

How Structural Barriers and Cultural Expectations Shape International Students' Wellbeing: A Social Justice Analysis of International Students' Lived Experiences in Australia.

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Abstract

Mental health challenges among international students are a pressing social and public health concern in Australia. Although, these students have a significant contribution in bolstering the country's economy, their emotional well-being has been overlooked due to structural barriers and neoliberal policies. These policies often view mental well-being through an individualised and biomedical lens, which neglects the subtle impacts of structural inequities like financial precarity, racial discrimination, immigration policies, and cultural dislocation in exacerbating students' mental health challenges. The scarcity of literature that critically explores the roles of these determinants in shaping students' mental health while acknowledging their lived experiences contextualises the need for this research.

In this paper we will draw upon reflections on our lived experiences integrated with an analysis of existing literature to establish how social determinants contribute to psychological distress among international students. The critical analysis of autoethnographic vignettes and existing literature reveals students' mental distress as a deliberate consequence of policy and structural biases, rather than individual deficits. The addition of every intersecting layer of a student's identity further compounds their psychological vulnerability, which is already compromised due to limited working rights, impeded access to services, and erosion of former identity.

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In alignment with the Australian Association of Social Workers' (AASW) Code of Ethics, these reflections mandate social workers to remain committed to critiquing systemic inequities and upholding human rights values. The findings suggest the urgency of including student voices in policy formulation and service design while keeping human rights and intersectional frameworks at its core. Policy changes that facilitate subsidized and fast-tracked qualification recognition, post-study visa stability, adequate provision of support services, and extended student health coverage equivalent to Medicare benefits should be prioritized to create a fair, inclusive, and equitable society for international students.

Key Words: International Students, Stress, Mental Health, Social Determinants of Health, Social Justice

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Introduction

Shishir Bhatta (first author) is a South-Asian, married Hindu man who migrated to Australia in his early thirties as an international student, relinquishing a successful career in dental surgery; the second author (Shravankumar Guntuku) is an Indian-born social-work scholar-practitioner, former international student, and current higher- degree research student who has spent more than a decade working with culturally and linguistically diverse communities across India, England, and Australia. The third author (Neil Hall) is a senior social work academic highly experienced in the education and placement supervision of international students and committed to developing a research culture among social work students. Unless otherwise noted, analytical discussion is presented in the collective voice (“We”). Reflexive vignettes appear in the first person (“I”) and are identified by the author’s initials. This transparent positioning accords with social work ethics of reflexivity and underpins our examination of how structural determinants shape the mental health of international students.

International students have persistently chosen Australia as a preferred academic destination over any Western country, as Australia is considered to have one of the most multicultural and safe communities (Maharaj et al., 2024). These students contribute not only to cultural diversity and the workforce but also help in strengthening the economy of the country by adding a total of \$ 51.0 billion for the financial year 2023-24 (Department of Education, 2025). However, despite being an integral part of Australian society, international students often experience structural barriers and challenges such as visa uncertainty, racial discrimination, workplace exploitation, wage theft, and compulsion to pay higher academic fees while battling inflation and the cost of living. Moreover, many students are also forced into low-skilled jobs despite holding higher overseas qualifications, which are often not recognized in Australia (Kaphle et al., 2023).

Jakubowicz and Monani (2015) argue that such challenges are amplified by the narrative of international students as “cash cows” of the Australian education export industry instead of adopting a humanitarian approach that recognizes them as an integral part of the multicultural community contributing to social cohesion. When government policies and institutional

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motives focus on recruiting students for optimizing income, it can be expected for those institutions to prioritize financial interests over student well-being. This interplay further exacerbates the vulnerabilities of international students, who are already experiencing marginalization because of acculturation stress, financial hardship, social isolation, and racial discrimination.

