



Exploring the Experiences of Queer International Students Accessing Mental Health Support in Victoria, Australia

Xin Hu & Catherine Flynn
Monash University, Australia

ABSTRACT

International Students (IS) generate significant revenue in Australia, bringing diversity, but also distinctive needs and values. IS experience unique mental health challenges and their unmet support needs have recently received public and academic attention, notably during the COVID-19 pandemic. However, framing IS as homogeneous misses important variations within this population. A nuanced understanding of diverse IS subgroups with regard to mental health and help seeking is missing from current research. This study therefore explores the experiences of Queer¹ International Students (QIS) in Victoria², and the barriers and facilitators that influence how they seek and gain mental health support. Results show that the persistent impacts of broader socio-cultural factors and systemic gaps in addressing QIS' intersectional needs act as barriers to accessing support, while awareness of intersectionality is critical in providing appropriate professional assistance to QIS. Findings suggest the need to build cultural competence and service collaborations to better support IS.

Keywords: mental health, international students, intersectionality, LGBT+, systemic barriers, social exclusion, counselling service

INTRODUCTION

In Australia, the number of International Students (IS) in tertiary education programs including universities and vocational education and training programs, has grown sharply in recent decades and hit a historical high of 975,229 enrolments in 2023,

¹ See endnote 1

² See endnote 2

after a significant decrease during COVID-19 (Department of Education 2023). It is timely to examine their experiences of accessing mental health support, given that the pandemic exposed longstanding unmet mental health needs (Marangell & Baik 2022). Mental health in this article refers to a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community (World Health Organisation 2022). Importantly, IS in Australia are diverse, in terms of race/ethnicity, gender, sexuality, age etc., therefore this study brings a particular focus to the overlooked needs of IS subgroups (Tran et al. 2022) - specifically queer identifying international students (QIS). Although data about gender identity and sexuality are not collected consistently when IS enrol in tertiary education programs, broader international and Australian research reports 3–4% of the population identifying as gay, lesbian or bisexual; note this does not capture other identities such as ‘queer’, ‘pansexual’ or ‘asexual’ (Carman et al. 2020). As a group whose identities are marginalised within the broader IS population, this study seeks to explore QIS’ mental health experiences and any broader factors that impact on the service provision and delivery to QIS cohorts.

Queer International Students and Mental Health

The broader IS population brings enormous benefits to their host countries, including cultural exchange, personal talents, diverse perspectives (Tran 2020), broadened labour market and economic growth (Deloitte Access Economics 2016). However, compared to most domestic students, IS face the additional challenges of adapting to a foreign environment, language barriers, stigma and discrimination, acculturation difficulties, and lacking social support resources while studying in the host country (Nakamura, Estrellado & Kim 2022). They are more likely to experience mental health issues in their transitioning journey, with challenges arising from intra-personal, interpersonal, structural and cultural changes (Forbes-Mewett 2019; Tran et al. 2022). Recent studies have highlighted the marginalised identities of IS cohorts during COVID-19: increased social exclusion and isolation from support networks; the prevalence of xenophobia and racism (Chen et al. 2020); unfriendly political discourse, and framing IS cohorts as a homogenous and deficit group - ‘outsiders’ - in Australia (Tran et al. 2022).

Queer International Student (QIS) cohorts remain poorly understood in Australia as research has rarely explored their specific experiences. There is a current gap in knowledge on the mental health needs of minority groups among tertiary students in Australia, including Lesbian, Gay, Bisexual, Transgender and queer (LGBT+³) students, as well as international students (Veness 2016). There is a lack of exploration of IS’ diverse identities and any relation to overt discrimination, violation of rights and unjust stereotypes (Tran 2017), and the connection to mental health and wellbeing. Most existing studies in Australia have focused on the broader IS population (e.g. Marangell & Baik 2022; Forbes-Mewett & Sawyer 2016) and campus-based services, overlooking subgroups and diverse community experiences.

³ See endnote 3

However, there has been more attention to QIS' experiences in the queer community, especially relating to sexual health and HIV education (Horas et al. 2019).

