International Institute of Social Studies

Understanding the Relationship between Mental Wellness and Queer International Studenthood at the International Institute of Social Studies

by:

John Matthew Ang

MASTER OF ARTS IN DEVELOPMENT STUDIES

Major:

SPD

Proposed Supervisor: Roy Huijsmans

Proposed Second Reader: Irene Van Staveren

The Hague, The Netherlands
May 2022

Understanding the Relationship between Mental Wellness and Queer International Studenthood at the International Institute of Social Studies

Keywords

"Academia is not only a space of research but a space for reflection and healing."

- Study participant speaking on their experience as a queer student at the ISS

"Kind, slow, consensual, and embodied"

- Alex Iantaffi (Gender Trauma 2021, p.190)

Acknowledgements

Table of Contents

One. Introduction

As a queer international student, I have encountered difficulties in my process of transitioning from my queer and student identity back in the Philippines to my queer, student, and migrant identities in the Netherlands. Being queer, a migrant, and a student carries with them their own implications and relationships with mental wellbeing. What this paper seeks to do is understand how queer international students experience their mental wellbeing within the International Institute of Social Studies (ISS), a Dutch Higher Educational Institution specialising in the field of Development Studies. Moreover, the paper highlights experiences which the ISS should look into as a way of helping queer international students' transition from their homes to the Netherlands much less difficult and consequently, less stressful and psychologically taxing. While the paper is contextualised within the ISS, the experience of queer international studenthood is much broader so this paper is in no way an absolute sample or claims to represent an entire group of people completely and effectively.

Transition here refers to a process of migration, studenthood, and encountering new self-identities as students move to the Netherlands for their studies at the ISS. These processes of encountering new self-identities through migration and studenthood require support and this support is something participants have brought up as sorely lacking from the institution at many levels. Through a series of key informant interviews, I set out to understand and formulate a possible framework that institutions with queer international students can utilize so they are supported in this transitory phase. The ISS is a good subject for this study because of its history as an internationally oriented higher educational institution, attracting a large variety of students both queer and otherwise from a multitude of racial, class, caste, (dis)ability, indigeneity, and migration background. While this paper engages with normative understandings of mental health, psychiatry, and studenthood, it does not promote these as a standard but rather, as a means of understanding the issue from a systemic perspective. The goal is also to bring to light mental health crises as a symptom of social inequality and social trauma. By engaging with a queer international studenthood framework, the paper seeks to identify key policy areas which may better inform institutional wellbeing care systems to systematically address mental wellbeing. More than anything, it is my wish as a researcher that this paper will be used to deconstruct and reform healthcare systems as biopsychosocial systems and not just as an exercise of medical or clinical health driven by empiricism and physicality as an expression of positive wellbeing.

A brief summary of the next few chapters follows. Chapter two delineates on key concepts such as mental wellbeing, studenthood, the neoliberalisation of higher educational institutions, migrancy as a student (or international studenthood), queerness as part of a larger gender construct, and the specific social and historical location of the International Institute of Social Studies (ISS). Chapter two contains refutations or critiques some of these positions from a decolonial perspective. Chapter three introduces the methods and chosen methodology for this paper. These include research positionality, the construction of a framework and of the problem, a brief description of the participants, and the ethics behind the research. Chapter four focuses on the presentation and analysis of data including some key insights which discuss how the ISS' can improve on its mental health structures for queer students. It also tackles how the ISS could shift away from performative allyship towards solidarity and more inclusive policies for queer communities.

The themes covered in this paper can be triggering to some people. Please remember to take care of yourself while reading by noticing different sensations in your body and make sure you are able to practice some degree of mindfulness. If you are able to manage your discomfort, please use this as an opportunity to reflect on your own positionality within this study. Are you part of the LGBTQIA+ community and have experienced these for yourself? Are you an ally, an accomplice, or someone questioning your identity? Are you reenabling these systems? How? Where do they come from? Do you wish to do something about

these systems or are you satisfied with status quo? Answering these, amongst many other questions, will be the greatest space for learning.

Delineating my positionality

Crafting a positionality statement has been extremely difficult because of the layers of interest and how my own worldview distinctly shapes the lenses I use to analyse the situation of persons like myself. After talking to friends, colleagues, and professors, I realised that the most effective way of understanding my positionality in this research is by coming as cleanly as possible and narrating specifically how this shaped my research outcomes.

Firstly, I am queer. My queerness informed the topic and the type of participant because of my own proximity to mental health as a result of my queerness. Growing up in a highly conservative Catholic society with nearly zero protections against queer persons, I questioned the validity of my life on multiple occasions because I was told constantly that being gay is a sin, that gay people would go straight to hell, and that I had to be more masculine so other people would not think of me as gay. I saw how queer people were perceived in the Philippines as a plague, as a source of entertainment, but not as people who deserved care and happiness. I was, at one point, convinced that I was bisexual but that I needed to be straightened out by a therapist. Going through these experiences, exploring my sexuality, and unlearning these violent beliefs led me to realise that I was not the problem in this social equation but rather, it was (and still is) the exclusionary narrative that colonizers, Christianity, and Capitalism used to justify hatred and violence. Writing this paper has been extremely difficult not just because of the topic's triggering nature but also because of my own history with queerphobia, both as a perpetrator and as a victim.

Secondly, I have been diagnosed with depression and anxiety. Much of my own anxiety in writing this section comes down to how people have historically weaponised mental distress and mental diagnoses as a form of exclusion. What I mean here is that generally, societies have historically discarded or dehumanised persons with mental diagnoses because they do not 'act' and 'contribute' to society normatively. However, I also believe that while my diagnoses do not encapsulate my entire identity, it has given me one way to access my experience with my suicidality, sadness, fear, and even my own motivations for wanting to contribute to the world in a positive manner. It has given me an identity to connect with other people and their experiences with their depression and anxiety. My diagnoses have, in a way, directed me to understand how mental unwellness is reproduced in a social environment, where societies act as whole bodies and where illnesses are reproduced through systemic injustice and exclusion. Throughout this process, I have come to realise that even in this process of creating an academic identity which is palatable to normative and capitalist institutions, I should take rest, take space for myself, my emotions, and my needs. That even as I work to contribute to social justice through knowledge, I have a responsibility to my body, spirit, and mind to care for myself and consequently care for others too.

Thirdly, as a student researcher who is deeply involved in activism within the ISS (which will be discussed briefly in Chapter 3), I had a difficult time balancing out perspectives and putting up criticism to help qualify this paper as academic. I then realised that this is an opportunity for me to fully embrace my queer and student activist identities. While it is true that I have a biased account and lens coming into this research, I also believe that it does not discount the data and experiences that I have collected and analysed from both students and staff. If anything, this identity is a justification to use academia and knowledge as a tool for activism, as a way to oppose hegemonic power structures and to enact changes at the level of the ISS for future generations of ISS students and more broadly, to internationally-positioned higher educational institutions similar to the ISS. Moreover, advocating for equality led me to become the current head of the ISS Sexual Diversity Committee and participating heavily in efforts to make the ISS a safer space. This position has given me an extensive insight towards the ISS' internal systems of equality, diversity, and inclusion including its flaws and how it, unintentionally or otherwise, reproduces different

forms of inequality across intersectional lines. A large portion of my own research is driven by my ties to my queer community here in the ISS including the experiences of my friends, how they were discriminated on the basis of their gender and sexuality, and how these experiences triggered them.

Reflecting on my own positionality in this research has been one of the most difficult tasks because I feel too deeply connected to the issues being studied and yet am forced to distance myself for my own safety. I hope that despite these difficulties and entanglements, the paper maintains a clear message of accountability that the ISS needs to acknowledge if they wish to make the institution a truly inclusive and egalitarian space and where students do not just have an opportunity to learn but to heal from historical, colonial, and social scars.

Two. 3-in-1 Identities

Justification and relevance of this research

The problem of mental health is a real one, but so deeply invisible. Tucci and Moukaddam (2017) state that an estimated 350 million people from all over the world suffer from depression and have called it a worldwide epidemic. COVID-19 has not helped, disconnecting millions of people from access to mental care while also causing pandemic anxiety (WHO Mental Health Team, 2021). In The Netherlands, the *Centraal Bureau voor de Statistiek* (CBS; Dutch Central Bureau for Statistics) reported that 15% of the general population experienced some form of mental unwellness in 2021 (CBS 2021). This is compared to a pre-COVID average of around 10-11.5% from 2000-2020. Amongst younger populations aged 12-24, young women are suffering at much higher rates (nearly 25% in 2021 compared to 15% in 2019; and compared to 11.8% for young men in 2021; [CBS 2021](#)). Of course, recognizing that men are less likely to report mental unwellness should also be taken into consideration but otherwise, these numbers are still a three-year high. Unfortunately, there are no official statistics covering the mental health of other gender-based categories and while the current general statistics are already alarming, vulnerable groups such as poorer income households, racialized, and gendered minorities experience different forms of mental unwellness at rates higher than white, straight, and middle-income Dutch households.

Beyond the prevalence rates, the theories, and the criticisms, the most apparent problem is something personal to me. As a queer, diagnosed, East/Southeast Asian person studying in the Netherlands, I am the subject of my own study. I am part of the statistical number, part of the group that experiences stigmatization and discrimination, and partaking in international studenthood though left nearly voiceless in decision-making spaces for my own good. I have felt (and still do occasionally feel) the pain of existence, a self-disdain for my queerness, and the impossibility of living up to the expectations that I was set up to achieve because of my identity. When I was an undergraduate, students and friends, queer or otherwise, have constantly expressed their own pain struggling with their mental health. A few acquaintances, friends, students, people that I have come to care for in different ways and made meaningful moments with, have contemplated and attempted suicide. Theirs is a pain I cannot forget because I have been in the same contemplative space, to be more afraid of living than dying, to feel so exhausted with my own existence; theirs is a pain I know and wonder about constantly.

Positionality within literature

Situating this paper within the literature, it is still primarily a Development Studies paper as it studies gaps within a system (in this case, between the university and its students). Moreover, it should not be used as a reference for the effectiveness of certain psychological theories or therapies. While I am using mental health as a term used to refer to a state of acceptable mental functioning for the purposes of this paper, I refuse to normalize mental health in its current hegemonic paradigm. I believe that all forms of health and wellbeing can exist pluriversally. This means that there is an acknowledgement, respect, and inclusion of indigenous, 'alternative', and non-Eurocentric health and wellbeing paradigms. Further, as this paper is intended to be used as a basis for a policy proposal in the ISS, an institution generally located within a Western hegemonic educational paradigm, I believe that it would be most useful to utilize terminology and to engage with the institution at that level. This is similar to Molyneux's (1985, as cited in Ferree, M.M. & Mueller, C.M., 2004) practical and strategic gender needs. While originally formulated to help women's emancipation, we can adapt the same framework to engage with the institution because of the gendered nature of the issue. In essence, practical gender needs are those that are immediate and typically existential such as health, safety, security, and economic needs. Strategic gender needs typically

refer to policies and movements which shift the overall position of gender minorities within a larger system.

This paper is relevant in tackling issues surrounding international education, inquiries into studenthood, and queer student mental wellbeing. Researching into this topic has been difficult because of the lack of literature regarding queer international student mental wellbeing. By doing this research, I am actively contributing to this field of knowledge and helping shift policies especially as the education sector becomes increasingly globalized. Furthermore, I believe that I am addressing a practical gender need for queer students, especially those attending foreign institutions or who are attending institutions which generally subscribe to a paradigm of Western and Eurocentric knowledge.

Key Concepts of the Study

There are three major themes uncovered in this paper namely: (1) international studenthood, (2) queerness, and (3) stress and trauma. In this section, I attempt to expound and engage with the major debates surrounding these identities. After that, I take on the difficult task of crossing these identities, allowing each to speak to the other, and to find a bounded common experience.

What is Studenthood?

