The State of Student Healthcare

2025 REPORT

Our objective:

to provide a **continuum of care rooted in a deep understanding** of the unique experiences of international students.

Disclaimer

The third annual State of Student Healthcare Report (2025) has been prepared by QS Quacquarelli Symonds (QS), who have conducted market research on behalf of **Allianz Partners Australia**. This report presents insights into the needs, concerns, attitudes and behaviours of international students in Australia, with a focus on their everyday life, health and wellbeing. The report findings are general in nature and based on information available at the time of publication.

QS is a data-driven, independent, global provider of analytics and insights for the higher education sector.

DATA PREPARATION

For this year's report, we undertook a careful refinement of the survey design to ensure a smoother and more intuitive experience for respondents. Key changes included clearer question wording to better support our culturally and linguistically diverse (CALD) audience and simplified rating scales. These enhancements strengthened the dataset but limited our ability to make direct statistical comparisons with 2024.

To preserve analytical integrity, this report draws on thematic comparisons across years rather than numerical benchmarking. With the 2025 survey now optimised, we do not anticipate further changes next year, allowing formal benchmarking to commence with the 2026 report.

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A message from Miranda

This year's State of Student Healthcare Report reaffirms our dedication to understanding the lived experiences of international students and the conditions that shape their journey in Australia.

The 2025 report findings depict a cohort balancing strong personal aspirations with ongoing pressures that continue to shape their wellbeing and experience in Australia. From cost of living challenges to the emotional toll of studying far from home, students continue to balance opportunities for growth with the demands of adapting to a new country, new systems, and new expectations.

At Allianz Partners Australia, we remain steadfast in our belief that international students are not just contributors to our economy, they are valued members of our communities. They bring diversity, energy, and ambition that enriches Australia in immeasurable ways. Their wellbeing matters, and it is our privilege and responsibility to understand their evolving needs and respond with solutions that make a real difference.

The insights from this year's report highlight a consistent throughline: students' health and wellbeing are fundamentally shaped by the interplay of financial stability, social connection, English language confidence and systemic accessibility.

Whether navigating healthcare, managing their mental health, forming social networks, or making informed decisions about sexual health, students continue to face barriers that are often structural rather than personal. Critically, many of these challenges intensify over time, underscoring the need for support that is proactive, culturally attuned, and grounded in empathy.

At Allianz Partners Australia, we recognise that healthcare is more than insurance, it's about ensuring students feel informed, supported, and safe. By working alongside our partners across the education, health, and community sectors, we remain focused on developing practical, innovative and accessible supports that help students thrive academically, socially, and personally. Our role is to reduce complexity, close knowledge gaps, and strengthen pathways to care, so that students can focus on what brought them here: their education, their goals, and their futures.

We hope this report inspires continued collaboration across the sector, driving initiatives that respond to the realities identified in the 2025 report. Together, we can ensure international students feel seen, valued, and supported throughout every stage of their Australian journey.

fennell

MIRANDA FENNELL

Executive Head of Health
Allianz Partners Australia

2024
reflections

The State of Student Healthcare Report reaffirms our commitment to amplifying international student voices and translating their experiences into actionable insights that strengthen the way we support them in the moments that matter. The 2024 report prioritised expanded participation and sharper analysis to present insights that could inform meaningful change across the international education landscape.

The success of the 2024 report was driven by ongoing collaboration and strong engagement across the international education sector, particularly with our university partners, whose feedback has been integral to refining our research. Stakeholder feedback remains the cornerstone of our ability to stay informed of current and emerging trends in the international student experience. This commitment has enabled the report to evolve into a trusted resource, offering genuine insights to guide student support initiatives and policy development.

The 2024 findings highlighted the resilience of international students and revealed high satisfaction with their experiences in Australia. A majority of 2024 survey respondents expressed strong intentions to remain in the country post study, reinforcing the vital role of international education in shaping Australia's future workforce and society.

The report also highlighted the limitations of self-reported health measures. While optimism strongly shaped students' responses, gaps in pre-arrival health and wellbeing education, alongside diverse cultural beliefs, underscore that a universal approach cannot fully reflect the complexity of students' lived experiences.

Another key lesson was the critical importance of equipping students with financial literacy resources before arrival and during early settlement. Access to clear, practical financial guidance emerged as a decisive factor in shaping students' overall success and wellbeing.

Looking ahead, to ensure the report remains impactful and sustainable, we have established a three-year research cycle in consultation with the sector. A comprehensive, in-depth report will be produced every three years (as seen in 2024), complemented by two condensed "market dip" reports featuring benchmarked insights across five core themes: Living in Australia, Health literacy, General health, Mental health and Sexual health and relationships.

In 2025, as our first "market dip", our key objectives included:

- Maintaining a minimum sample size of 2,000 students;
- Refining our survey questions to lay the foundations for formal benchmarking across the five core report themes;
- Increasing regional sampling to further showcase the diverse and unique experiences of students across Australia; and,
- Refining survey design to improve students' completion experience and enhance data quality.

By adopting this structured cycle and prioritising key objectives, the report will continue to deliver meaningful, evidence-based insights that drive sector-wide improvement and continue to celebrate the contributions of international students to Australian society.

Executive summary

International students continue to navigate an increasingly complex landscape in Australia; one defined by rising living costs, diverse information-seeking behaviours, and substantial variation in social inclusion, health literacy, and wellbeing outcomes. Across the 2025 State of Student Healthcare Report, clear themes emerge through the data, suggesting students' experiences and outcomes are overwhelmingly shaped by the interplay of three core drivers: **financial security, social connection, and English proficiency.**

These factors consistently influence how prepared students feel, how well they adapt, and how successfully they navigate the systems that support life, study, health and wellbeing in Australia. Despite many students demonstrating resilience, optimism and progress, report findings indicate structural and cultural barriers appear to constrain aspects of students' experience.

LIVING IN AUSTRALIA

International students continue to face a significant mismatch between their expectations and the reality of life in Australia. Cost of living pressures remain acute, with 85% finding expenses higher than expected and nearly three-quarters underestimating the difficulty of securing suitable work. Accommodation represents the biggest cost shock, followed by healthcare, utilities, and groceries, forcing many students to reduce spending, draw on savings, or rely on family support.

Social experiences vary widely. Most students feel supported by their institution, almost one-third struggle to build friendships, especially with Australians, and confidence drops sharply among those who are unemployed or less proficient in English, particularly students from Greater China.

Australian student visa conditions, including the current cap of 48 hours per fortnight during teaching periods, along with limited networks and employer preferences, dominate the employment landscape. Housing affordability remains challenging and often requires compromise, though satisfaction generally rises once students settle. Together, these findings point to a cohort characterised by determination and ambition against a backdrop of persistent financial strain, variable social inclusion, and varied access to safe employment.

HEALTH LITERACY

Gaps in pre-arrival preparation continue to mirror the broader expectation-versus-reality divide. While many students report feeling confident navigating the healthcare system, this confidence is often overstated, with only a small proportion displaying a strong understanding of how the Australian healthcare system works, where to seek care, or how to act in urgent situations.

Confidence varies significantly by age, region, and field of study, with younger students, nursing students, and those from high-trust health environments reporting the strongest comprehension. More than half of all students prefer to receive medical care in their home country, particularly students from Greater China and Latin America.

Students rely on formal channels such as local general practitioners (GPs), university health services, and reputable health websites, but substantial reliance on informal sources persists. Social media, Artificial Intelligence (AI) tools, and personal networks are heavily used by students facing linguistic and cultural barriers, which may increase exposure to misinformation.

Scenario-based testing reflects strong student performance in identifying core care pathways especially those relating to physical health, yet highlights clear gaps in routine or sensitive situations. These gaps are most evident among younger students, regional cohorts, and those lacking English confidence, reinforcing the need for accessible, scenario-based, pre-arrival and early-arrival health education.

GENERAL HEALTH

Overall, international students report strong physical and mental wellbeing, with nearly three-quarters rating their health at seven or above. Beneath this headline sits a clear "wellbeing hierarchy" shaped by financial stability, social connectedness, and English proficiency. Students who are financially secure, socially supported, or confident in English consistently report higher wellbeing. Those experiencing financial hardship, isolation, or language barriers, notably students from Greater China report lower scores and greater challenges navigating daily life and support systems.

Healthy behaviours and access to care follow this same pattern. Students under financial strain or with limited English confidence are less likely to exercise regularly, sustain healthy eating habits, or achieve adequate sleep. Time pressures, cost constraints, and demanding study schedules drive widespread unhealthy behaviours.

Access to health services also varies along lines of age, language confidence, and financial status. Meanwhile, 12% of students report living with a chronic condition, facing intensified academic and financial burdens. Collectively, the data reveals that while wellbeing is generally high, it is fragile and strongly conditioned by students' social, economic, and linguistic environments.
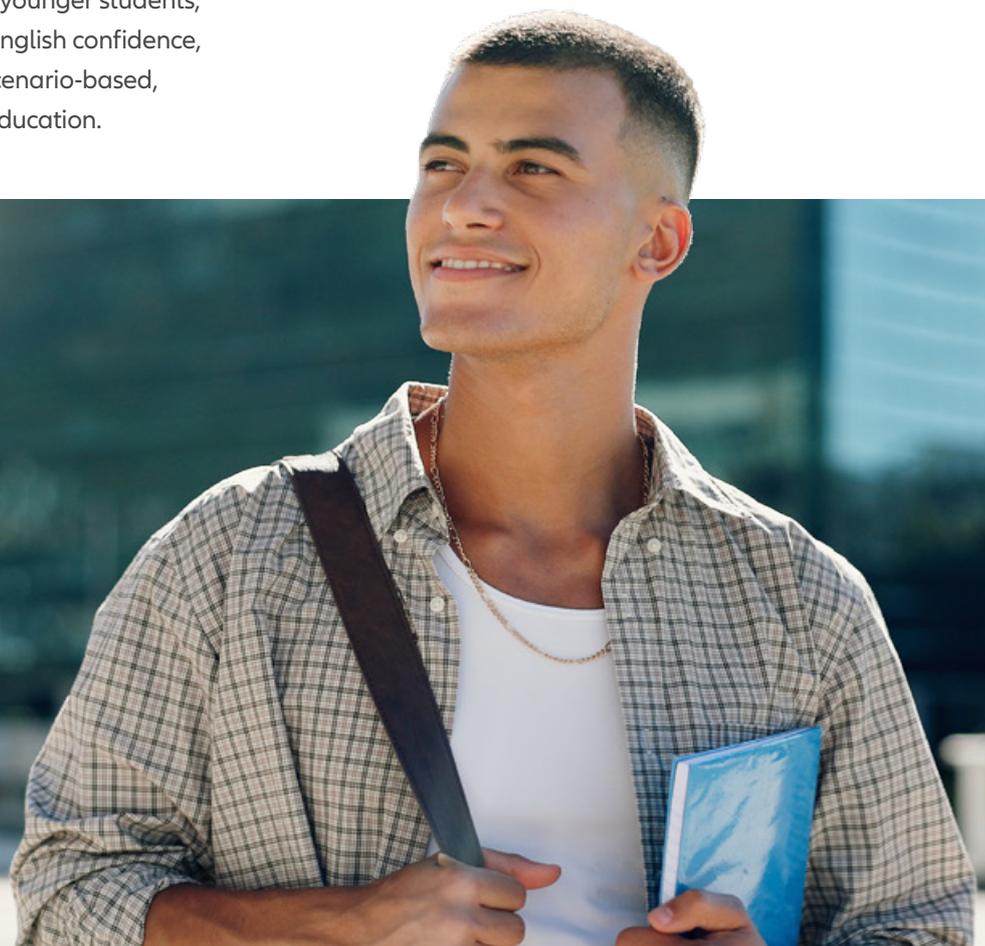
MENTAL HEALTH

A clear pattern emerges in the 2025 findings: while 60% of students feel excited about their future, more than one-third report active struggles with their mental health. These struggles peak among female students, those aged 25-27, and students from Europe, North America, and Latin America. In contrast, students from Greater China report the highest levels of improvement in mental health since arriving in Australia, despite lower English language confidence and challenges establishing support networks.

Anxiety, sleep difficulties, concentration problems and depression are widespread and tend to intensify over time. Nearly one-third of students have a formal diagnosis, but a significant treatment gap persists: 38% of those diagnosed have never received support, citing cost, stigma, uncertainty about system navigation and concerns about academic or career impacts as key barriers.

SEXUAL HEALTH AND RELATIONSHIPS

Sexual health knowledge remains inconsistent across the cohort, with many students encountering fundamental concepts for the first time in Australia, mirroring gaps seen in health literacy more broadly.

While students believe they have a strong understanding of sexual health, tested literacy reveals substantial misconceptions across topics such as sexually transmitted infection (STI) transmission, contraception, and Human Immunodeficiency Virus (HIV) management. Cultural norms, prior education, and stigma continue to shape comfort levels and knowledge gaps.

Students overwhelmingly rely on informal sources, partners, friends, and peers over medical professionals, a pattern particularly pronounced among male and Chinese students. While these networks might provide emotional comfort, they may increase exposure to misinformation, especially for the 16% of students who would speak to no one at all.

In practical scenarios, students generally recognise GPs and on-campus health services as appropriate sources of help, though demographic differences remain. Attitudes toward consent and respect are broadly strong, but perspectives on topics like abortion remain polarised by gender and region.

Methodology

The State of Student Healthcare Report is an annual research initiative conducted by Allianz Partners Australia, providing in-depth insights into the health, wellbeing, and lived experiences of international students in Australia.

It examines a range of themes including healthcare access, social connection, employment and students' experiences with the cost of living, offering actionable insights to strengthen student support across the sector.

STUDY DESIGN

For the 2025 State of Student Healthcare Report, Allianz Partners Australia engaged QS Quacquarelli Symonds to undertake the survey and analysis. Building on the 2023 and 2024 studies, the sampling approach was expanded to capture a more diverse range of student experiences. The survey was co-designed and presented to partnered universities through a series of workshops. The final 53 question survey examined students' experiences across the five core report themes: Living in Australia, Health literacy, General health, Mental health and Sexual health and relationships.

SAMPLING AND SURVEY DISTRIBUTION

Through the multi-channel sampling method outlined below, a final sample of 2,172 students from 88 countries was achieved.

In August and September 2025, onshore international students were contacted and invited to complete the survey through one of four distribution channels:

1. Allianz Partners Australia's Overseas Student Health Cover (OSHC) policyholders, through its international health insurance brand Allianz Care.

2. The social media channels and student ambassador network of Voyage Global, a student engagement platform.

3. In person event promotion, newsletter articles, email and social media posts to current international students enrolled with The University of Queensland and James Cook University.

4. QS Quacquarelli Symonds' international student mailing list, filtered by current students studying in Australia.

Incentives for survey completion were awarded as follows:

- University partnerships: Entry into a prize draw for 1 x $2000 Apple gift card per university.

- QS Quacquarelli Symonds' mailing list: Entry into a prize draw to win one of 6 x $500 GiftPay gift cards.

- Voyage Global student ambassador network and Allianz Care OSHC policyholders: $15 GiftPay card for the first 2000 eligible responses.

Responses were collected from international students over the age of 18 and currently enrolled at Australian universities, private education providers, or English language colleges. The final sample was weighted by nationality to ensure it accurately reflects Australia's broader international student population.

