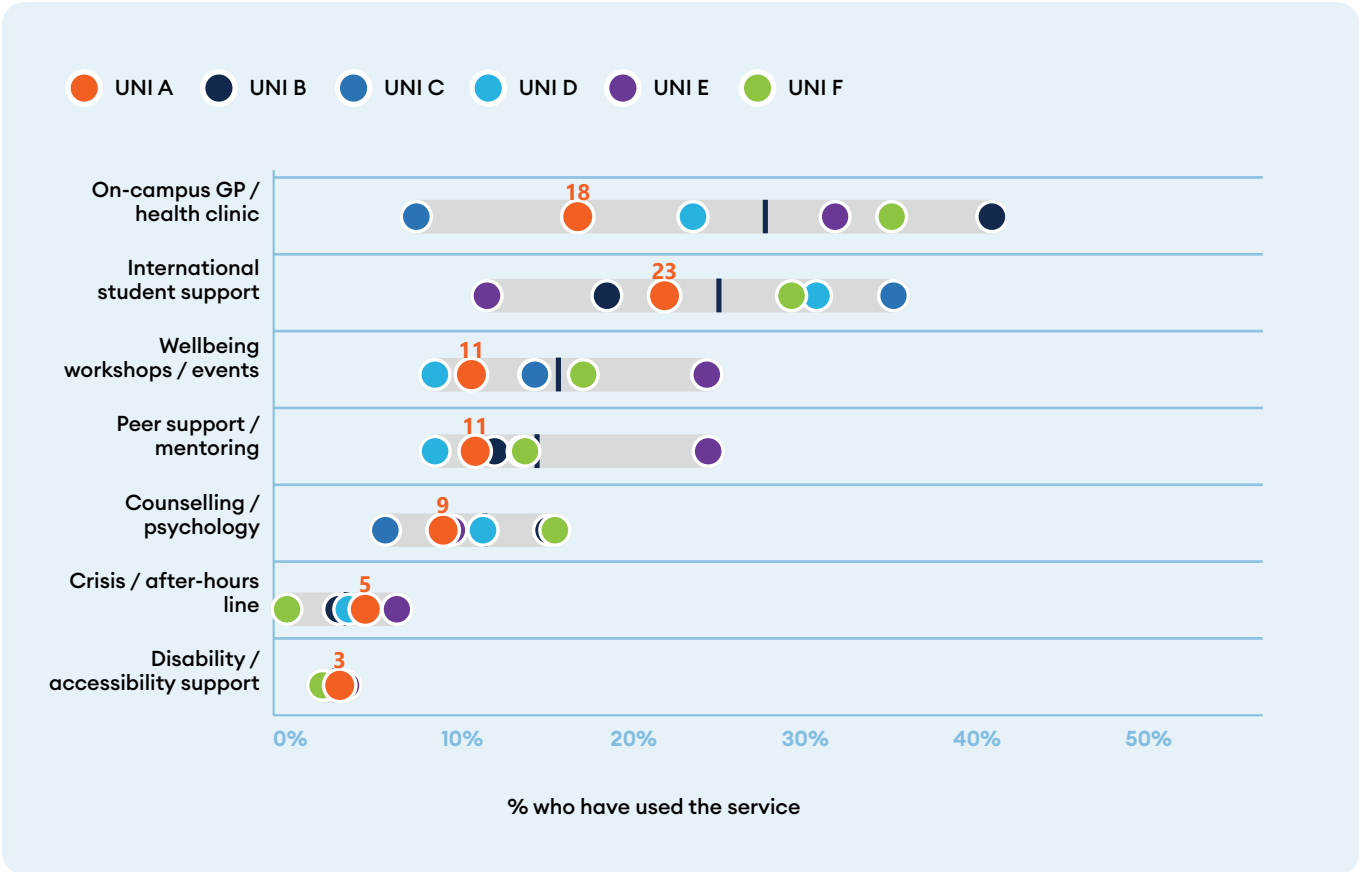


Figure 20 | Percentage of students who report having used off-campus health services