Studenthood can contain within it specific experiences that are generally seen as part of being a 'student'. It is not the mere designation of student which qualifies studenthood. Crothers (2018, p.71), describing Kiwi studenthood says, "(Studenthood is) …the transitional period during which they obtain learning, credentials and perhaps life-shaping experiences in a space between secondary school and career-relevant work," and, describes it is a "life-time status as they dip back into education from time to time to keep their knowledge updated or to improve their credentials." Crothers (2018, p.72) further notes that as universities have neoliberalised, so has studenthood; this implies that more and more funding is sourced from varied, generally more private means for both the institutions and their students. Of course, studenthood is not monolithic either. Crothers (2018, p.73) cites Elsworthy's (1990) paper on the spectrum of identities students can maintain from reproducing and partaking in traditional bourgeois culture to what is called 'radically extreme fringe youth culture.' Notable within studenthood is a graded process of decoupling with the family which affects identity reformation and social integration (Baker 2006). Moreover, engaging with Elsworthy's study, we find that studenthood is also a way for societies to reproduce inequalities by partaking in and self-sorting through traditional roles. Whether this reproduction is a product of universities actions (or lack thereof) is debatable, but one thing is clear: universities act as microcosms of the societies they are situated in.

Baker's (2006) article talks about how student and professorial relationships are now characterizable by the plurality of roles that these educators occupy to students including roles as mentors, as forms of emotional guidance, and as adults that students can or attempt to emulate. In Park's (2004 as cited in Baker, 2006) words, educators also play a role in the emotional literacy and much broader personal development of the student. Studenthood is described as a point of very many changes, where students are thrusted into a new environment, tasked to face a plethora of personal, social, and academic requirements. However, from Baker's use of a psychodynamic perspective, they also understand studenthood as the process of being introduced and responding to 'novel signals, demands, and meanings' of this new space and phase of life. Therefore, problems and forms of help (within the context of relationships) are seen as indicators of change and growth (Baker 2006).

Finally, while growth is crucial, it is also a difficult experience and requires these relationships (between students, staff, and educators) to act as new anchors in this space of new and uncomfortable

growth. The anchors function as a reference for students to model their behaviour around. However, it is also important to understand that this relationship between students, staff, educators, and even administrators are multilateral and multidirectional. In many ways, students directly and indirectly influence university outcomes as part of the experience of studenthood; a representation of how new generations of academics clash with older, more established figures.

Authors Pötschulat, Moran, and Jones (2021) have taken a more critical understanding of studenthood, simultaneously accepting positions of studenthood as 'performed' and actively shaped by universities as part of enhancing a 'student experience'. Based on their analysis of studenthood discourses by universities, they argue that this is driven primarily by universities seeking to become the ideal choice in the neoliberal marketisation of education. In describing what they call 'experience economies', Pötschulat, Moran, and Jones (2021) state that, "It is now possible to 'buy' an experience, whether a holiday, beauty treatment or adventure-event, where the emphasis is less on the activity than on the pure intensity of being and sense of immediacy and authenticity that accompanies it," and that it is along these lines that 'student experience' gains the ability to be commodified and become a product of competition requiring updates, refinements, advertising, marketing, and consumption.

This aligns cleanly with Crothers' (2018, p.75) assertion that 'students were cast as rational consumers of education resources and as investors in their own futures.' It is apparent here that education, once seen as a public good and a necessary component of egalitarian politics, becomes a resource to be consumed, a means of reproducing the labour force. Within the neoliberal paradigm, it is crucial to understand that the means of accessing education becomes the differentiating factor. While it is a public good which values the overall reproduction of society and its labour force, it determinedly becomes a private good because it becomes a commodity for private consumption and recreates private benefit. In other words, the neoliberalisation of higher educational institutions has allowed greater wealth to those who have always had comfortable access to it while simultaneously draining positive egalitarianising effects from the greater public which are culturally attributed with education as a public good.

Moreover, experiences of studenthood are not monolithic and there are gradients to which individuals can participate in studenthood. Crothers (2018) explains throughout their text that studenthood in New Zealand imports many neoliberal rationalities focusing on consumption of what is normatively seen as the student experience yet not everyone participates in the same capacity. An example of this would be moving out of the family house into a shared flat or a school dormitory; the decoupling with the family house is seen as part of studenthood and is sold as a student experience by universities advertising their living spaces. However, not everyone who goes to university is able to or willingly partakes in this setup. A good number of university students stay with their family because of financial or pragmatic matters such as the proximity of the house to the university, an inaccessible housing market, or a close emotional bond with the family that these students do not want to risk changing by moving into dormitory spaces, essentially becoming a separate household.

What is mental health?

Mental health refers to the emotional, psychological, and social wellbeing of persons (Centers for Disease Control and Prevention 2021). Undergoing mental health issues can be extremely difficult and, at times, mortally consequential (ibid). Forms of mental unwellness vary based on the strength, longevity, and causes of mental health issues (ibid). This definition is contestable though as we will see further down the line but briefly, mental health is currently part of a colonial system of determining health in individuals and is disproportionately baselined by white straight male bodies especially in the medical field (Iantaffi 2021, p.160). In fact, the use of the term mental health, while positive in that it makes visible a previously unrecognized aspect of our overall wellbeing (in other words including it in our definition of 'health') also implies that it is something that is fixable within a healthcare paradigm. This process of subsumption

systematically excludes non-white, non-western, and indigenous forms of care for mental wellbeing (Iantaffi 2021, p. 145).

Understanding mental health is complex because on one hand, there is a normative framework that we use to determine what counts as a mentally 'well' versus 'unwell' person. The American Psychological Association (APA) produces the Diagnostic and Statistical Manual of Mental Disorders (DSM; now on its fifth edition) which is used worldwide as a refence for the symptoms and treatments for mental illness. The DSM here represents a hegemonic understanding of what constitutes mental health and mental unwellness which are driven primarily by the narrative of a predominantly white, wealthy, and educated audience. Critiques of this mental health paradigm are rife and stem all the way back to the 60s and 70s. Foucault, in 'Madness and Civilisation', took issue with the problematisation of madness as an expression of a hegemonic power-knowledge paradigm and criticised how identifying people as mad was also a means of keeping normative ideologies buoyant (Fullagar 2018, p.39). Moreover, Iantaffi (2021, pp. 35-37) mentions that the rise of psychiatry as a scientific and medical field has contributed to the stigmatization of queer individuals. For example, homosexuality was considered a mental disorder by the APA during the first three editions of the DSM. While this diagnosis was consequently removed in future iterations, there are remnants of these ideas in other diagnoses such as gender dysphoria or body dysmorphic disorder (both extremely important for trans-identifying individuals). Briefly studying through history, Iantaffi (2021, p.36) mentions that these diagnoses are fruits of a scientific system that require a baseline; a baseline that near-exclusively took only white, straight, male bodies and has only recently begun to include black, brown, non-cisnormative bodies. What is a baseline but an averaging of variables and what happens when bodies are excluded from this baseline? The declaration that non-baseline bodies are 'unnatural' or 'abnormal'. Harding (2005, p.219) puts it aptly that current forms of empiricism are forms of 'bad science', primarily dominated by androcentric values which displace the experiences of the 'incalculable' within empirical epistemological frameworks used most dominantly in the fields of Science, Technology, Engineering, and Medicine (STEM).
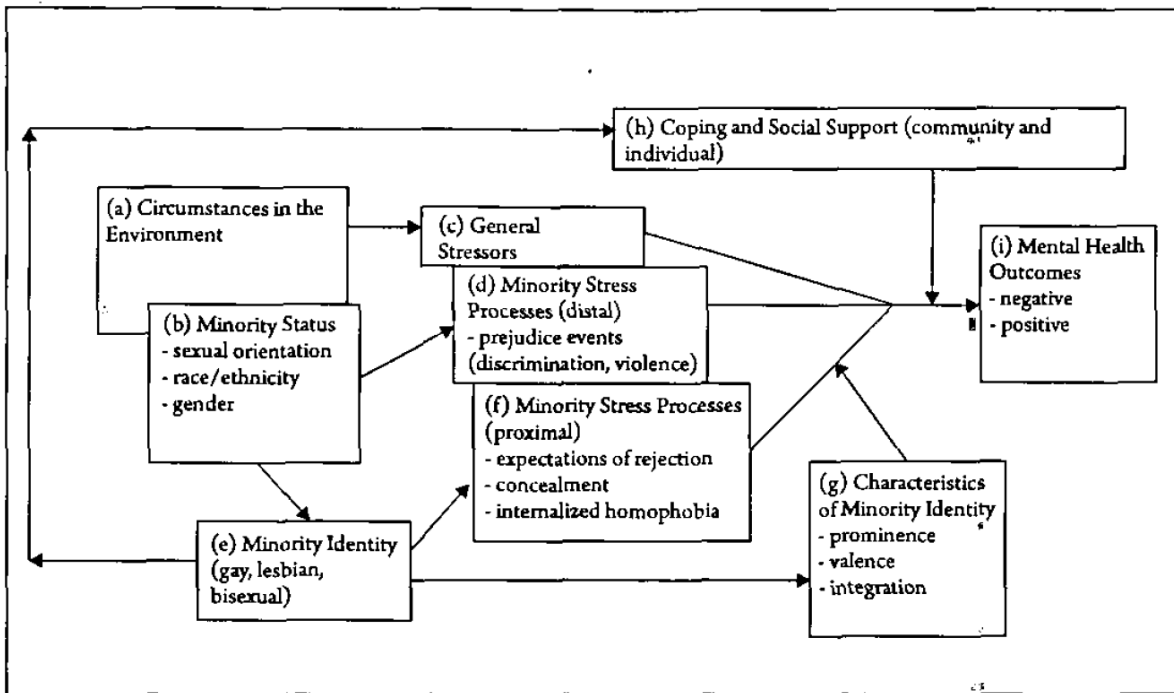
Minority Stress

Figure 1. Minority Stress Theory found in Meyer, 2003

Minority Stress Theory (Meyer 2003, p.253; modelled above) is conceptual model derived from General Stress Theory. Minority stress essentially states that microaggressions at a systemic, interpersonal,

and intrapersonal level induce stress and this deeply affects mental health states of individuals in sexual minority groups. It may not come in large adverse events but rather, an accumulation of stress due to microaggressions and systemic discrimination which lead to depression and anxiety. This theory, in its current form, is limited to Lesbian, Gay, and Bisexual (LGB) populations. Moreover, minority stress is different from the adverse life events model because they typically trickle through in smaller increments such as acts of anti-gay violence, verbal violence, and other forms of heterosexism. The model also talks about how the mental health of minorities are affected from both diagnostic standards and the notches below that (such as counselling or less clinical modes of therapy). Social wellbeing, 'the fit between individuals and their social worlds,' is also an important facet of understanding minority stress especially within specific socialized contexts like a university's. While the theorists argue that this only happens to sexual minorities, minority stress can also be adapted across a more intersectional lens including internalized self-racism, internalized classism, internalized misogyny, and other experiences that reproduce inequality.

Trauma

In Bessel van der Kolk's (2015) book The Body Keeps Score: Brain, Mind, and Body in the Healing of Trauma, he talks about how trauma severely alters the ability of survivors to function especially in close social relationships such as those with partners, family, and friends. Trauma, he says, can happen at any point in time in one's life and the psychophysiology of a person typically finds a way to protect or prevent the person from reexperiencing trauma. The perpetuation of trauma is extensive, from families which repeat intergenerational trauma to societies becoming systemically violating sources of this trauma. Queer students are unfortunately receivers of family and socialized trauma as it is very likely that queerness was not a welcome phenomenon or openly welcomed and made accessible to queer persons at a young age. This entrenches many mechanisms which range from substance abuse and clinging on to unhealthy relationships to self-harm and suicidal ideation. Periods of extremely high stress, such as those experienced by students within a university setting or being introduced to a new and highly diverse environment, can also become triggering and have long-term negative effects. The unfortunate thing about trauma is that the longer it is left unchecked and the response left unchallenged, the more habitual it becomes, and the more likely it is to repeat these same self-preserving behaviours at the expense of healthy relationships with the self, family, friends, and others (van der Kolk 2014).