Student profile

GENDER

- Male
- Female
- Non-binary/other

58% Male
41% Female
1% Non-binary/other
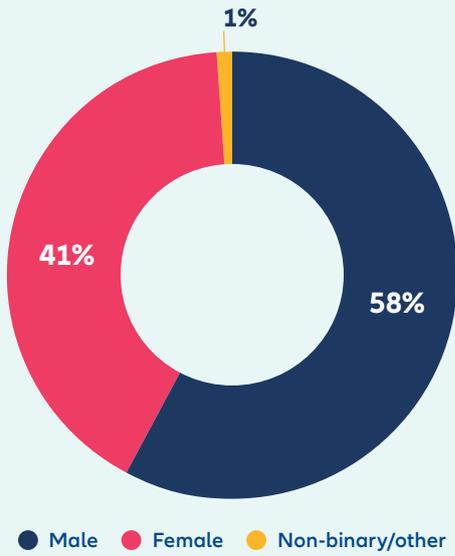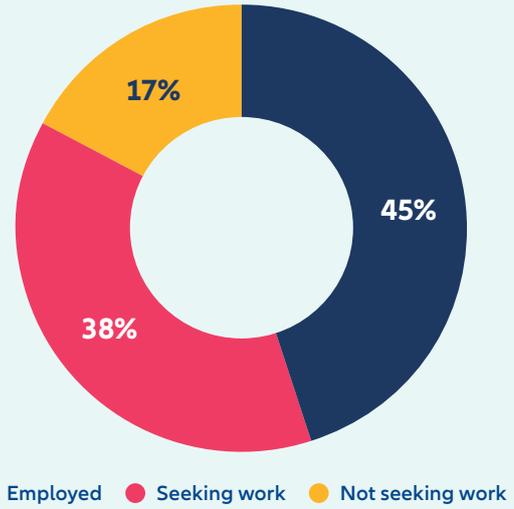
Figure 1 - Gender distribution

WORK STATUS

- Employed
- Seeking work
- Not seeking work

45% Employed
38% Seeking work
17% Not seeking work

Figure 2 - Work status distribution

AGE

%	Age
9%	18-19
14%	20-21
27%	22-24
19%	25-27
11%	28-30
18%	31-39
3%	40+
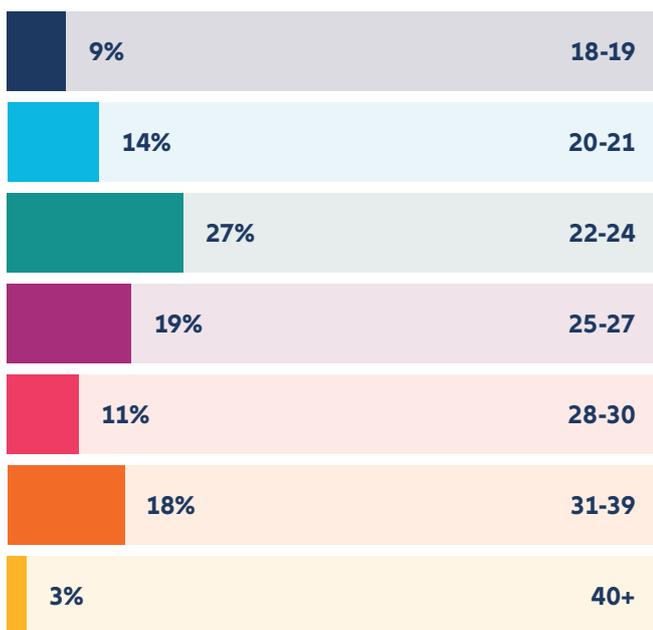
Figure 3 - Age distribution

INCOME SOURCE

%	Source
45%	Family
24%	Wages/employment
17%	Scholarship
10%	Savings
4%	Loan
1%	Others
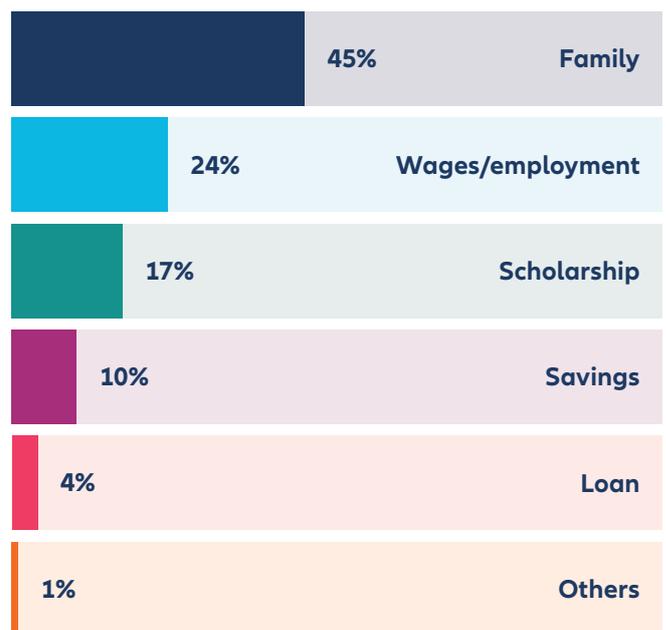
Figure 4 - Income source distribution

LIVING ARRANGEMENTS

45%	Sharehouse
27%	Private rental
13%	Student accommodation
12%	Family
1%	Homestay
2%	Others
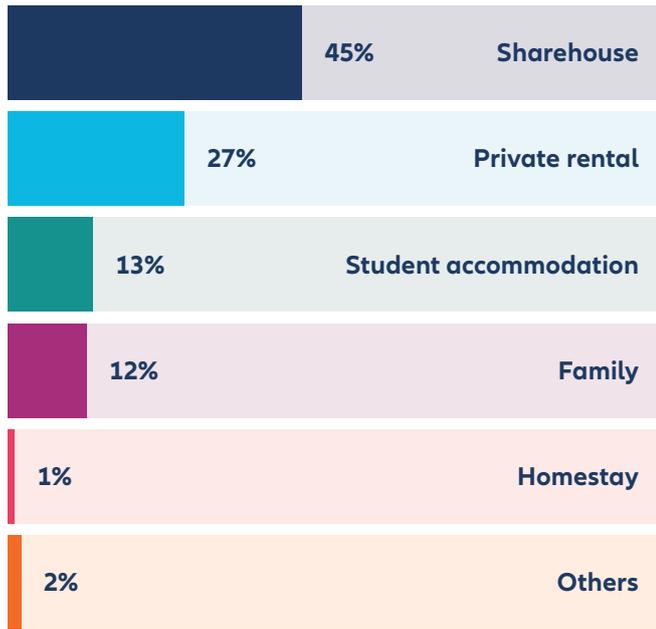
Figure 5 - Living arrangements distribution

WHO THEY ARRIVED WITH

80%	Alone
12%	Spouse
5%	Parents
3%	Children
3%	Other family
1%	Others
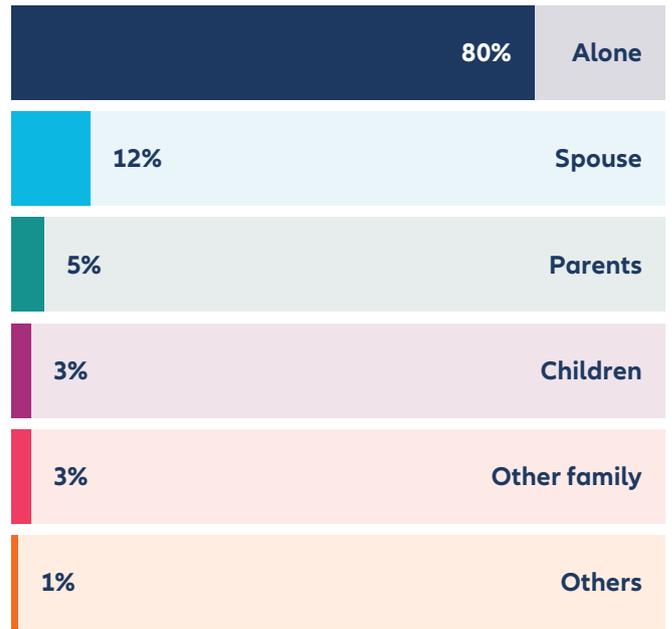
Figure 6 - Who they arrived with distribution

TIME IN AUSTRALIA

26%	29%	26%	19%

● Less than one year ● 1-2 years
● 2-3 years ● 3+ years

Figure 7 - Time in Australia distribution

LEVEL OF STUDY

31%	54%	15%

● Undergraduate ● Postgraduate
● Non-degree level
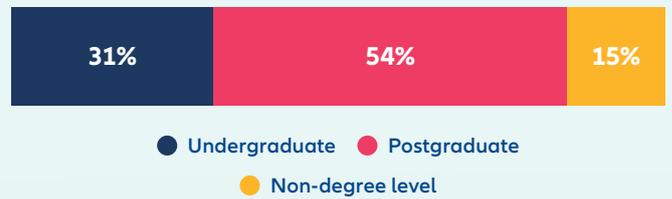
Figure 8 - Level of study distribution

Location profile

REGION OF ORIGIN

A total of 88 countries were represented in the sample for the 2025 State of Student Healthcare Report. These countries have been grouped into 8 regions: South Asia, Other Asia & Middle East, Greater China, North America, Africa, Europe, Latin America & Caribbean and Oceania. This classification allows for a comparative analysis of the unique experiences of different student groups across regions.

SOUTH ASIA

657 respondents
37% (Weighted)
30% (Unweighted)

OTHER ASIA & MIDDLE EAST

548 respondents
26% (Weighted)
25% (Unweighted)

GREATER CHINA

432 respondents
24% (Weighted)
20% (Unweighted)

NORTH AMERICA

184 respondents
1% (Weighted)
8% (Unweighted)

AFRICA

127 respondents
4% (Weighted)
6% (Unweighted)

EUROPE

105 respondents
2% (Weighted)
5% (Unweighted)

LATIN AMERICA & CARIBBEAN

69 respondents
6% (Weighted)
3% (Unweighted)

OCEANIA

50 respondents
1% (Weighted)
2% (Unweighted)

TOTAL **2172** respondents

COUNTRY OF ORIGIN

Country	Weighted	Unweighted
South Asia		
India	20%	14%
Nepal	9%	8%
Pakistan	3%	2%
Bangladesh	3%	4%
Bhutan	2%	3%
Other Asia and Middle East		
Philippines	5%	4%
Vietnam	4%	3%
Indonesia	3%	4%
Sri Lanka	3%	3%
Thailand	3%	1%
Malaysia	3%	3%
Iran	1%	2%
Singapore	1%	2%
Japan	1%	1%
South Korea	1%	1%
Others	1%	1%
Greater China		
China	21%	17%
Hong Kong	1%	2%
Taiwan	1%	1%
North America		
United States	1%	4%
Canada	1%	5%
Africa		
Kenya	1%	2%
Nigeria	1%	1%
South Africa	<1%	1%
Zimbabwe	<1%	1%
Ethiopia	<1%	1%
Others	1%	1%

Country	Weighted	Unweighted
Europe		
United Kingdom	<1%	1%
Germany	<1%	1%
Others	1%	3%
Latin America and Caribbean		
Colombia	3%	1%
Brazil	2%	1%
Others	1%	1%
Oceania		
Papua New Guinea	1%	2%
Fiji	1%	1%
Others	<1%	<1%

Figure 9 - Country of origin distribution

LOCATION OF STUDY

Location	Weighted	Unweighted
State/Territory		
New South Wales	39%	16%
Victoria	31%	26%
Queensland	13%	40%
Western Australia	9%	7%
South Australia	5%	3%
Australian Capital Territory	2%	5%
Tasmania	1%	1%
Northern Territory	1%	1%
Metropolitan/regional		
Metropolitan	90%	74%
Regional	10%	26%

Figure 10 - Location of study distribution

Note: Countries with fewer than 1% of the total sample are grouped into 'Others'

PROFILE SUMMARY

The 2025 cohort comprises of a greater number of postgraduate students (54%) than undergraduates (31%) and those undertaking non-university courses (16%). This is consistent with the age profile, with the largest group aged 22 to 24 years (27%), but mature students (those aged 31 to 39 years) contributing a notable 18%. More than half (58%) of the respondents are female.

Analysis of areas of study reveals some strong regional preferences. Business and Management is the most popular field of study overall (19%), particularly among students from Latin America and the Caribbean (25%) and Greater China (24%). Conversely, just four percent of North American students study Business, instead 34% are studying Science and Mathematics (compared to eight percent overall), and 17% are studying Medicine (compared to four percent overall).

Most students are confident in their English, with 82% feeling comfortable speaking the language. This likely reflects the high proportion studying at universities and recent Australian visa changes that raised English proficiency requirements.

Additionally, 59% intend to remain in Australia after their studies. While the data does not test this directly, it is possible that students with long-term settlement goals may prioritise stronger English proficiency before arriving.

While most students feel confident in English, the majority lack local support, with just 37% having many family or friends in Australia. This trend differs little by student nationality.

63% 55% Intentions to remain in Australia after graduation is stronger in female respondents compared with their male peers

Profile statements

It is my first time studying abroad — 81% / 19% — I have studied abroad before

I am planning on staying in Australia after I study — 59% / 41% — I am planning on leaving Australia after I study

I have many family/friends in Australia — 37% / 63% — I don't have many family/friends in Australia

I feel confident speaking in English — 82% / 18% — I don't feel confident speaking in English

It is my first time in Australia — 79% / 21% — I have been to Australia before

Figure 11 - Profiling statements

Local support networks are closely tied to wellbeing. 42% of students with self-reported high wellbeing indicated many local connections, compared with 22% of students with low wellbeing. The data indicates a strong association between social support and wellbeing, with higher-wellbeing students more likely to report many local connections.

The data reveals that many students are navigating their settlement journey in relative isolation. As the sector looks ahead, ensuring that support frameworks evolve to meet the needs of this maturing cohort, particularly for those balancing postgraduate studies with work and family obligations, will be critical to ensuring every student can translate their initial potential into long-term success.

"I have many family and friends in Australia" by region

50%	Oceania
39%	Latin America & the Caribbean
39%	South Asia
37%	North America
37%	Other Asia & Middle East
34%	Africa
33%	Greater China
32%	Europe
37%	Whole cohort
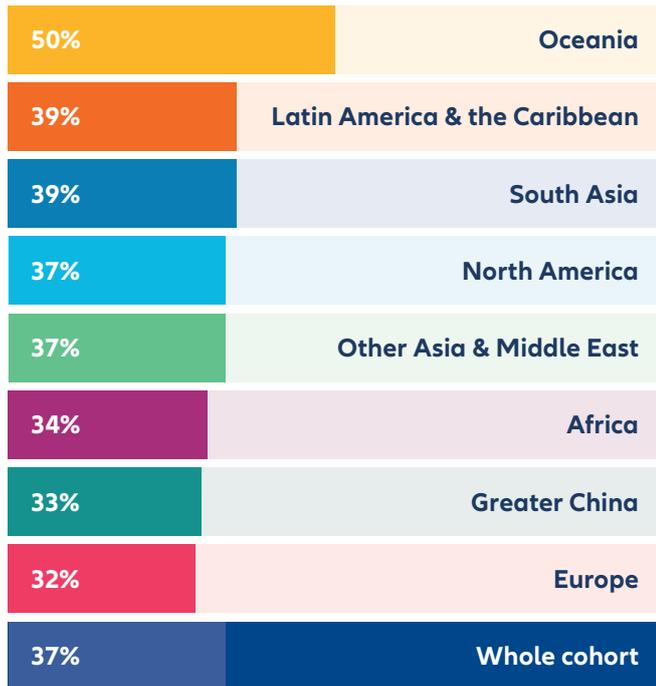
Figure 12 - Family and friends in Australia by region of origin

"I have many family and friends in Australia" by wellbeing level

42%	High self-reported wellbeing
34%	Medium self-reported wellbeing
22%	Low self-reported wellbeing
37%	Whole cohort
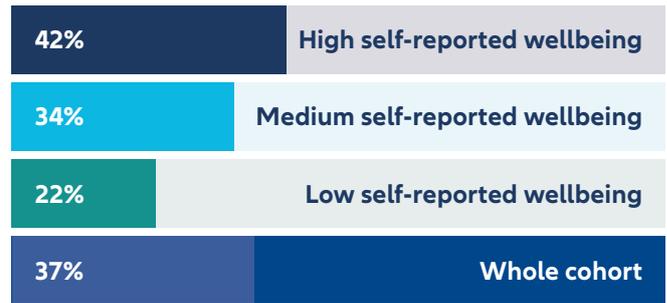
Figure 13 - Family and friends in Australia by self-reported wellbeing

Strong social networks are more common among students confident in English (40%), compared with those lacking confidence (25%)

Metropolitan vs regional split by region of origin

Region	Metropolitan	Regional
Greater China	97%	3%
South Asia	91%	9%
Other Asia & Middle East	91%	9%
Latin America & Caribbean	89%	11%
Africa	73%	27%
Europe	65%	35%
Oceania	58%	42%
North America	25%	75%
Whole cohort	90%	10%

↑ Metropolitan   Regional ↑
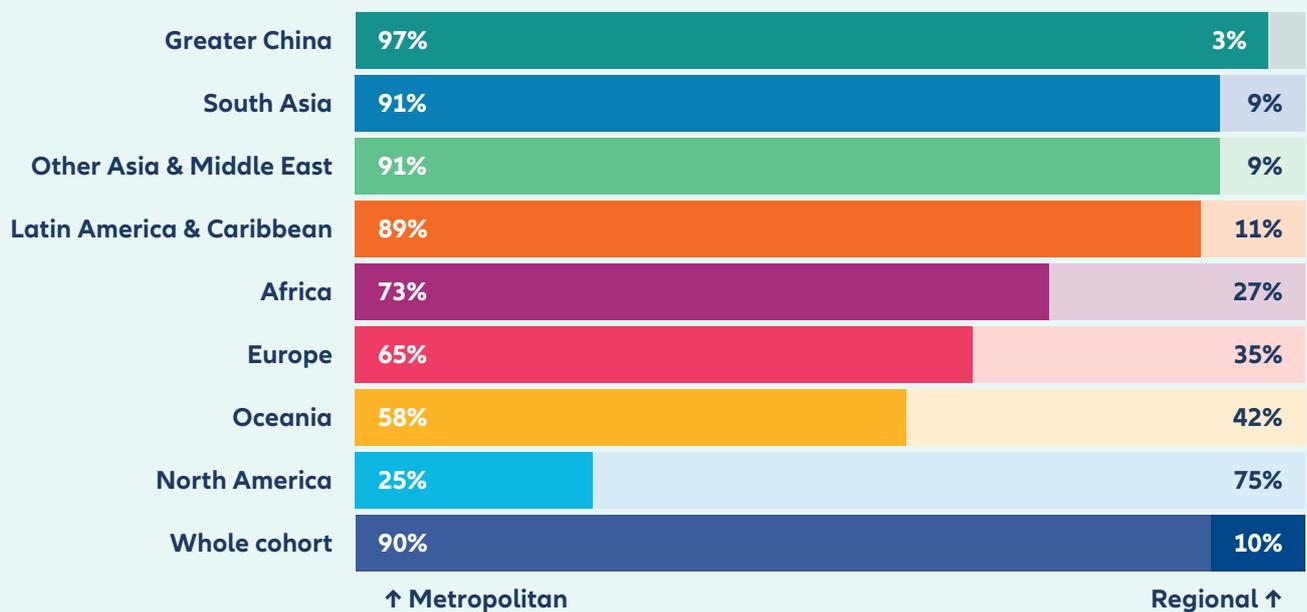
Figure 14 - Metropolitan vs regional study destination by region of origin

Living in Australia

EXPECTATIONS VS REALITY

Findings from 2025 reflect similar patterns observed in the 2024 report, with students reporting a mismatch between expectations and the realities of Australia's cost of living, including financial pressures and challenges securing suitable employment while studying.

An overwhelming 85% of students agree that "The cost of living in Australia is significantly more expensive than I expected", with 53% strongly agreeing with this sentiment. This financial strain is further exacerbated by challenges in entering the job market. Just under three-quarters (74%) agree with the statement "I underestimated how difficult it would be to find suitable work when arriving in Australia".

For some, the impact of this mismatch in expectations has been particularly severe, with over a quarter of students (27%) agreeing the cost of living in Australia has made them consider withdrawing from their course and returning home.