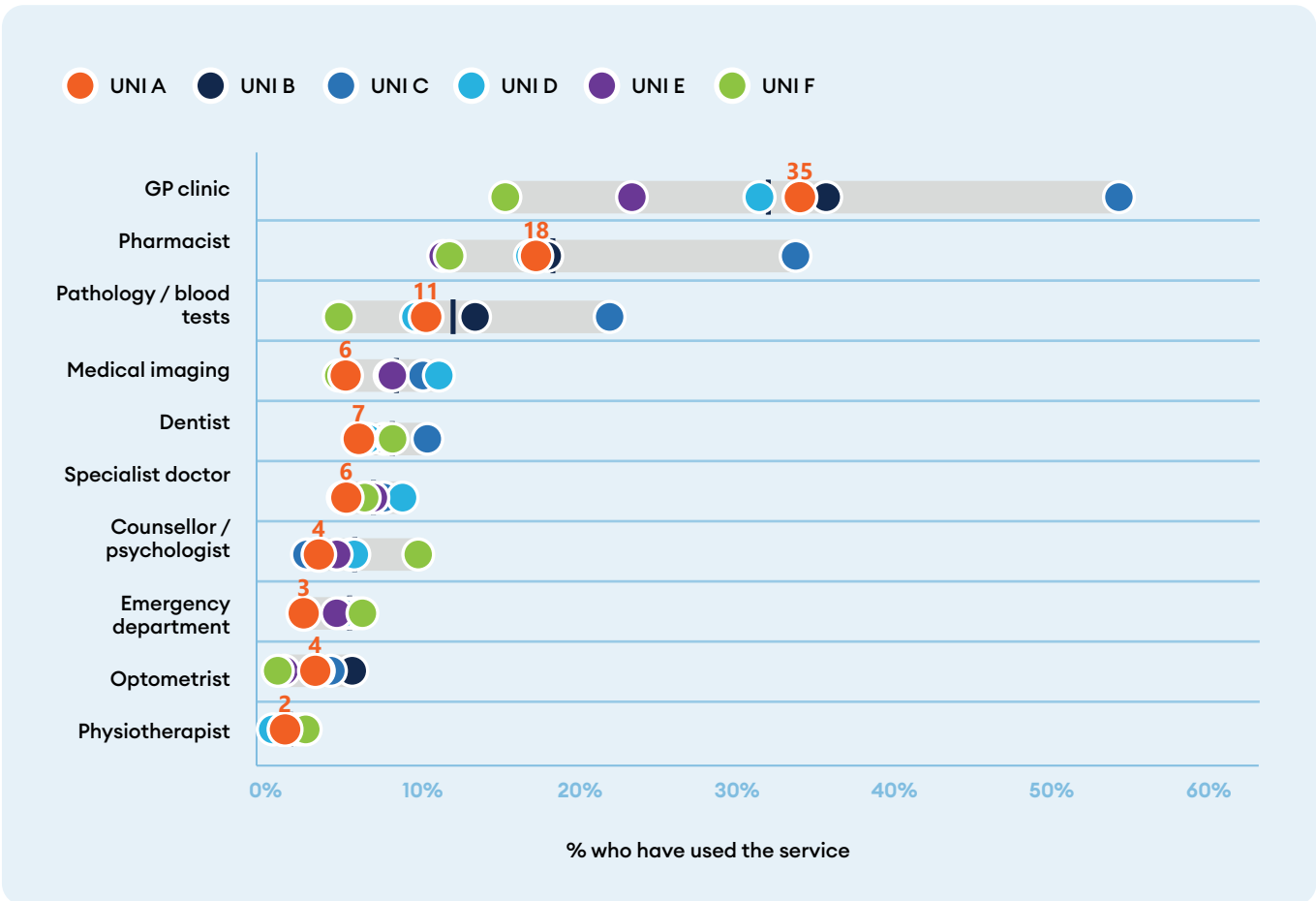
