



## Nursing services in student health clinics in New Zealand tertiary education institutes

### Ngā ratonga tapuhi i ngā whare haumanu ākongā i ngā whare wānanga taumata tuatoru o Aotearoa

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#### Abstract

The role of the on-campus health nurse in New Zealand tertiary institutes has evolved in recent years, especially with increased numbers of international student enrolments. Universities and polytechnics are well placed to provide accessible health care services for tertiary students, but little is known about what services are provided. The aim of this research was to find out what nursing services are available to students in health clinics in New Zealand's tertiary education institutes and how the clinics are structured. Nurses practicing in 16 of the possible 22 New Zealand tertiary education institutes with student health services were surveyed using the software tool SurveyMonkey®. Results revealed a workforce of older, experienced nurses who mostly identified as being team leaders or managers, who offered a wide range of student health services. The three services which required most nurses' time related to sexual health, mental health and health education. For international students, mental health (including anxiety and stress) and loneliness/homesickness were the most common issues. Nurses' responses to questions about changes frequently included the words "more" and "increased", indicating the growing demand pressures on nurses working in tertiary student health clinics. Sexual and mental health

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#### Ngā Ariā Matua

Kua rerekē haere te mahi o te tapuhi hōpuni whare wānanga i ngā whare wānanga taumata tuatoru i Aotearoa i ēnei tau tata, otirā nā te pikinga o ngā tāngata tomo mai i tāwāhi kua tino rerekē. He rawe te āhei o ngā whare wānanga me ngā kura takiura ki te hora ratonga hauora wātea ki ngā ākongā taumata tuatoru, engari he iti noa iho te mōhio ki ngā momo ratonga e horaina ana. Te whāinga ia o te rangahau he kimi he aha ngā momo ratonga tapuhi e wātea ana ki ngā ākongā i ngā whare haumanu i ngā whare wānanga taumata tuatoru o Aotearoa, he pēhea hoki te hanga o ngā whare haumanu nei. I uia ētahi tapuhi e mahi ana i ngā whare wānanga taumata tuatoru 16 o Aotearoa o te 22 ka taea, e mahi ana i roto i ngā ratonga hauora ākongā, nā te whakamahi i te taputapu pūmanawa e kīa nei ko SurveyMonkey®. E ai ki ngā hua i puta, he kāhui mahi pakeke tonu, tautōhito tonu i reira, ko te nuinga i kī he kaihautū, he kaiwhakahaere rātou, e hora ana i te matahuhua o ngā ratonga hauora ākongā. Ko ngā ratonga i tino arongia, i pau hoki te tāima nui, ko ērā e pā ana ki te hauora taihemahema, te hauora hinengaro me te akoranga hauora. Mō ngā ākongā ā-ao, ko ngā raruraru i auau tonu te puta ake ko te hauora hinengaro (ko te āwangawanga me te kōhukihuki tētahi wāhanga) me te mokemoke/kōingo ki te wā kāinga. I roto i ngā whakautu a ngā tapuhi ki ngā pātai mō ngā huringa i ēnei tau, i puta tonu ngā kupu 'nui atu', 'kua piki ake' hoki, hei waitohu ēnei i te pikinga ake o ngā tono ki ngā



were the most time-consuming issues dealt with by the nurses, with few differences reported between domestic and international students.

tapuhi e mahi ana i ngā whare haumanu ākonga mātauranga tuatoru. Ko te hauora taihemahema, hinengaro ngā raruraru tino whakapau wā i mahia e ngā tapuhi, ā, he iti noa te rerekētanga o te pānga o ēnei ki ngā ākonga o te motu nei, o tāwāhi hoki.

## Keywords / Ngā kupu matua

Nursing / mahi tapuhi, student health clinics / whare haumanu ākonga, tertiary students / ākonga mātauranga tuatoru, sexual health / hauora taihemahema, mental health / hauora hinengaro, international students / ākonga ā-ao

## Introduction

There is anecdotal evidence to suggest that the role of the on-campus health nurse in New Zealand tertiary education institutes has evolved over the past several years. Demographic changes in the student body have contributed to this, including the increased number of students from other countries who are enrolled as international students. As a percentage of overall student numbers in tertiary study in New Zealand, international students have risen from 8.3% in 2007 to 15% in 2017 (Ministry of Education, 2019).