These challenges align with many international students' experiences. Although international migration offers certain privileges, students also experience intense psychological, cultural, and professional challenges in the foreign land. In this paper we will draw upon reflections on our lived experiences integrated with an analysis of existing literature to establish how social determinants contribute to psychological distress among international students. Moreover, we will argue for the importance of resolving these challenges through solutions that are informed by human rights and structural advocacy principles, while offering practical and policy recommendations that might effectuate change.

Conceptual Framework

This paper draws on three interconnected frameworks to understand the mental health of international students: social determinants of mental health, intersectionality, and a human rights-based approach. Together, these perspectives move beyond individualized or biomedical understandings, offering a structural, justice-oriented lens on students' lived experiences.

- **Social Determinants of Mental Health**

According to Kirkbride et al. (2024), the social determinants of mental health refer to a variety of structural conditions that people come across throughout their lives, from conception to death, “which affect individual mental health outcomes and contribute to mental health disparities within and between populations” (p. 58).

In contrast, the biomedical model—the most popular intervention model for mental health issues—considers mental disorders as diseases of the brain and views mental health outcomes as heavily dependent on the efficacy of pharmaceutical drugs. Despite the dominance of medicine, Deacon (2013) questions the effectiveness of this model in achieving sustainable Bhatta, Guntuku & Hall: How Structural Barriers and Cultural Expectations Shape International Students' Wellbeing

results, critiquing its limited capacity for exploring the role of structural factors in shaping the mental health of individuals and pathologizing social issues like unemployment, low literacy, racial discrimination, trauma, and poverty (Brown et al., 2022).

Considering these discrepancies, the Australian Institute of Health and Welfare (AIHW, 2024) advocates recognizing social determinants as a complementary framework, based on the evidence that they account for 30-55% of mental health outcomes. Efforts directed toward positive exposure of social determinants across the life course could be instrumental in both improving public mental health and abating the potential risk of these disorders (Allen & Marmot, 2014).

- **Intersectionality**

Crenshaw's concept of intersectionality refers to the processes by which different individual characteristics like class, race, gender, age, (dis-)abilities, and religion overlap to shape the experiences of marginalization and disadvantage (Carbado et al., 2013). Particularly in the mental health context, intersectionality critically explores how factors contributing to mental health inequities are not solely determined by individual characteristics but are impacted by wider systemic injustices, stigma, and oppression. The broader systemic inequities that compound and exacerbate mental health experiences include racism, sexism, homophobia, classism, ageism, and (dis-)ableism (Funer, 2023).

According to Jackson et al. (2016), undermining this overlapping effect “can obscure the excess risk faced by populations at the nexus of multiple marginalized social categories” (p. 5). Therefore, an intersectional approach offers a nuanced understanding of the unique mental health needs of the service users and people(s)-in-context (Brown et al., 2022).

Braveman (2014) argues that adoption of an intersectional perspective could offer the highest possible standard of health to those who are vulnerable to poor health because of the social conditions they dwell in. Berkman et al. (2000) and Wilkinson and Marmott (2003) further elaborate this imperative to demonstrate how poorer communities have poorer health.

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While social determinants offer a structural lens, intersectionality sharpens the focus by accounting for how overlapping identities intensify vulnerability. To translate these insights into actionable change, we turn to the human rights-based approach.

- **Human Rights-based Approach**

Maker & McSherry (2023) identify equitable access to structural determinants of mental health as an issue of human rights under international human rights law. Similarly, the Australian Human Rights Commission (AHRC, 2023) envisions everyone as equal before the law and ensures a social protection “without any discrimination,” regardless of their visa status. This inclusive nature of the human rights framework is particularly relevant to international students, who are often excluded from legal protection and access to government-funded universal health care systems due to the temporary nature of visas.

Moreover, the evolving complexity of social, cultural, psychological, and financial needs impacting international students’ mental health urgently demands a framework that does not restrict itself to individual-level explanations but also critically explores the systemic conditions generating and sustaining these illnesses. The potential to respond to this urgency, coupled with its inclusive nature, as mentioned ahead, establishes the need to introduce human rights-based approaches into the mental health space, as it promotes both legal authority and transparency for addressing the social determinants of mental health (AHRC, 2025).