When segmented by age and location, distinct variations appear. While students of all ages agree the cost of living is more expensive than expected, this sentiment is strongest among older students (95%), followed by the 31 to 39-year-old cohort (91%). Even the lowest level of agreement, amongst the 22 to 24-year-old age group, remains high at 80%. These patterns may reflect underlying differences in younger students' circumstances. Younger students often report stronger reliance on family support, while older students, who are more likely to arrive with family, may have additional financial considerations. While these drivers are not directly measured, the results show that this experience is not confined to younger or less experienced students, and that age and maturity are not reliable indicators of financial preparedness.

A similar pattern emerges around finding suitable work. Students aged 40 and over reported greater difficulty (80%), compared with 71% among those aged 20–21.

Do you agree or disagree with the following statements about living in Australia?

The cost of living in Australia is significantly more expensive than I expected

- 53%
- 32%
- 11%
- 3%

I underestimated how difficult it would be to find suitable work when arriving in Australia

- 39%
- 35%
- 20%
- 4%
- 1%
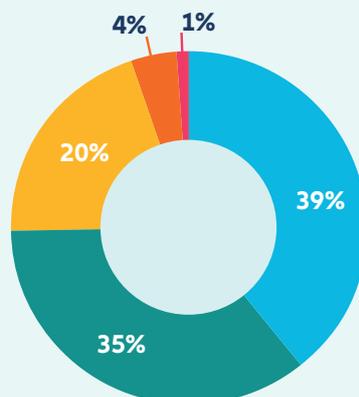
The cost of living in Australia has made me consider withdrawing from my course and returning to my home country
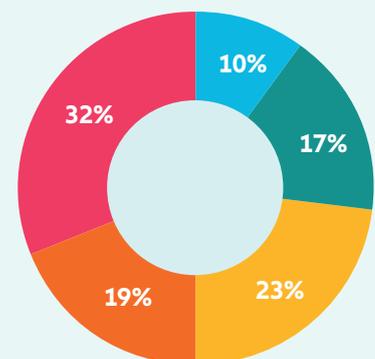
- 10%
- 17%
- 23%
- 19%
- 32%

● Strongly agree ● Somewhat agree ● Neither agree nor disagree ● Somewhat disagree ● Strongly disagree

Figure 15 - Statements about living in Australia

Financial pressures also vary by state. Students in Western Australia (92%) and New South Wales (89%) reported the cost of living is higher than expected, while relatively lower in the Australian Capital Territory (75%) and Queensland (78%).

In the case of Queensland, the results may have been strongly influenced by regional university participation, where cost of living pressures are not as pronounced.

Perceived cost of living pressure is higher among metropolitan students (87%) than regional students (76%)

"The cost of living in Australia is significantly more expensive than I expected"
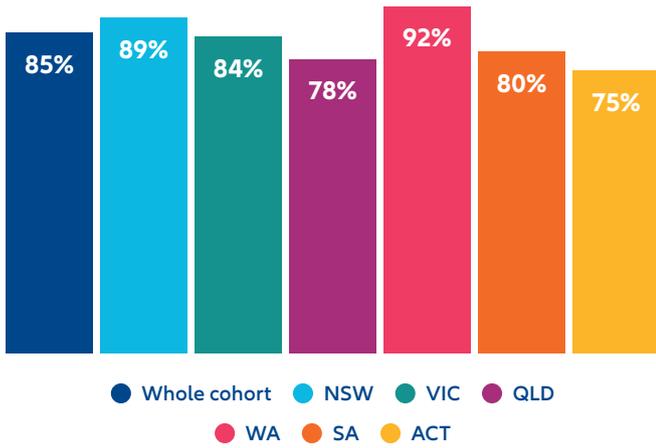
Figure 16 - Perception of cost of living by state (% agree)
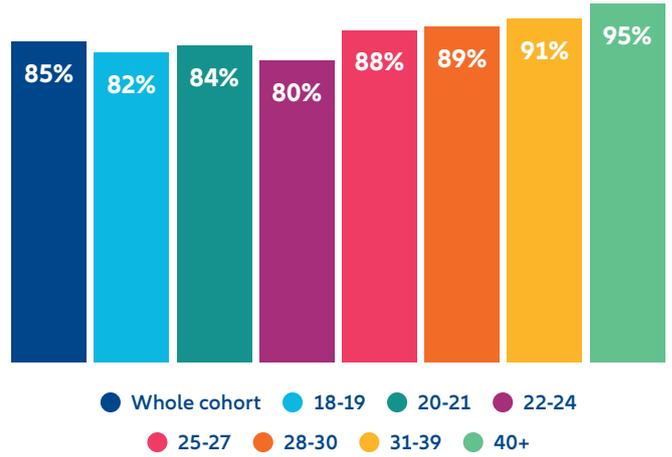
Figure 17 - Perception of cost of living by age (% agree)

"I underestimated how difficult it would be to find suitable work when arriving in Australia"
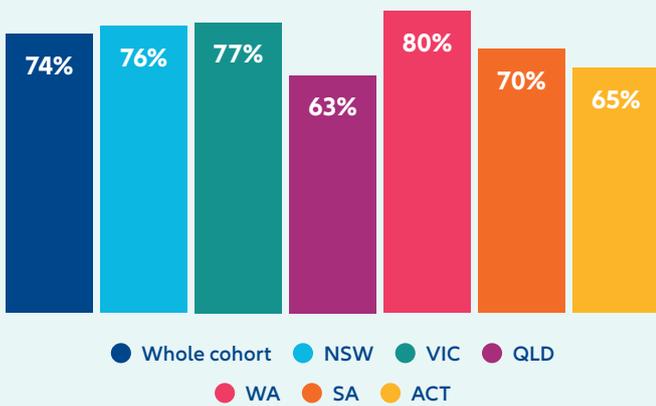
Figure 18 - Perception of finding work by state (% agree)
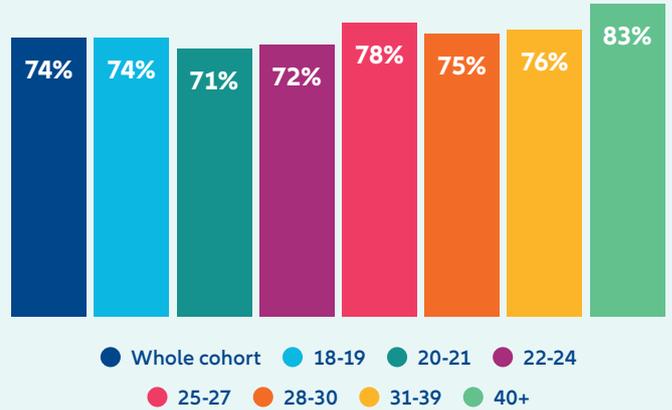
Figure 19 - Perception of finding work by age (% agree)

Underestimating the difficulty of finding suitable work is more common among metropolitan students (76%), compared to 61% of those in a regional area

How do the following expenses compare to what you expected before arriving in Australia?

Category	More expensive	About the same	Less expensive
Accommodation	77%	19%	4%
Healthcare and medical expenses	66%	28%	6%
Household bills	62%	33%	5%
Groceries	60%	33%	7%
Public transport	55%	28%	17%
Hobbies and entertainment	55%	39%	6%

● More expensive   ● About the same   ● Less expensive
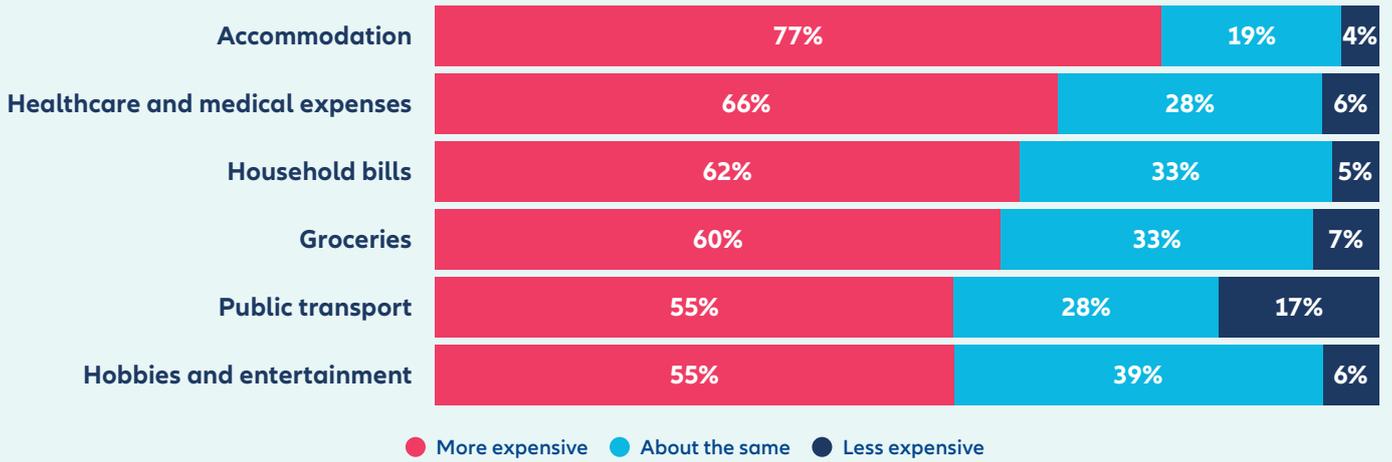
Figure 20 - Perceptions of expenses compared to pre-arrival expectations

When asked to compare the actual cost of specific categories to their pre-arrival expectations, accommodation emerged as the most significant financial shock, with 77% finding it more expensive than anticipated.

This was followed by other essential expenses, including healthcare and medical expenses (66%), utility bills (62%), and groceries (60%).

Even more discretionary expenses such as 'hobbies and entertainment' as well as 'public transport' were found to be more expensive by more than half of the cohort. This order of expenses is broadly consistent with the 2024 report findings.

To manage these unexpectedly high financial commitments, students are making sacrifices. The greater majority of the cohort (70%) have reduced everyday spending, while nearly half have sought help from family or friends or drawn on personal savings.

Smaller proportions have relied on credit or loans (11%) or welfare support (6%). With only 12% of the cohort indicating they are able to meet their financial commitments without adjusting their spending, financial pressure is clearly widespread.

Have you ever done any of the following in order to meet your financial commitments?

Percentage	Action
70%	Reduced my everyday spending
48%	Accessed my personal savings
48%	Asked for assistance from family or friends
12%	None of the above
11%	Applied for a credit card or personal loan
6%	Asked for assistance from welfare groups
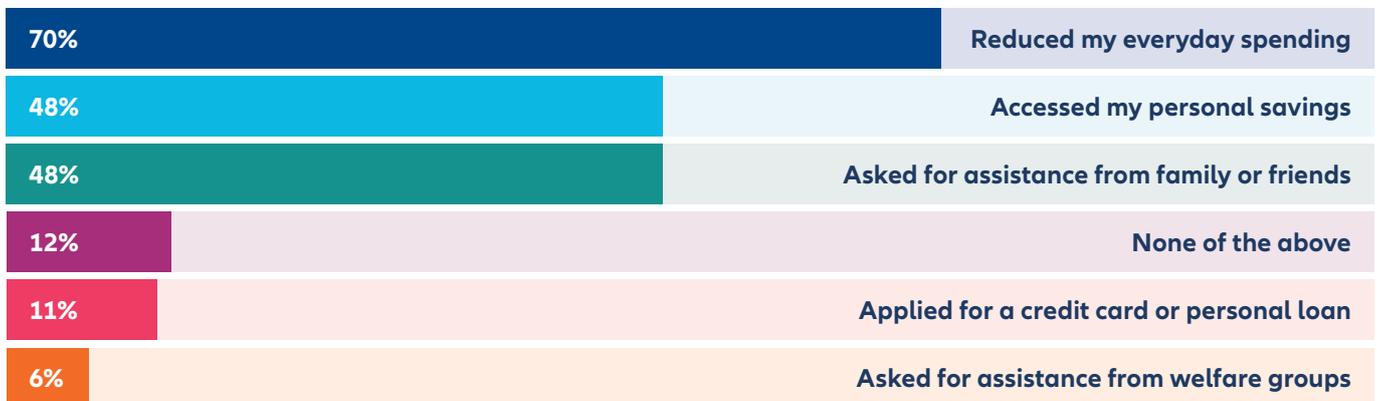
Figure 21 - Actions to meet financial commitments

FINANCIAL SECURITY

Hardship (23%)

Students facing the most extreme financial challenges. These students are unable to meet their financial obligations regardless of external help and have exhausted all resources, including savings and credit. This level of financial insecurity poses significant risks to their academic and personal wellbeing.

Vulnerable (31%)

These students are able to meet their financial commitments but only by cutting back on spending, depleting savings, or relying on credit. This group is at risk of sliding into hardship without adequate support.

Stressed (34%)

These students are stressed, unable to meet their financial obligations without assistance from family, friends, or welfare organisations. These students often need to make significant spending cuts, reflecting the fragile and precarious nature of their financial situations.

Secure (12%)

Around 1 in 8 students are financially stable, meaning they are able to meet their financial commitments without making any sacrifices in spending. This group represents a minority that enjoys relative economic stability in an otherwise challenging financial environment.

Do you agree or disagree with the following statements about your studies?

I have access to the tools I need to study (e.g. books, computers)

52%	35%	10%	2%	1%

I am managing my studies well

34%	46%	15%	4%	1%

I am making friends at my place of study

29%	42%	17%	10%	3%

I have support from my institution to help me adjust to the Australian learning environment

28%	37%	24%	7%	4%

● Strongly agree ● Somewhat agree ● Neither agree nor disagree ● Somewhat disagree ● Strongly disagree

Figure 22 - Statements about studies in Australia

A combined 80% agree they are managing their studies although confidence is higher among those who are employed and socially connected. Lower levels of agreement are reported among students who are not working or who have lower English language confidence. Regionally, Chinese students report the lowest levels or agreement.

Social and support experiences are mixed. While 71% say they are making friends at their place of study, 29% are neutral or disagree, indicating some students still face challenges building connections. Most students (65%) feel supported by their institution in adjusting to study and life in Australia, though a notable minority remain uncertain or disconnected from available services.

MAKING CONNECTIONS

Building robust social connections is essential for a successful international student experience. Students with meaningful friendships are more likely to achieve better academic outcomes, report stronger mental health, and have a more enjoyable overall study experience.

This year's survey reaffirms that making friends, especially with locals, remains a challenge. Only 38% of students found it easy to make friends with Australians, while nearly two-thirds (63%) reported difficulty in this area. Forming friendships with other international students appears somewhat easier, with 58% reporting little or no difficulty, though notably 42% still struggle in this area.

Chinese students, together with those from Nepal and Bhutan, report the greatest difficulty making friends with Australians, while those from America, Canada and the Philippines the least. This likely reflects the critical role of English language proficiency in forming social connections. Living in close proximity to other students appears to have a substantial positive effect on students' capacity to make friends, with 45% of those living in managed/student accommodation reporting little or no difficulty.

Have you made friends through any of the following while in Australia?

%	Category
75%	My place of study
44%	My place of work
39%	My neighbours/housemates
28%	Community or cultural groups
24%	Social sports or hobbies
8%	Online support groups
4%	None of the above
2%	Somewhere else
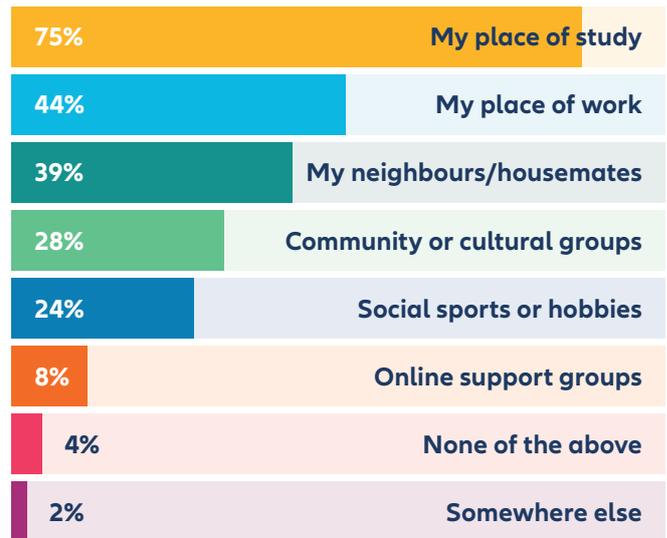
Figure 23 - Sources of friendship in Australia

Studying together, living together or working together are the most common ways for the students surveyed to make friends, with 75% indicating that they have made friends through their studies, 44% through their place of work, and 39% through their neighbours/housemates. A smaller but still significant proportion highlight the importance of belonging to formal clubs and community groups with 28% indicating they have made friends through community or cultural groups and a similar number (24%) making friends through social sports or hobbies.