Using an on-line psychometric survey of 1082 New Zealand tertiary education students, Richards (2008) found that New Zealand students showed greater levels of worry, stress and social anxiety compared with their American counterparts. New Zealand students may be at increased risk of physical health problems, stress-related syndromes and emotional dysfunctions. In addition to their negative impact on quality of life, these problems are also associated with impaired academic performance and poorer educational outcomes (Richards, 2008).

There is very little research into the health of students, their health needs and what national and regional services are in place to specifically meet those needs. Universities and polytechnics have a statutory and ethical duty to support student health and well-being (New Zealand Qualifications

Authority, 2016) and are well positioned to provide accessible health care services, particularly with regard to health prevention, promotion and protection. There are regular national campaigns for specific health promotion, such as those related to alcohol use, smoking, mental health, influenza vaccinations, healthy eating, diabetes, various cancers and accident prevention, but it is unknown how well these campaigns are aligned with health provisions for tertiary students. Common themes in the literature related to this population group focus on alcohol or substance use and mental health, particularly anxiety and depression (Batten & Dutton, 2011; Brown, Munro & Cass, 2017; Dennhardt & Murphy, 2013; Kypri et al., 2009; Leahy et al., 2010; Richards, 2008; Samaranayake, Arroll, & Fernando, 2014; Towl, 2004; Tustin, 2010; Wong, Cheung, Chan, Ma, & Tang, 2006). In a recent study of 917 nursing students' access to health promotion services in New Zealand tertiary education institutes, Walker (2019) found that 86% felt they had access to student health services but only 59% of first year students had accessed those services. Further, she found that as nursing students progressed through their programme, they became more knowledgeable of their own needs and more confident to advise others on health promotion issues, particularly with regard to anxiety and stress, mental health problems, drug or alcohol concerns and sexual health.



A 2014 search of the internet websites of 27 recognised tertiary education providers in New Zealand showed that 22 of them provided student health services but they ranged considerably in the scope of services advertised. For example, the Southern Institute of Technology listed the services of one nurse, while the website of the University of Otago advertised a team of health professionals with “approximately 50 staff, comprising nurses, general practitioners, counsellors, psychiatrists and administrative staff” (University of Otago, n.d.). The aim of this research was to find out what health services were available in New Zealand’s tertiary education student health clinics by surveying the nurses within the clinics. It focused on the demographics of the nursing workforce in this setting, how the clinics were structured and what services were provided. Some comparisons between the demands of domestic and international students were noted.

### Method

Sixteen practicing nurses were surveyed for the research, representing 16 separate tertiary institutions throughout New Zealand from a possible 22 known to provide student health care services. A total of 27 institutes were identified as providing tertiary education in New Zealand but five did not offer student health services. The key areas of the survey described the nursing workforce and nursing roles, organisation and funding of the clinics, health services offered and areas for change. One institute was involved in the development and piloting of the survey. The remaining 21 were targeted for the survey from which 16 nurses responded, representing a response rate of 76%.

The nurses were identified and initial contact with the student health clinics was made via information provided on their institute’s website. One nurse from each student health clinic was invited to

participate. This number allowed for the possibility that clinics had minimal nursing staff, and that one nurse could capably represent the services provided by her/his clinic.

The nurses who consented to participate in the research were sent an internet link for the online platform SurveyMonkey® to anonymously complete the survey. The survey was designed to ascertain workforce data, details related to clinical operations, and key issues nurses faced in their practice providing health care to their student populations. It contained both closed and open-ended questions requesting written responses. The survey link was held open for one month in late 2014.

### Ethics

Approval for the research was granted by a New Zealand tertiary education institution’s research ethics and approval committee (Ref. 27/14).

### Results

#### Description of the workforce

Results showed that the workforce in tertiary student health clinics was comprised of mainly older nurses, with the majority (n=12) of respondents aged over 50 years, including three who were over 60 years. None were younger than 30 years. All were registered nurses and female. Fourteen were New Zealand European, one identified as Māori and another as British.

Seven of the nurses surveyed had been employed as a registered nurse for over 20 years, mainly working full time. A further five had been employed for over 20 years working part time meaning that, in total, twelve of those surveyed had been practicing nurses for 20 or more years. The majority (n=11) had been employed in their current role in tertiary student health for ten years or less, indicating they had moved into this role later in their careers.