These insights resonate with the multiple United Nations’ mandates on collateral relationships of social determinants and human rights. Addressing the social determinants of mental health requires a human rights-based focus, and the human rights to mental health can be fully practiced only when the structural determinants are valued and integrated into practice (Hunt, 2008).

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Literature Review

Allen and Marmot (2014) have identified multiple key social determinants that influence mental health, including -but not limited to- income and social protection, education, access to healthcare, social inclusion and non-discrimination, housing, and pregnancy and maternal care. In an Australian context, the unique position of international students shapes the impact of these determinants in their lives as temporary migrants to generate unique experiences of marginalization and vulnerability (Coffey et al., 2021). This insight aligns with Anti-Oppressive Practice (Snoubar, 2017) and Critical Theory (Ahmed, 2022), which emphasize exploring and critiquing the systemic power imbalances and structural injustices of contemporary society.

Among various determinants, Pan et al. (2007), highlight the role of acculturation stress in deteriorating students' mental health. This form of stress arises during the process of integration into the host society, primarily due to the differences between an individual's cultural background, host cultures, and the conflict of values that operate in fulfilling their basic needs such as employment, education, religious beliefs, etc. A meta-analysis suggests that the greater the difference between two cultures, the higher the level of acculturation stress and mental health challenges due to raised tension between the individual and the host culture (Çimşir & Kaynakçı, 2024). Further evidence also highlights the role of academic burden, language barriers, social isolation, perceived discrimination from host society, and homesickness in escalating these stressful experiences, including depressive symptoms and loneliness (Xiong et al., 2025; Smith & Khawaja, 2011; Lee et al., 2004). In contrast, Adam et al. (2018) highlight the benefits of positive adjustment to host cultures, which can prompt self-reflection among students, motivating them to realize their own potential, identity, and limitations.

Compounding the emotional stress associated with cultural adjustment, the recent accommodation crisis and cost of living have severely impacted international students' mental health. This crisis is not just limited to the scarcity of safe and affordable housing but also includes incompatibilities with housemates and exploitation and discrimination by Bhatta, Guntuku & Hall: How Structural Barriers and Cultural Expectations Shape International Students' Wellbeing

landlords (Newtown et al., 2021). Amid upsurging accommodation prices in Australia, many students are left with no choice but to share their accommodation, including bedrooms, to minimize their cost of living. The lack of privacy and personal space for rest, recreation, and social relations in such overcrowded living conditions, ultimately deteriorates their well-being (Hassan et al., 2023). Although more affluent international students have prioritized luxury lifestyle housing to combat these challenges, differences in the lifestyle within the same cohort have raised concerns regarding the emergence of “geographies of exclusion and segregation between students and local communities and within student communities, increasing the structural differences among themselves” (Corney et al., 2024, p.3).

The education system in Asia—the continent that contributes the largest number of international students to Australia (Department of Education, 2024)—contrasts with the Australian education system. Students trained in memorization and imitation in the Asian context find it challenging to cope with the Australian education environment, which prioritizes discussion, analysis, interrogation, and reflection (Sawir, 2005). Moreover, language barriers encountered by international students have restricted their interaction with academics and domestic peers, leading to isolation, social fragmentation, and poor academic outcomes—all of which contribute to mental distress (Maharaj et al., 2024).

In addition to cultural and academic stressors, foundational challenges within the higher education system gradually undermine the mental well-being of students. The Australian Universities Accord, a comprehensive, expert-led review of the nation's higher education system, revealed systemic policy failures, including questionable institutional governance and insufficiency of university support services for specific student cohorts (O’Kane et al, 2023). The consequences of these systemic limitations on students’ mental health were profound. Similarly, the financial stress experienced by students enrolled in accredited professional degrees like Social Work, which necessitate numerous, extended, and unpaid placements, has impacted their mental health (Morley et al., 2023). This illustrates “a clear failure of institutional governance and management” (O’Kane et al., 2023, p. 131) in addressing the social determinants of students’ mental health, further exacerbating their mental health challenges.