Gender and Queerness

Before diving into highly debated concepts of queerness, we must first tackle gender. In *Gender Trouble*, Butler (2011, p.78-79) engages contemporary debates in feminism prompting us to reshape our view of gender as a rigid binary, as an essential, sex-based, and natural outcome of our societies. Is gender socially constructed? What about relational? Are we free to choose our genders or is it something predetermined for us through biology, culture, and status? Unfortunately, there are no answers to these questions. Adding another dimension, Maria Lugones, in her seminal work *The Coloniality of Gender* (2010, p.743), talks about how gender is also a colonial construct used by colonizers, present and past, control over non-white, non-European bodies. Lugones (2010) raises how the imposition of gender binaries is a method which allows colonizers to categorize and exercise power over colonized bodies and uses it as a justification to commit violence against the latter's bodies.

Being LGBTQIA+ is complex and the inter- and intra-identification process is exacerbated by how society is shaped so fiercely around declared biologies (male or female) and the expressions that these biologies must take (gendered roles, traditional family values, men as dominant and women as submissive). In their book, Iantaffi (2021, p.21) says, "Gender is a large biopsychosocial construct, which includes aspects of identity, expression, role, and experience." This means that gender is influenced by biological, psychological, and social characteristics, understanding that gender is not independently or exclusively formed by one area.

The community is a highly intersectional space. LGBTQIA+ is not a single category that can be homogenized because of the sheer differences in experience that sub-sections within the community experience. As well, not all people who identify within this group are supportive of other identities within this group. Within the LGBTQIA+ movement, traditionally, gay men have progressed to a point where they are able to gain partnership and marriage rights and are less stigmatized than other groups. However, these are typically only found within Western countries and most easily accessible to white gay male couples when accounting for social class. Other queer identities such as trans, bi, lesbian, and intersex to name a few are not as attended to whether politically or socially. There is no such thing as universal support for the rights of 'othered' queer identities. The passage of a law that guarantees gay rights to work, for example, does not necessarily translate into trans persons rights to work.

The Coloniality of Gender

Maria Lugones (2007, p.743) writes that under the colonial European gender framework, non-white persons are located across a spectrum of human to non-humanness and degrees of separation are prescribed by their distance from the white man. "The male being perfection and the female the inversion and deformation of the male," (Lugones 2010, p. 744). We can draw from these statements that non-straight people are also found in that spectrum, albeit closer to the female and so, are part of the inversion and deformation group. Furthermore, Lugones (2010, p.743) writes that these colonial gender categories are primarily used in capitalist and neoliberal rationalities which violently erase the humanity behind these assigned labels. Further, the forced assimilation of these gender categories across the globe means that Gender, in its most hegemonic form, is a white, western, cismale, classed, ableist, and Christian construct (Iantaffi 2021, p.24). The process of forced assimilation means that knowledge and non-normative understandings of gender have also been lost, mistranslated, or misconstrued through time. While this is not central to this paper, it is important to note that an alternative outlook to gender is possible and may be better at understanding the gendered experiences of some persons over others.

Considering the multiplicity of experiences that students at the ISS have and with many coming from non-European and non-Western backgrounds, an understanding of the coloniality of gender provides a space for participants to engage with their own concepts of gender and as a means of accessing another, possibly more emancipating perspective on their gendered conditions of existence.

Universities as microcosms of society

Universities are, in many ways, a microcosm of the greater society it is located within. As an institution that moulds, inculcates, and to an extent, even defines 'civility', universities are important pathways for society to recreate itself (Collini 2012, p.28). However, this idea is not monolithic. There are historical nuances such as how universities represent spaces of colonial knowledge production and a site of violent epistemicide (Icaza 2021 as quoted by Haringsma 2021). There is also a class angle to it such that university education is seen as elitist or only really accessible for the wealthy (Collini 2012, p.29). Further, there is also the neoliberalisation and marketisation of universities. This is most evident in the shift in the way universities advertise themselves not primarily as academic spaces but as spaces of personal development and where students engage with peers, professors, and other community members to create a network for future success (Crothers 2018) Moreover, the focus on many universities now is achieving higher rankings on assessments from organizations like Times Higher Education and Quacquarelli Symonds which do not just focus on educational quality but also research output, student employability, and research impact. However, universities can also function as spaces of emancipation. As will be discussed in the data analysis chapter, the production of knowledge focused on the emancipation of genders and sexualities is a way for institutions like the ISS to help queer communities reclaim space lost to patriarchal institutions. While I am also reckoning with this idea, institutes like the ISS are willing to provide a space for queer knowledge so despite the grand obsession with education as a form of capitalist

labour reproduction, that is not to say that other higher educational institutes located within capitalist societies do not refute and challenge these producer-like tendencies themselves.

Bringing it together

Student populations are particularly susceptible to forms of mental unwellness because they are typically at a time in their lives where they are forming identities, navigating and renegotiating power, learning new forms of communication and queuing, attempting to fulfil expectations, studying, socializing, and renegotiating relationships with family, friends, and communities (Baker 2006). This process is highly stressful and can cause forms of mental unwellness such as burnout, depression, anxiety, and panic attacks. The combination of the neoliberalisation of universities and international studenthood, the induced historical and gendered trauma from queerness, and the stress that comes from essential student activities like studying for exams, participating in organisations, and re/socialising means that queer students are under heavy pressure to perform roles while also actively keeping at bay stress-induced trauma responses.

Through a gender trauma framework, this paper seeks to identify the ways in which students directly engage with mental health care at the ISS, how the institution discourses queer identities and how these play into their mental health systems, how students respond to and retaliate against these systems (and the lack thereof), and how the institution can improve their mental health policy especially for queer students.

The International Institute of Social Studies

The International Institute of Social Studies (linked to website), established in 1952 as an English-language school, is a Dutch higher educational research and teaching institution located in The Hague. As part of their post-colonial project, the Dutch government and Dutch universities sought to instruct civil servants primarily from the Global South in the field of development and policy. In the 1970s, a larger and more international crowd began to attend the ISS. It was also during this time that attending students came from more varied non-public administration backgrounds.

The ISS engages with issues of gender, sexuality, and intersectionality. They offer courses on Gender at Work in Development, Feminist Perspectives, Gender, and Development, and a Gender and Sexuality as lenses for policy. Gender is also covered under the general program for the Making of Development, a core course that is taken by all students at the ISS. The ISS also offers a specialisation on Women and Gender studies for MA students. These course and specialisation offerings academically and even socially position the institute as a space to engage with gender-based issues and is also likely to attract students who are interested in this field. Unfortunately, academic engagement only positions the institute in a certain fashion. It is not enough to protect students from acts of gender-based violence. These issues also intersect with identities of race, sexuality, caste, class, indigeneity, (dis)ability, and trauma given the ISS' mostly non-white, non-Dutch student population.

One staff informant described the establishment of the Welfare Office, one of if not the first of its kind in a Dutch university, whose goal was to assist students in school and community-related matters. During the 1990s, the ISS underwent a restructuring that removed the in-house psychologist from the payroll and by 2009, the ISS was fully subsumed by Erasmus University Rotterdam. The ISS negotiated a state of *sui generis* meaning they have a degree of independence from EUR. However, the ISS is required to adhere to EUR policies which one staff informant has described as, "…policies which were much more flawed and… much less elaborate."

In 2017, the Sexual Diversity Committee was established by former MA students as part of SCHOLAS, the official representative body of ISS students (ISS Scholas, 2020). On the SCHOLAS webpage, the Gender and Sexual Diversity Committees are involved in the promotion of gender and sexuality issues within the university and in raising student awareness on ISS diversity and harassment policies. In February 2022, an article written by Sukmana (Erasmus Magazine 2022) reported on a student-

led protest against the ISS management's lack of oversight and accountability regarding harassment procedures as well as the mishandling of a case of sexual harassment which forced the rector, Inge Hutter, to sign a series of demands including a mandatory course on consent and unwanted behaviour for future students, an audit of the institute's harassment procedures, and an added layer of accountability when issues regarding service provision arise. These events are important as they contributed to my own understanding of how the institution has attempted but ultimately failed to assist students especially on the basis of mental health and gender-based violence.

Mental Health Systems within the ISS

The mental health system of the ISS is a relatively straightforward affair. If a student is undergoing mental duress and wish to seek help, they typically have two formal options to choose from. The Peer Counselling Team, currently in hiatus, is traditionally comprised of two MA students, two PhD researchers, and three staff members whom students can turn to when they need advice about their situation. They also provide confidential advisory services. Currently, the fate of the peer counselling team is unclear due to a restructuring currently ongoing at the ISS in handling cases of abuse, harassment, and discrimination. It is important to note that positions here are fully voluntary and are not remunerated for MA students. However, one informant mentioned that employed staff are eligible to clock working hours in when they do counselling work and that can be counted as part of their working hours. There is also work insecurity under Erasmus' contracting agency, EURFlex. One informant mentioned that there are members of the counselling team who are employed under EURFlex and have been paid for their working hours through limited working contracts. The same staff informant mentioned that when contracted under EURFlex, counselling team members are paid per hour, but the length of the contract varies and is typically limited to eight hours of work per week. As well, contracts may not be renewed consistently, hiring the same staff member to perform the same kind of work this season and not the next.

The second option is to approach either the psychologists in EUR or the certified in-house psychologists, Katarina and Rita, who have in-person working hours at the ISS building two days a week. Katarina was hired back in 2020 (though the ISS and Katarina have shared a working relationship for about 10 years by then) while Rita was hired in 2022 and both hirings were responses from the ISS to address mental health concerns during COVID (Katarina) and after students protested and demanded for changes to ISS' mental health systems in early 2022 (Rita). Katarina functions as a freelance psychologist to MA students primarily but is also available for other members of the ISS community. For four hours each per week, Katarina and Rita are present at the ISS campus meaning that the community has access to eight hours of psychological assistance per week. In the fourth chapter, concerns regarding the availability and even the effectiveness of this option arise from both student and staff informants. Informant 1, in an email, mentioned that ISS students may also go to EUR psychologists, but they typically only do intakes and immediately refer students to external clinics. This can be a barrier for students especially those who need insurance coverage. Note that the paper does not specifically tackle the quality of care being provided by these psychologists. Rather, it tackles the issues surrounding access and effectiveness within a larger, stress-reproducing system. This is important to distinguish because the study focuses on the social aspects of health and wellbeing versus the quality of practise by doctors. As well, the paper is positioned to understand the health and wellbeing of ISS students from a more holistic community perspective including preventative and promotive care instead of reactive care provisioning typically attributed to hospitals, clinics, and the field of medicine. In other words, it is positioned to understand how to prevent issues from arising instead of treatment for a presenting health and wellness issue.

The third option is to seek psychological assistance from outside the university and while this will not be tackled in the paper, I think that being briefed on the inaccessibility of this option for non-local and non-EU students will help illuminate the critical role that the ISS plays as a buffer between students and the larger healthcare system of the Netherlands. First, students are required to register with a local General Practitioner (GP) who typically addresses health concerns that are deemed unspecialized. There are instances where GP clinics are at maximum capacity and no longer accept patients. In this case,

students must seek clinical care at other practices but may also be rejected if they do not belong to the area where the GP in question practices. After gaining access to a GP, the student must set a doctor's appointment through a call, email, or on an online booking facility. Available appointment dates are typically available at least a week to as far as three months after if the GP is extremely busy with other patients. During the appointment, the GP will assess whether the student's condition is fit for a specialist appointment. This means that the GP has discretion over whether the student can access a psychologist as part of their healthcare plan. If all goes according to plan, the student will be given a clinician's note which states that you are in need of psychiatric assistance. The student will then be given a list of practitioners or have to look up some practitioners in the area where the student must essentially apply for a slot to receive outpatient mental care. If, for example, the student does not receive a note from the GP, then the student will have to find help elsewhere or to approach a practice but must pay out of pocket. One positive change is the incorporation of mental healthcare into the ISS' insurance plan for students which now covers up to eight sessions versus a previous iteration which contained none, likely as a response to the previous batch's high number of mental health complaints during COVID though this was never confirmed. Informant 1 noted that most universities opt for the same insurance company but the ISS chose the highest tier they offered and added that students are eligible for nine sessions after a GP referral but if therapy needs to be extended, they are requested to formulate a 'treatment plan' together with their care provider. Unfortunately, while there are options, these are large hurdles and take up a large amount of time in conjunction with academic, social, familial, fiscal, and other facets of life that international students attend to.

Research objectives and question

The objective of conducting this research is to understand the mental health experiences of queer international students at the ISS, the barriers to access, and the struggles that students encounter which add to their experiences of mental unwellness.