## Clinic organisation

Part of the survey aimed to determine the structure of the student health clinics regarding the composition of doctors and nurses, the roles of the nurses and the number of nurses employed. This included asking the nurses to indicate how their clinic was led. The majority (n=9) indicated that their clinic was nurse-led, which is described by Marshall, Floyd and Forrest (2011) as being “a holistic, patient-focused clinic run by registered nurses in primary health care settings, particularly general practice, Hauora and community providers” (p. 289). No respondents described their student health clinic as being entirely doctor-led, although seven referred to the running of their clinic as jointly managed, with both doctors and nurses sharing the role.

The number of registered nurses employed in each student health clinic ranged from one to eight, mainly reflecting the various sizes of the tertiary institutes throughout the country and therefore their student health operations. Most (n=12), however, employed one to four registered nurses, and one clinic employed an enrolled nurse in addition to registered nurses.

## Nursing roles

In an attempt to determine if there was some form of national consistency in the nursing roles and functions across New Zealand student health clinics, the nurses were asked to describe their current role. Most responded with their official title which showed a wide variety of roles and levels of responsibility. They mainly described themselves as being in team leadership or management roles, using the terms manager, nurse manager, practice manager, health centre manager and nurse team leader; or as practice nurses identified with titles such as triage/practice nurse, senior practice nurse, primary health care nurse, occupational health nurse and student health nurse. One described herself as

a “practice nurse for half my week and [specialty therapist] for the other half”. Other descriptions included “running the drop-in clinic for students” and “the sole charge nurse here.”

Eleven of the 16 nurses reported that their previous nursing experience had been as a practice nurse and a range of other previous roles given including in settings outside of hospitals, such as prisons, rest homes and midwifery.

## Health services offered

Establishing what health services are offered in the New Zealand tertiary student health clinics was one of the main aims of the research. The survey asked respondents to tick any of 12 given service options that were applicable to their clinic. An ‘other’ option was also available. All 16 respondents reported their clinic offered 10 of the 12 given options, as shown in Table 1. Pregnancy services were offered by 15 of the clinics surveyed and 14 offered vaccination services.

A range of ‘other’ primary health care services were provided by 12 respondents and are listed in Table 2.

**Table 1: Services offered**

General health and well being	16
Mental health	16
Sexual health	16
Weight management	16
Dietary advice	16
Referrals to other healthcare providers	16
Injury and accident advice/treatment	16
Substance use/misuse	16
Smoking cessation	16
Counselling	16
Pregnancy services	15
Vaccinations	14



**Table 2: List of 'other' services offered by 12 of the clinics**

All aspects of health	Health screening for nursing students
Asthma clinics	Hearing and vision testing
Cervical smears/screening	Māori and Pasifika liaison
Complete women's health checks	Phlebotomy
Counselling	Physiotherapy
Dermatology	Standing orders, such as for urinary tract infections
General practitioner service, some including minor surgery	Stress reduction work
Early pregnancy assessment and referral service for termination of pregnancy	Relaxation therapies, such as healing touch, massage and guided imagery
Energy therapies for anxiety and depression	Travel medicine
Family planning and contraception	Vitamin B12 injections
Health promotion/health promotion events	

Respondents were asked to indicate what three main health services took up most of their time. Figure 1 shows those listed most frequently.

The three services which demanded most nurses' time were all strongly related to health promotion. This was also a theme indicated in other parts of the survey. One nurse reported that her clinic was under resourced and stated:

*Ideally, we would have time allowed for health promotion if the budget allowed.*

In response to a question asking what changes nurses would make in their clinic if they could, another nurse commented:

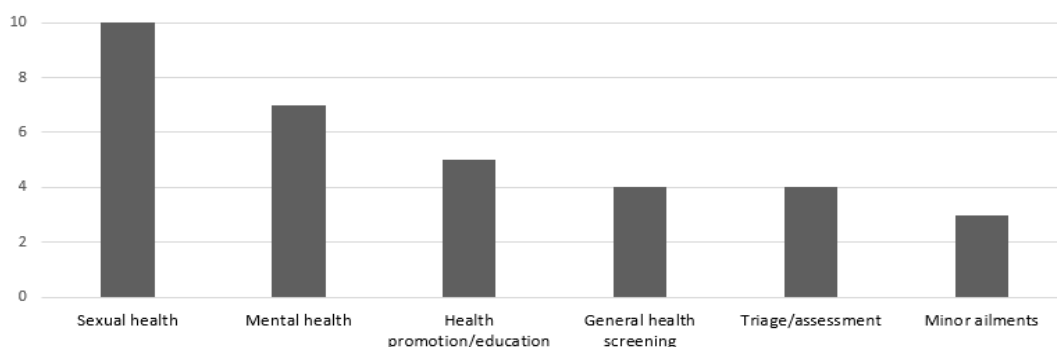
*An allowance of time for health promotion and education. Currently this is being offered, but often at the expense of the nurse left to do the clinical duties.*