Queer International Students and Intersectionality

A number of international studies (e.g. Herridge, García & Leong 2019; Lértora et al 2022; Patrick 2014) suggest that QIS not only experience the common stressors experienced by the broader IS group but are likely to face unique challenges from the compounded distress of navigating gender identity and sexuality. Broader socio-historical factors, including heteronormativity, cisgenderism and ethnocentrism, interact and result in QIS experiencing multi-layered discrimination and social exclusion from their various communities (Nguyen, Grafsky & Lambert-Shute 2017). For example, QIS may not 'fit in' with their cultural groups due to their LGBT+ identities being discriminated against. This results in some QIS becoming cautious when socialising or purposefully avoiding seeking connections with other IS peers who share a similar cultural background so as to not feel the discrimination they experienced 'back home' (Bhattar 2019; Lértora et al. 2022). Therefore, although studies with broader IS cohorts find that socio-emotional support from IS peers is a commonly sought resource (e.g. Gan & Forbes-Mewett 2018; Simpson & Ferguson 2014), it is unlikely to be the case for some QIS if they are concerned about discrimination on the basis of their queer identities (Bhattar 2019; Lértora et al. 2022).

Within the Australian context, Wang and Gorman-Murray (2023) add to this, suggesting that QIS' racial and ethnic identities transform into a source of oppression, not only witnessed in broader society but replicated firmly within the LGBT+ community. This is evident, for example, in exclusion from sexual encounters in urban gay spaces due to 'Asian-ness' (Caluya 2008 cited in Wang & Gorman-Murray 2023), mirroring the findings about experiences of race/ethnicity-based exclusion in earlier US studies (e.g. Bowleg 2013; Logie & Rwigema 2014). Those findings indicate that queer racial/ethnic minorities may be subject to marginalisation within the mainstream and largely white LGBT+ community (Nguyen, Grafsky & Lambert-Shute 2017). Initial research certainly points to a sense of QIS being doubly excluded, as Nguyen, Grafsky and Lambert-Shute (2017) suggest that individual QIS face the risk of losing one identity by connecting with the other.

Further, QIS individuals may live a double-life, where they need to balance their expressible identities when studying in a foreign country, while remaining connected to the social world in their home countries. This is because LGBT+ identities may be legally sanctioned or politically censored in their country of origin (Patrick 2014). Zheng's (2022) qualitative study of Chinese queer female IS in Australia highlighted the dilemma of identity negotiation and expression whilst maintaining family ties during COVID-19. Zheng (2022) argues that the pandemic further pushed QIS cohorts into a doubly-marginalised position. In the host country, they encountered magnified racial aggressions associated with their Chinese identity. Meanwhile, to connect with family support from their home country, including emotional and financial support, Chinese queer female IS had to deploy strategies such as presenting selective self-images on digital platforms that fit traditional Chinese family values of heteronormativity, despite living with open and visible queer identities in Australia.

Further, some QIS individuals from more restrictive backgrounds may conform to 'straight acting' in public, even when living in a foreign country where LGBT+ rights have gained legal recognition, out of the fear of repercussions (Patrick 2014). There are potential risks, including harassment and violence accompanying the exposure of LGBT+ identities depending on individual circumstances (Nguyen, Grafsky & Lambert-Shute 2017).

These contrasting social and cultural worlds consistently challenge QIS as they navigate their identities and a sense of belonging (Wang & Gorman-Murray 2023). These intersecting experiences may result in QIS feeling socially disconnected and experiencing negative mental health outcomes, notably depression and loneliness (Lértora et al. 2022). Those findings build on earlier US research (Jung, Hecht & Wadsworth 2007) with 218 IS which found that perceived discrimination and gaps in identity expression resulted in significant psychological stress. QIS are also seen at a higher risk level of suicidality and substance use (Nguyen, Grafsky & Lambert-Shute 2017).