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Although international students experience the psychological and somatic symptoms of poor mental health (Hyun et al., 2007), Corney et al. (2024) found their reluctance in seeking help because of the associated stigma, cultural barriers, poor mental health knowledge and self-limiting help-seeking attitude. In contrast, peer support and social connectedness have been evidenced as protective factors in both prevention and treatment of poor mental health. Hall et al. (2021) advocates the implementation of a bottom-to-top approach for challenging the existing barriers, with special emphasis on “open dialogues about mental health issues with communities at grass root level” (p. 21).

Despite growing evidence focused on international students’ mental health, there is a dearth of literature that examines the interplay of intersectional identities with social parameters like migration, gendered beliefs, policy obligations, sociocultural values, and financial precarity in shaping the mental well-being of mature-age students. Studies that draw upon lived experiences to critically examine the impact of identity erosion, neoliberal education policies, and structural biases on the mental health of international students are even scarcer. This gap contextualizes the need for the present research, which addresses this void by offering a rights-based, socio-structural critique of international students’ mental health that is informed by personal realities and social work theories.

Lived experiences and Reflection on roles of social determinants in causing distress

Both student authors were exposed to both modest privileges and intense emotional turmoil after their migration to Australia at a mature age. On one hand, we got access to world-class infrastructures, education, and healthcare facilities, but on the other hand, we had to abandon a successful professional career, established social recognition, and economic security. This withdrawal led to a neglect of our former professional identity. In no time after landing in a foreign land, we realized that we had already transformed from an expert or service provider to an invisible, vulnerable, and passive service recipient, which evoked an intense identity crisis.

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The identity crisis we experienced, helped us reflect on the dynamic nature of identity. In contrast to our understanding of the universality of identity- that it remains unchanged regardless of our resettlement in new communities- we realized that social identity is fluid. It is shaped by the potential of an individual to make insightful social contributions and to be validated within their socio-cultural settings. In our context, all the past accomplishments and professional recognitions that were once fundamental in shaping our identity were rendered irrelevant in the novel conditions. Therefore, in the absence of our social capital, it was obvious for us to interrogate our recognition and belonging in the host community, where our contributions were not significant and our role was invisible until that point.

Furthermore, we experienced social detachment after international relocation. This post-migration experience challenged our understanding of migration as merely a physical phenomenon involving a logistical move. We now realize how closely emotional, social, racial, and political dimensions are integrated into this process, enabling us to appreciate migration as a significant social event that reframes an individual's perception of identity and sense of belonging. Gradually, we acquired an empathetic awareness regarding the relational nature of a person's identity and increased sensitivity toward those struggling with emotional challenges of starting over in an unfamiliar sociopolitical and professional context.

In lack of identity and support networks overseas, I (Shishir) was experiencing marginalization and struggling to meet my basic needs. However, the social and familial responsibilities inherent to my positionality of being a married male and an elder son of the traditional South Asian family remained unchanged. Although I was employed in a low-paid, casual job—restricted to 24 hours per week—I still had to be the financial caretaker of my family back home as shaped by the cultural role of an elder son in a typical South Asian family (Gupta & Pillai, 2002). It increased anxiety and insecurity regarding myself and the family. However, the patriarchal upbringing I had received always inhibited me from publicizing my grief and seeking help. Patriarchy demands men to demonstrate strength and resilience in all walks of

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life, regardless of circumstances they encounter (Berke et al., 2018). For me, the constant clash between my emotional state and these ideological values, paired with a lack of support networks, resulted in a serious mental health challenge.