One nurse reported on changes she had already seen in the services at her clinic that allowed more time "doing health education" across the campus.

### International and domestic students

Ten of the respondents reported an increase in international students at their tertiary institute over the last 10 years, three reported a decrease and one said there had been no change in that time. They were asked about the impact, if any, that

**Figure 1: Services identified by the registered nurses as requiring most nursing**





increased numbers of international students had had on their student health services. The responses showed a variety of issues amounting to a broader scope and complexity of needs that international students presented with at the clinics. A selection of the nurses' comments specifically relating to international students are as follows:

*Consults take longer due to language barrier and cultural complexities.*

*Increase in number of students but no more support.*

*A lot of international students have problems with loneliness and pressure from home to succeed so increased demand on counselling services.*

*A lot more revisits to explain the requirements by DHB (district health board) and institution.*

*International students present with minor illness or injuries as don't want to pay.*

*Easier access for students, since insurance claims made easier.*

*30% of consultations are for international students with medical conditions requiring on-going care (e.g. insulin dependent diabetes), not covered by medical insurance because pre-existing.*

*More nursing hours required to pre-screen patients' serologies, or refer them to laboratories if no screening, and to follow up of positive Mantoux or QuantiFERON-TB gold assay tests.*

*The need to liaise closer with infectious/communicable diseases specialists and public health services.*

Nurses were asked to identify the three main issues that international and domestic students presented with and were most demanding of their nursing time. Table 3 shows issues that two or more nurses identified. Mental health issues, including stress

and anxiety, were most commonly reported for international students, followed by loneliness and homesickness, and then a wide range of other issues.

Sexual health and mental health issues were the most commonly stated reasons for domestic students using nurses' time at the clinics, cited by 13 and 10 nurses respectively, with a narrow range of

**Table 3: Most common issues dealt with by nurses for students**

Issue	International students	Domestic students
Mental health (including anxiety and stress)	7	10
Loneliness/homesickness	6	
Adjustment to/coping with cultural differences (including language barriers)	4	
General health/medical/illness	4	6
Sexual health	4	13
Dietary issues	2	
Injury (including cuts/burns)	2	
Minor illness (incl. requests for medication for minor ailments)	2	2

other presenting issues. For international students, mental health issues were similarly considered a common reason for presentation requiring nurses' time, though this group were reported to present less often with sexual health issues.

### Recent changes to health services

An open-ended question was asked of the nurses: "During the time that you have been in your current role, what changes, if any, have you seen in the services your student health clinic provides?" Responses to this question were varied, but the word "more" or "increased" emerged as extremely common. Mental health was frequently cited, for





example: “more mental health service provision” and “increased demand for mental health care”; “more mental health services, including free counselling, and more hours from brief intervention coordinators”. Nursing hours had increased, along with other services including “more sexual health services” and “more cervical and sexual health screening”; “more lifestyle and weight management nurse-led clinics”; “more health education across the institution” and more diagnostic testing, such as blood tests.

Several respondents also described the increased use of standing orders, such as for urinary tract infection and chlamydia, and “increased competence” and “confidence” to use those standing orders:

*Nurses have specialty training in many clinical areas so standing orders are now used a lot more, meaning nurses can see more clients instead of the doctor.*

One nurse described that with more nurse contact hours and an increase in the available nurses they had created “more robust standing orders”.