Students reporting low level of difficulty making friends by living situation and English confidence

	International student	Australians
Whole cohort	58%	38%
Share house	54%	36%
Living alone	60%	35%
Student housing	68%	45%
Living with family	58%	36%
Confident in English	62%	40%
Not confident in English	40%	25%

● International student　● Australians
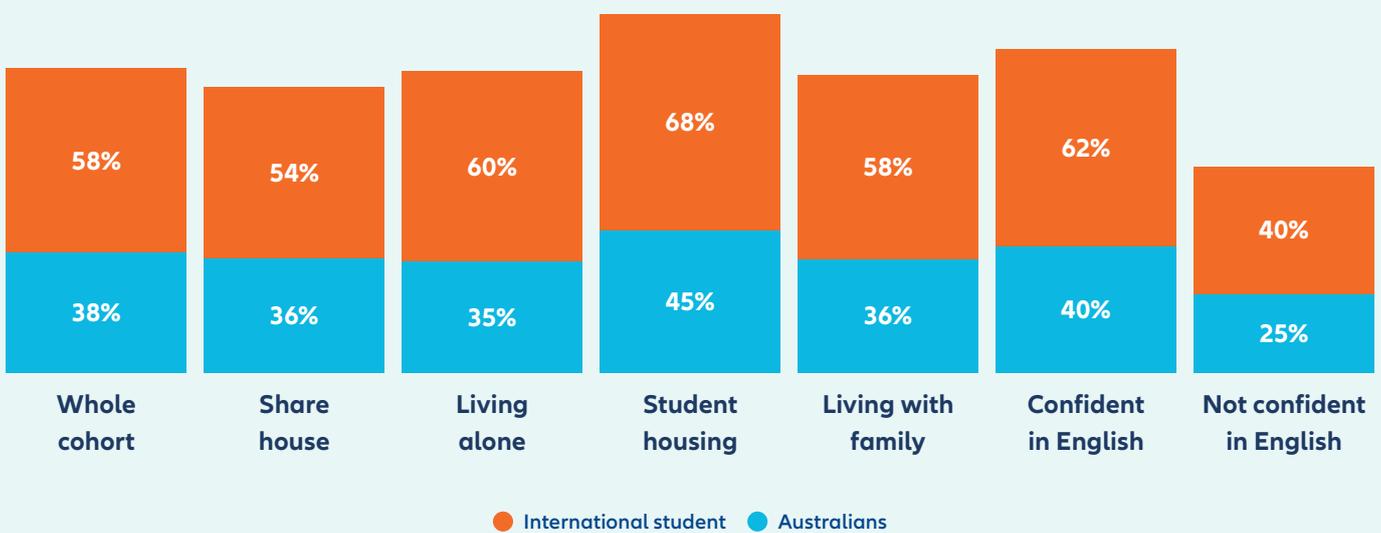
Figure 24 - Students reporting low level of difficulty making friends by living situation and English confidence

FINDING WORK

Among students currently working or seeking employment, visa restrictions, particularly capped working hours, are viewed as the main barrier to finding suitable work. Other key challenges include limited professional networks (45%) and competition with local candidates (42%). Notably, these obstacles are largely external. Only 20% cited language or cultural barriers, suggesting most students view the issue as structural rather than a reflection of their own skills or confidence.

While few students overall cite language as a barrier to securing employment, it remains a significant challenge for those lacking confidence in their English skills. Among this group, 62% reported language barriers hinder their ability to find work, compared with just 12% of confident English speakers. This suggests that using English in professional settings may present a greater challenge than day-to-day communication, or that students' confidence is tested more acutely in the job search context.

Students who struggle to access legitimate employment are more likely to consider unsafe or unregulated work. Demographic differences are minimal overall, though students from China and the United States of America (USA) were notable outliers. This may reflect differing cultural attitudes toward risk or greater challenges securing safe, legal employment.

Barriers to finding work in Australia

61%	Visa restrictions (e.g. working hours)
45%	Lack of professional networks
42%	Competition with local candidates
24%	Unsure of resources available to assist with finding suitable work
24%	Recognition of qualifications from my home country
23%	Difficulty understanding the job market
20%	Cultural differences
20%	Language barriers
5%	None of the above
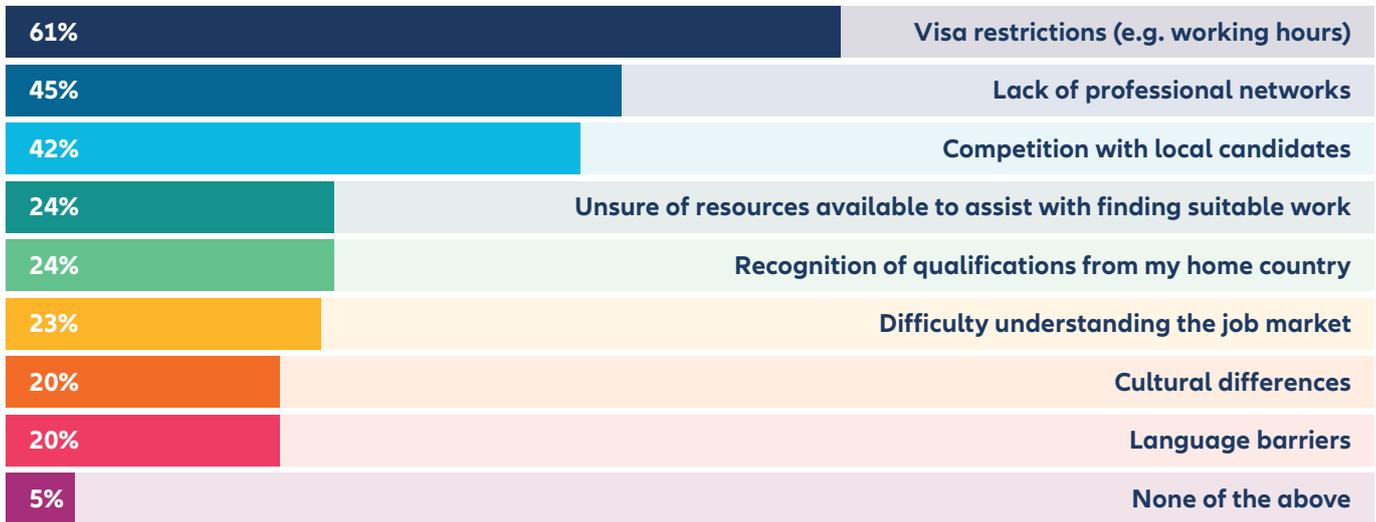
Figure 25 - Barriers to finding work in Australia

Students who agree with the following statements

Participating in the 'black economy' is a suitable option if it provides enough income
China 26% · USA 35% · Whole cohort 19%

I would accept a job that puts my safety at risk if it means better pay
China 22% · USA 15% · Whole cohort 12%

Engaging in sex work is a suitable way to earn money if it is a personal choice
China 22% · USA 43% · Whole cohort 12%

● China ● USA ● Whole cohort
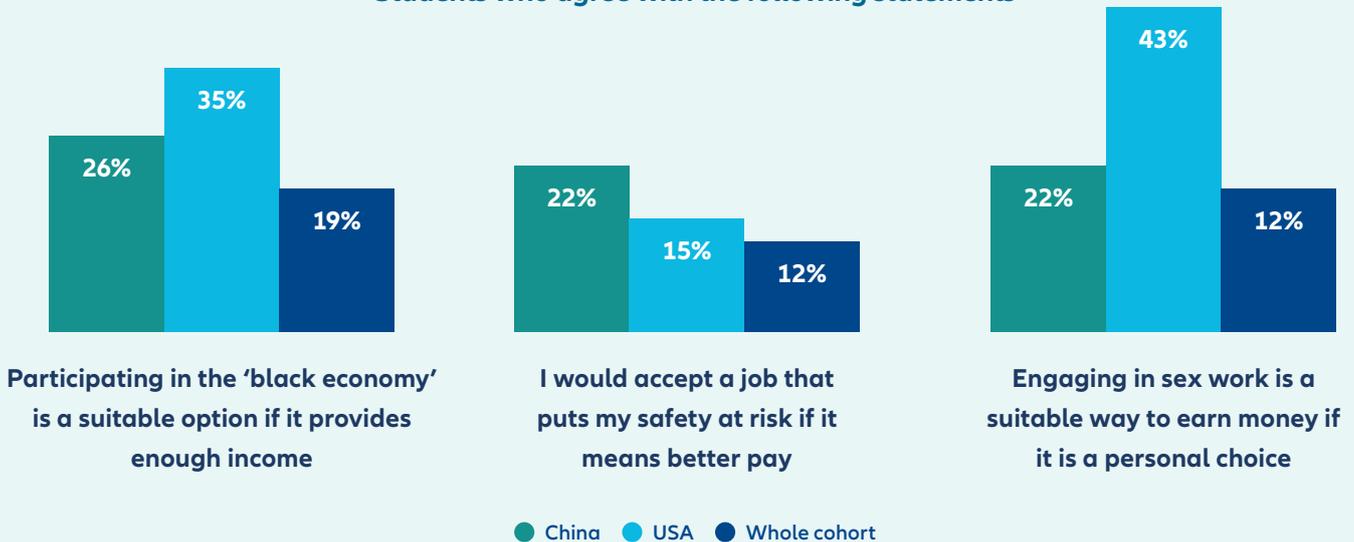
Figure 26 - Whole cohort, USA and Chinese students who agree with statements about finding suitable work

HOUSING CONCERNS

Housing affordability remains a challenge for international students, often requiring compromises to secure accommodation. Once settled, most students report satisfaction with their living arrangements. Financial trade-offs are the most common, with many paying higher rent than intended, followed by sharing facilities or living further from campus. Satisfaction is slightly higher among regional students, reflecting greater access to managed accommodation compared to metropolitan renters.

How satisfied are you with your current living arrangements?

	Satisfied	Neutral	Dissatisfied
Regional	76%	13%	12%
Metropolitan	71%	19%	10%

● Satisfied ● Neutral ● Dissatisfied
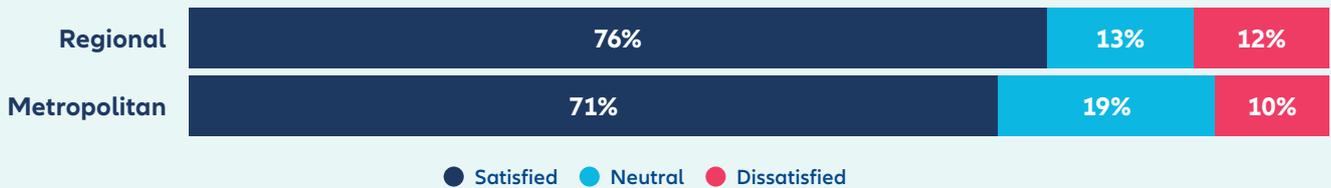
Figure 27 - Satisfaction with living arrangements - metropolitan vs regional split

Barriers to finding work in Australia

%	Barrier
37%	Paying higher rent than initially planned
30%	Live somewhere with shared facilities
24%	Live further away from campus than I wanted
24%	Live in smaller accommodation than I wanted
18%	None of the above
12%	Live further away from shops than I wanted
12%	Live further away from public transport than I wanted
12%	Live further away from friends and family than I wanted
8%	Live in a less desirable neighbourhood

Figure 28 - Compromises in finding accommodation

A significant disconnect between expectation and reality continues to define the international student experience, driven largely by the rising cost of living, mirroring trends reported in 2024. Determination is frequently tested by acute financial pressures and a challenging job market, forcing students to make difficult trade-offs in their daily lives. While a range of pre-arrival education initiatives and employment support programs already exist across the sector, the varying and often non-linear nature of the student journey means these supports do not always reach students in the moments when they are most needed.

Emerging patterns suggest student-led engagement with pre-arrival information may be insufficient for ensuring consistent levels of preparedness, indicating that more structured or required touchpoints could improve reach. Enhancing the timing, relevance and visibility of these resources may help narrow the expectation gap and better support students to work toward the lifestyle and financial stability they envisioned when commencing their studies.

Health literacy

International students continue to show gaps in their pre-arrival preparation, mirroring the trends seen in the Living in Australia chapter. Many students are arriving without a clear understanding of how the Australian healthcare system works or how it differs from healthcare in their home countries. It is important to recognise students' interactions with the Australian healthcare system vary. Some complete their studies with minimal need for medical care, while others require frequent or intensive support.

These different experiences influence their confidence, perceptions of accessibility, and sense of preparedness to manage their health while living in Australia.

> Only 17% of respondents believe they 'strongly understand' the Australian healthcare system

PERCEPTIONS OF THE HEALTHCARE SYSTEM

Students' confidence in navigating Australia's healthcare system continues to be shaped by gaps in pre-arrival preparation, with many arriving without a clear understanding of how to access care or what to expect. Only 17% of students strongly agree they understand the Australian healthcare system. This lack of familiarity is consistent across most geographic cohorts and time spent in Australia.

Younger students report noticeably higher confidence, with 29% of those aged 18–19 strongly agreeing that they understand the Australian healthcare system, compared with 10% of students aged 40 and over. Later in this chapter, we test whether confidence aligns with actual healthcare access literacy. The 2024 report revealed a clear mismatch, with many students overestimating their understanding. Self-reported confidence therefore provides important context, but does not necessarily reflect students' true comprehension.

Confidence in navigating the Australian healthcare system (% strongly agree)

I understand the Australian healthcare system
- All students: 17%
- 18-19: 29%
- 40+: 10%

I know where to get medical help when needed
- All students: 26%
- 18-19: 33%
- 40+: 18%

I know where to go to get medical help in a life-threatening emergency
- All students: 30%
- 18-19: 40%
- 40+: 21%

● All students   ● 18-19   ● 40+
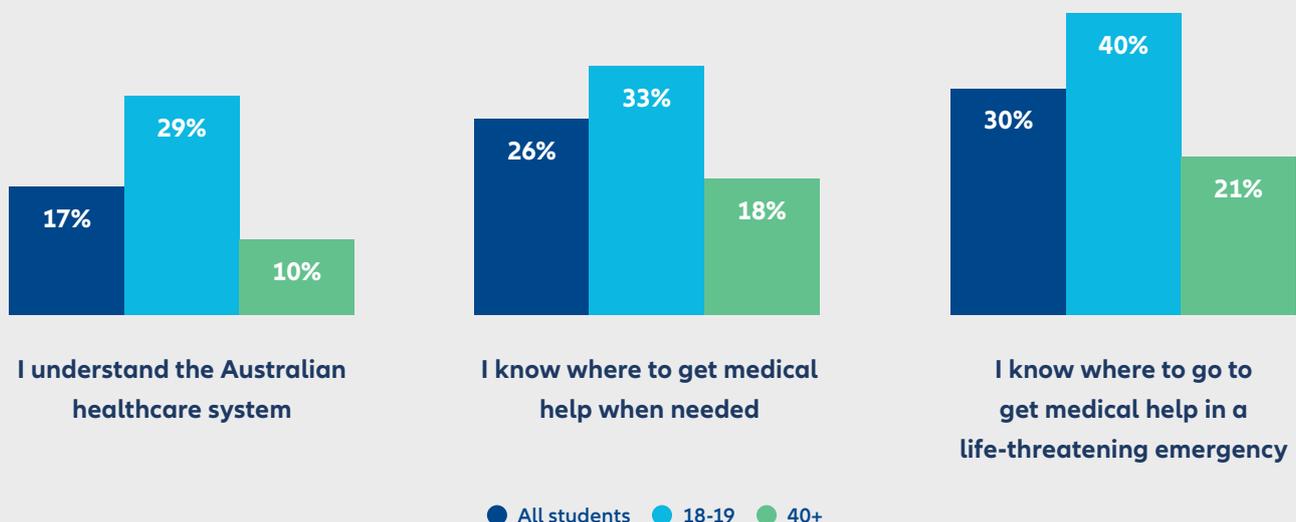
Figure 29 - Confidence in navigating the Australian healthcare system by age

A similar age gradient appears in confidence in knowing where to seek medical help. While 26% of all students strongly agree, this is as high as 33% among 18–19 year olds but falls to 18% for those aged 40 and above. Regional differences are also apparent: 36% of African students strongly agree, compared with students from Latin America and the Caribbean (15%) and mainland China (16%).

In urgent, life-threatening situations, clarity is critical, yet only 30% of students feel confident they know where to seek appropriate care. Confidence varies sharply across groups, ranging from 18% among Chinese students to 54% among students from North America. Younger students continue to report higher assurance (40% for ages 18–19 versus 21% for students 40+).

82% of all students are worried about out-of-pocket healthcare costs

Field of study also influences confidence. Nursing students report substantially higher proficiency across all measures, 37% strongly agree they understand the healthcare system (vs 17% overall), 44% know where to get medical help (vs 26%), and 48% know what to do in a life-threatening emergency (vs 30%). This elevated confidence is not mirrored among health support services or medicine students, suggesting that time spent earlier in their studies on clinical placements may offer more insights into the broader healthcare system.

Statements about healthcare in Australia

I am worried about out-of-pocket healthcare costs in Australia

| 52% | 30% | 13% | 4% | 1% |

Information about Australia's healthcare system and medical costs before I arrived would have improved my experience

| 30% | 42% | 17% | 8% | 3% |

I know where to go to get medical help in a life-threatening emergency

| 30% | 37% | 25% | 6% | 2% |

I would prefer to seek medical treatment in my home country

| 29% | 28% | 29% | 10% | 4% |

I know where to get medical help when needed

| 26% | 47% | 16% | 8% | 3% |

I know how to access telehealth services

| 24% | 34% | 24% | 13% | 5% |

I understand the Australian healthcare system

| 17% | 44% | 21% | 14% | 4% |

I researched the Australian healthcare system before coming here

| 15% | 29% | 26% | 19% | 11% |

● Strongly agree ● Somewhat agree ● Neither agree nor disagree ● Somewhat disagree ● Strongly disagree

Figure 30 - Statements about healthcare in Australia

A MISSED OPPORTUNITY FOR PREARRIVAL EDUCATION

Low confidence in navigating the healthcare system indicates an opportunity to improve the reach and effectiveness of pre-arrival resources. Just 15% of students strongly agree they researched the healthcare system prior to arrival, with confidence levels closely mirroring this trend. Older students report very limited preparation (five percent of those aged 40 and over strongly agree), while younger students (18–19 year olds) are more engaged (21%). Regional variation also appears: agreement is lowest among students from Latin America & the Caribbean and mainland China (both eight percent), while European and South Asian students report the highest levels of pre-arrival research (22%).

Students show a strong appetite for structured information via formal resources. Two-thirds (66%) agree that having clear education on Australia's healthcare system and medical costs before arrival would have improved their experience, with minimal differences evident across gender, region, age or time in Australia. This suggests that more consistent, accessible pre-arrival guidance could influence students' confidence and early engagement with the system.