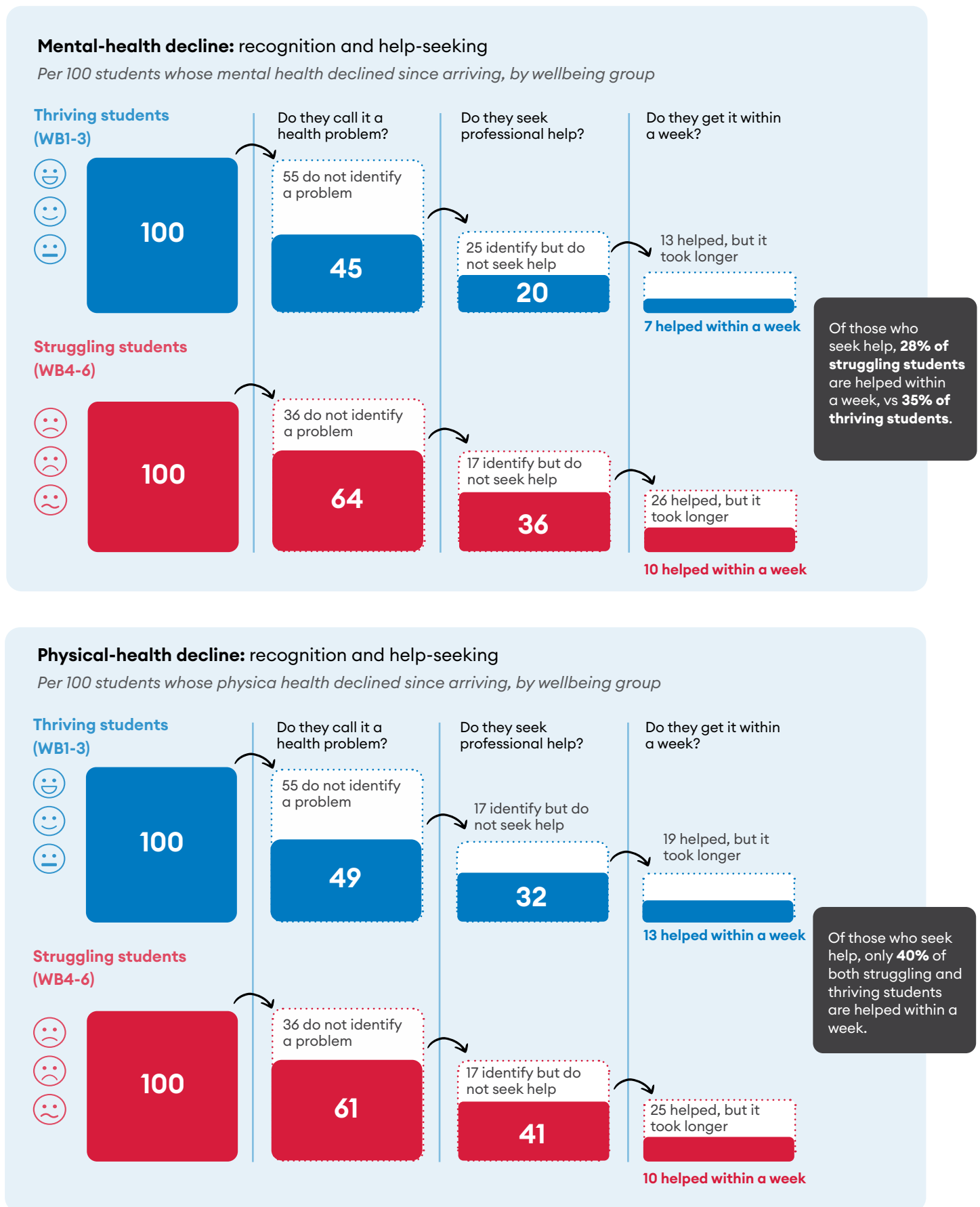