Additionally, respondents commented on developing their role, such as mental health and addiction

credentialling through Te Ao Maramatanga (New Zealand College of Mental Health Nurses), and how disability services are “enhanced with increased awareness, promotion, networking and funding”. It seemed that the major changes amongst these clinics amounted to increased demand on student health services as well as clinics providing a wider range of services. Alongside this, the nurses also reported frustrations hampering their ability to satisfactorily meet the increased demand. In answer to a question asking about the main challenges they faced providing health services to tertiary students, the nurses’ comments included:

*We now have to charge [a fee for service] and find it hard to find time for that contact time, so we are not having the success we used to have.*

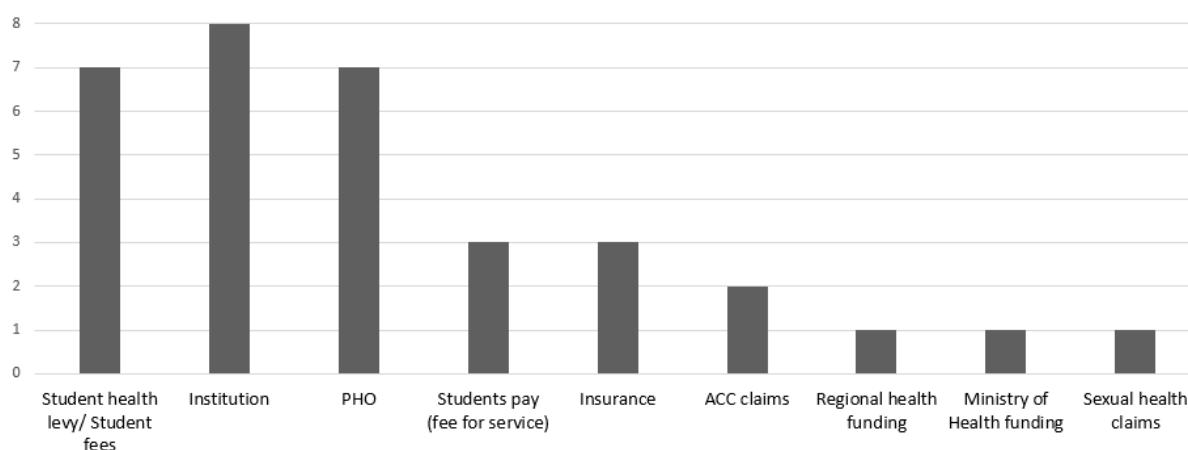
*Sadly, a reduction of doctors’ hours/availability (from 3 full days to 2 half days).*

*New non-medical managers not understanding or supporting nurses/medical staff.*

## Funding

The nurses were asked to indicate how their student health clinic was funded. Figure 2 shows they were mostly funded by the host institute, followed by student fees, student levies and primary health organisations (PHOs).

Figure 2: Funding sources of the tertiary education health clinics surveyed (n = 16)





Impediments to better services, however, related to funding. When asked what would be required to make the sort of changes the nurses would like to see in their clinics, responses included: “Funding clinic space”; “Funding and management support”; “Money! And the university to recognise the need”; and “Institution/PHO providing more resource”.

Other comments included:

*Cost and access is a big barrier to students having better health care... Dental care would be the biggest need, we don't have many affordable options to refer students on to.*

*They are a specific group that require extra funding available due to the complexities of their health needs. This needs to be better recognised at a central level. We would have better outcomes especially in the field of mental health.*

There were obvious disparities in the way that the surveyed clinics were funded. Some had multiple funding sources while others were exclusively funded by one source such as the institute itself. When the surveyed nurses were asked about the changes they would like to make in their clinic, the most common responses related to funding, with the majority wanting to increase their staffing resources, including more nurses, doctors and social workers. Better premises and equipment, and free consultations for students were also suggested. There were also differences across the institutes regarding student payments. Some clinics had reduced fees for domestic students enrolled with a primary health organisation (PHO) or with a Community Services Card, while international students were required to pay for services and advised to claim from their health insurance companies. One respondent reported that “many students are enrolled with local general practitioners, so this has its problems”. Another reported that “recognition in mainstream health care” would be required for changes to occur. This, and closer liaison with other service providers

such as general practices, would benefit both the student health clinics and the wider community. The nurses who responded to the survey were asked to comment on their clinic’s strengths. Most commonly they saw the free and accessible service provided to students and staff as being a strength of their service. This was followed by positive comments related to their colleagues who were described as being “motivated”, “caring”, “friendly”, “knowledgeable”, having a good understanding of the student population, being student focussed and “awesome”.