Mental Health Support for Queer International Students

The current understanding of QIS' mental health needs and experiences of seeking support in Australia is limited. Extant studies (e.g. Forbes-Mewett & Sawyer 2016; Marangell & Baik 2022) have mainly focused on the broader IS group as a whole, reporting infrequent use of mental health services within the group, and noting multiple access barriers. Some research shows varied understandings of mental health concepts by IS, due to the different cultural context and a lack of resources and formal processes to learn about mental health (Gan & Forbes-Mewett 2018). In contrast, professionals report that IS lack information about formal supports, being unaware or unsure how to access them (Forbes-Mewett & Sawyer 2016). Individual IS also reported a lack of trust in mental health services and concerns about confidentiality (Gan & Forbes-Mewett 2018). This is congruent with Oba and Pope's (2013) argument that IS may lack a general understanding of counselling services under a western health framework, and this is especially the case if they are from a cultural background in which they have never had direct counselling experiences. Importantly, both professionals and IS report campus-based counselling services having limited capacity to address both the specific challenges that IS face during the transition to Australia and the severity of their mental health problems (Forbes-Mewett & Sawyer 2016; Marangell & Baik 2022). However, understanding about specific barriers for IS subgroups, including QIS, to access mental health support in Australia is currently absent.

Given previous research also shows higher rates of mental health challenges in LGBT+ communities than for their non-LGBT+ counterparts (Bostwick et al. 2010; Szalacha et al. 2017) and the negative impacts of social and identity issues on QIS' mental health (Nguyen, Grafsky & Lambert-Shute 2017), the lack of empirical research on QIS accessing mental health support in Australian context is concerning. Gan and Forbes-Mewett (2018) report that some IS regard professional support as a last resort, accessed only when one's mental health had seriously deteriorated. However, delaying professional intervention can increase the severity of problems

and ultimately result in more intensive support being required (Forbes-Mewett & Sawyer 2016). A recent analysis by the Victorian Coroner's Prevention Unit (Coroners Court of Victoria 2019) of 27 reported suicides among IS between 2009 and 2015, found that more than three-quarters had not sought any professional assistance in the six weeks prior to their death. This contrasts with the Australian-born comparison cohort who had much higher levels of help seeking. This is in line with US findings of lower level of engagement by QIS with mental health services due to potential stigma and mistrust of professional assistance (Bhattar 2019; Lértora et al. 2022).

The early literature in Australia tends to focus on the individual attitudes and behaviours of IS, while scant research has examined challenges at the level of service delivery or policy, or the experiences of IS subgroups (Forbes-Mewett 2019). Although studies from the US and Canada (e.g. Oba & Pope 2013; Patrick 2014) suggest that QIS' mental health needs are not appropriately addressed by broader service providers due to practitioners' lack of knowledge of intersectional experiences, combined with systemic biases, these findings cannot be uncritically applied in the Australian context. Australia is likely to continue to attract QIS in light of its public acceptance and legal recognition of LGBT+ rights, leading to greater safety to explore and develop queer identities and relationships. Therefore, this study explores QIS' experiences of navigating mental health support in Victoria, Australia, to identify factors that influence QIS to seek and engage with assistance. The study seeks to answer the research question: *What are the factors which help or hinder queer international students from seeking and gaining mental health support?*

METHOD

This study is built on a theoretical foundation of intersectionality which acknowledges that multiple identities may intertwine together, and that failing to see these connections results in an inaccurate understanding of individuals' experiences (Crenshaw 1991, 2013). Crenshaw's (1991, 2013) work on the entrenched systemic biases towards intersectional identities relating to gender, sex, race and class underpins how the experiences of this study population are both framed and interpreted. This research is also informed by an interpretative phenomenological approach (Rodriguez & Smith 2018) that seeks to present the meaning of lived experiences from each participant's perspective, linking cultural-historical factors to further unpack the concepts that emerge.

It is critical to reflect on and acknowledge the first author's (XH) lived experience and prior knowledge as the primary data collector and interpreter in this research. XH is a gender-fluid identifying migrant from China with lived experience as a QIS studying in Melbourne, as well as a social worker, with experiences within the LGBT+ health sector. During the research, XH managed the potential biases resulting from personal and professional experiences via regularly questioning and reflecting on their pre-existing understanding and conclusions (Sundler et al. 2019), and discussing potential biases in supervision. Given that the group and topics being researched are marginalised in broader communities, the lived experience of the researcher increases the level of trust and engagement of participants (Banfield et al.

2018), and allowing the research itself to be attuned to and capture some of the ambiguity and complexity of participants' lived experiences (Griffiths, Jorm & Christensen 2004).