Figure 21 | Recognition and help-seeking



Appendix B Methodology.

We designed the project as an applied study, with a practical focus on informing institutional decisions in higher education and identifying opportunities to create an environment where international students feel connected, can access the support they need, and unlock their potential while living and studying in Australia.

The analytical process was exploratory, structured and iterative.

As part of this exploratory analysis, we developed six wellbeing personas from patterns across eight survey measures. These personas helped us examine how students' circumstances and experiences of support varied across the wellbeing continuum, with greater differentiation among students experiencing poorer wellbeing. They described overlapping analytical groupings rather than fixed student types or clinical categories.²⁵ Further information about the wellbeing spectrum and persona methodology is provided in Appendix C.

Medibank and Nous Group worked with university partners and international students to review and refine emerging findings. University roundtables explored their implications for institutional practice, while a dedicated student roundtable allowed us to test whether findings resonated with students' experiences. These discussions informed our consideration of practical responses and strengthened contextual understanding without constituting statistical validation.

This report draws on a range of data sources.

This report draws on multiple quantitative and qualitative data sources to develop a holistic view of international student health and wellbeing. Together, these sources provide insight into student experiences, wellbeing, support needs, service utilisation and help-seeking behaviours. All survey and claims data was de-identified and aggregated for analysis and reporting purposes.

Table 2 | Data sources used in the study

Data source	Contribution to the study
International student survey	Responses from 2,296 students across six universities quantified how commonly students reported different experiences and allowed us to examine how wellbeing, daily circumstances and help-seeking varied together.
Student focus groups	Focus groups with over 150 international students brought depth and student voice to the research, helping explain the circumstances behind other data sources and to identify practical supports aligned to students' preferences and unique circumstances.
University staff interviews	Interviews with 42 staff provided insight into how services operated and the challenges of responding to student needs. These perspectives helped us assess the practical implications of students' experiences for service delivery.
Student roundtable	Students provided insight as to whether and how emerging findings resonated with their experiences and helped refine our interpretation. This brought student voice into our assessment of what the findings meant for how to practically improve support.
University partner roundtables	Partners reviewed emerging findings and explored their implications for institutional practice and opportunities to improve support.
University administrative and service data	Available extracts provided context on student populations and service use. Differences in data structure constrained the intended comparisons with survey findings and across universities.
Medibank OSHC claims data (aggregated and de-identified)	Claims provided evidence of recorded healthcare use to complement students' accounts of seeking care. They showed patterns in service types and timing but could not establish unmet need or explain students' choices.
Existing literature	Existing research situated the project findings within the wider evidence base and informed potential responses, including examples of approaches evaluated elsewhere.

Limitations informed how findings were interpreted.

We used the findings to describe patterns among participating students and identify opportunities to improve support. The following limitations constrained conclusions about change over time, population prevalence and comparisons across institutions.

- Differences by time in Australia did not demonstrate individual changes in wellbeing. The survey was cross-sectional and compared different students at one point in time. It did not follow the same students over time and observed associations did not establish causation.
- Survey findings could not be generalised to all international students in Australia. While we had strong representation from across the international student cohorts at participating universities, response rates were uneven across the six universities and small subgroup samples limited the precision and detail of demographic comparisons.
- Recorded service use could not establish the extent of unmet need. Claims and university records captured activity within those systems. Student accounts helped explain barriers to seeking support but did not establish how widespread unmet need was across the population.
- Inconsistent data limited benchmarking and analysis across sources. Extracting information from service-specific operational systems and providing it in a consistent structure while protecting sensitive student information proved challenging. This constrained analysis across institutions, highlighting an opportunity to develop common definitions and repeatable extraction processes for future research.

Appendix D provides further detail on the strengths and limitations of each source.

Appendix C Wellbeing spectrum and persona methodology.

We used exploratory cluster analysis to examine how health, confidence and distress co-occurred among survey respondents. This allowed us to characterise combinations of wellbeing experiences that individual measures and sample averages could obscure, and to examine how these patterns related to other aspects of student health and wellbeing.

The analysis used eight survey items: two assessing current health, three assessing confidence and three assessing the frequency of loneliness, stress and difficulty coping.