Gaps in preparation and understanding likely underpin students' preference for seeking treatment in their home country. Over half (57%) agree, and 29% strongly agree, they would prefer to receive medical treatment in their home country. Regional variations reflect broader health system contexts: American students report low agreement (35% total; 10% strong agreement), reflecting high domestic healthcare costs. Conversely, Canadian students record the highest level of strong agreement (43%), likely due to their familiarity with universal healthcare. Across other cohorts, preferences remain even stronger among Chinese (67%) and Latin American (85%) students. Younger students (18– 19 years) demonstrate the lowest agreement at 44%, while African (35%) and Oceanian (30%) students also report comparatively lower levels of agreement.

> Only 15% of all students strongly agree that they researched Australia's healthcare system before arriving

SOURCES OF HEALTHCARE INFORMATION

Students prefer formal and trusted sources for health information, most often turning to local GPs, university health services and recognised health websites. However, many also draw on informal, less reliable sources such as social media, AI tools and friends or family, with usage varying markedly across demographic groups.

Social media is used by 23% of students, with reliance significantly higher among Chinese (42%) and Vietnamese students (48%). Usage is comparatively low among regionally based (10%), European (9%), North American and South Asian (12%), and African students (13%).

AI usage is similar overall (30%), with uptake relatively stable across age groups except for noticeably lower use among students aged 40 and over. Latin American students report the highest reliance for general health (38%) and sexual and reproductive health information (35%), with higher reported usage among mainland Chinese (40%), Latin American (39%) and students from elsewhere in Asia and the Middle East.

Usage is high amongst students not confident in English (44%), suggesting AI tools may serve as an accessible first step for navigating unfamiliar health terminology.

Friends and family are consulted by 37% of students, with notable peaks in specific groups: Vietnamese students report the highest use (60%), largely driven by mental health enquiries (44% vs 27% cohort average). Students from the USA (53%) and Malaysia (53%) also show elevated reliance, though for different reasons, USA students primarily for general health (39% vs 22%), and Malaysian students for mental health support (42% vs 27%).

While formal healthcare channels remain students' preferred sources, informal networks and digital tools continue to play a meaningful role, particularly for those facing cultural, linguistic or accessibility barriers.

Where would you go for health information on the following topics?	General/physical health	Mental health	Sexual & reproductive health
Local doctor/GP	69%	39%	54%
University health service	34%	42%	29%
Health website	32%	26%	29%
Doctor from my home country	23%	16%	17%
Friends or family	22%	27%	16%
AI tools (e.g. ChatGPT)	20%	18%	20%
Pharmacist	16%	4%	8%
Social media	13%	14%	13%
Alternative medical providers	3%	4%	5%
News outlets	3%	3%	3%

Figure 31 - Preferred choice of health information sources

DIVERGING TRUST LEVELS ACROSS COMMON HEALTH INFORMATION SOURCES

Students place strong trust in established clinical sources, with local GPs (95%), doctors from their home country (94%), university health services (92%) and pharmacists (90%) rated as the most trustworthy channels for health information. Reputable health websites also perform well (81%), reinforcing a clear preference for authoritative information sources.

In contrast, trust in informal or unverified channels is significantly lower, with variation across demographic groups. Trust in friends and family sits at 74%, though Latin American students report substantially lower trust (64%) while several South Asian nationalities such as Bhutan (94%), Nepal (85%), Bangladesh (84%) and Sri Lanka (84%) demonstrate higher reliance on partner or spousal advice. Students aged 40+ also report particularly high trust in partners or spouses (84%).

Trust reduces for alternative medical providers (66%), news outlets (51%) and AI tools (51%). These sources show pronounced outlier patterns: trust in AI is highest among mainland Chinese students (66%) and students not confident speaking English (63%). This pattern indicates AI tools may be particularly appealing to students facing language barriers, although this should be viewed as a potential explanation rather than a tested relationship. Conversely, European (38%), North American (42%) and South Asian students (42%) express the lowest trust in AI-driven health content.

Social media ranks lowest (32%), with marginally higher trust among Vietnamese (47%) and Greater China students (40%), and minimal trust among North American (11%) and European students (17%).

These patterns highlight the need for targeted support for cohorts relying more heavily on lower-trust or informal channels. Enhancing media and resource literacy on identifying reliable health information could reduce misinformation risks and improve health outcomes.

How trustworthy do you find the following sources of health information?
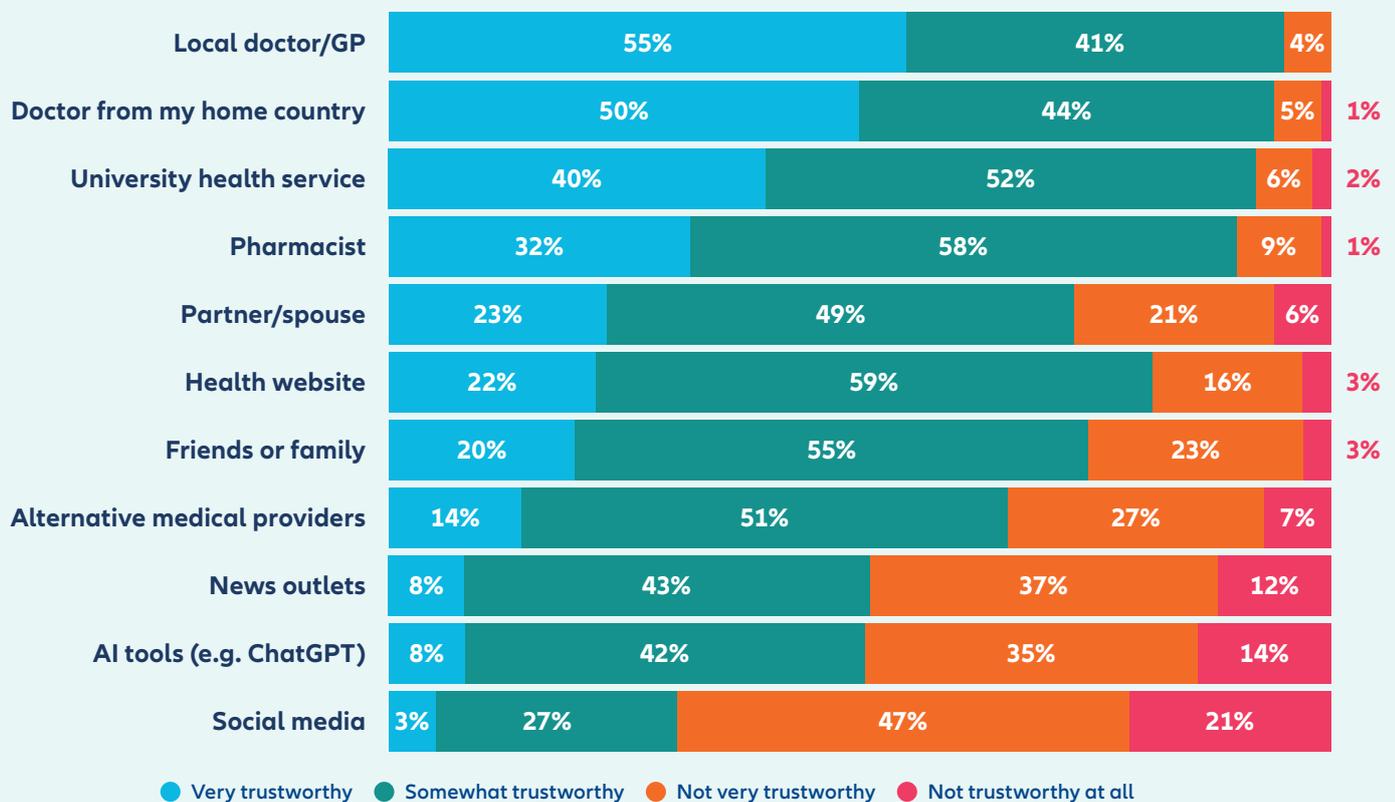
Figure 32 - Trustworthiness of health information providers

HEALTHCARE ACCESS LITERACY

Students show strong healthcare access literacy, with most identifying appropriate care pathways across the five tested scenarios. Optimal selections were highest for physical concerns such as suspected broken bones (94%) as well as vaccinations (91%). However, gaps emerge in more routine or sensitive situations: 20% did not choose an appropriate pathway for cold and flu symptoms, and 24% selected a non-optimal option for STI concerns.

Although overall "Nobody" responses were low, 30% of American students reported they would not seek support for cold or flu symptoms, likely reflecting norms shaped by high cost experiences in their home country. For mental health, Latin American students were more likely to opt out of seeking help (22% vs 8% cohort average), a trend linked to cultural stigma that is explored further in the Mental Health chapter.

Who would you go to see for the following situations?	Local doctor	Emergency department	Mental health professional	Pharmacy	Telehealth provider	Nobody
You think you have a sexually transmitted infection (STI)	73%	15%	4%	2%	3%	4%
You have cold/flu symptoms (e.g. runny nose, cough, fever)	54%	3%	3%	19%	7%	14%
You need a vaccination	68%	4%	2%	23%	1%	2%
You suspect you have broken an arm or leg	31%	63%	2%	2%	1%	2%
You feel anxious or uneasy most of the time, and don't always know why. This has started to affect your sleep and study habits.	23%	3%	62%	2%	2%	2%

● Appropriate option

Figure 33 - Healthcare access literacy scenario responses by provider

Who would you go to see for the following situations?

Optimal choice ↓

You suspect you have broken an arm or leg	94%
You need a vaccination	91%
You feel anxious or uneasy most of the time, and don't always know why. This has started to affect your sleep and study habits.	87%
You have cold/flu symptoms (e.g. runny nose, cough, fever)	80%
You think you have a sexually transmitted infection (STI)	76%
Whole cohort proficiency	58%

Figure 34 - Appropriateness of choice for healthcare access literacy scenarios

Aggregated across all scenarios, students achieved an overall proficiency score of 58%. Eighteen to nineteen year olds who reported the highest confidence earlier performed below the cohort average at 54%. Proficiency improved with age, reaching 65% among students aged 25–39 and 68% among those 40+. Students not confident in speaking English scored significantly lower (48%), underscoring the impact of language barriers.

Variation by source country region is substantial. Oceanian (78%) and South Asian students recorded the highest literacy (65%), while students from Latin America and the Caribbean scored the lowest (35%). Country level outliers include Sri Lanka (71%) and the Philippines (70%) compared with Vietnamese (40%) and Chinese students (45%).

Importantly, English fluency alone is not a predictor of success. Native English speakers from the USA and Canada achieved only moderate scores (58% and 59%), suggesting familiarity with Australia's healthcare system is the determining factor.

Students demonstrate solid foundations in identifying appropriate care pathways, but notable gaps persist, among younger students, those with low English confidence, and key regional cohorts. Strengthening practical, scenario-based guidance is essential to improving navigation outcomes.

Shifting from generic information to scenario-based, culturally attuned healthcare education will be critical to ensuring every student can distinguish reliable advice from misinformation and access the right care at the right time.

General health

How international students feel, physically and mentally, significantly influences their academic performance, and shapes their overall experience of life in Australia. Overall, students reported a strong sense of wellbeing. Nearly half (46%) rated their health between 8 and 10 on a scale from 1 (poor) to 10 (excellent), with a further 25% selecting a health and wellbeing score of 7.

Consistent with other chapters, experiences begin to diverge when analysing specific student cohorts. While not statistically significant, the data reveals a clear and meaningful trend, a "wellbeing hierarchy" shaped by financial, social, and linguistic factors.

Financial security emerges as the strongest predictor of wellbeing. Students who feel financially "secure" report the highest average health and wellbeing score (7.6). As their sense of financial security declines, there is a correlated decrease in health and wellbeing scores. This financial stress fuels unhealthy habits, as explored later in this chapter.

Social connection and English language proficiency are powerful interlinked predictors of positive health and wellbeing outcomes. Students with "many family and friends in Australia" report higher scores (7.5) compared to those who have few connections (7.1), underscoring the impact of social isolation on perceived wellbeing.

English language proficiency further compounds this effect. Students who feel confident in English rated their health at 7.3, while those lacking confidence scored 6.8. This language challenge is particularly evident in students from the Greater China region reporting the lowest health and wellbeing scores (7.0) and lowest English language confidence scores (59%). Language barriers not only hinder access to support and navigating the health system, but may also contribute to social isolation, creating a reinforcing cycle that can influence perceptions of health and wellbeing.

On a scale of 1 (poor) to 10 (excellent), how would you rate your overall health and wellbeing?

Score	Percentage
1	
2	1%
3	
4	4%
5	7%
6	14%
7	25%
8	26%
9	14%
10	6%
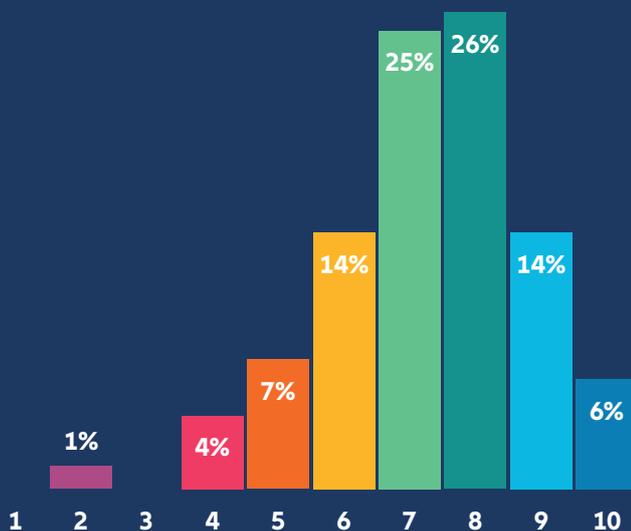
Figure 35 - Overall health and wellbeing scores

Average health and wellbeing score for select demographics

Financial stress level

Score	Category
7.6	Secure
7.3	Vulnerable
7.1	Stressed
7.0	Hardship

English confidence

Score	Category
7.3	Confident
6.8	Not confident
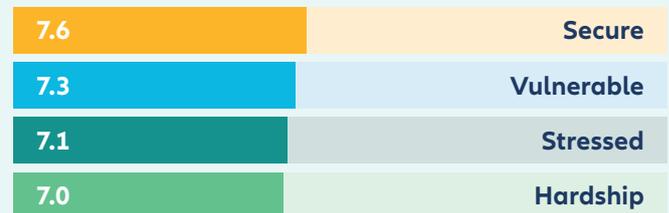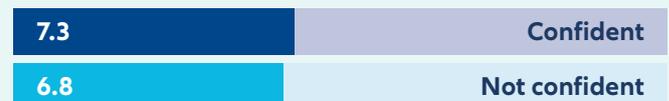
Friends and family in Australia

Score	Category
7.5	Many
7.1	Few

Figure 36 - Average wellbeing score by selected demographic

General indicators of wellbeing reveal encouraging trends, with most students reporting broad satisfaction with their personal relationships, energy levels and available free time. Across all three domains, male students report higher levels of satisfaction compared to their female counterparts.

Personal relationships are closely tied to language confidence and established social connection. Students confident in English are more likely to be very satisfied (34%) than those less confident in their language proficiency (20%). Regionally, students from Greater China show the lowest satisfaction rates (26%), reflecting the impact of language barriers.

How satisfied are you with the following?

	Male	Female
Your personal relationships	36%	29%
Your energy levels	30%	18%
The amount of free time you have	26%	17%
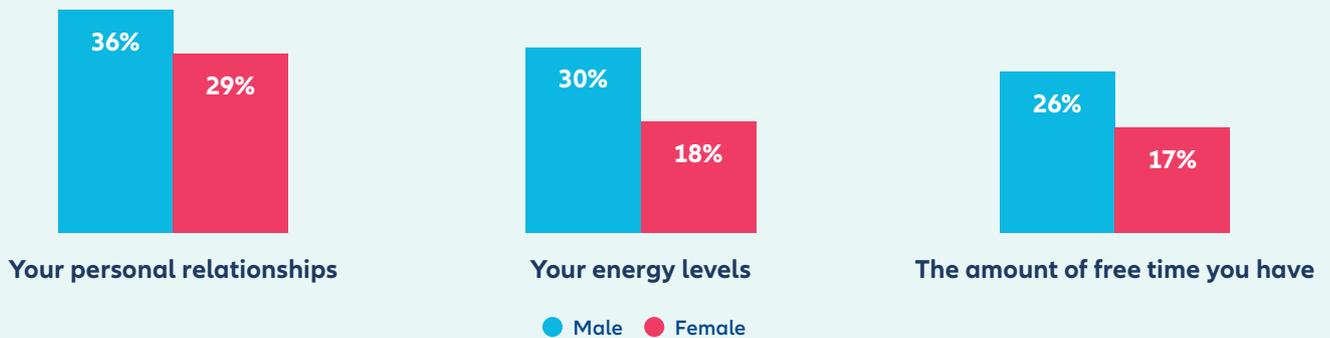
Figure 37 - Satisfaction with general health measures by gender (% very satisfied)

ACCESS TO HEALTH SERVICES

Satisfaction with access to health services varies across key factors and often intersect.

Age: Younger students (18-19 years) report the highest satisfaction (45%), while those aged 40 and over are least satisfied (17%), with nearly a third dissatisfied, suggesting age may influence expectation and experience.

Language confidence: Another critical driver, with 27% of confident English speakers very satisfied, versus 14% of those lacking confidence, who also show high dissatisfaction (30%).

Financial status: Financial security is a sliding scale of satisfaction, with those classified as financially secure demonstrating higher rates of satisfaction (32%) compared to those facing financial hardship (26%).

HEALTHY HABITS

Self-reported engagement with healthy behaviours varies. While most students feel they drink enough water (71%), eat well (64%) and get sufficient sleep (56%), fewer than half report getting adequate physical exercise (47%).