An exploratory design utilising qualitative data collection via semi-structured interviews was most appropriate to respond to the research question. After approval from the Monash University Human Ethics Committee, an explanatory statement was developed to inform potential participants about the data collection process, eligibility criteria and any potential benefits and foreseeable risks of participating in the research. A decision was made to also include former QIS in the study; this still allowed for the gathering of contemporaneous data, but also offered some emotional distance from the experience. Convenience and snowball sampling was employed by promoting the information via a flyer to local universities, LGBT+ services, International Student support services and via social media channels. Six participants were identified and all agreed to participate in the study, with approximately 90 minute interviews conducted both online and face-to-face with the first author. The participants were provided with a list of local mental health and LGBT+ support resources that they could access before and after the interview.

Informed by a review of the existing literature, interviews consisted of eight questions divided into three broad topics, including the impacts of QIS' intersectionality on mental health, experiences of accessing mental health support and the helpfulness of the resource utilised. The first author transcribed the audio recordings into de-identified transcripts, which were then sent to all participants for review. Inductive thematic analysis was conducted and initial codes were developed using NVivo. Some data were peer reviewed and double-coded by the second author to manage potential biases. Re-coded data were then grouped into categories based on recurring patterns, clustering common causes and contrasting outcomes (Flynn & McDermott 2016). Relationships between categories were explored based on their mediating or moderating effects, and their relevance to the research question was also examined before defining and naming final themes.

LIMITATIONS

As a small-scale study with six participants that does not represent the full diversity of the QIS population, some populations' experiences may not be covered in this study's findings, such as QIS from Latin America, which is a major source of IS in Australia (Department of Education 2023). It is pertinent to address QIS needs with reference to country-specific and comparative resources, as the experiences of being QIS hold different meanings depending on the individual's region of origin (Nakamura, Estrellado & Kim 2022). Another limitation is that willing participants are likely to be those who had already reached a degree of acceptance of their LGBT+ identities, were open to talking about mental-health related experiences and felt safe to participate in the study. Therefore, this study is unlikely to capture the experiences of QIS still experiencing significant challenges. Further, the current study has grouped both gender and sexual diversity under the umbrella term of 'queer', and various cultural backgrounds of participants as 'international' due to the research focus on accessing external support in Australia. However, it was observed during

the study that transgender and gender diverse identifying IS may have specific support needs relating to their social and/or medical transitioning. Language barriers may be another limitation, due to English not being the first language of most participants or the first author, yet it was the language in which interviews were conducted. Potential language barriers were addressed by re-asking questions in different ways, testing the consistency of responses and double-checking the researcher’s understanding with participants.

FINDINGS

These findings are based on data provided by six participants. Although a small sample, they are a diverse group, across queer identities, countries and age, as can be seen in Table 1. Most participants are current or former postgraduate students and studied in the greater Melbourne area for between one and six years. Due to the illegality of homosexuality in different countries and the need to ensure confidentiality, pseudonyms are used and the individual participant’s country of origin is not provided when reporting findings.

Table 1: Participant Demographics

Pseudonyms	Jackie	Laura	Ganymede*	Robin	Azura*	Saffron*
Cultural Background	South East Asia	South Asia	East Asia	South Asia	North America	South Asia
Self-described Gender Identity	Transgender female	Thirunangai [^]	Cisgender male	Non-binary	Cisgender Female	Non-binary
Self-described Sexual Orientation	Lesbian and bisexual curious	Fluid-mostly heterosexual	Gay and sometimes pansexual	Bisexual	Aromantic and asexual	Queer and flow in between bisexual and pansexual
Age	20	37	35	29	22	24
Time of Studying as an IS in Victoria	2023-present	2004-2007; 2020-present	2022-present	2017-2019	2023-present	2018-present
Institution Location	Greater Melbourne	Greater Melbourne	Greater Melbourne	Greater Melbourne	Regional Victoria	Greater Melbourne
Degree	Bachelor	Previous Bachelor; current PhD	Master	Master	Master	Bachelor and Master
Study Field	Science	Health science	Health science	Business	Medicine	Health science

Note. * Participants chose their own pseudonym in these cases. [^] "Thirunangai" means 'respectable woman' in Tamil and is the preferred term for a transgender woman (Nataraj 2022).

Impact of Culture of Origin during Migration

Participants' experiences when migrating can be affected by a range of factors from their home countries, including the political climate, cultural and social norms and religious affiliations. Most participants (n=5) identified broader socio-cultural factors negatively affecting them seeking mental health support in Australia, especially in association with their queer identities.