Main Question: What are the gaps between queer students' mental health needs and the mental health provisions of the university? Can these gaps be bridged and if so, how?

Sub-questions

1) What is queer international studenthood?
2) What are the barriers for LGBTQIA+ students in accessing mental healthcare within the university setting?
3) Why do queer international students experience mental health issues within a university setting?
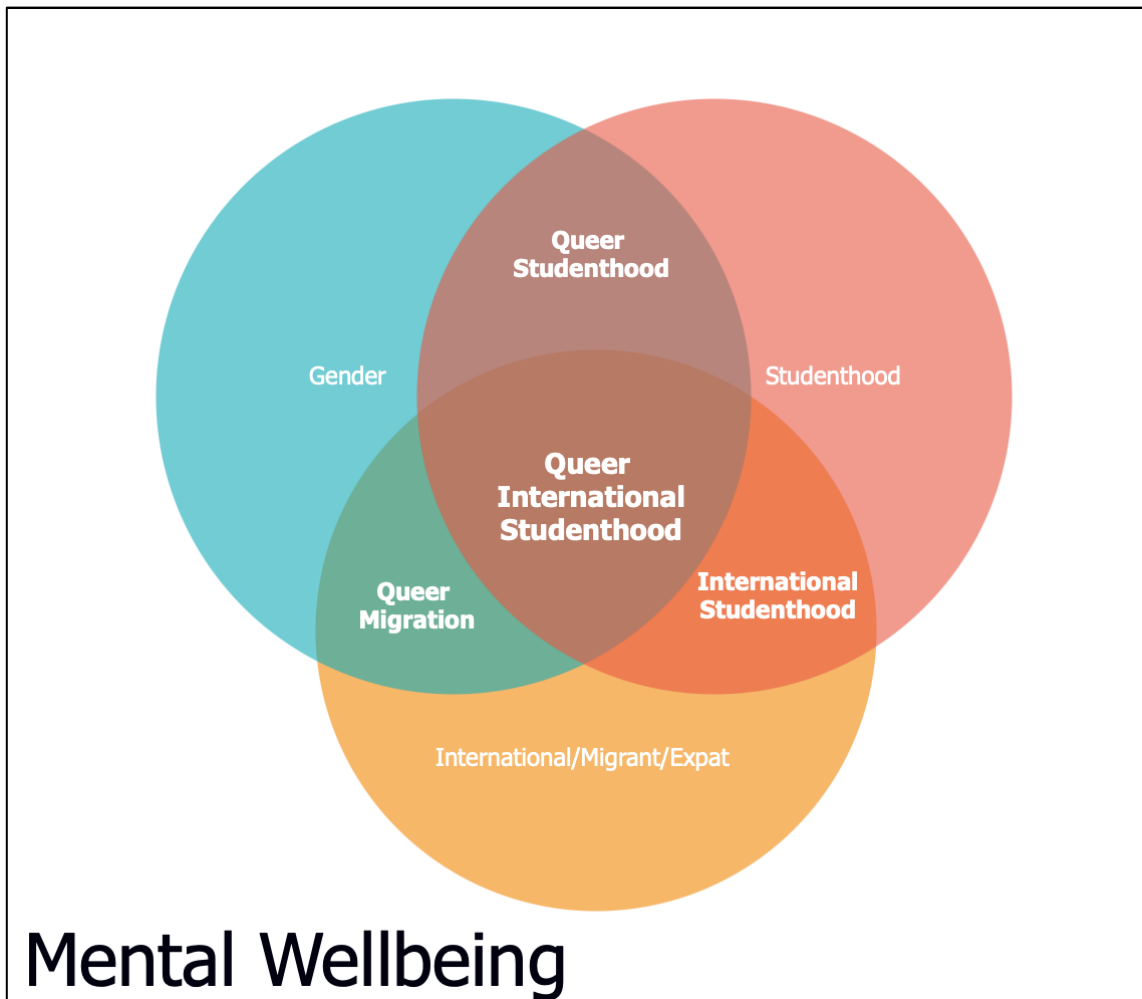
Three. Methods, Data Collection, and Framework

Figure 2. Queer International Studenthood and Mental Wellbeing.

Framework

For this study, I am using a framework (Figure 2) that focuses on the experiences of queer international students with their mental wellbeing. The different identities here have already been laid out in the previous chapter. This framework was developed using the data collected from the study and prior research done in the literature. In this figure, mental wellbeing is an encompassing experience which affects and is affected by gender, migrant, and studenthood identities. However, the nexus of all three Venn circles is the point of interest of this study. In this study, I am looking at the relationship between mental wellbeing and queer international studenthood and how the unique social location of being queer, migrant, and student affects mental wellbeing. While I am proposing a more general framework, this can also be applied directly to the case of Queer international students at the ISS. All of the Venn circle's core categories found in Chapter 2 (Gender, Studenthood, International/Migrant/Expat) have an independent relationship with mental wellbeing. Each relationship is unique and a mixture of these identities also provides a particular experience within their mental wellbeing.

This framework is a result of trying to understand how these different identities (queerness, migrancy, studenthood) intersect, how they interact with one another, how they form and inform 'queer international studenthood', and how these identities, connected with mental wellbeing, amalgamate. Grounded theory, described as "generating a theory through the analysis of data" (O'Leary 2017), supports the formation of a Queer International Studenthood framework. Grounded theory is, in simpler terms,

allowing the data to tell the story and extrapolating from that experience (O'Leary 2017). This framework came about because I realized that each identity maintains its own relationship with mental wellbeing where they mutually affect one another. I also realized that while I could focus on the relationship between queer international students and their institutions, the best and most valuable form of this type of research is to amplify and help legitimise these voices as a way of pursuing better representation for themselves. Hence, my role as a researcher is to also act as a conduit for advancing queer migrant students' interests within higher educational institutions.

Key Informant Interviews

Key informant interviews were used to collect data from staff and students. All of the students are international students. Staff informants are a mix of internationals and locals. Interviews lasted between forty-five minutes to an hour and a half depending on the kinds of answers that key informants gave.

I decided to divide key informants into two categories: staff and students. Staff here refers to anyone who is a member of the administration in some capacity. This includes administrators, academics, and members of other offices at the ISS. Students here refer to students who have recently studied at the ISS or are currently studying at the ISS for their Master's degree. The purpose of mixing former and current ISS students was to understand how the ISS shifted their behaviour respective to mental health. I opted to utilise open-ended key informant interviews because I wanted to focus on the specific experiences of students' interactions and the staff's own longer-term experiences with the ISS. This is supported by O'Leary (2017) who said that qualitative methods such as interviews helps the researcher and readers "gain an intimate understanding of people, places, cultures, and situations through rich engagement and even immersion in the reality being studied." One thing to note is that while participants may be speaking about an experience in a specific fashion, they may not truly feel that way. Harper (2011) talks about how participants may say one thing but not believe in it or speak about an experience positively but other forms of communication like body language may feel otherwise. Throughout the interviews, I tried to assure the participants that they have the space to speak as freely and as openly as they wished as the data would be heavily anonymised. Another way I tried to make sure the space was comfortable was to let the participants choose the location for the interview. I indicated in my correspondence to them that they should ideally choose a location that is quiet enough and where they feel comfortable enough to talk. All of the student participants ended up doing the interviews from their homes while staff participants chose their offices. One student participant had their interview done via Zoom because they were no longer in the Netherlands while one staff participant also did their interview via Zoom due to time constraints.

Collection Process

Data was collected from the end of August 2022 until mid-October 2022. I had initially designed the study to include larger Focus Group Discussions whose participants may volunteer for one-on-one interviews. However, upon putting up a call for participants in our ISS MA WhatsApp group (169 members) and the Sexual Diversity WhatsApp group (32 members), there seemed to be a preference for one-on-one interviews, with only two participants signing up for FGDs and one-on-ones. Initially, 4 out of 7 signups were for the latter type of data collection. However, upon contacting the four participants, two had decided not to participate in the FGD. As well, a few participants I was in contact with shared that they could only do one-on-one interviews because of the sensitive nature of the topic which intersects mental health and queerness. I had anticipated this happening because of these identities being extremely sensitive and historically being used to justify violence which is why it was not difficult to adapt exclusively to one-on-one interviews.

While sign-ups were open, the demographic profile of participants was already a limiting factor. Reflecting on the sample that I have collected, I realized that those who signed up also had their own adverse experiences with the ISS whether through the counselling team or to management directly. This

likely also influenced the information channelled into the study. However, in defence of these viewpoints, I believe that dissenting voices are necessary. As the ISS holds power over students, it is imperative that student voices are amplified, helping students by creating a space for dialogue and action.

I conducted eight interviews comprised of four students and four staff. Students who joined the study signed up via the provided online form where I disclosed my positionality and research and explained briefly the purpose of the study. The form asked for essential details related to the study and to what extent they wanted to participate in the study. For members of the staff, I initially contacted them via email. Staff members were chosen based on their administrative roles within the ISS and this was also extended to academic staff who were identified based on their proximity to the topic at hand. All interviews were recorded with the verbal consent of participants. I will detail this in the next section.

Ethics

Mental health, queerness, and international student hood are all identities which carry large amounts of vulnerability. As established in section II of this paper, queerness and mental health have been historically used to marginalize, de-humanize, revoke rights and agency, or even remove dignity from those who have identified or been identified, by choice or otherwise, as mentally unwell or queer. This is also likely to explain the difficulty that I had in finding informants for this study. Furthermore, because the nature of the study is located within the International Institute of social studies and will be critical towards it, queer international students from the ISS may have opted out of participating altogether because of the fear that it might influence the outcomes of their degree should there be any data leaks on my end. To ensure that the data cannot be freely accessed by anyone within Erasmus, the data was stored on a secure non-Erasmus cloud server with a personal profile and two-factor authentication. This document has also been encrypted with a password and is stored on the same cloud server as the data.

For each interview conducted, verbal consent (that is, audio recorded consent) was collected during the interview. I opted to use verbal consent since I felt that signing a form would not be as conducive to the interview's relatively informal and open setup. Supplementary rights which the participant may claim were also explicitly stated. Specifically, the right to rescind from the study, their right to choose how they would participate in the study, the right to contact me within the context of this study, and their near-absolute anonymity within the study. While most participants were comfortable with these conditions, one participant opted to have a relatively closer identifier, referred here as a 'Queer Muslim', because they believed that these identities could not be separated. While security is part of the study, participants also have agency in which ways they choose to represent themselves in this project.

The data was first recorded and then transcribed through audio transcription software. After cleaning the data, these were uploaded into Atlas.ti where I then collected data points according to themes depending on whether they were referring to identity formation (queer-related, migration-related, studenthood-related, and mental health-related identities), policies and programming in the institute, traumatization or retriggering within the institute or the community, representation of queerness and mental health, and potential spaces for better policies and for healing.

Questions

Questions for student interviewees focused on their experiences with mental health prior to their arrival at the ISS and more recent experiences with mental health during their duration of study at the institute. Various themes have emerged from the data collection process and upon closer examination, I found that many observations of lacklustre policies and feelings of dissatisfaction were similar across staff and student informants. While I attempted to formulate questions along more crossed identities such as mental wellness as part of their queer identity or vice versa, I realized that it would be difficult for

informants to speak about their experiences. During the first two interviews, I asked questions along the lines of mental health and queerness. Unfortunately, the participants were having a difficult time recalling these experiences which cross both their mental health and queer experiences. For the remainder of the interviews, I opted to separate these experiences as a way to make the questions more accessible to the interviewees. I also think that this was the right move because it allowed the interviewees to go deeper into their histories, especially their experiences with queer and mental health identities.

Initially I was having difficulty choosing how to present my data between categorizing these by themes or through another framework which I had formulated for this study. Each would have different implications on the type of conclusion I would have. To briefly explain, I think that the categorizing of experiences by theme would be more useful for determining policies because they focus on the more tangible and expected ideas that policy could cover. On the other hand, the framework which I formulated would focus more on understanding the experiences of queer international student hood by formulating a way to connect these different identities to each other and how they result in an overall experience of the student. To me, these choices sound similar to the debates on practical and strategic gender needs from Maxine Molyneux. The question I ask myself now is this: "Should I focus on addressing issues of representation or do I present the data in a way that promotes an active shift within Erasmus' mental wellbeing policies?". But as I thought about it, I realized that these themes can better inform the way that the data passes through the analysis framework. I will now present the thematic areas and corresponding experiences which I will then analyse through a Queer International Studenthood lens.