Table 3 | Survey items used in clustering

Measure	Survey question	Response scale
Physical health	In general, how would you rate your current physical health status?	0 = Poor health; 10 = Excellent health
Mental health	In general, how would you rate your current mental health status?	0 = Poor mental health; 10 = Excellent mental health
Confidence managing physical health	How confident do you feel in your ability to manage your physical health?	0 = Not confident; 10 = Extremely confident
Confidence managing mental health	How confident do you feel in your ability to manage your mental health?	0 = Not confident; 10 = Extremely confident
Confidence using the health system	Overall, how confident do you feel using the Australian health system?	0 = Not confident; 10 = Extremely confident
Loneliness or social isolation	In the past six months while living in Australia, how often have you felt lonely or socially isolated, even if you were physically around other people?	Never, Rarely, Sometimes, Often, Always
Stress or feeling overwhelmed	In the past six months while living in Australia, how often have you experienced the following? – I felt stressed or overwhelmed	Never, Rarely, Sometimes, Often, Always; Prefer not to say
Difficulty coping	In the past six months while living in Australia, how often have you experienced the following? – I felt unable to cope with daily tasks or study demands	Never, Rarely, Sometimes, Often, Always; Prefer not to say

Sample selection and missing data.

We assessed completeness across the eight items for the 2,296 respondents in the cleaned survey dataset, treating “prefer not to say” as missing. We excluded 28 respondents (1.2 per cent) with two or more missing values from the clustering analysis. We retained the remaining 2,268 respondents (98.8 per cent), comprising 2,158 with complete data and 110 with exactly one missing value.

For respondents with one missing value, we applied single imputation using linear regression. For each item requiring imputation, we fitted an ordinary least squares model to the 2,158 complete cases, using the other seven items as predictors, and retained predicted values without rounding. Confidence using the Australian health system accounted for 92 of the 110 imputations (84 per cent).

Clustering and persona selection.

We coded the frequency items from one (“never”) to five (“always”), treating successive categories as equally spaced. Following imputation, we standardised all eight items to z-scores using the means and standard deviations of the clustering sample. Standardisation placed the items on a comparable scale before calculating distances.

We applied agglomerative hierarchical clustering using Euclidean distance and Ward’s minimum-variance method (Ward.D2). We retained a six-group solution to support interpretation of other survey results and provide greater differentiation among students with poorer wellbeing. An earlier four-group solution provided insufficient resolution at this end of the wellbeing distribution.

Ordering the six wellbeing personas.

Following cluster assignment, we calculated a composite wellbeing score for each respondent by subtracting the mean standardised score across the three distress items, comprising loneliness, stress and difficulty coping, from the mean standardised score across the five health and confidence items. This calculation accounted for the opposing directions of the measures, with higher health and confidence scores indicating better wellbeing and higher distress scores indicating poorer wellbeing.

We calculated the mean composite score within each cluster and assigned labels WB1 to WB6 in descending order, with WB1 indicating the highest mean wellbeing and WB6 the lowest. The composite score determined cluster ordering and labelling but did not contribute to cluster formation.

Interpretation and analytical usefulness.

We conducted principal component analysis of the eight standardised wellbeing items to examine the main dimensions of variation and aid interpretation of the cluster personas. The first two principal components accounted for 66 per cent of total variation. PC1 accounted for 52.2 per cent and distinguished respondents with generally favourable scores across the eight measures from those with generally poorer scores. PC2 accounted for a further 13.8 per cent and captured a different pattern, whereby favourable health and confidence ratings could coexist with frequent distress. This pattern helps explain the contrast between personas three and four, where the former reported better health and greater confidence but also more frequent loneliness, stress and difficulty coping.

We assessed the analytical usefulness of these personas through comparisons with survey measures that did not contribute to cluster formation. These comparisons revealed systematic gradients in students’ wider experiences. Respondents in poorer-wellbeing personas more frequently reported negative effects from financial circumstances, academic workload and sleep patterns. For example, the proportion reporting that academic workload negatively affected their wellbeing increased from approximately 6 per cent in the thriving and connected persona to 73 per cent in the isolated and struggling persona.