Censorship and Fear

Three participants, from different Asian backgrounds, talked about feeling fearful to disclose their queer identities when seeking support. Potential information censoring by authorities from QIS home countries, where LGBT+ rights are not legally recognised, may lead to QIS being fearful of repercussions. "I was scared that this was gonna get recorded somewhere" said Jackie (transgender, female-identifying, South East Asia). Jackie felt she had to challenge this internalised censorship and fear by herself, until confidentiality was explained to her after commencing counselling, and perceiving the counsellor to be "queer friendly".

Similarly, Robin, a non-binary participant from South Asia, talked about fearing discrimination from the Australian government when applying for residency: "[...] if unfortunately my [residency application] landed up with a person who had that bias [against minority identities], I would just get rejected immediately". During their time as an IS in Victoria, Robin did not disclose their queer identity to campus-based counsellors, although they had multiple counselling sessions. Robin reflected further on their own internalised judgement, associated with religious teachings on queer identities:

"I felt a lot of guilt and shame [...], it's against a lot of religions [...], I would have a lot of fear and sleepless nights of just not knowing if [being non-binary] was valid or if this identity was real or if it was just some modern concept that's come up. [...]. I thought [...] maybe I should do conversion therapy and try to get this out of my mind."

It is evident that this self-censorship arose from LGBT+ identities being condemned by participants' other identities, such as political, cultural and religious. This either prevented some from accessing the support needed, delayed their help-seeking, or limited their ability to speak openly when they accessed help.

Lack of Fit Between Home and Host Country Views on Mental Health

Three participants described Australia as a more open culture in which to talk about mental health issues, with available services in the community, compared to their home countries. Saffron, a non-binary identifying participant from South Asia, emphasised that some IS need to go through a challenging process of unlearning mental health stigma and stereotypes, including from families. "Because we are told

all our lives that if you need mental health support, then [...] you're crazy", said Saffron.

In contrast, Ganymede shared his observations on the contrasting attitudes towards help-seeking between local friends and his home culture:

"I'm definitely dealing with something more serious [mental health] than them but then there are those who complain or talk about it more often than I do [...] this kind of distinction between me and the culture here, that somehow makes me feel often marginalised further because I'm trapped in between. Where there are people who don't understand me [from my home culture], they will [say], just tough it up [...]. And then when I talk to people here [...], there's just one comment on their performance and they will make it like a big deal, and they will have a sick leave tomorrow." (*Ganymede, gay and sometimes pansexual, East Asia*)

Intersectionality and Its Associated Social Experiences

All participants talked about the challenges to building social connectedness as QIS. Experiences of social exclusion or rejection, and limited connections within participants' cultural/ethnic communities due to their queer identities was reported by the majority (n=5). Further, while all participants reported having some, although differing, levels of social connection with LGBT+ communities, some also perceived discrimination within those communities, based on their intersectional identities, including racial/ethnic identities, IS status and age.

Lacking Cultural and Familial Social Support

Most participants (n=4) referred to IS peers who come from similar backgrounds when talking about social connections and friendships within cultural/ethnic groups. None, however, actively regarded the broader IS group as a mental health support resource, beyond a limited number of IS individuals who also identify as queer or a LGBT+ ally. Some of the participants describe peer relations with the broader group as a stressor. When discussing the coming out experience in Australia, Jackie shared that she is using a new identity (i.e. presenting as transgender female) when socialising with people with whom she feels safe in Australia, however, she selectively presents an old identity (i.e. presenting as cis-gender male) to her cultural/ethnic group due to its dominant anti-LGBT+ ideology:

"Because I wasn't out back home so it's kind of doing what I used to do. The change isn't really that I've got to hide [my identities]. After I came to Australia, I've got the changes that I've [only] got to hide from [people from that cultural group]." (*Jackie, transgender woman, South East Asia*)

Family support was also described by participants to be largely absent. This is because as well as mental health being stigmatised in their home countries, most participants (n=5) have not come out to their family members yet, or their queer identities have not gained acceptance within the family or home setting. Only Azura reported family support as a helpful resource for mental health in general. Notably, Azura is from a country where LGBT+ rights have gained legality.