Participants

I interviewed four student informants and four staff informants. Informants with alphabetical designations are part of the student cohort while those with numerical designations are part of the staff cohort. Due to the sensitive nature of the thesis, I told participants that by default, the characterization of participants will be left as anonymous as possible unless it is crucial to the work. Moreover, participants were given a chance to clarify their positions in the analysis portion of the paper through personal exchanges asking them if the ideas and quotes being used have been interpreted in a capacity they feel is comfortable. All of the student informants identify as queer and are currently studying or have studied at the ISS within the last three years. Out of the staff informants, only one identified as queer while others either did not identify or identified as straight. It is important to note that staff informants were not specifically asked to identify their sexuality and gender because I did not think it was the most pertinent identity in addressing this paper. Three out of four of the staff informants have worked within the institute's mental wellbeing systems and have worked at the ISS for at least five years. All the student informants have had some form of engagement with a mental health system in their home countries whether it is as a visiting patient or as someone who has received in-patient care. It is important to identify here that student informants also maintain a patient-type identity while three staff informants function as a care provider (informal or formal included). However, this is not to say that the paper will focus on these patient-carer identities and relationships. Rather, these may contain some insights as to how students and staff perceive each other in this process and can also be a potential future study identifying patient-carer relationships outside of professional healthcare settings. Regardless, this also means that I will not be delving deeply into the concept of care.

Four. Presentation and Analysis

Key Themes

Through the data, I have uncovered five themes derived from overlapping data across the interviews. All participants have been given either alphabetical or numerical identifiers to cater to their anonymity. Consent was requested for each of the statements published with respect to the specific participant.

Encountering Different Selves

As mentioned earlier, Baker (2006) says that students are a group transitioning from one type of subject (as a child, as a dependent, as a sibling, as an after-school friend) to a new one that is more exposed to the outside world and is relearning queues from new sources of authority and identity, managing these new identities, including agency to claim new identities, and to maintain relationships from their pre-student life. This process is a highly stressful but potentially rewarding experience because of how it expands the student's concept of selfhood and authenticity. It is important to note here that students at the ISS do not merely experience studenthood but a variation of it which is international studenthood. This means that students experience a variation of studenthood which may or may not be exacerbated by the conditions of being a migrant. Moreover, prior experiences such as moving abroad independently at a previous point in the student's life may actually help students adjust better to these new environments. Overall, however, informants still experience varying degrees of stress related to studenthood especially when it focuses on encountering new ways to identify themselves (not just within gendered terms but also within relationships with friends, family, work, and partners) and renegotiating relationships with people from back home, communities in the Netherlands, and with themselves.

Working through the data, I found that many of the informants, staff and students, have observed and experienced their own variations of international studenthood. Because the focus of the study is on mental wellbeing and queer international studenthood, many of the questions also focused on these elements. However, these identities engage with many sectors of both the ISS and the larger Dutch society and so, informants also ended up talking about experiences that affected their mental wellbeing within the positionality of being a queer international student. It sounds a little confusing at first but essentially, what I am saying is this: questions on queer international studenthood intersect with their experiences of the healthcare, cultural, academic, and social systems of the Netherlands. These experiences inform their overall impression of the system and helps them position themselves within new relationships including relationships with the new society and its systems.

One student informant (A) expressed their disappointment towards Dutch public healthcare saying:

> "Uh, because I have been going to hospitals a lot. It makes me compare the health workers and the health system [back home] and the health system here… It really feels like they just want to do their job. Yeah, so it's a bit more cold. And less… I am not encouraged to open up. So I opened up to my doctor, because I need him to know that I need help. It's not very encouraging, so it's not very personal."
>
> -Student Informant A

The comparison of better services (that is, friendlier, more inclusive, and more satisfying) when migrating to a European country from the Global South is common between informant A and informant 2, the latter mentioning how they thought that the ISS would have better policies on harassment compared to their university back home. Another thing to note is that informant A had negative experiences with mental

health practitioners in their home country, stating that during the pandemic, they sought out a psychologist but chose not to continue because the practitioner was extremely clinical and lacked the warmth that they were seeking out in a therapist. This is relevant because informant A views warmth as part of the criteria for good medical practice, likely as it makes the practitioner feel more accessible to them. This is not to say that all people necessarily feel this way. Expectations may not drastically change between locations (from home country to the Netherlands) despite a large change in personal and social circumstance exemplified in a possible change in class, social integration, and cultural barriers.

Another informant, this time a staff member (1), talked in general terms about students who have approached them for issues which I can describe as encountering new selves in the Netherlands but are forced to contend with these new identities, possibly leaving them behind or hiding them, because of their imminent return home. They described how some Muslim students chose not to wear the hijab for the first time in their lives and how this experience was something they enjoyed but because they had to return home, this act of not wearing a hijab becomes more radical and more consequential than it would be when done here. It is important to note that it is not the act of wearing the hijab per se that is of note here but rather, experiencing something new or novel but it cannot be brought to another place. While the staff informant did not tell me explicitly whether it was a cause of distress for these Muslim students, I can imagine that a person exploring their sexuality and queerness in the Netherlands may also be confronting these same questions of expressing identity especially those who decide to return home.

Going through the data showed that informants encounter new mental health identities too. One student informant (A) spoke about their experiences with their mental health prior to coming to the ISS and even in considerably more stressful environments such as humanitarian aid, they said that they have never experienced such an extreme form of mental unwellness like they are going through at the ISS. This experience cannot fully be attributed to the academic stress from the ISS but it is part of their experience being an international student.

On encountering this new self, informant A said:

> "[Referring to their first few months at the ISS and studying in the Netherlands] I experienced a lot of anxiety from the very beginning and it… over the months, it got worse. And it was, uh, it was a big surprise for me because I have training in MBSR (Mindfulness-based stress reduction) and when I was working in emergencies and disaster response, I was aware of the symptoms and I automatically thought that because I have that training, I could first aid myself, or I could self-help. But yeah, it got worse, to the point that I need to start asking for outside help, which is why I'm seeing a therapist right now… So I think it's the added, it's a new country. I'm not aware of the support structures plus the loneliness that compounded my anxiety here and, yeah,"
>
> -Student Informant A

Encountering new selves also includes encountering new mental health identities and in the case of this informant, even with the awareness and training they had before, they were still caught off guard. It is important to realize that there is a temporal aspect in encountering new selves. Not all encountered identities develop over long periods of time and within a stressful and potentially retraumatizing environment, this process can be sped up and boil over or, like a tsunami, overwhelm you suddenly with few options to choose. Another way to look at it is how migrating to a space that may be safer such as the Netherlands after coming from a traumatising environment can actually create more anxiety and depression due to the normalisation of traumatic environments. This phenomenon is observed in war veterans who suffer from PTSD even after being repatriated home and who typically show signs of calming down when exposed to media resembling the conflict areas where they were deployed (Haines 2019).

On the other hand, one student (B) spoke about how their previous experiences with formal mental health systems (such as in-patient care) and contrasted this with their experience to the care provided by the ISS stating that their entry into the ISS caused a shift in the way they wanted to engage with their mental wellbeing. They mentioned that, in essence, the presence of a generally supportive community and deeper relationships they formed at the ISS provided them an alternative and much sought

out space to redefine their relationship with their mental wellbeing versus reengaging personal mental wellbeing through the ISS' formal care systems such as therapy or counselling. They also indicated that while initially, they did enter the formal system, they opted not to continue because of the presence of the alternative but also due to the feeling that the type of care being provided was not aligned with their needs at that moment. However, they made it clear that the person they were engaging with for this form of care was performing their job properly but that it just was not a right fit for them at that moment. Although, it must also be noted that their engagement with ISS' formal mental care system was done exclusively online due to COVID and they mentioned that this might have impacted their feeling of being 'cared' for especially when they compared it with their experience of in-patient care.

What informant B answered is another way that they redefined their relationship with mental wellbeing by understanding and acting on the idea that certain types of mental care function better at different points in life than others. By explaining that they did not feel the need to engage with a formal care system, instead opting for the informal system through ISS' community of students, they have also demonstrated that healthy communities are also vital in acting as informal mental wellbeing systems.

Reactive Programming

Another theme that often arose during interviews was the issue of reactive programming at the ISS across both queer and mental health lines. Treatment-based programs are good for catching those who are experiencing manifestations of unwellness such as depression and anxiety. However, treatment is a last resort layer. Chavira and Durá (2020, p.65) talk about how prevention and promotion of mental health is crucial in stopping the overburdening of treatment systems. In particular, how promotion and prevention systems involve the bulk of maintaining wellbeing across larger groups.

When asked about what the ISS 'should be doing' regarding queer identities and mental wellbeing, all respondents (8 out of 8) suggested that the ISS should be doing some form of promotional and preventative care because these are the areas they feel are the most crucially left out of the conversation within the institute's care systems. One staff informant (1) talked about how Katarina, at the time, the school's only in-house psychologist, handled approximately 52 cases for the 2020-2021 batch out of 95 graduates. Staff informant 1 explained that this was alarmingly high and was the rationale behind the onboarding of a new in-house psychologist in 2022. Staff informant 1 broke down the number stating that out of the 52 who sought help, 10 were PhDs, 35 from the older batch, and 7 from the new batch. Added to the fact that Katarina is only usually available once a week for half a day as she maintains her own private practice indicates that the ISS' response systems are also insufficient for handling the number of cases from the student population especially during crises such as COVID. To put this into perspective, that means that Katarina was meeting a new patient every week for a year and spent an average of only 4 hours per patient (52 weeks in a year, four hours available for ISS per week).

Student informants A, B, and C talked about promoting safer spaces for queer persons at the ISS. They specify that the absence of queer visibility and insufficient conversations about queerness within the institute normalizes prejudice and everyday violence such as microaggressions towards queer-identifying students. Informant B narrated on one adversarial experience inside student housing where they were harassed and how they approached the Counselling team to discuss the issue. Unfortunately, informant B felt like the person they talked to from the team was somewhat dismissive of their experience and "[Tried to] maybe justify it in a certain way or… address it and move on." Yet in the process of trying to address the issue, they felt like the member of the counselling team was not responsive to deeper points such as addressing the adverse student's behaviour, instead opting to 'explain it away'. The dissatisfaction of informant B regarding the counselling team's response indicates that they found this situation problematic because it did not actively address the underlying issues of hostility and violence. Even then, the team did not attribute the adverse student's behaviour was of bad character (in other words, not addressing it at an individual level and with it, carrying its own repercussions within EUR's policy). Instead, they looked at it

as an unfortunate encounter, removing any semblance of accountability and leaving the student to process and re-secure themselves on their own. Within EUR's policy, this is a case that was mishandled. The informant should have been given clear paths to take for this report. Unfortunately, even the process of finding someone to report the mishandling of the case is difficult because there are no clear options that determine who they can report this to. As well, students end up taking most of the burden in trying to handle the original adverse encounter and an added mishandling of their case.