Upon reflecting on these personal experiences, I can deeply acknowledge the abrading roles of overlapping social determinants like immigration policies, cultural expectations, and gendered norms on my mental well-being (Alegría et al., 2017). For an individual who is already experiencing economic precarity, the addition of an overlapping layer of cultural responsibility further compounded the psychological challenges. This notion resonates with Crenshaw's concept of intersectionality, as my multiple social positions converged to generate unparalleled and escalated experiences of marginalization (Carbado et al., 2013). The impacts of marginalization manifested as emotional trauma, shame, and insufficiency for me.

This psychological upheaval was often exaggerated during times when I struggled to pay my university fees or support my family in crisis situations. However, my poor finances were not a consequence of my laziness or disengagement, but rather due to the policy constraints that restrict the working of international students to 48-hours a fortnight. Although the government claims the need for this policy to ensure visa holders' focus on their learning (Australian Trade and Investment Commission, 2023), it overlooks the financial hardships encountered by already marginalized international students like me (Wilson et al., 2022). Reflecting on this regulation, I have come to appreciate how the neoliberal policies disguised in the form of quality assurance, can limit the rights of marginalized people to procure financial stability.

The Australian Senate Select Committee on COVID-19 (2022), argues that the financial hardships faced by the students because of the biased institutionalized policies compel the students to engage in substandard, insecure, cash jobs. The persistently low income not only compromises their ability to meet their basic needs but also deters them from meeting familial responsibilities as shaped by their cultural upbringing. Hynie (2017) considers this misalignment between the familial responsibilities and systemic limitations as a potential source of insufficiency and guilt among vulnerable communities, which ultimately

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contributes to their poor mental health outcomes. Personally, my circumstances reflect the deleterious impact of governmental policies aligning with academic institutions' motives of recruiting students to optimize income. When the system treats students as *customers* rather than learners with unique psychological, cultural, and developmental needs, it is to be expected that such institutions will prioritize financial interests, thereby undermining their educational and pastoral responsibilities. This in turn increases the mental health vulnerabilities of international students.

Vignette 2 – Shravankumar Guntuku

Having arrived in Western Sydney as a married man with a decade of community-sector experience, I juggled master's study, part-time work, racism, and cultural expectations to remain the family's primary breadwinner. Despite my professional seniority, visa restrictions confined me to time-limited contracts and excluded me from leadership roles that matched my skills. The tension between career regression and paternal responsibility produced chronic anxiety, echoing the same intersection of economic precarity, gender norms, and migration policy constraints that Shishir describes.

Additionally, we realized that the constant repression of our mental anguish, fuelled by the patriarchal upbringing, facilitated the internalization of stress rather than its open admittance. The androcentric norms that associated expression with signs of weakness favoured the internalization process. This notion harmonizes with Connell's perspective of hegemonic masculinity, which measures strength through stoicism (Jewkes et al., 2015). Although our suppression and internalization of distress appeared like a stoic strategy, it was in fact a harmful and passive coping strategy shaped by our sociocultural values. This agrees with the findings by Seidler et al. (2016), which consider internalized gendered norms as a barrier to seeking mental health support for men, ultimately exacerbating their mental health challenges.

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As a social work educator supporting international students through such difficult transitions, I (Neil) can attest to the impact they have had on their studies, and their navigation of employment and social support structures. The academic load and time requirements of field placements in professional courses such as social work diminish capacity for earning and therefore heighten the experience of student poverty. The recent successful campaign in Australia that now means students will receive payment for placements only includes domestic students (Clarke, 2025). Student poverty has proven to be clearly connected to poorer mental health (Morley et al., 2023) and indeed suicidal ideation among international students around Australia.