### Discussion

Overall these results have highlighted interesting aspects of this unique area of nursing. They show that the nursing workforce in tertiary student health clinics is consistent with other areas of nursing in New Zealand, being female dominated and older. The results indicate that health services provided to tertiary students are diverse and challenging. The most common challenge was keeping the costs of services low for their student population. Other challenges included high student numbers, nurses finding it difficult to cover the multiple campuses of some institutes, inadequate resources including insufficient staff, and lack of time. Allan et al. (2010) report student health clinics in New Zealand and Australia experience workforce shortages, an ageing population (of both patients and the health workforce), increasing ill health and demand for health services. A further challenge is that the tertiary education sector in New Zealand is comprised of both domestic and international students.

The increased number of international students to 15% of the total student body (Ministry of Education, 2019) in New Zealand tertiary education institutes seems to have resulted in more complex demands on student health services including longer consultation times mostly due to language barriers





and cultural complexities. The most common health issues that nurses deal with regarding this group are mental health, homesickness, and coping with and adjusting to cultural differences (including language), general health needs and sexual health. One nurse commented on international students who presented with “attention seeking” behaviour which she attributed to loneliness. This comment highlights the significance of the issue of loneliness and homesickness for international students, and perhaps the additional challenges nurses experience managing such presentations. While loneliness and homesickness were not explicitly identified as an issue for domestic students, this group were identified as most commonly presenting with mental and sexual health issues. It is evident that for both domestic and international students, the nurses identified that mental health issues were common presentations which required their nursing time.

Mental health issues amongst New Zealand tertiary education students are not unique or new in this population. Wong et al. (2006) stated that “[t]he high prevalence of depression, anxiety and stress symptoms in the first year of college life is alarming” (p. 777). The vulnerability of first year students was also reflected in Walker’s (2019) survey. Researchers in Britain, America and Hong Kong all reported the significant increase in demand for psychological services for tertiary students (Richards, 2008) and Leahy et al. (2010) suggested that “[h]igh distress levels may be a phenomenon spread across the tertiary student body” (p. 613). This is partially due to the nature of the academic endeavour, the changing culture of universities (Leahy et al., 2010) and the known use of drugs and alcohol and their associations with risk taking behaviour, including risky sexual behaviour, mental health problems and suicide ideation (Batten & Dutton, 2011; Dennhardt & Murphy, 2013; Kypri et al., 2009; Samaranayake et al., 2014; Towl, 2004).

Allan et al. (2010) found that challenges in the university environment included finding effective

ways to educate students whilst incorporating high quality care for them as health consumers. Despite the New Zealand Tertiary Education Strategy (Ministry of Education and Ministry of Business, Innovation and Employment, 2014) specifying the need to support student achievement as a priority, there is no recognition of the contribution health services can make to achieve the best possible outcomes for students. Further, the strategy states that growing international linkages and “support[ing] the sector to double the total value of international education to \$5 billion by 2025” (p. 19) is a priority. The International Student Wellbeing Strategy (Ministry of Education, 2017) includes a health and wellbeing outcome, stating “international students are aware of and can access effective healthcare that is culturally appropriate” (p. 7). Meanwhile, although the nurses in tertiary student health clinics offered comments expressing their passion, commitment and enthusiasm for their roles, they also indicated they were struggling to deal with increasing demands.

### Limitations

This was a small survey of just 16 registered nurses from 16 tertiary education health clinics in New Zealand. A key limitation is that the information about the clinics and the services they provide was reported solely by the nurses within the organisations who responded to the survey. The survey did not quantify the services nor include the perspectives of student recipients. The descriptive data provided as comments from the respondents gives insight only into the type and range of health services offered.

### Conclusion

This research reports on the first survey of registered nurses working in student health clinics in New Zealand tertiary education institutes, in what is a somewhat ‘hidden’ and isolated site of nursing practice. Respondents represented 16 of a possible 22 tertiary institutes with student health clinics



that existed in New Zealand in 2014. The survey revealed that a diverse range of healthcare services are provided by the registered nurses working in the clinics and that demand for services has increased, creating pressure on the workforce. Mental health and sexual health issues were identified as common presentations requiring considerable demands on nursing time. The nurses reported that the growing number of international students created additional demands on their time, and often presented with homesickness and loneliness. The results suggest a

need for policy review to consider the workload and associated pressures on health services within the tertiary education sector as well as the professional development needs of nurses working within it. This is especially important considering the prevalence and seriousness of mental health issues amongst the student body. Further research is needed, particularly concerning the healthcare needs and services delivered to international students.

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