These patterns supported the use of the personas to characterise how pressures accumulated across different aspects of student life. The six-persona solution also provided greater differentiation among students experiencing poorer wellbeing than the earlier four-group solution, allowing closer examination of the struggling end of the continuum. Associations with measures outside the clustering inputs provided supporting evidence of analytical usefulness within the sample, although they did not constitute independent validation of the six-persona solution.

Descriptive labels and persona interpretation.

We assigned descriptive labels to the six personas to communicate the statistical findings in accessible language and support discussion of students’ experiences and support needs. We developed the labels and accompanying descriptions from the group-level patterns across the eight wellbeing measures, considering both overall wellbeing and differences in health, confidence and distress. We applied these labels after clustering, without changing group membership.

The labels summarise typical patterns within each persona and do not imply that every respondent shared all its characteristics. Respondents occupied overlapping positions along a wellbeing continuum and the boundaries between personas represent analytical divisions within that continuum. We therefore use the names to aid interpretation rather than define fixed student identities or clinical categories. The personas describe respondents’ reported experiences at the time of the survey and do not establish a sequence through which individual students progress.

Appendix D Strengths and limitations.

Strengths.

- Student and university perspectives informed the questionnaire. Medibank international student interns and university partner staff contributed to its development. Their input brought both student and service delivery perspectives to the questions used to examine international student wellbeing.
- The study combined a substantial survey sample with in-depth student perspectives. The cleaned survey included 2,296 international students, complemented by focus groups with more than 150 students across partner universities. Together, these sources provided breadth in identifying patterns and understanding students' experiences.
- Strong participation of students in interpreting findings. The student roundtable was used to examine whether findings resonated and to refine their interpretation. Although this was not statistical validation, it strengthened contextual relevance and ensured student perspectives informed the applied implications.
- Applied co-development with institutional partners. University partner roundtables helped test the practical implications of findings against institutional operating contexts. This strengthens applicability, although it does not demonstrate effectiveness.
- Use of observed utilisation alongside self-reported experience. Claims and administrative data provide observed service-use patterns that complement, without statistically validating, students' self-reported experiences. This is a distinctive strength when its limits are clearly maintained.
- Explicit attention to students with poorer wellbeing. The six-persona solution was selected partly because it provided greater differentiation at the poorer-wellbeing end of the spectrum. This allows the report to examine where pressures accumulate rather than relying only on sample averages.

Limitations.

- The wellbeing personas were exploratory and specific to the sample. The six personas described overlapping positions along a wellbeing continuum rather than distinct or clinically defined groups. Associations with other survey measures supported their analytical usefulness within the sample but did not independently validate the personas.
- Survey timing varied across university partner teaching periods. Most universities collected responses during March 2026, corresponding to weeks two to four of their standard teaching semesters. Collection at one university corresponded to weeks three to five and another to weeks seven to nine, with responses continuing into April. Differences in workload and proximity to assessments may have influenced reported wellbeing and comparisons across universities.
- Survey participants were heavily skewed to two partner universities. Of participants, 76 per cent were from two of the six partners. Their students' experiences therefore had greater influence on the pooled findings, which should not be interpreted as representative estimates for all international students in Australia.
- Domestic students were not surveyed. The analysis could not establish whether the prevalence or pattern of wellbeing concerns differed between international and domestic students. Some reported pressures will reflect experiences shared across the broader student population.
- Small subgroup samples limited demographic comparisons. Groups contained few students at the composition of wellbeing personas and demographic features. Small group sample sizes limited our ability to identify differences or examine group level characteristics that might explain student health and wellbeing.
- The cross-sectional design limited conclusions about change and causation. The survey captured respondents' experiences at one point in time. Comparisons by time in Australia involved different students, and the survey asked students for a retrospective assessment of their mental and physical health change since arriving in Australia.
- University data could not be integrated as intended to complement the survey. Universities could not consistently provide data in the requested structure, limiting our ability to combine sources and benchmark service use.

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26. Appendix C provides the methodology for how we constructed and interpreted the wellbeing personas.