Discussion

Although the Australian education system is globally appreciated for its inclusivity and multiculturalism, its commitment to acknowledging the social determinants of students' mental health is still questionable (Cultural Infusion, 2021). Our lived experiences serve as a testament to the former argument, as the experiences of identity crisis, societal detachment, unmet cultural expectations, financial vulnerability, and racism reflected in this paper are not merely the spillover effects of migration but rather are the deliberate impacts of biased structural and policy design (Peterie et al., 2024). The WHO (2025) further builds on this notion by emphasizing how the social determinants of health are "shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices." This recognition acknowledges the inherently political nature of resource allocation and its ultimate role in prioritizing who receives the legitimate benefits and to what extent (Liu & Zhou, 2022). In this hierarchy of priorities, international students are consistently positioned last, thus further marginalizing this already vulnerable segment of society, as presented in our account. For example, the Australian government's exclusion of international students from eligibility for paid placements showcases systemic racism and can be considered as their reluctance in addressing the wellbeing of international students who experience the same placement poverty situations as domestic students.

The bleak picture of biased policies and inequitable distribution of structural resources becomes even clearer when the unjust strategies like capped working hours (which do not

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apply to the domestic students) overlap with the cultural obligations and financial expectations of international students, thus amplifying their emotional distress as presented in both vignettes. The Australian Association of Social Workers Code of Ethics (AASW, 2020) mandates social workers to critique such structural biases by asserting professionals to “identify the system issues that create inequity and injustice” (p. 6) and work to “address systemic barriers to full recognition and participation” (p. 5) while protecting the marginalized people from oppression and abuse. This imperative resonates with Hall’s

argument (2023) of considering health inequalities as issues of both social justice and human rights. Drawing from this perspective, Bywaters (2009) formulated four principles to assist social workers in recognizing and efficiently engaging with social inequities, including disproportionate distribution of structural determinants of mental health. The principles highlight that:

1. Health inequalities are concerns of human rights and social justice.
2. The reasons for health inequalities are predominantly social.
3. Social work service users commonly share phenomena of poverty and poor health.
4. Therefore, social workers must prioritize health inequalities in all practice settings.

The amalgamation of this understanding with the rights-based perspective encourages social workers to critically explore beyond tokenistic measures that only appear to empower students rather than tackling the underlying drivers of inequity. The Office of the High Commissioner for Human Rights (2000) holds the state accountable for addressing the "underlying determinants of health" (p. 13), and AHRC (2023) further guarantees an undiscriminated access to these resources, regardless of an individual’s visa status. However, as demonstrated through our personal accounts, these rights are often denied to international students. This exclusion stems from the institutional policies that overemphasize the economic utility of students over their personal dignity. Such commodification of international students not only breaches the commitment of AASW toward human dignity and social justice but also violates the human rights principles.

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In circumstances where these rights are not ascertained, the mechanisms established by human rights-enforcing instruments hold states accountable for this failure and strive “to name and frame these issues and patterns as violations with clear legal obligations for state action” (Kenyon et al., 2018, p. 8). It compels the state to address the social determinants, or at the very least, clarify the reasons for not meeting them—which Wildeman (2013) describes as “calling down a political response” (p. 7) to grapple with social determinants of mental health. The marginalizing experience due to bureaucratic indifference and policy inaction, as borne out in our personal journey, urgently calls for such an approach in the lives of international students. Furthermore, the rights-based approach fosters community participation in formulating effective health strategies, which itself is considered an important social determinant (Maker & McSherry, 2023).

In resonance with these philosophies, the AASW Code of Ethics (2020) encourages social workers to “seek to prevent and eliminate negative discrimination and oppression against people based on personal, social, or background characteristics” (p. 12). In real-life situations, these ethical values form a moral and professional basis for recognising international students’ intersecting identities, rather than simply labelling them as *multinational consumers* of educational services and/or *Cash Cows* of Australian Universities. However, when ethical obligations are violated by the power structures themselves, Maker and McSherry (2023) recommend that professionals converge the human rights and social determinants discourses both in policy and practice, thus reinforcing the need for structural advocacy by integrating the lived experience in addressing the mental health challenges of international students.

Recommendations

On the basis of the combined frameworks applied to mental health, as exemplified in the authors lived experiences, the following recommendations are feasible.