Closer analysis of these results shows gender, social connectedness and English language confidence continue to influence critical health behaviours and overall wellbeing outcomes. Across all health behaviours, males outperform females and students who identify as other. Other demographic differences include:

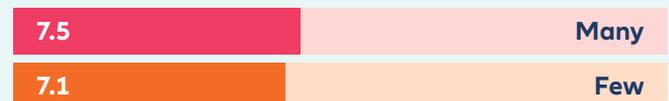**Physical exercise:** A perceived lack of sufficient physical exercise is most prevalent among students who reported fewer friends in Australia (44%) and those enrolled in courses with high contact hours and practical components, such as Medicine (36%) and Nursing (38%). This suggests limited social networks and demanding study schedules may result in physical exercise being deprioritised.

Sleep: Getting enough sleep is the biggest challenge for students aged 40 and over (39%) and those not confident in English (47%). For older students, this may reflect additional responsibilities such as work or caring for children, while those lacking in English confidence, extended study hours to manage reading and assessments in English, likely contribute to reduced sleep.

Do you feel you do enough of the following things?

71%	**Drinking enough water**
64%	**Eating healthy fruits and vegetables**
56%	**Getting 7-8 hours of sleep each night**
47%	**Physical exercise**
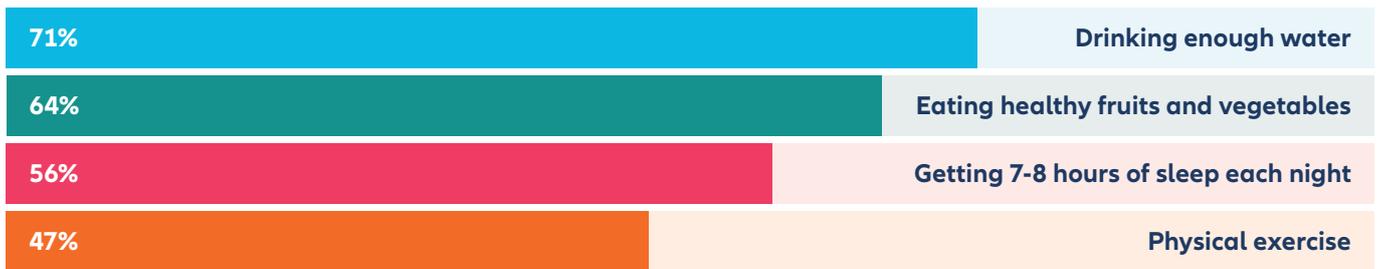
Figure 38 - Proportion engaging in healthy habits

HEALTHY EATING

Students' eating habits provide the strongest evidence of how financial and time pressures impact physical health and wellbeing. While a majority (68%) indicate they cook and prepare their own food, only 38% feel they eat healthily. Among the nearly two-thirds who do not believe they maintain a well-balanced diet, financial and time pressures are key determinants of their behaviour:

• 82% skip meals due to cost

• 81% avoid purchasing fruit and vegetables due to cost

• 79% skip meals due to not having enough time

• 75% frequently eat takeaway food

Unsurprisingly, eating a well-balanced diet is closely linked to overall wellbeing. Nearly half (49%) of students with high overall wellbeing (rated between 8 -10) report eating a balanced diet, compared to 31% of those with moderate wellbeing (rated between 5 - 7), and just 17% of those with low wellbeing (rated between 1-4). These findings show financial and time pressures drive poor eating habits and lower rated wellbeing, underscoring the need for practical, affordable food solutions for students.

Which of the following do you do often or as part of your usual routine?

	Those who don't have a well-balanced diet	Whole cohort
Cook and prepare my own food	68%	56%
Eat breakfast, lunch and dinner	42%	47%
Skip meals due to not having time	32%	79%
Eat takeaway food (e.g. Uber Eats, McDonalds)	28%	75%
Skip meals due to cost	18%	82%
Avoid purchasing fruit and vegetables due to cost	17%	81%

● Those who don't have a well-balanced diet ● Whole cohort
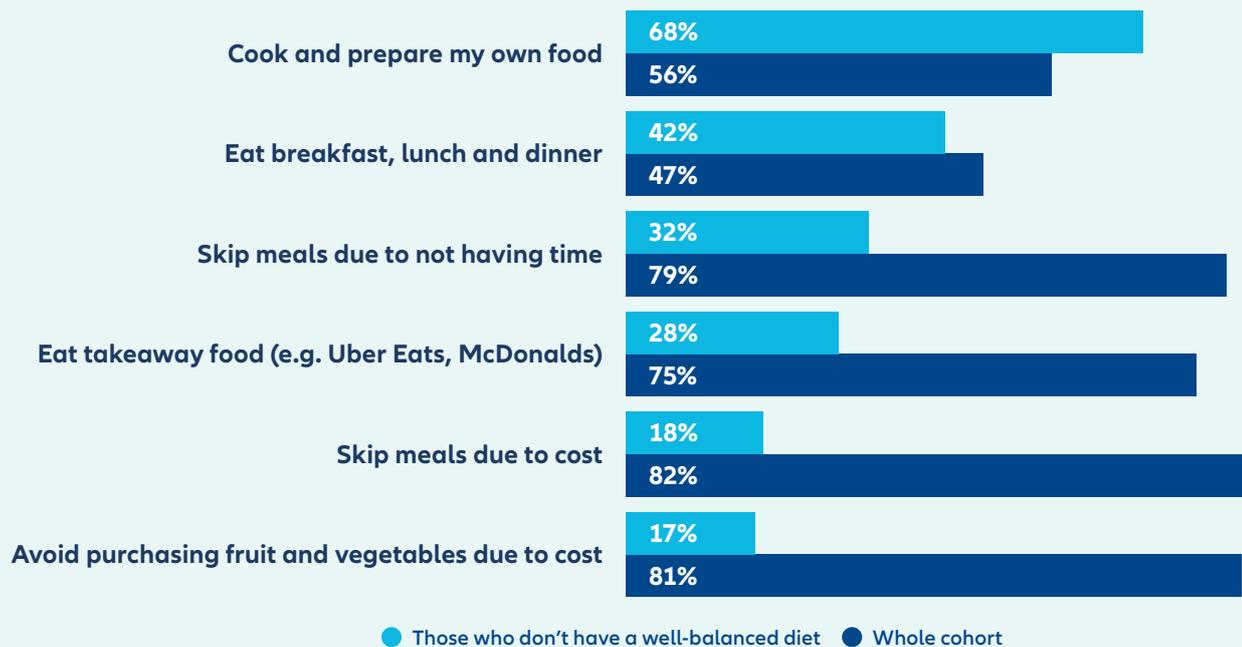
Figure 39 - Eating routines by whether student has a well-balanced diet

CHRONIC CONDITIONS

Twelve percent of students report living with a chronic medical condition, with prevalence highest among students from mainland China (22%), Bangladesh (21%), the USA (19%) and those who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more, 22%).

This is significant, as students with chronic conditions face greater financial, employment and academic challenges, reinforcing the need for targeted support services to assist students with balancing their ongoing health needs with their studies.

Student wellbeing remains generally high but fragile, conditioned heavily by a hierarchy of financial, social, and linguistic capacity. For those on the margins, economic strain and time constraints are active determinants of health, directly eroding essential habits like sleep, nutrition, and exercise.

Addressing the root causes of these pressures through accessible wellness resources and practical food security initiatives are critical to ensuring students can sustain their physical health alongside their academic goals.

Presence of a chronic condition by selected demographics

By financial stress level

Secure		Hardship	
8%	13%	32%	22%

By employment status

Employed		Looking for work	
33%	48%	47%	36%

I am managing my studies well

% Agree	
73%	82%

● Has a chronic condition   ● No chronic condition

Figure 40 - Prevalence of chronic conditions by selected demographics

Mental health

International students' mental health is shaped by a delicate and often shifting balance. For many students, the move to Australia is transformative: a chance to embrace a new country, gain independence, and experience a noticeable improvement in their mental health, consistent with the positive trends identified in 2024. For others, that same transition exposes new vulnerabilities as financial pressures, academic intensity, and the challenge of establishing meaningful social connections begin to accumulate.

Students' experiences sit at the intersection of social connectedness, financial stability, academic expectations, and cultural background. The result is a mental health landscape defined not by one dominant trend, but by contrasting and sometimes conflicting realities.

THE MENTAL HEALTH JOURNEY: BETTER OR WORSE?
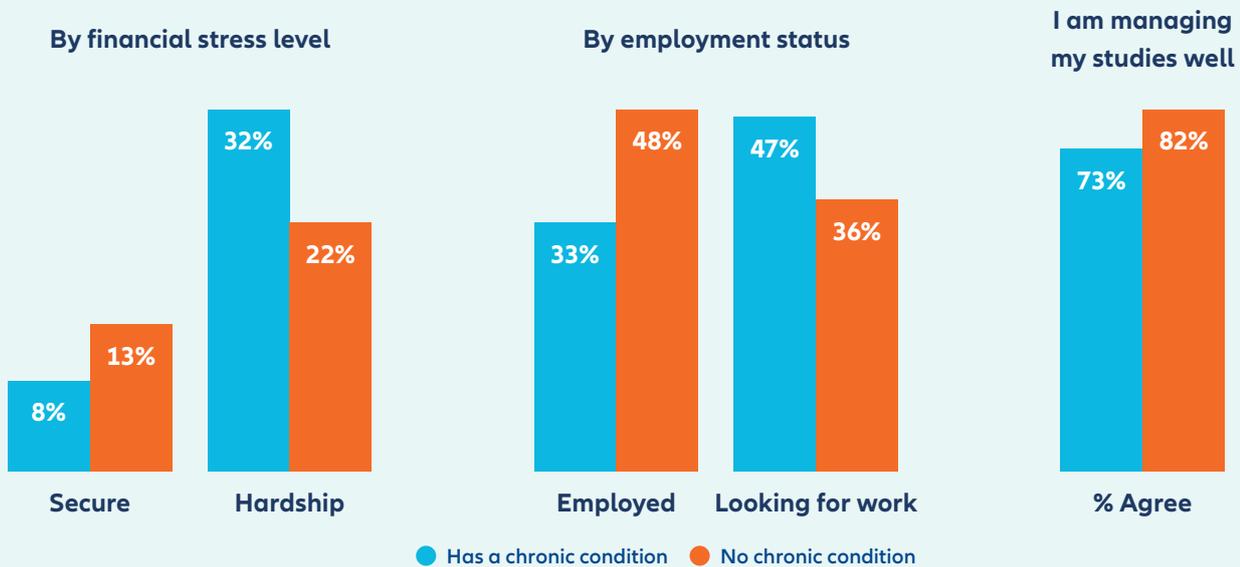
When asked to reflect on their time in Australia, students as a whole report a net-positive impact on their mental health. These findings are broadly consistent across genders. However, experiences diverge when analysed by age, nationality, and time spent in Australia.

Age: Students aged 40+ are the most likely to report their mental health as 'about the same', suggesting a greater stability in wellbeing compared to younger cohorts who may be at a more formative stage of their lives, and are also more likely to have travelled to Australia to study alone.

Time in Australia: While the proportion reporting improvement remains stable, a decline in mental health appears to increase with time. 20% of those here for less than a year reported a decline, increasing to 30% of students in their second and third year. This may reflect the cumulative impact of extended separation from support networks or intensifying academic pressure.

Region: Students from Greater China are the most likely to report improvements in mental health (43%) and the least likely to say it has declined (18%). In contrast, students from Europe (26% improvement vs 33% decline), Africa (32% vs 34%), and the USA (32% vs 35%) were more likely to report a decline in their mental health than an improvement.

Social connection is a clear contributor to these outcomes. A decline in mental health is more likely for students without established support networks (30%) compared with those who do (17%).

Financial stress did not show a clear, linear impact on this measure. Students experiencing hardship are more likely to report improved mental health (45%) than those who are financially secure (37%). This suggests that while hardship remains a significant challenge, many students view their circumstances in Australia as an improvement relative to their home environments, highlighting the difference between absolute stressors and relative wellbeing gains.

How has your mental health and wellbeing changed since starting your studies in Australia?

| 11% | 28% | 35% | 21% | 5% |

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

Figure 41 - Mental health and wellbeing after commencing study in Australia

THE PARADOX OF STUDENT WELLBEING

Mirroring the trend observed in Health literacy, students' mental health reflects a familiar tension: a generally optimistic outlook, layered over meaningful emotional and practical struggles.

Despite these challenges, most students (60%) feel "excited" when they think about the future. This optimism is strongly linked to their social and structural integration:

- Socially connected students (65%) are significantly more optimistic than those who are not (55%).
- Those who intend to remain in Australia after graduation (63%) are more optimistic than those intending to return home (53%).

Optimism varies significantly across regions. It is highest among students from North America (78%), Latin America and the Caribbean (72%), and Europe (70%). In contrast, only half of students from China (50%) report feeling optimistic about their future.

Given their comparatively positive mental health outcomes in Australia, this lower optimism is more likely tied to future intentions rather than present wellbeing, as Chinese students are among the least likely to plan to remain in Australia after graduation.

Notably, this is also the cohort with the lowest English confidence (58% versus the 82% cohort average), which can strongly influence how students perceive their future prospects, social integration, and pathways beyond graduation.

Behind these broadly positive outlooks lies a more complex reality. More than one-third of all students (34%) say they are struggling with their mental health, and another 24% describe themselves as neutral. These patterns differ markedly across demographic groups.

Age: The proportion of students reporting mental health struggles is lowest among 18–19 year olds (24%), peaks among those aged 25–27 (42%) and then eases to 31% among students aged 30 and above. This pattern may reflect more settled circumstances and life experience, as well as a higher likelihood that they are accompanied by family.

Gender: Female respondents (35%) are slightly more likely to report struggling than male respondents (30%).

Region: Students from Latin America and the Caribbean (55%), Europe (44%), and North America (41%) demonstrate the highest levels of optimism despite reporting increased struggles. This dynamic may stem from cultural norms around expressing mental health concerns, allowing these students to openly recognise their struggles while simultaneously remaining optimistic about their futures.

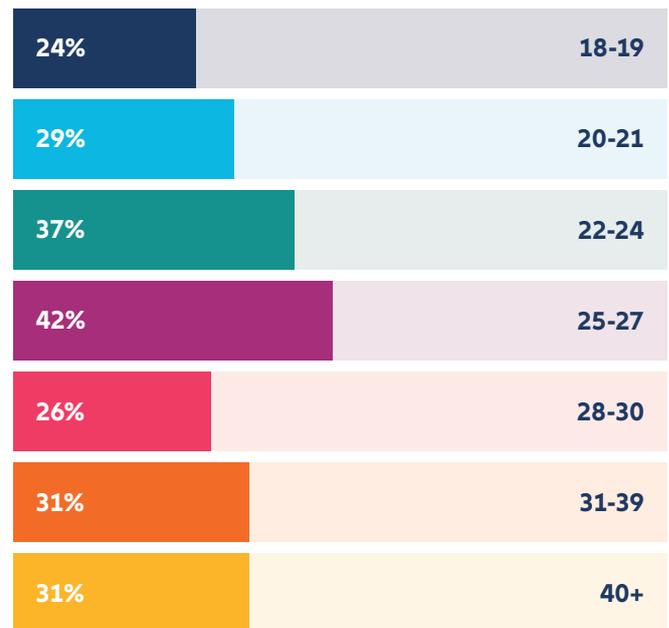### I am struggling with my mental health (% agree by age group)

% agree	Age group
24%	18-19
29%	20-21
37%	22-24
42%	25-27
26%	28-30
31%	31-39
31%	40+

Figure 42 - Proportion struggling with mental health by age group

Do you agree or disagree with the following statements?

I feel excited when I think about the future

| 22% | 38% | 26% | 9% | 6% |

My feelings of loneliness during my time in Australia have made me consider returning home

| 12% | 23% | 25% | 18% | 22% |

I am struggling with my mental health

| 11% | 23% | 24% | 19% | 24% |

I often feel like my life has no meaning

| 7% | 18% | 22% | 20% | 34% |

● Strongly agree ● Somewhat agree ● Neither agree nor disagree ● Somewhat disagree ● Strongly disagree

Figure 43 - Mental health and wellbeing statements

STRESSORS SHAPING STUDENT WELLBEING

There are two clear, standout sources of stress for international students: cost of living (61%) and managing studies (51%). A range of other factors form a 'second tier' of stressors.

Gender: Female respondents are slightly more stressed by social situations (29% vs. 24% for males), while males are more worried about scams or losing money (22% vs. 17% for females). The latter may be influenced by the rise of online money-making schemes (e.g. sports gambling and cryptocurrency), which disproportionately target young males.

Study level: Undergraduate students (58%) are more likely to feel stressed by their studies than postgraduates (51%). These differences may be influenced by the challenges faced by first-time tertiary students as they adjust to unfamiliar academic expectations and new learning environments, while postgraduates often draw on previous study experience.

Employment: Employed students are significantly more stressed by visa requirements (32%) than those not working (12%), likely due to the challenge of balancing restricted working hours with meeting financial commitments, together with awareness of the impact changes in visa conditions may have.

Region: Stress from managing studies is greatest among students from Europe (72%), North America (62%), and China (59%), which could reflect more challenging academic workloads, and increased personal and familial expectations.

This pervasive stress manifests as specific forms of mental health experiences. In total, 74% of respondents report experiencing some form of mental distress. The most common are anxiety (48%), sleeping difficulties (38%), difficulty concentrating (36%), and feelings of depression (34%).

What three things cause you the most stress?