McMahon and Banyard (2012) talk about how different forms of physical, verbal, psychological, and emotional violence are actually manifestations of larger structural forms of violence carried out by society. This is illustrated as a pyramid of discrimination and violence where attitudes and beliefs such as transphobia, racism, sexism, homophobia, misogyny, ableism, and ageism actually represent the underlying base of thoughts which lead to forms of violence such as assault, harassment, and even death.
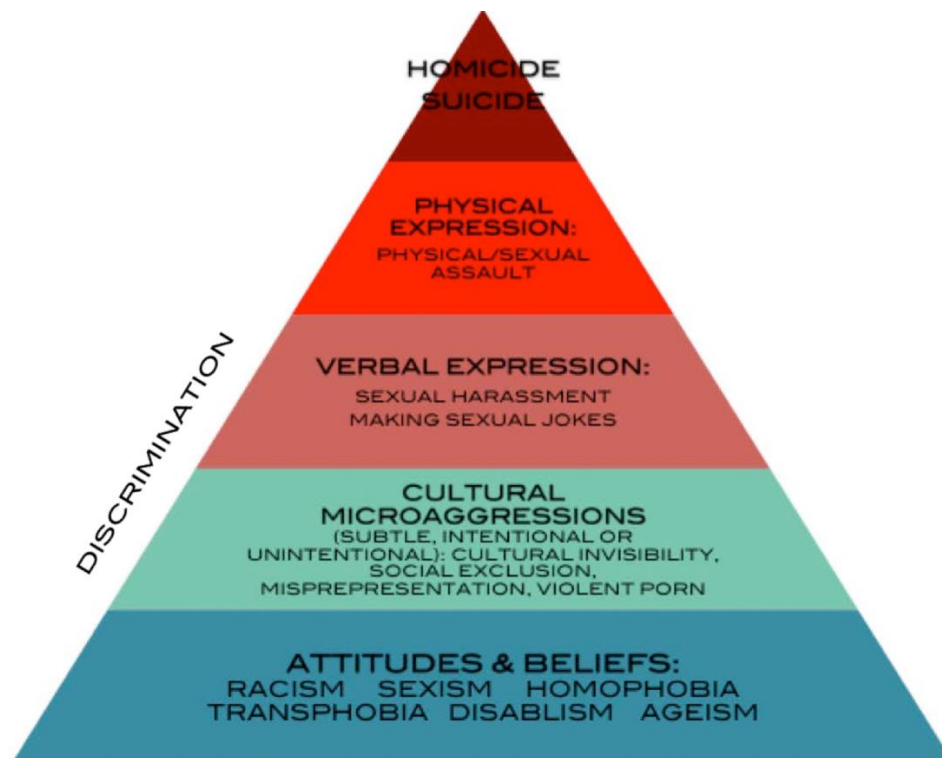

Figure 3: Pyramid of Discrimination and Violence

While I am not directly talking about issues of violence, engaging with preventative and promotional systems means tackling the lower bases of the pyramid in a safe and systemic manner. More importantly, it means addressing the precursors to violence by unearthing, critically analyzing, and dismantling the cultural, attitudinal, and belief systems which contribute to systemic reproduction of violence.

One striking interview with student informant D, who explicitly identifies as a Queer Muslim as they feel that both identities are inseparable when talking about their experience, spoke about how the gaps in ISS' mental wellbeing systems are attributable to sorely lacking justice systems within the institute. Essentially, they believe that queer students would feel empowered if there was a robust justice system that held members of the ISS community accountable. This contrastingly discusses the issue of reactive programming within the institute. Informant D believes that a robust, accessible, equitable, and inclusive safeguarding procedures or mechanism is a precursor to inculcating safety as a core value within the institute's policies. If the act of accessing justice is dangerous or insecure (meaning that there are no clear outcomes), then it becomes a risk on its own and deters reporting and justice-seeking behaviour. If the system is unpredictable and there are no clear outcomes, situations where students experience adversarial encounters in classrooms, at events, or in the student dormitories as in the case of informant B, it ends up

producing a sense of insecurity that the students do not actually have space within the institution and that they should tread carefully to avoid future incidents. While this behaviour of self-minimising may not always be the case (students can and do respond and organise in different ways), it creates a barrier to access for students who may want to access justice through a more legitimised means such as through the institute.

The community has tried to self-organize. Amongst staff informants, three of them mentioned the Mental Health and Wellbeing Group (MHWG) at the ISS. This is a group of PhD researchers and academics at the ISS concerned with mental health. Staff informant 2, a member of the MHWG, sent me a list of documents and presentations which they have produced since 2018 on mental health at the institute. Informant 2 noted that due to COVID, meetings with the group have been sparser and with so many people experiencing difficulties with their mental wellbeing from pandemic-related stress, members have had less space emotionally and mentally to contribute to the working group. An important thing informant 2 mentioned is that the group has observed the overwhelmingly reactive programming for mental health issues and points out that the institute needs to find ways not just to provide reactive services such as therapy but through preventative and promotive strategies for the general health of different groups inside the ISS. They point out that there are no specific strategies for MAs, PhDs, and academic and non-academic staff which all face different forms of stress and are also at different points in their lives. When informant 2 was explaining the goal of the group, they said that ultimately, the institute has to claim ownership of this issue because much of the labour currently being done is unpaid and is mentally and emotionally exhausting for students and researchers. They believe that since the institute has the capacity and responsibility to handle these issues, that they should take greater ownership especially in areas of prevention and promotion of mental wellbeing.

Staff informant 1 said, "I think at the moment we have a management that has an eye for the well-being of students. But they... it's, it's not proactive. It's indeed reactive in the sense that when students raise their voice, they go like, 'OK, we have to do something about that'."

Trauma Reproduction within the ISS

Within the space of the ISS, trauma is also reproduced. Trauma is a key concept in this paper because it gives a language to persons experiencing a considerable amount of stress due to an adverse event and negatively reshapes the behaviour of individuals to be less secure, more anxious, and feel hopeless. These feelings gradually build up and may make individuals, especially those more prone through a combination of biopsychosocial factors, depressed and anxious. In their interview, student A spoke about how the combination of experiences including migration-related experiences, their re-introduction to studenthood, and their negotiating of relationships here and back home while in the Netherlands led to their experience of extreme depression. They revealed that they scored highest in a test designed to measure depression when they had a visit with their psychologist. Of course, these experiences are likely compounded by previous experiences of trauma which have resurfaced here. Staff informant 1 spoke to me about how international students who come to the ISS, especially those who come from previous experiences of war, genocide, discrimination, and development work, carry their own traumas here to the institute. They mentioned, "…you see that whenever they [international students] are being transported into another environment, these problems [referring to trauma from past experiences] come to the surface." When I asked for rough estimates, staff informant 1 proceeded to tell me that around 5 in 10 or 50% of international students within the entire Erasmus University system seek out some form of mental health assistance during their study duration.

This is also true for queered identities at the ISS. During a group activity in one class, I was explaining hook-up culture and the racialization within the gay community. After I had finished explaining these things to my group, one member, visibly uncomfortable with the topic being discussed, spoke up and mentioned that there are no gay people back in their home country. The professor overheard and

attempted to prod the statement to no avail, with the student repeating what they had said only adding that it was illegal. As someone who is openly gay, I was quite shaken by the statement even if the student did not mean any harm. At that moment, even other members of the group were speechless while I was actively trying to ease my anxiety which had heightened by then. In the end, I felt less safe and less secure even within that academic space to express my thoughts because of the queer erasure from that statement. In many ways, these small utterances are painful because they are also representative of a recollection of past experiences, a reminder of the conservative Catholic high school that I grew up in and where I felt forced to hide my identity because of the fear that I would be expelled. Even now, as I reflect on that moment, I imagine a million ways to respond to such blatant homophobia but to no avail as the damage has already been done and my body remembers the feeling of that moment and of past experiences of homophobia.

Student informant C spoke about one encounter in a large class of students where they felt triggered by the discussion which debated on who was qualified or deserved to speak about queer issues. They mentioned that the professor for that session, who despite being able to navigate that discussion well, was unable to find concessions where the student in question recognized how her statements are harmful to queer students at the university. Informant C even mentioned that the Sexual Diversity Committee had to intervene because these statements were not addressed in that large classroom session.

Furthermore, stress from academic work is also discussed by some informants as mental health affecting. Informant 1 uses the term 'study pressure' which is more common within Erasmus University's branding of academic-related stress. Student informants A and C spoke about how academics represent a source of stress for them. During the interview with informant A, they recalled how their living situation and proximity to the ISS actively weighs on them and represents a source of great stress saying:

> "I try to separate myself from ISS if I want to relax because… when I see the building or if I see somebody who is like connected to it… It reminds me of like, 'Oh, I haven't done this or I have this deadline,' so, so, so if I want to rest, I kind of go to a different city to separate myself from those anxieties."
>
> -Student Informant A

Given this reaction that even people who are associated with the institute such as myself, I ended up asking them in the middle of our conversation if they felt like I induce anxiety and they said that I did on occasion.

Informant C's felt that they did not have much breathing room to adjust to the new academic, cultural, social, and physical settings (including COVID) saying, "I think what made me take them (medication) again, was yeah, it's just a lot of stress going at it, but at the same time, too much stress with schoolwork, with things I still don't understand," adding that:

> "Yeah, schoolwork and lot of transition going on, adjustments and also yeah, like I guess I also was in denial that I was in… uhm, I was, I was already burned out when I moved to the Netherlands. So yeah, that took a toll and yeah, that's one of the reasons why… I went back to medication and also I think what's also nice about that… That when I took that, when I started taking the pill like, it's also like big, you know, taking the bitter pill of accepting that 'Oh shit' this is how [much] worse I have become."
>
> -Student Informant C

It is important to here to know that Informant C also has a history of mental health related medication. They explained that they already had a diagnosis years prior to coming to the Netherlands and medication was prescribed. However, they slowly stopped taking medication because they felt like it was hindering them from fully enjoying their experiences. "So I started taking medications again July last year (2021)… It wasn't really a comfortable decision because I've already left drugs a long time ago, I didn't think that I would go back to doing them again," but they also considered this necessary due to the high amounts of stress they were experiencing especially during COVID-mandated online classes.

Student Informant D also describes a process of how students inflict trauma onto other students through harassment, exclusion, manipulation, and bullying. This is representative of my own experience as mentioned above and of Informant B's experience inside one of the dormitories where they experienced gender-based harassment. Informant D added that the university cannot police its students as a response

to these negative experiences and that a proper protocol to handle the variety of possible negative experiences at the university would be a better way for the community to self-regulate. Here, informant D is framing the university as an institution with a responsibility to perform care by granting access to equitable forms of safeguarding for all those involved in traumatizing cases such as harassment and bullying.

Systemic Invisibilization and the "Lack of Care"

In this section, I will discuss how the university systematically invisibilizes queer identities and mental health concerns. I will also discuss how, in the words of staff informant 2, the university has a 'Lack of Care' in the process of building a safer and more equitable space for its student, staff, academic, and professional members. However, I think it is important for me to outline why invisibilization is an important area to tackle.

Within Fraser's Gender Justice Framework (2007), she talks about perspective dualism which essentially says that for true gender justice to be achieved, policies, societies, and markets must actively work towards proper recognition and proper redistribution together. Recognition is about the intersectional and accurate representation of issues within a given sociopolitical and economic space. For example, women in politics are typically composed of women who are social elites. They are rarely poorer women or transwomen. This leads to a degree of misrepresentation because those women do not positionally represent and understand poor women's or transwomen's issues. Redistribution typically focuses on economic redistribution. An easy example would be remedying the gender-pay gap between men and women through better salaries and employment packages. Fraser mentions that it is crucial to target both arenas because current social justice trends tend to skew towards one form of gender justice at the expense of the other. Invisibilization is one of the most extreme forms of misrepresentation because it erases the possibility of engaging policies to address other forms of misrepresentation. How do you critically analyse and seek corrective justice for something that does not or is denied existence? Moreover, it is extremely typical of normative systems to erase queerness. We find this queer erasure across history and across modern fields of study like medicine, architecture, engineering, media, and education. Iantaffi (2020) explains it well, stating that in medicine for example, a baseline means a typically white cisnormative baseline. By claiming that queer persons are not within the bounds of normativity by excluding them from being represented within the baseline, invisibilisation systematically occurs across subsequent studies and reaffirms cisnormativity or in other words reaffirming different forms of homo-, trans-, and queerphobia by stating that they are not 'part of the norm.'

"The burden seems to land on students a lot [and students] are sort of the ones who have to make space for queer people."
- Informant B

Behind this statement is a sentiment shared across both staff and student informants regarding how the ISS, whether intentionally or otherwise, invisibilises queerness.

Staff informant 1 spoke about how the institute generally does not organize events specific to queer communities because of the community's tendency to self-organize throughout the academic year and that an administrative-led initiative would likely end up failing because it lacks a co-creative process. "OK, they organize themselves (the Queer Committee) so they will be our sounding board," said informant 1 continuing with, "Feed us, let us know what you need so the Institute would facilitate things that you need, but will not take a proactive stance in the sense that we are going to organize things for you." It is important to note here that this is also a form of reactivity from the university administration.