The need to Fit in with Local LGBT+ Groups and Broader Communities

While some participants have built up helpful social connections with local LGBT+ communities, social barriers also persist, with QIS struggling to fit in with mainstream LGBT+ culture in Australia due to their intersectionality. Laura talked about her experiences of navigating social support as a student on campus, but feeling discriminated against by members from the university's queer club:

“There was none whom I could resonate with or who could resonate with me. [...], I just didn't want to go back there. Discriminated [against through] ageism and, again, I'm trans, I'm trans person of colour, so you don't belong here.” (*Laura, Thirunangai, South Asia*)

Similarly, Ganymede shared his opinion that there exists ‘a club-picking culture’ where racial minorities are marginalised in mainstream LGBT+ social events. He described feeling alienated by Caucasian groups, partly as he lacks knowledge of local topics as an IS and is not used to the social drinking culture in Australia. Ganymede also reported his observations that this experience is shared by some other racial minority members.

In contrast, Robin looked for queer communities after graduation and built up a strong support network via a shared sporting interest. Meaningful connections with queer communities have helped Robin understand their shared lived experiences and navigate their identity negotiation journey.

Azura's experience highlights the impact of geographic and social locations, when she described her difficulties in building up new social connections with local communities in general whilst living in regional Victoria:

“It's like being international uprooted my existing support systems, yet my aro/ace identity is preventing me from accessing a really easy way of getting a strong connection to most people. [...] The people that I naturally want to connect, to spend a lot of time with, they can't do that because they're not international. They have other connections in Victoria, like family or partners, that they need to spend time with, I have tried to join queer community [...], but I just don't naturally connect to people on that factor. So, it's extremely hard for me to find someone, either one and/or multiple

people, to fulfil that support system needed for me.” (*Azura, Aromantic and Asexual, North America*)

Service Navigation and Engagement

Fragmented Service System

When discussing campus-based mental health support, campus-based counselling was the only resource mentioned by participants, and was used by all participants due to its easy access and being free of charge. However, some participants (n=4) found that the service predominantly focused on academic support, while their other mental health challenges, such as navigating gender identity and sexuality, and developing relationships, were described as not appropriately addressed during the sessions.

“[The service] didn't really work. [...], I had different expectations, and I didn't have the vocabulary to explain it to [the counsellor]. I was also confined by the limitation of what was to be discussed in those sessions [...].” (*Saffron, non-binary, South Asia*)

For community-based services, Robin experienced potential barriers in accessing, being both unaware and dubious of IS accessing community-based specialist services:

“I didn't actually find any LGBT+ organisations directly in Melbourne, looking back, that would have been very helpful...the other thing was how do you access it? I didn't know if I was able to access it being an international student [...]. I wasn't sure if I could afford it as well.” (*Robin, non-binary, South Asia*)

Some participants emphasised the challenge of finding the right service entry in the existing system, due to having intersectional needs. For instance, Ganymede described experiencing multiple stressors including finance, visa, study and mental health, but finding that the process of navigating the system further took a toll on his mental health. “The [campus] intake staff would just say, maybe you should go to education [department], organisation, or maybe you should go to home affairs for your visa stuff [...]. That experience will just further add up to your stress because I'm really running out of resources, and I should just go home because this is really tough here.” Further, when Ganymede resorted to off-campus services, he was then confronted by the system not catering for intersectional identities:

“One example is because my age is over 25, so there are some organisations who only served younger LGBT+ members, and they were just like, I'm sorry [...]. It's hard when you have multiple identities, especially there's so many intersections, then instead of you can find many help, perhaps it's the

opposite you cannot find that much... like international gay students who are older than 25.” (*Ganymede, gay and sometimes pansexual, East Asia*)

Practitioner Awareness of Intersectionality

Awareness of intersectionality emerged as an important factor in participants being able to establish a sense of trust and continue engaging with health professionals. For instance, Laura described her experience with a campus-based practitioner as poor because “people have limited exposure” to her intersectional experiences:

“[...] The culture of trans communities here may not be the same from other countries outside this country [...], I don't know how specific I can go into that because I just felt that my ex-counsellor didn't know who I am. The person who counselled me didn't understand what I'm going through.” (*Laura, Thirunangai, South Asia*)

In contrast, Robin and Saffron shared positive experiences with counsellors who understood intersectional experiences and cultural nuances, which helped them feel safe to further approach different topics associated with their identity and relationship development.