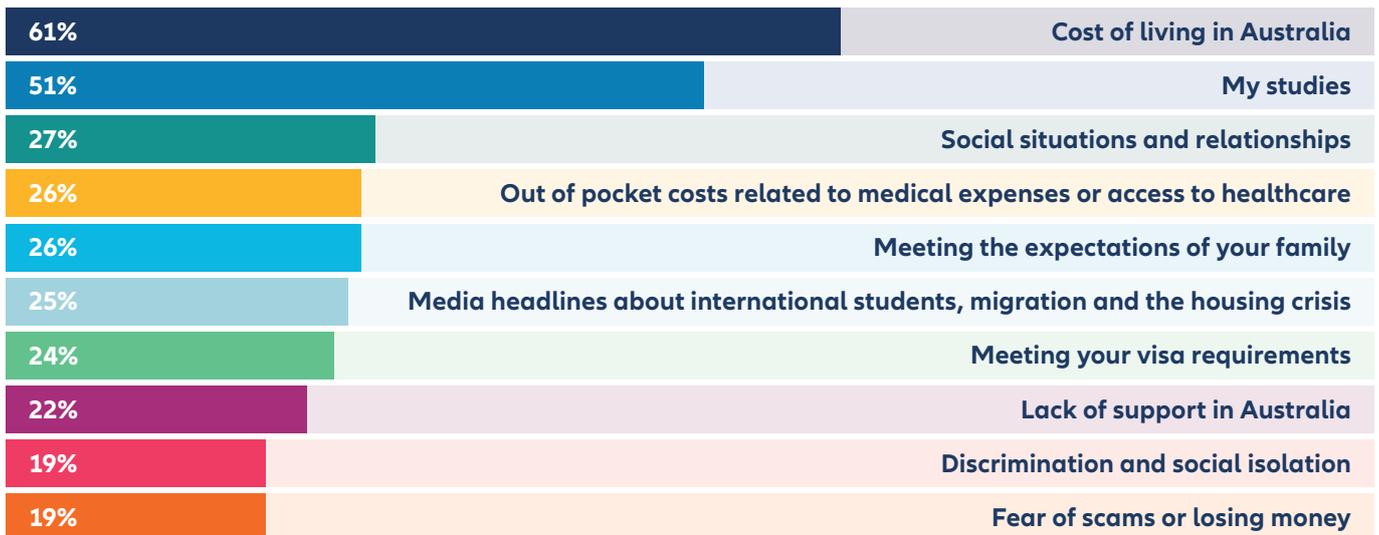|	
61%	Cost of living in Australia
51%	My studies
27%	Social situations and relationships
26%	Out of pocket costs related to medical expenses or access to healthcare
26%	Meeting the expectations of your family
25%	Media headlines about international students, migration and the housing crisis
24%	Meeting your visa requirements
22%	Lack of support in Australia
19%	Discrimination and social isolation
19%	Fear of scams or losing money

Figure 44 - What three things cause you the most stress?

Across all indicators, female students report higher rates of psychological distress than their male counterparts, with the most pronounced differences seen in anxiety (55% vs. 39%) and depression (39% vs. 27%). These patterns may reflect both real disparities in wellbeing and the possibility that male students are less likely to disclose or identify these challenges due to stigma.

Regionally, students from North America (85%), Latin America and the Caribbean (84%), and Europe (82%) were most likely to report at least one form of distress. Students from South Asia were the least likely (65%). As with gender differences, these results may reflect varying levels of comfort in disclosing mental health concerns, with cultural stigma likely shaping who reports, not just who experiences distress.

Mental health challenges appear to intensify for some students the longer they remain in Australia. Reports of depression increase from 30% in the first year to 35% among those who have been here for three years or more. Similarly, difficulty concentrating rises from 27% in a student's first year to 39% by the fourth. These patterns may reflect increasing academic demands, more complex coursework, and the cumulative strain of prolonged time away from home and familiar support systems.

55% of female students report experiencing anxiety, compared to 39% of male students

Which of the following have you experienced during your time in Australia?

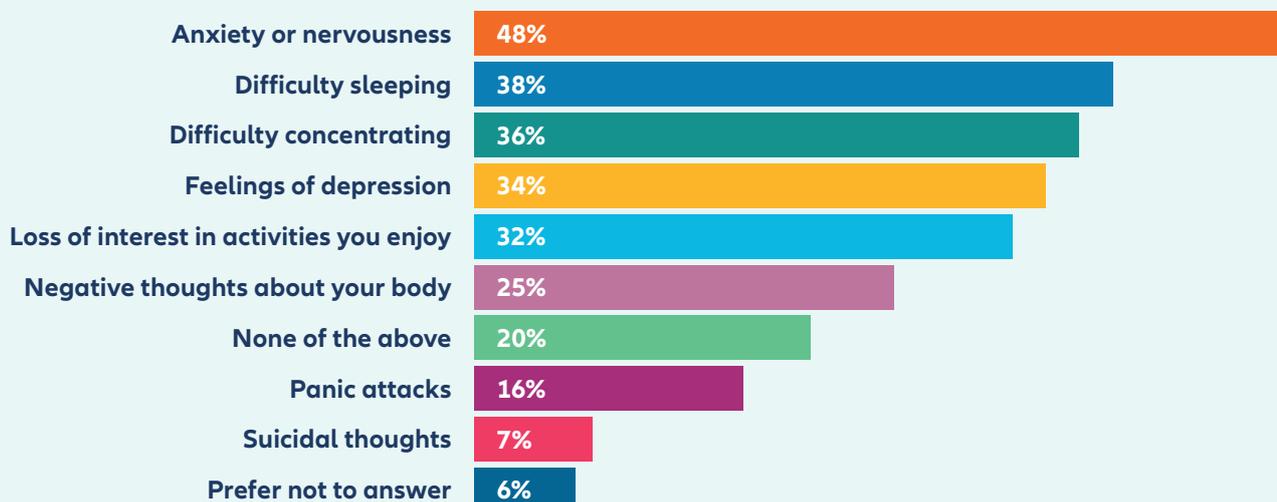|	
Anxiety or nervousness	48%
Difficulty sleeping	38%
Difficulty concentrating	36%
Feelings of depression	34%
Loss of interest in activities you enjoy	32%
Negative thoughts about your body	25%
None of the above	20%
Panic attacks	16%
Suicidal thoughts	7%
Prefer not to answer	6%

Figure 45 - Mental health experiences in Australia

DIAGNOSIS, SUPPORT, AND BARRIERS TO CARE

The high rate of self-reported mental health experiences is mirrored in formal diagnoses. 29% of respondents report having been formally diagnosed with a mental health condition, most commonly anxiety (20%) and depression (11%).

Several factors are linked to a higher likelihood of diagnosis:

Employment status: Students currently looking for work (35%) are more likely to have a formal diagnosis than those who are employed (23%), suggesting an interplay between mental health challenges and employability.

English language confidence: 42% of students who lack confidence in English have a diagnosed condition, compared to 26% of those who describe themselves as confident. This suggests that language barriers, and the flow-on effects for study, employment, and social participation play a meaningful role in shaping students' mental health.

Financial stress: The link is clear and linear. 37% of students in 'hardship' report a diagnosis, compared to just 14% of those in the 'secure' category. Regionally, diagnoses are highest among students from North America (50%) and China (42%), and lowest among those from South Asia (20%). The high rate for Chinese students may be linked to the English language challenges noted above, while the divergence between North America and South Asia could be influenced by relative levels of stigma, awareness, and acceptance of mental health conditions

Have you been formally diagnosed with, or do you personally relate to, any of the following mental health conditions?

Condition	Percentage
Anxiety	20%
Depression	11%
Attention Deficit Disorder	5%
Eating disorder	4%
Post-Traumatic Stress Disorder	3%
Personality disorder	2%
Autism Spectrum Disorder	2%
Bipolar Disorder	2%
Substance abuse	1%
Other	1%
Prefer not to answer	8%
None of the above	63%
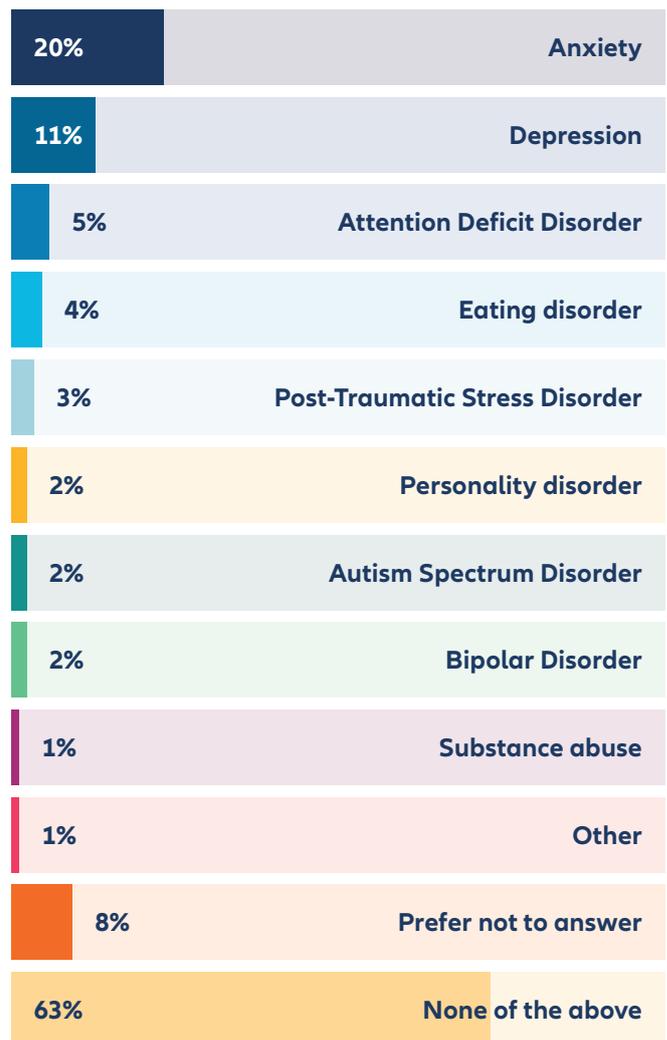
Figure 46 - Diagnosis of mental health conditions

Have you ever received treatment for your mental health?

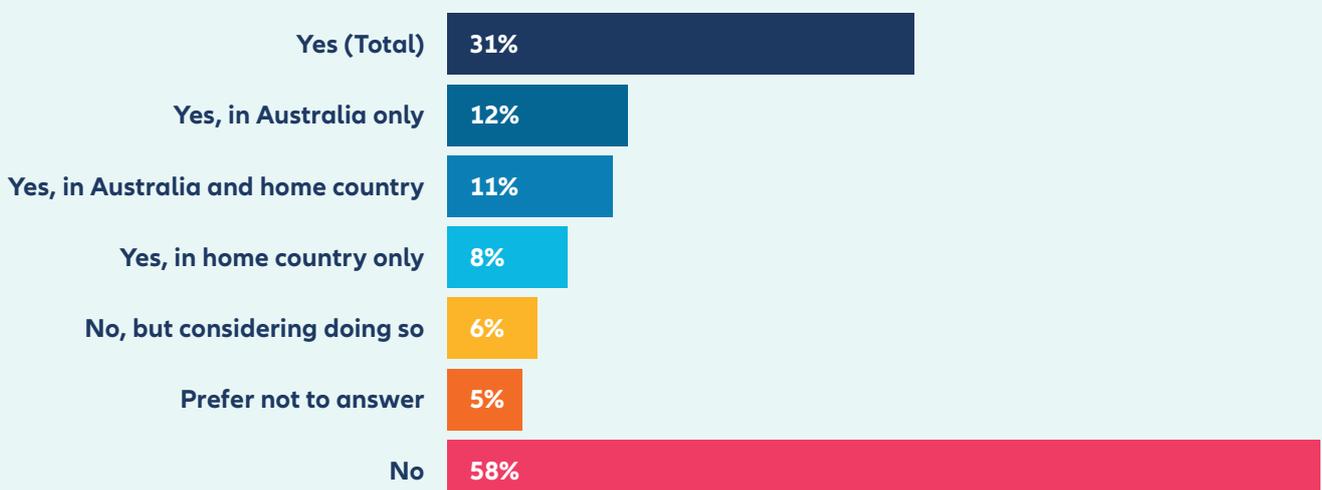|	Percentage
Yes (Total)	31%
Yes, in Australia only	12%
Yes, in Australia and home country	11%
Yes, in home country only	8%
No, but considering doing so	6%
Prefer not to answer	5%
No	58%

Figure 47 - Proportion who have received treatment for mental health

THE TREATMENT GAP

A significant gap exists between diagnosis and treatment, pointing to a critical area of unmet need. While 31% of all students have at some point received treatment for mental health (23% have done so in Australia), the picture becomes more concerning when examining responses from students with diagnosed conditions. 62% report receiving treatment, meaning 38% of this cohort haven't sought support at all. This is highest for those with an anxiety disorder, 30% of whom have not received treatment.

This gap highlights a troubling disconnect between recognition and action, suggesting barriers such as stigma, cost, system navigation challenges, or limited culturally appropriate services may be preventing students from seeking or accessing the help they need.

Do you agree or disagree with the following statements?

I have avoided seeking treatment for my mental health because I cannot afford to or I am afraid of the costs

10%	19%	23%	15%	32%

I think talking about mental health struggles could negatively impact my studies or career

9%	19%	23%	17%	33%

I don't like talking about my mental health

8%	20%	27%	18%	27%

People with a mental illness will never recover or have a good quality of life

4%	10%	20%	19%	48%

My family, religious or cultural beliefs prohibit me from discussing my mental health

4%	12%	18%	15%	51%
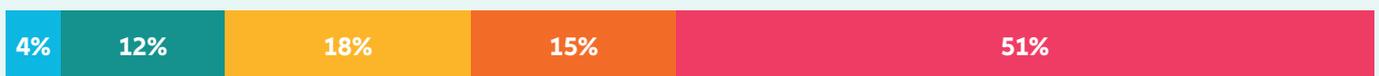
Taking medication for mental health is something to be ashamed of

3%	8%	17%	17%	55%

● Strongly agree ● Somewhat agree ● Neither agree nor disagree ● Somewhat disagree ● Strongly disagree

Figure 48 - Student attitudes and beliefs about mental health

UNDERSTANDING THE TREATMENT GAP

Students reported several barriers to seeking care. Nearly a third (29%) avoided treatment due to cost, and 28% worried that disclosing a mental health condition could negatively affect their studies or future career.

Reassuringly, there was minimal agreement with negative, stigma rooted statements, only 14% of the cohort agreed people with a mental illness won't have a good quality of life, and 11% agreed taking medication is shameful.

Analysis of this sentiment around mental health reveals important demographic nuances:

Gender: Males were more likely to provide neutral responses or agree with negative sentiments. For example, 77% of females disagreed that taking medication is shameful, compared to only 65% of males. This indicates a higher level of stigma surrounding open discussion and treatment of mental health among males.

Financial stress: Stigma intensifies sharply among students experiencing hardship. A quarter of students in financial hardship believe people with a mental illness will never recover (vs. eight percent of financially secure students), and 24% say medication is shameful (vs. five percent). This underscores the intersectional nature of disadvantage, where financial strain can reinforce negative attitudes and reduce openness to seeking support.

Region: Students from China were more likely to agree with regressive sentiments, with 17% agreeing that taking medication is shameful (vs. 11% overall).

Despite the resilience many demonstrate, a concerning treatment gap persists, widening as cost, stigma, and system complexity prevent students from translating their needs into professional care. Bridging the divide between diagnosis and action through destigmatised, affordable, and culturally safe support pathways will be critical to ensuring every student feels empowered to seek help before their symptoms escalate.

> 62% of those with a diagnosed mental health condition have received treatment, compared to 18% of those who have not been diagnosed

Sexual health and relationships

The 2024 report highlighted a mixed baseline of sexual health education among international students, with many encountering foundational concepts for the first time in Australia. In 2025, these disparities remain evident. Students' perceived knowledge frequently exceeds their demonstrated understanding, while cultural factors and reliance on informal information channels continue to play a defining role.

Of those who were comfortable disclosing their sexual orientation, 83% identify as heterosexual or straight, 13% were classified as LGBTQIA+, while an additional four percent were unsure.

These figures show notable variation by region, potentially reflecting the influence of cultural stigma towards sexual identity in some origin countries. The proportion of students identifying as LGBTQIA+ is significantly higher among North Americans (25%), contrasting with the two lowest groups by geography, namely South Asia (eight percent) and Africa (five percent).

Most students seek sexual health support within their personal circles: partners and spouses (48%) or close friends (45%). Only a minority feel comfortable raising these matters with medical professionals (28%). This pattern highlights a key vulnerability. While trusted, informal sources can offer emotional support, they rarely provide the reliable, evidence-based guidance needed to make safe decisions. Even more concerning, 16% of students reported they would turn to no one, underscoring the risk of students managing complex sexual health issues in isolation.

Which of the following best describes your sexual orientation?

- 83% Heterosexual
- 13% LGBTQIA+
- 4% Unsure

● Heterosexual ● LGBTQIA+ ● Unsure

Excludes 'prefer not to say'
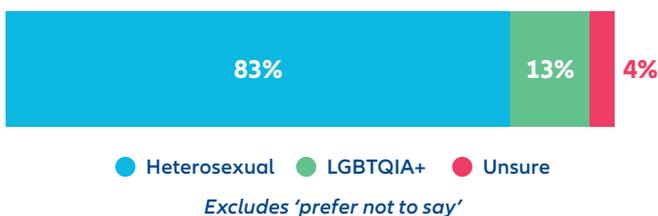
Figure 49 - Sexual identity

Who do you feel comfortable discussing sexual health topics with?

48%	Partner/spouse
45%	Friends
28%	Medical provider
16%	Nobody
10%	Parents
9%	Siblings
3%	On-campus staff
1%	Someone else

Figure 50 - Student preferences for who to discuss sexual health topics with

Significant differences emerged along gender lines, with females more likely to talk to their partners, friends and medical providers. Concerningly, 20% of male respondents said they would talk to 'nobody' about their sexual health, compared to 13% of females. As explored later in the chapter, the lower tendency by males to discuss sexual health topics can result in reduced levels of knowledge, and the proliferation of misinformation about sexual health.