However, from my experience as the head of the Queer Committee, we were never asked for input or for the administration to actively communicate with us to be a 'sounding board'. Despite the good intentions of co-creative grassroots-based organizing, the institute comes off as passive and disconnected from student concerns.

When asked if academic staff members are trained to handle instances of homophobia or transphobia within the classroom, informant 4 said, "No, [academic staff members] don't receive any specific training on this," adding that while there is freedom of expression, students and staff also have the space to disagree and even counter homophobic and transphobic statements. Training in handling these classroom issues is extremely important for the safety of all parties involved because mishandling may lead to violence at some point in the future. It is important for staff especially since they typically hold power within a class setting and are also typically more trusted as a source of information by students. In short, staff training may help in de-escalating situations where potential violence may occur. It is also important because staff members may be unaware that they are repeating potentially harmful or normative narratives that may also lead to violence in the future.

While I was in the process of collecting data from informants, a common theme that arose was how informants were having difficulty talking about how their queer identity intersects with their mental wellbeing. This is important to take note of because this 'compartmentalization' of experiences dividing up mental wellbeing and queerness became indicative of how these areas are typically divorced in conversations surrounding one or the other by informants. Despite a growing number of studies which find a much deeper relationship between mental wellbeing and non-heterosexuality such as the Minority Stress Model and Gender Trauma, it seems to be the case that gender-based trauma is less front-facing and can be found in much deeper, even more fundamental thought processes. However, this may also be the case due to the invisibilisation of both queer and mental health issues within the university leading people not to see them. Regardless, looking at staff informant interviews, I found out that even community-based efforts have been difficult to mobilize because university administrators have claimed a lack of resources to support these efforts.

In one interview, staff informant 2 crucially mentioned that in general, Dutch universities seem to take queer students as part of their image of diversity and as part of a general trend within Dutch tertiary education. However, there is a 'rainbow' washing phenomenon in the background where the struggles of queer persons are subsumed into a larger neoliberalised educational system. This means opportunising more normative queer identities (such as a pro-Capitalist, white gay cismale) without necessarily acknowledging and tackling 'more complex', less privileged, and more 'radical' identities such as those of queer migrant students who come from a former colony or are experiencing a mixture of class-, caste-, racial-, ethnic-, and/or gender-based forms of discrimination. How this rainbow washing looks within the ISS is, for example, the celebration international PRIDE month by raising the rainbow flag but within the institution, queer students are not given extensive and specific protections such as a gender-based violence protocol that they can refer to in situations where they need to report. In short, it is performative allyship and there is no commitment to dismantling systems that oppress but rather, only pretending to care by externalizing these efforts and failing to introspect at an institutional level how policies and social dynamics reproduce these inequalities.

Mental Health and Wellbeing Group

The Mental Health and Wellbeing Group (MHWG), already mentioned earlier, is an informal community-led initiative concerned with the mental health of academic staff and PhD researchers from the ISS. While it is not queer-specific, the MHWG tackles mental health concerns from an intersectional lens including race, class, caste, gender, sexuality, and migrancy. During the hiring process for a psychologist, the MHWG served as an interest group and gave a list of suggestions which outlined the identities the candidate should ideally maintain. Staff Informant 2 mentioned that the group proposed that the person to be hired should practice more holistic forms of psychology, be a person of colour, be a woman or a queer-identifying individual, and have experience with migrant issues. These are all valid requests considering that the ISS' population is largely non-white and of migrant background and this can

be seen as a bid to narrow the provisioning gap between the target population and the practitioner. From one perspective, the specificity in hiring a certain type of practitioner is a form of care being observed by the group.

While the MHWG is a community-organized effort, it can also be seen as a response to the institute's lack of action towards mental health and, after 2019, especially in responding to the mental health crisis brought about by COVID. The group also became a conduit for Katarina who organized events on mental health for the ISS community even if that was technically not part of her job. Ending this portion of the interview, Informant 2 said, "It's great that we have an in-house psychologist, it's just that there should be someone, I don't know if Katarina or Rita, but someone who is actually planning [for] the whole year."

Space for informed, consensual, and embodied healing

The same criticisms against the institute are also the same spaces for listening and action. Diving into the theme, students and staff alike see that the institute is not untrustworthy or ill-intentioned but that they are failing to prepare for and respond appropriately to the mental health needs of students. This section will focus on outlining some ideas which students and staff have put forward in these interviews which they believe will help in creating a more inclusive environment at the ISS.

Bridging Queer International Students and Local Communities

The first major role the ISS plays is as a host privy to local systems and communities and introducing them to queer students. Informant 4 spoke about how EUR's intranet can, for example, introduce students to information about transitioning from one gender to another. Informant B, from their own experiences, had to find queer organisations within The Hague because the information given by the ISS was not sufficient. What is clear in these statements is that the ISS, being an institution based in the Netherlands with resources to connect students to communities they want to identify with, has an opportunity to help students in this space of transition. In essence, the goal is not necessarily to create a bubble community where students feel integrated into the ISS. Rather, it is about helping students integrate into both Dutch and diasporic communities. This process of bridging students with local communities does not even have to be institutionally led. In a similar fashion to consultative governance, the institution can initiate a discussion with students about what kinds of organisations they wish to work with and then facilitate partnerships with external organisations based on this wish-list. This type of work is crucial in assisting students in their transition from old communities back home to new communities here, establishing a support system for needs that the institution does not specialize in. Assisting in this transition from old communities to new ones also means that difficulties involved in international studenthood are potentially mitigated. Informant B, as mentioned earlier, stated that their experience finding a new community of students within the ISS also acted as a mental health support system, taking note here that the key operation of this experience is the access to a new support community and not necessarily the ISS.

Representation within the ISS

Almost all informants agree that queer identities and mental health issues lack visibility within the institute. However, the ISS is academically poised to critically engage with cisgendered and patriarchal systems and to promote inclusive politics. From informant A's experience, they believe that creating a queer-affirming environment helps queer-identifying persons feel safer. This can come in the form of promotional posters which say things like "LGBTQIA+ safe" or something more educational such as integrating it into the curriculum. Informant B mentioned, "I think there's like so many opportunities

within like the intro level courses even to bring those [LGBTQIA+ and Gender related topics] things up and to talk about them." They believe that integrating these topics into courses like the Making of Development or as part of the core courses on politics, sociology, or economics would greatly benefit queer representation. Staff informant 4 mentioned that having an openly LGBTQIA+ staff or counselling member in the institute helps queer students have someone they can turn to when they are facing issues regardless of its nature. Representation is important within the institute whether it is a simple and open display of welcome such as raising the rainbow flag, engaging with queer and feminist literature within the core academic setting, or introducing queer-identifying staff. It cultivates an environment where queer students are welcome not just to attend but also to speak up and dismantle queerphobic sentiment. However, merely showing care is insufficient if it is not coupled with radical and systemic changes targeting deeper attitudes and beliefs which permeate within the community and within policy. Proper representation is also a tool to negate misrepresentation, allowing the queer community to speak for themselves and giving them space to hold other members of the community, whether staff or student, accountable to different forms of discrimination.

Access to Justice as Radical Care

Student Informant D spoke in length about their own analysis of the ISS' faulty systems which cut across intersectional lines and essentially stated that the ISS does not have an accessible safeguarding system which especially impacts queer persons. A clear example of this is the lack of accountability and acknowledgement of Informant B's experiences where they reported their feelings of discomfort and that they were harassed at the dormitories. While this situation is related to homophobia, the overall system is insufficient in addressing issues of harassment and discrimination. In a separate case of sexual harassment, the victim (at this time, they preferred to self-identify as a victim) ended up calling for a school-wide protest where students sat along the main inner stairway of the ISS. In both cases, informant B and the victim raised their complaints to management but were dismissed. During an institute town hall, other members, some of whom have been here for much longer, expressed their discontent with how management was handling harassment inside the ISS community. While I am not focusing on these other cases specifically, they are extremely reminiscent of the dismissive attitude of management and the absence of safeguarding procedures especially for black, brown, queer, disabled persons to which informant D refers. In Informant 2's words:

> "If I could say it in in, let's say in one phrase, it's just like a lack of care. My university back home, in terms of mental health, is much more advanced than what the ISS, or Erasmus for that matter, offers. And then I could also make the comparison with the issues on gender. For example, so how in my former university, there is a protocol on how to handle cases of sexual harassment or gender violence in general, and it's lacking here and like not only in Erasmus, but like in every other such [Dutch] university."
>
> -Informant 2 when asked how they could describe the Mental Health system of the ISS respective to their own experience or to the experiences of friends

Here, Informant 2 indicates that it is not exclusively an EUR or ISS problem but rather, found in the wider Dutch Higher Education setting. Another thing to note in this statement is about EUR's protocol on sexual harassment and gender violence is lacking. Under EUR policy, harassment, discrimination, and violence fall under the umbrella term 'Unwanted Behaviour'. A brief search on the EUR intranet now yields results pertaining to different types of unwanted behaviour including specific procedures and outcomes depending on each procedure. However, the process of reporting and escalation is not survivor-friendly, requiring the person reporting to relive the experience by repeating the story to multiple people. It also does not delineate any process of accountability or appeal in cases where the internal committees (such as the Committee for Undesirable Behaviour (COG) or those handled by the Rector of the institute) that decide on the validity of the case and degree of action to be taken end up producing an unfavourable or biased outcome for either party involved. Elaborating on this Informant D, criticising the accountability system, stated, "I think that the university has to have clear procedures and processes, escalation processes,

clear consequences in each stage, clear methods, a dedicated team to deal with certain issues. They cannot just throw people around, uh, and people not knowing what the hell is happening to them."

Furthermore, and I find this to be the most important part of informant D's analysis, the ISS requires empowering, reliable, and consistent safeguarding procedures which protects everyone, can be used to hold the university accountable, and which queer students can rely on. The ISS's yearly audit must include being audited for the protection and safeguarding of students. This is the most crucial area because it creates an environment of accountability, normalizing a space that is deeply committed to justice instead of precarity. To clarify here, the university is not here to police students and how they interact with one another. Instead, the university's responsibility is to implement accountability systems that are sensitive and responsive to students' needs especially when they have been hurt. Frankly, the current system of reporting is convenient for those in positions of power but is dehumanising for those seeking justice. Informant D further notes, "It is deeply insufficient as it trivialises the experiences of people who get hurt. It also equates all acts as one and the same which means it is not a fair process, [instead] it just exists as an apologetic excuse for the university to claim that it is indeed trying when obviously it isn't." To close, the most valuable kinds of justice are ones where victims and survivors choose how they can heal without losing dignity in that process. In other words, it is a kind, consensual, and mindful system whose focus is on healing the dignity that was taken in the first place. It is precisely here that we find the most radical forms of care because it does not focus on technical forms of justice but on healing.

Five. Conclusions

Initially, I set out to understand the different gaps in ISS' mental health provisioning system. I tried to answer questions on what gaps exist between queer students and mental wellbeing, what comprises queer international studenthood, and why queer international students experience mental distress within a university setting. However, throughout the study, staff and student informants approached the questions from a much broader lens, understanding that the ISS does not merely have a responsibility to provide responsive care but also a responsibility to create an encompassing mental health system that targets preventative and promotive forms of care. Accessing mental healthcare then is no longer limited to accessing mental health practitioners such as psychologists and counsellors but rather, it is about enabling an environment of mental wellness. All informants believe that the university could stand to do more for mental healthcare within the university such as creating an institutional wellbeing policy at the ISS. Institutionalising the Mental Health and Wellbeing Group is an example of a policy catered to student wellbeing. Another example would be to empower mental health issues to be discussed within the university so that students are familiarised and sensitised to their own experiences of mental distress. While these conclusions are directed at the ISS, it is relevant to internationally oriented higher educational institutions especially those engaged in social studies.

If looking strictly at the provisioning of queer mental healthcare within the ISS, there remain large provisioning gaps including the hiring of queer psychologists and increasing the available hours of psychologists. However, as students and staff have argued, there is a much larger system at play which can do more for queer care. These include better accountability systems, the promotion of inclusive values, seminars for staff and students, and institutionalising preventative mental health policies and the mental health and wellbeing group. Ultimately, developing a space that is safer, more inclusive, and more accountable is key to answering the mental health needs of students because it provides them a space to reforge identities and relationships within a more secure social space.