“[With the counsellor], we have talked so many times about I don't have to be open about everything to my parents. [...] Coming out here is different compared to coming out to restrictive parents [back in the home country]. We can talk about those really unique sorts of cultures because she's [from a multicultural background]. I think she really gets that experience as well.” (*Saffron, non-binary, South Asia*)

DISCUSSION

The findings of the current study suggest broader socio-historical factors from QIS' cultures of origin have a persistent influence on individuals who migrate, including both external experiences relating to their identities and inner perceptions of these identities. These factors directly impact on QIS' experiences of seeking and gaining mental health support. For instance, in contrast to the acceptance of LGBT+ rights in Australia (ABS 2017), the major source countries of IS (in areas of Asia and Latin America [Department of Education 2023]) have not yet legally recognised same-sex marriage or LGBT+ rights (Human Dignity Trust 2023). As anticipated, this study found that most participants were 'closeted' or have their queer identities suppressed in their home countries because LGBT+ identities and relationships are either criminalised and unprotected by law, or condemned by religious teachings. The findings uncovered persistent fear which participants held about potential judgement, discrimination and repercussions, particularly when they seek help from those they perceive to have power, including health professionals.

Individual QIS may experience different levels of internal tension, between developing and holding a queer identity and a cultural/ethnic identity, while simultaneously encountering power imbalances stemming from homophobia, transphobia, racism and xenophobia in the host country (Lértora et al. 2022; Nguyen, Graftsky & Lambert-Shute 2017). This study found that some QIS selectively present different identities (e.g. transgender or cisgender) or circumspectly suppress certain parts of their identities to different groups of people (e.g. cultural/ethnic groups and local communities in the host country). These experiences of maintaining a dual identity were also found in earlier studies (e.g. Patrick 2014; Zheng 2022). Morales (1989) conceptualises the intersectional tension between queer identity and cultural/ethnic identity as ‘conflicts in allegiances’ to emphasise the perceived incompatibility of the two specific identity categories. This emphasises the complexity of the relationships between QIS and their cultural/ethnic groups, including family members. As further reflected in the current study, this has significant implications for QIS’ mental health, as most participants do not, or cannot, turn to family for support and some QIS have to navigate boundaries with cultural/ethnic groups and family regarding their queer identity.

Current findings also suggest that QIS may lack an informal support system in the host country due to social exclusion from LGBT+ and broader community groups, which corroborates previous US study findings that QIS experience perceived discrimination from multiple sources and experienced difficulties finding an intersectional community (Bhattar 2019; Lértora et al. 2022). However, this contrasts with studies that explored help-seeking behaviours in IS from a single racial/ethnic identity (e.g. Gan & Forbes-Mewett 2018; Lian, Wallace & Fullilove 2020). Those studies found some IS cohorts turn to informal support for mental health in the first instance.

Further, awareness of intersectionality and its interplay with mental health plays a pivotal role for QIS when meaningfully engaging with professionals. Current findings suggest that some service providers lack the resources and understanding of QIS’ intersectional experiences to address their specific needs, which leads to QIS feeling alienated and withdrawing from further engagement with professional assistance. Moreover, while this study mirrors previous research findings that certain cultural attitudes and mental health stigma act as barriers for the broader IS population to seek professional assistance (Forbes-Mewett & Sawyer 2016; Marangell & Baik 2022), the findings suggest QIS’ queer identities may further intersect with stereotypes of mental health concepts and form compounded barriers for them when seeking support. QIS face specific challenges in engaging and establishing trust in the service and receiving culturally competent treatment (Oba & Pope 2013).

Importantly, this study highlights that service users with intersectional needs may fall through the gaps of a single-issue oriented service system where, for example, mental health services may be either Anglo-centric or age-limited. This results in QIS experiencing a fragmented service system which lacks coordinated and collaborated services. Lértora et al. (2022) argues that QIS are in a situation in which existing systems are built on dominant cultural norms and power and services that meet QIS intersectional needs may not exist. Therefore, this compounded stress on those with

intersectional identities resulting from trying to navigate a fragmented system design should be regarded as an institutional rather than individual issue.