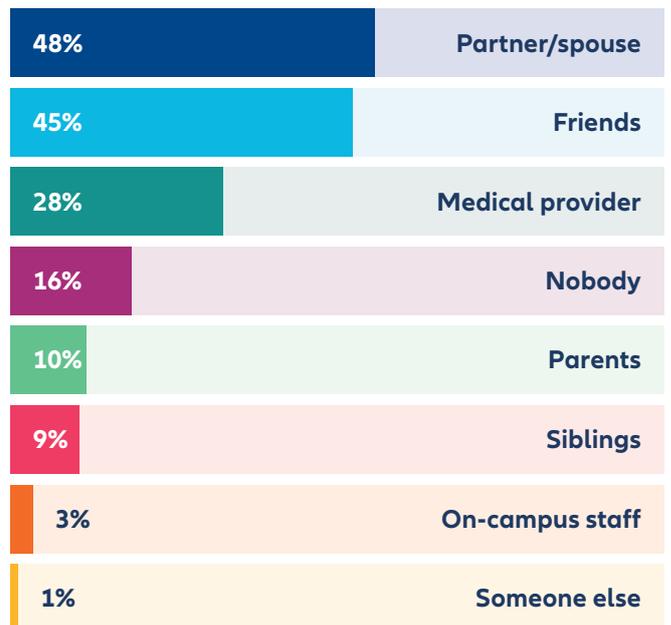Regional differences are also evident when looking at preferences to consult with a medical provider. This preference was highest among students from North America (58%), Latin America (55%), and Europe (45%). In sharp contrast, Chinese students are much less likely to consult a medical provider (20%). Collectively, this points to differing cultural expectations about the role of medical professionals and which topics are deemed suitable for clinical discussion.

For LGBTQIA+ respondents, friends were the group they felt most comfortable approaching about sexual health topics, with 60% preferring to speak to peers over any other source. This trend may reflect a stronger desire for privacy, a reliance on trusted personal networks, fear of prejudice or the difficulty of accessing information and services that are inclusive and tailored to their identities.

When presented with specific, practical scenarios relating to sexual health, preferences for information sources shifted towards professional services. A local doctor is generally seen as the authoritative voice for questions about contraception (57%), concerns about STIs (65%), needing emergency contraception (63%), and verifying information (59%).

Who would you talk to if the following things happened to you?	Have questions about contraception or preventing pregnancy	Are worried you might have a sexually transmitted infection (STI)	Need emergency contraception after unprotected sex	Are unsure if information you heard about sexual health is true or false
Parents/siblings	23%	16%	11%	14%
Partner/spouse	40%	30%	30%	25%
Friends	34%	20%	19%	26%
Local doctor	57%	65%	63%	59%
Doctor in home country	21%	18%	12%	20%
Hospital emergency room	6%	14%	19%	8%
On-campus health service	25%	24%	22%	29%
Nobody	9%	10%	9%	11%

Figure 51 - Sexual health support preferences by provider

However, personal connections remain a key resource, with significant minorities consulting friends, partners, or family members for these specific issues. On-campus health services were a notable source of support, selected by 22-29% of students depending on the scenario.

When analysed by demographics, females draw on a broader range of information, particularly from local doctors and their on-campus health service. Male respondents were consistently more likely to consult 'nobody' about these issues (13- 16% across the scenarios), which could be reflective of greater discomfort discussing sexual health topics, uncertainty about where to seek support, or a belief that certain scenarios simply do not apply to them. Heterosexual respondents tend to consult partners or spouses, whereas LGBTQIA+ students consistently rely on friends. This is in line with earlier observations about their trusted information sources, reaffirming the central role of peer networks within the LGBTQIA+ community.

Respondents were presented with several statements to gauge their attitudes towards sexual health, consent, and relationships. There was strong agreement on principles of respect and consent, with between 67% and 84% agreeing with each of the four statements.

Responses to the statement about access to safe and legal abortion varied significantly by gender and region. Agreement ranged from 98% among students from the USA to 40% among students from Indonesia, with similar patterns observed in South Asia, Bhutan (52%) and the Philippines (58%).

Agreement also differed by gender, with 73% of female respondents agreeing compared with 59% of males. Agreement was higher among students who had lived in Australia longer, increasing from 59% among those here for less than 12 months to 70% among those here for more than three years. Responses to the statement regarding a person's right to change their mind about consent was also split along gender lines. While 83% of female respondents agreed with this sentiment, only 70% of males did.

Other statements were broadly less controversial, with at least 70% of respondents from all represented countries agreeing that 'talking about sex and relationships can help people make safer choices', and at least 80% agreeing 'it is okay to respect people even if they are different from you in gender identity or sexual orientation'.

Do you agree or disagree with the following statements?

It is okay to respect people even if they are different from you in gender identity or sexual orientation

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
69%	15%	13%	1%	1%

A person can change their mind about consent at any time, even during sex

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
57%	20%	17%	3%	2%

Talking about sex and relationships can help people make safer choices

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
55%	27%	14%	2%	2%

Being able to have a safe and legal abortion is an important part of reproductive healthcare

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
48%	19%	24%	3%	6%

● Strongly agree ● Somewhat agree ● Neither agree nor disagree ● Somewhat disagree ● Strongly disagree
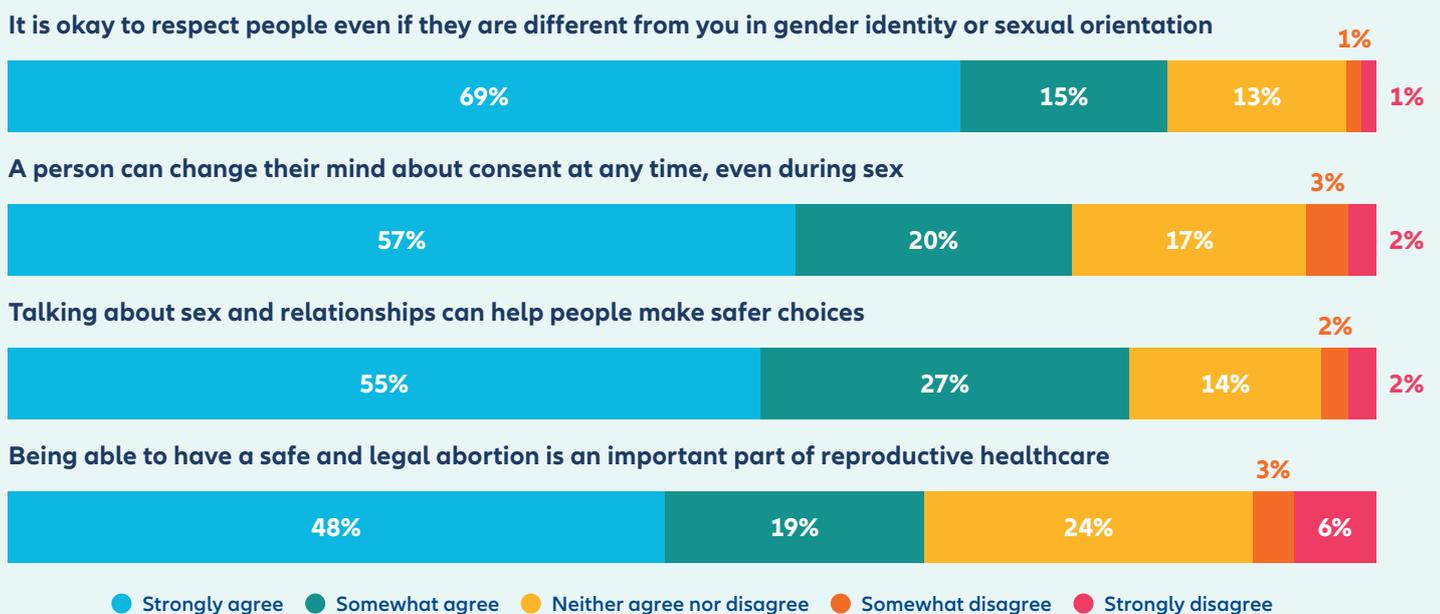
Figure 52 - Attitudes and values towards sexual health

SEXUAL HEALTH LITERACY: THE KNOWLEDGE GAP

Students completed a series of true-or-false questions designed to gauge their sexual health literacy. The results exposed a notable disconnect between what students believe they know and what they can accurately identify, pointing to gaps in essential sexual health education across a large portion of the cohort.

While in each case a majority selected the 'correct answer', as few as 52% correctly asserted that women cannot get pregnant during their period, and 54% said the HIV can be managed with daily medication. When broken down by demographics, health literacy varied widely.

Do you think the following statements about reproductive health are true or false?

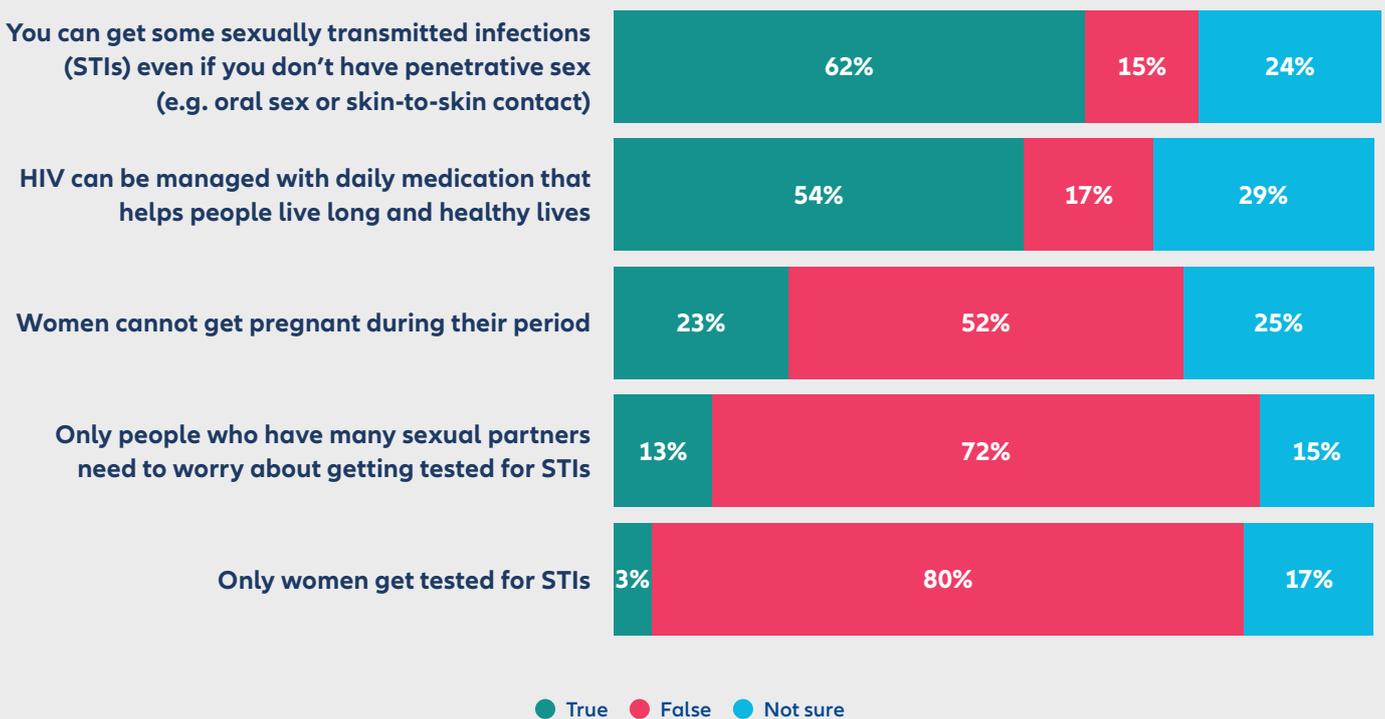| Statement	True	False	Not sure
You can get some sexually transmitted infections (STIs) even if you don't have penetrative sex (e.g. oral sex or skin-to-skin contact)	62%	15%	24%
HIV can be managed with daily medication that helps people live long and healthy lives	54%	17%	29%
Women cannot get pregnant during their period	23%	52%	25%
Only people who have many sexual partners need to worry about getting tested for STIs	13%	72%	15%
Only women get tested for STIs	3%	80%	17%

● True ● False ● Not sure

Figure 53 - Student responses to sexual health knowledge check

While in each case a majority selected the 'correct answer', as few as 52% correctly asserted that women cannot get pregnant during their period, and 54% said the HIV can be managed with daily medication. When broken down by demographics, health literacy varied widely.

Females are more likely to answer each question correctly, with the largest difference observed in response to the statement 'women can't get pregnant on their period',

which only 42% of male respondents answered correctly (that they can).

Analysis detailed earlier in this chapter revealed male students often seek guidance from fewer sources and are more likely to consult no one at all. Their comparatively lower levels of understanding across these scenarios are likely a reflection of this limited engagement.

The relationship between age and sexual health literacy is not linear. In some areas, knowledge improves with age, for example, awareness that STIs can be transmitted without penetrative sex. Yet in other areas, such as understanding that pregnancy can occur during a woman's period, students over 30 are the least likely to answer correctly. These contrasting patterns likely reflect shifting public health priorities and the different campaigns each age group has been exposed to throughout their lives.

From a regional lens, South Asian respondents (principally, those from India and Nepal) have the overall lowest levels of sexual health literacy, with just over a third believing that HIV can be managed with medication, and 43% correctly answering that women can get pregnant during their period. Students from Europe and North America demonstrate the highest levels of literacy, likely a reflection of the emphasis on sex education and relative openness to discussing matters related to sexual health within many Western education systems. Conversely, students from parts of South Asia may be navigating the legacy of entrenched cultural stigma around sexual health education restricting their exposure to reliable, evidence-based information.

Sexual health statements by gender (% correct)	Male	Female
You can get an STI without penetrative sex	58%	65%
HIV can be managed with medication	50%	57%
Women can't get pregnant during their period	42%	59%
Only people with many partners need to worry about STIs	64%	77%
Only women get tested for STIs	75%	83%

● >75% correct

Figure 54 - Proportion of correct responses to sexual health questions by gender

58% of male students are not aware that women can get pregnant on their period

Sexual health statements by age (% correct)	18-19	20-21	22-24	25-27	28-30	31-39	40+
You can get an STI without penetrative sex	47%	63%	60%	65%	59%	69%	69%
HIV can be managed with medication	41%	44%	48%	56%	58%	68%	70%
Women can't get pregnant during their period	51%	56%	51%	58%	55%	45%	44%
Only people with many partners need to worry about STIs	65%	71%	71%	73%	74%	75%	65%
Only women get tested for STIs	70%	80%	79%	81%	80%	86%	71%

● >75% correct

Figure 55 - Proportion of correct responses to sexual health questions by age

Sexual health literacy does appear to evolve over time in Australia, but not in a simple upward progression.

On some measures, most notably understanding that HIV is manageable with medication, knowledge improves gradually, increasing from 51% among those who are new to Australia to 56% among those who have lived here for more than three years. Yet for other items, such as understanding STI risk or the possibility of pregnancy during menstruation, literacy reaches its highest point among students who have been here for one to three years, then drops among those here longer.

This pattern may be shaped by the demographic profile of students who have studied here longer and who tend to be older. The age-related variations in sexual health literacy observed throughout this chapter therefore help explain the non-linear trends seen in relation to time spent in Australia.

Ultimately, the picture that emerges is one of both progress and vulnerability. Students are increasingly open to seeking guidance and making informed decisions, yet many still rely on limited or unreliable sources, and substantial disparities in literacy remain. As the sector looks ahead, strengthening access to accurate, culturally sensitive, and inclusive sexual health education will be critical to ensuring every student can feel safe, confident, and supported in their relationships and wellbeing.

> Students from South Asia have lower sexual health awareness levels than students from other regions

Sexual health statements by region (% correct)	Europe	Africa	Latin America	South Asia	Other Asia	North America	Greater China	Oceania
You can get an STI without penetrative sex	85%	78%	72%	52%	62%	90%	69%	59%
HIV can be managed with medication	84%	83%	76%	37%	63%	84%	55%	47%
Women can't get pregnant during their period	69%	52%	61%	43%	54%	83%	59%	68%
Only people with many partners need to worry about STIs	90%	90%	71%	62%	74%	93%	80%	69%
Only women get tested for STIs	85%	96%	80%	73%	82%	96%	84%	84%

● >75% correct

Figure 56 - Proportion of correct responses to sexual health questions by region of origin

Looking forward

The 2025 State of Student Healthcare Report highlights a consistent throughline across every theme: international students' experiences are shaped most profoundly by three interdependent drivers: financial security, social connection, and English proficiency. These factors influence how students prepare, how they adjust, and how successfully they navigate Australia's systems of daily life, health, and wellbeing.

While many students demonstrate resilience, optimism, and determination, their experiences are still influenced by a range of environmental, cultural, and systemic factors that shape their daily lives in Australia.

The findings underscore that even moderate challenges in cost of living, employment access, establishing local support networks, or navigating complex healthcare systems can have meaningful effects on students' health literacy, mental health, and broader sense of belonging.

This year's insights reaffirm the Australian international education sector as one with solid foundations and clear opportunities to strengthen outcomes through collective action. Across the cohort, students express confidence in their future, a willingness to seek support, and a desire to build meaningful lives in Australia.

By enhancing pre-arrival education, improving the visibility of support services, and ensuring clear, accessible pathways to care, the sector can work towards closing the gaps identified in this report. With continued collaboration and timely support, international students can be better equipped to thrive throughout their Australian journey.

We're here to help

This report was prepared by Allianz Partners Australia in partnership with research vendor, QS Quacquarelli Symonds.

It presents key findings on international students in Australia, focusing on their needs, concerns, attitudes, and behaviours related to health, wellbeing, and their overall experience living in Australia.

The information in this document is general in nature and based on information available at the time of publishing.

For any questions about this report, please contact: healthresearch@allianz-assistance.com.au

Your expertise and insights are invaluable in helping us assess the strengths of the State of Student Healthcare Report and identify opportunities for improvement.

Your feedback will assist us in refining future reports to ensure they remain impactful and relevant to the needs of your international student cohort.

To share your anonymous feedback, please scan the QR code below.