Policy recommendations:

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Establishing a fast-track qualification recognition program by *scaling up the Department of Education's National Information Centre pilot* so that assessments for high-demand fields are completed within 8 weeks and are subsidized for student-visa holders. An evaluation report by Deloitte for the Department of Employment and Workplace Relations (2024) found that fast-track qualification assessments were completed in less than 8 days for overseas qualified nurses and other accredited courses. It also showcased an increase in wages to the applicants within 12 months of assessment.

This also boosts workforce availability in critical sectors such as health, aged care, and construction, as reported by Jobs and Skills Australia (2025). Additionally, it can be combined with structured bridging short courses or boot camps—such as Engineers Australia's 12-week professional year—to support overseas-qualified students in health and STEM fields in enhancing their opportunities in emerging markets. This would enable overseas-trained professionals living in Australia on temporary visas to contribute meaningfully to sectors such as science and manufacturing (Pham et al., 2018).

We also recommend post-study visa stability by publicly confirming the multi-year *Skills-in-Demand* visa pathway so employers view sponsorship as low-risk; Jobs and Skills Australia modelling suggests a 9% lift in skilled-graduate retention when pathways are explicit (Job and Skills, 2025).

We also recommend the universities fund specialist staff who understand overseas credentials and link students to state Skills Recognition Services instead of adding this responsibility to the teaching team, who already struggle with teaching, marking, and administrative work and are most often not aware of the overseas credentials. And recognize this as a critical step towards improving graduate outcomes for international students (Gribble et al., 2017).

Recommendations for Social-Work & Community Sector Advocacy:

Social work practitioners and community organizations play a key independent role in advocating for the rights of migrants, particularly international students who can't access services like Centrelink or Medicare to seek help and support. We recommend that these organisations build stronger evidence base and incorporate lived experience case studies.

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They should apply for grants to run fortnightly groups where senior international graduates or alumni mentor newcomers on navigating qualification recognition, normalizing help-seeking, and sharing mental health resources—thereby reducing stigma through lived experience.

We also recommend that community services, such as local or regional migration services, host at least one MSW placement student each year to run a policy clinic. The clinic would task students with collecting lived-experience evidence and briefing professional bodies (e.g., AASW, ACEN) on credential-recognition bottlenecks, in order to advocate at state and federal levels for funding mental health services that include international students.

Work with independent student unions based on universities and local cultural groups to lobby for Overseas Student Health Cover (OSHC) to match Medicare's 10 subsidized psychotherapy sessions; which otherwise would cost more premium or gap fee to be paid by the students and their family members which often they struggle with.

Implementing these measures would have mitigated Shishir's experience of identity erosion and Shravankumar's breadwinner strain, illustrating how evidence-informed, rights-based reforms translate directly into mental-health protection for international students

Conclusion

This paper addresses the critical research problem of understanding the social determinants that impact mental health of international students in Australia, with a particular focus on how restrictive policies, financial precarity, unmet cultural expectations, and identity erosion shape their experiences in a foreign land. Drawing from lived experiences and existing literature, we found that international students are often treated as multinational customers of educational services rather than learners with complex needs contributing to the diversity and social cohesion. The intersection of identity loss, immigration policies, gendered expectations and cultural values amplifies their mental health challenges. The implications of these findings are profound. They highlight the need for immediate policy reforms- including paid academic placements, fast-track and subsidised recognition of international qualifications, inclusive health coverage, and post-study visa stability- to strengthen international students' Bhatta, Guntuku & Hall: How Structural Barriers and Cultural Expectations Shape International Students' Wellbeing

mental health. Social workers have a key role in leading these ventures through structural advocacy grounded on an intersectional rights-based approach. Since these findings heavily rely on lived experiences of South Asian, matured-age male authors, the findings cannot be generalised to the diverse student population in Australia. This necessitates future empirical research to capture the intricate psychological impacts of overlapping identities and the righteousness of implementing a rights-based approach, particularly among diverse groups of international students.

Financial Declaration

The authors received no financial support for the research, authorship, and/or publication of this article.

There are no conflicts of interests.

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