Crucially, queer international students are a special needs group because of the unique type of precarity that queer international studenthood entails. This precarity includes higher susceptibility to discrimination, ingrained trauma, higher rates of mental health issues, and proneness to systemic and social abuse. Queer international studenthood is an amalgamation of different identities, some more systematically oppressed than others. However, the combination of all three makes them more susceptible to mental distress. While there are some difficulties which are part and parcel of being a student at the ISS such as migration-related stress and study pressure, the university needs to pay attention to queer identities as these are commonly left out in institutional policy discourses. Understanding why and how queer international students experience mental health issues returns to the combined experience of stress from migrating, integrating, and renegotiating their identities with a new community far from home. However, that is not to say the experience is singular. As was discussed in the data portion, migration also promotes the discovery of new identities and forms of self-expression that queer international students may find more aligned with their authentic selves. However, facilitating that process of migration requires larger involvement from the ISS as a symbolic point of entry to queer migrant studenthood in the Netherlands.

Addressing the issues on mental health of queer international students is not necessarily the purpose of the university's internal care system. However, the university and the management in particular can do much more to establish and promote a safer space for all of their students, queer ones especially. It means giving queer students a space where they feel like their queerness is not a source of vulnerability but rather, a source of strength and empowerment. The university can do this in a variety of ways from building and connecting queer ISS students with external organisations to actively promoting the ISS as an LGBTQIA+ inclusive space.

Crucially, overhauling the internal justice system within the ISS should be one of the key goals of the institute. In order for the university to create an LGBTQIA+ inclusive space, there must be a dismantling of oppressive, hegemonic, patriarchal, colonial, and capitalist ideology which still healthily permeates the institute. Functionally, this means that the institute needs to have a reliable, caring, and sensitive justice system that focuses on answering student needs. It needs to have a proper escalation and data management system and it needs to focus on helping students heal from their trauma, not reproduce it.

From my own reflections as a researcher, I was initially paralysed with creating more objective knowledge. However, the realisation that my positionality is a strength as I have access to spaces where I am an insider at both a social and emotional level helped me leverage my own experience to become a guide for the kind of researcher I would like to become. My focus shifted away from creating knowledge to creating spaces where queer international students like myself are heard, taken care of, and included in community. Practicing activist research means focusing on the emotions, experiences, and the knowledge of those typically marginalised by the capitalist, patriarchal, and extractive society that I navigate through each day, facing my own contradictions as a young, queer, mostly abled, well-educated, middle-class, Chinese-Filipino migrant doing research at and gaining a Masters degree from an institute located in the Global North that also represents a history of colonialism, gender trauma, and a site of colonial epistemicide. I spent most of my time on this project pondering these questions about my positionality and the positionality of the research. I believe these reflections are valuable to any researcher but most especially to researchers who come from a space of privilege, to produce knowledge as a refutation of systems of hegemony.

Finally, I have always viewed myself as someone who did not fit well within academia because I wrongly assumed that knowledge on paper cannot heal my suffering. However, throughout the program and as evidenced by other informants in this study, academia can and should become a space of healing. Academia and knowledge can become a space for reclaiming power and agency within oppressive contexts and repairing the history of the Global North to the 'post-colonies' of the Global South.

Six. Recommendations

I would recommend that future researchers on this topic first tackle queer international studenthood as an identity before diving into specific experiences (such as that of mental wellness) affecting this group because there is a lack of literature rooting experiences of queer international studenthood. This would be useful in helping build a point of reference for other researchers to understand the experiences of queer international students. I would also recommend for more research to be conducted by decolonial scholars who are likely to view this experience differently from both a gendered, migrant, and wellness lens. Other recommendations include a more in-depth study on periphery care systems especially in schools, community centres, and private organisations where care is part of but not the main focus of the institute or organization. As part of the recommendation, expanding this study to target international students would be extremely useful for universities especially ones located in the Netherlands because while the study is specific to the ISS, talking to other students from various universities here in the Netherlands and from the experiences of some of the key informants, these topics of mental health and international studenthood are not often tackled by university management. Another recommendation would be to include a process of self-care in undertaking research related to experiences of trauma. Conducting research and writing this paper has been difficult, triggering, and left me hopeless on multiple occasions. I also had to commit to a couple of therapy sessions because of how my body felt and reacted from writing on such sensitive issues.

Key actionable recommendations for the ISS but also more broadly internationally oriented Higher Educational institutions include those found in the section 'Spaces for informed, consensual, and embodied healing' in Chapter four of the study. These include the role of the institute as a bridge to local queer communities, as a provider of care, and how revamping internal justice systems to focus on healing is more effective at addressing the concerns of queer students and community members at the ISS.

References

Baker, A. 2006. What else do students need? *Active Learning in Higher Education,* 7(2), pp.171-183. 10.1177/1469787406064751 Available at: https://journals-sagepub-com.eur.idm.oclc.org/doi/full/10.1177/1469787406064751 .

Butler, J. 1990. Gender trouble. United Kingdom: Routledge.

Centraal Bureau voor de Statistiek. 2022. Mental health has worsened among young people. Centraal Bureau voor di Statistiek. Available at: https://www.cbs.nl/en-gb/news/2022/22/mental-health-has-worsened-among-young-people .

Center for Disease Control and Prevention. 2021. About mental health. CDC. Available at: https://www.cdc.gov/mentalhealth/learn/index.htm .

Chavira, M. and Dura, L., 2020. Chapter 7: Mental health/global mental health: Prevention and promotion with the inclusion of diversity and gender - A binational integration initiative. In: Bahrer-Kohler, S. and Bolea-Alamanac, B. Diversity in Global Mental Health: Gender, Lifespan, Access to Care, Treatment and Social Strata. Switzerland: Springer. pp.65-73.

Collini, S. 2012. What are Universities For. United Kingdom: Penguin UK.

Crothers, C. 2016. New Zealand Studenthood in Neoliberal Times. *The American Sociologist,* 47(4), pp.486-498. 10.1007/s12108-016-9332-y Available at: https://www-jstor-org.eur.idm.oclc.org/stable/44982693 .

Ferree, M.M. and Mueller, C.M., 2004. Feminism and the Women's Movement: A Global Perspective The Blackwell Companion to Social Movements Edited.

Fraser, N. 2007. Feminist Politics in the Age of Recognition: A Two-Dimensional Approach to Gender Justice. Brock University Library. 10.26522/ssj.v1i1.979 .

Fullagar, S. 2018. Foucauldian theory. In: Cohen, B.M.Z. Routledge International Handbook of Critical Mental Health. New York: Routledge. pp.39-45.

Haines, S. 2019. The politics of trauma. North Atlantic Books.

HARDING, S. 1995. Strong Objectivity: A Response to the New Objectivity Question. *Synthese (Dordrecht),* 104(3), pp.331-349. 10.1007/BF01064504 Available at: https://www-jstor-org.eur.idm.oclc.org/stable/20117437 .

Haringsma, P. 2021a. Universities and the legacy of colonial epistemicide. Available at: https://www.universityworldnews.com/post.php?story=20210908100721929 .

Iantaffi, A. 2021. Gender trauma: Healing cultural, social, and historical gendered trauma. London, England: Jessica Kingsley Publishers.

ISS. 2020. Scholas committees | International Institute of Social Studies. Available at: https://www.iss.nl/en/prospective-students/studying-iss/iss-student-association/scholas-committees .

ISS. History of ISS | International Institute of Social Studies. Available at: https://www.iss.nl/en/about-iss/history .

Lugones, M. 2010. Toward a decolonial feminism. *Hypatia,* 25(4), .

Meyer, I.H. and Frost, D.M., 2012. Minority Stress and the Health of Sexual Minorities. In: Anonymous Handbook of Psychology and Sexual Orientation. Oxford University Press. pp.252. 10.1093/acprof:oso/9780199765218.003.0018 Available at: https://doi-org.eur.idm.oclc.org/10.1093/acprof:oso/9780199765218.003.0018 .

O'Leary, Z. 2017. The essential guide to doing your research project. United Kingdom: SAGE Publications.

Pötschulat, M., Moran, M. and Jones, P., 2021. 'The student experience' and the remaking of contemporary studenthood: A critical intervention. *The Sociological Review (Keele),* 69(1), pp.3-20. 10.1177/0038026120946677 Available at: https://journals-sagepub-com.eur.idm.oclc.org/doi/full/10.1177/0038026120946677 .

Sukmana, F. 2022. Protest against sexual assault at the ISS: 'The institute has failed to protect students'. Erasmus Magazine, Available at: https://www.erasmusmagazine.nl/en/2022/02/25/protest-against-sexual-assault-at-the-iss-the-institute-has-failed-to-protect-students/ [Accessed November 4, 2022].

Thompson, A.R. and Chambers, E., 2011. Ethical Issues in Qualitative Mental Health Research. In: Anonymous Qualitative Research Methods in Mental Health and Psychotherapy. Chichester, UK: John Wiley & Sons, Ltd. pp.23-37. 10.1002/9781119973249.ch3 Available at: https://onlinelibrary-wiley-com.eur.idm.oclc.org/doi/abs/10.1002/9781119973249.ch3 .

Tucci, V. and Moukaddam, N., 2017. We are the hollow men: The worldwide epidemic of mental illness, psychiatric and behavioral emergencies, and its impact on patients and providers. *Journal of Emergencies, Trauma and Shock,* 10(1), pp.4-6. 10.4103/0974-2700.199517 Available at: https://pubmed-ncbi-nlm-nih-gov.eur.idm.oclc.org/28243005/ .

van der Kolk, B. 2014. The body keeps score: Brain, mind, and body in the healing of trauma. New York, USA: Penguin Publishing Group.

WHO Mental Health Team. 2021. Terms of Reference for members of WHO Technical Advisory Group (TAG) on the mental health impacts of COVID-19 in the WHO European Region. Available at: https://www.who.int/europe/publications/m/item/terms-of-reference-for-members-of-who-technical-advisory-group-(tag)-on-the-mental-health-impacts-of-covid-19-in-the-who-european-region [Accessed 01-11-2022].

APPENDIX A

Interview Questions

General discussion will focus on the following topics:

1. What do they know about (queer) mental health?
2. What personal or social systems do they find relevant in their mental health?
3. What aspects do they find unhelpful or not useful for their mental health?
4. Within the university setting, how would they wish the university (through administration or community-based efforts) engaged with mental health? What about attempts they've seen in the past that they deemed unhelpful or even problematic?

General Questions for Student Key Informant Interviews:

1. What are your personal experiences with your own mental health? Has queerness played a role in this process? What about their status as an international student in the Netherlands? And how?
2. Have they engaged with mental health or mental wellness institutions before? What constituted positive or negative experiences in these encounters?
3. When moving to the Netherlands for your studies at the ISS, how do you think your mental health was affected? Some have experienced a resurfacing of traumatic events, did this also happen to you?
4. Have you engaged with Erasmus/ISS Mental Wellness systems? How was your experience? Was your queerness seen or felt to be affecting their mental wellbeing?
5. Do you think or feel like queerness at the university is recognized appropriately? Why or why not? How would they increase recognition of queer identities and queer experienced within the university setting?
6. Beyond ISS/Erasmus wellness systems, what mental health or wellness systems have worked for you?

Questions for Staff Key Informant Interviews:

1. What is the university's 'wellbeing' message?
2. What are their roles in maintaining the university's wellbeing message?
3. How do they view queer students at the ISS? What has been their experience in addressing queer-related issues especially predispositions to mental unwellness and stress?
4. What are some of the programs related to queer studenthood that the university still actively promotes?
5. Are you aware of any student-led or community-led initiatives on queer mental wellness at the ISS or EUR? (Can widen to the Netherlands or Europe at its farthest).
    a. If the initiatives are at EUR or ISS, do they know if the university has decided to adopt some of these measures?

Note: For professors, ask if they receive training as well as guidelines on how they address mental health unwellness in students. Is it up to them to decide how they go about it? What about the BOE?