IMPLICATIONS AND RECOMMENDATIONS

This study has demonstrated the importance of building awareness of intersectionality among IS cohorts and support systems to address their needs at a broader level. The findings imply there is a lack of diversified data to understand mental health support needs within IS. Importantly, universities and campus-based services may play an essential role in supporting the mental health of IS due to their accessibility and low-cost to IS cohorts, especially considering individual IS may be unaware or unclear about how to access community-based mental health support in a foreign country. This is reflected in the studies with broader IS cohorts which found that many IS are not familiar with the Australian healthcare system and how to access professional assistance (Forbes-Mewett & Sawyer 2016; Marangell & Baik 2022). Previous research also suggests that IS reported a higher tendency to seek help from school faculty compared with their domestic counterparts (Lian, Wallace & Fullilove 2020). This further implies that IS cohorts may be more dependent on universities to access information and support.

There is a critical need to review existing policies, as existing service responses are ineffective with regard to IS' intersectional identities and needs. Findings from this study support universities taking more responsibility in supporting IS' various needs, diversifying the forms of support and the channels for providing support to IS cohorts. For instance, QIS may need a social space where they feel safe to express their full identities and make social connections, and such information should be visible in faculties that have a high level of IS enrolment. Further, campus-based supports need to build service capacity to address IS' social and personal experiences beyond individual academic performance, especially with a focus on the common mental health challenges that IS cohorts experience during the transitioning to the host country. Cultural familiarity and safety is essential when engaging with IS cohorts (Oba & Pope 2013), and professionals need to be aware of their own social power, culture and biases towards foreigners and sexual minorities, as well to develop awareness of IS' cultures of origin (Pope et al. 2007).

Importantly, various social support services and preventative educational resources could be made accessible to QIS cohorts and the broader IS population at an early stage when they arrive in Australia. Previous research highlights the risks of not having access to knowledge and support, for example unsafe sex and sexually transmitted diseases (Oba & Pope 2013), or common challenges also seen within the LGBT+ community including substance use and intimate partner violence (Hill et al. 2020). Therefore, it is critical that QIS cohorts are equipped with resources and knowledge to manage potential risks. Similarly, Veness (2016) recommends that preventative strategies are needed in partnership among Australian universities, local government and community organisations to improve students' mental health. Notably they suggest that the perspectives of students should be taken into account when developing institutional mental health policies and strategies.

CONCLUSION

This study is the first empirical study to explore QIS' experiences in accessing mental health support in Australia, identifying specific barriers and facilitating factors that impact on QIS' help seeking. Using an intersectional framework not only allowed the unique mental health challenges associated with QIS' to be uncovered, but also facilitated the exploration of the relations between QIS' intersectionality and multiple support systems. The findings demonstrate that intersectional experiences vary widely in circumstances compared with single-identity oriented experiences in accessing mental health support. In summary, this exploratory study builds a new foundation to understand the experiences and needs of IS cohorts in Australia and adds knowledge to improve service capacity in supporting intersectional needs.

ENDNOTES

1. A term used to describe a range of sexual orientations and gender identities. "Queer" is the umbrella term chosen and used in this study to emphasise the inclusion of people from multicultural backgrounds who express non-heterosexual and/or non-cisgender identities with different political ideas, words and customs.
2. Victoria had the highest percentage, (64.9%) of all states/territories in Australia voting to pass same-sex marriage law reform in 2017 (ABS 2017), and has the second highest number of IS studying in Australia (Department of Education 2023).
3. The plus of 'LGBT+' is used to ensure the inclusion of the full spectrum of sexuality and gender identities.

Acknowledgment

In preparing this manuscript, we did not utilize artificial Intelligence (AI) tools for content creation.

Thanks to Catherine Cook and Philip Mendes who provided linguistic and editorial support. We appreciate and acknowledge the Humane Letters Grant which supported the publication of this paper.

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Author bios

Xin Hu, Department of Social Work, Monash University, East Caulfield, Victoria, Australia. Their major research interests lie in the area of intersectionality, multiculturalism, gender and sexuality, and mental health. Email: xhhu0030@student.monash.edu

Catherine Flynn, Associate Professor and Head of Social Work Department at Monash University. Her research focuses on criminal justice and social work, and social work education. Email: catherine.flynn@monash.edu
