Student Mental Health Support

Exploring the needs of racially and ethnically minoritised students

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Pro:NE

A PARTNERSHIP OF THE FIVE NORTH EAST UNIVERSITIES

Durham University   Newcastle University   Northumbria University NEWCASTLE   University of Sunderland   Teesside University

Contents

Summary

University students from racially and ethnically minoritised backgrounds **face numerous challenges in the higher education system** that can have **adverse effects on their mental health** and their willingness and ability to seek support.

The aim of this report was to examine these factors in greater detail to inform a **positive action plan**.

This research focused on **5 universities** – Newcastle, Durham, Northumbria, Teesside, and Sunderland.

Fifty racially and ethnically minoritised students from these institutions attended focus groups.

Ten Staff members working within student health and wellbeing services in these institutions attended interviews.

The key findings highlighted:

The **multiple levels of racism and discrimination** racially and ethnically minoritised students experience whilst studying at universities in the North-East, and the subsequent impact on their psychological wellbeing, mental health, and their degrees.

Clinical staff felt that despite having much enthusiasm they **did not have adequate spaces (training, clinical supervision, or reflective practice) to consider how to work with these issues** in their clinical work. This often meant they accessed training and resources in their spare time, which often was not pitched at the right level and did not address their needs.

Within the remit of this report, **some key recommendations are identified** with a call for those in positions of power within student health and wellbeing services, university leadership and the higher education sector to consider how to implement these.

Introduction

Universities play a pivotal role in shaping the personal and academic development of their students. Despite the increasing awareness of mental health concerns among the student population, disparities persist in the provision and accessibility of mental health support, particularly for racially and ethnically minoritised (REM) students.

This report seeks to amplify the voices of REM students in the North-East, offering insights into their experiences with student health and wellbeing services, barriers encountered, and recommendations for fostering a more inclusive and responsive support infrastructure.

As we delve into the narratives of REM students, it is imperative to approach this exploration with sensitivity and a commitment to dismantling systemic barriers. By acknowledging and addressing the challenges faced by these students in accessing mental health support, universities can work towards creating environments that genuinely cater to the diverse needs of their student body, ensuring that every individual, regardless of background, can thrive mentally and academically.

Our position

"Being anti-racist means actively combating systemic in-group preferences, and structural injustices, wherever they may appear. This means working to counter racial prejudice, systemic racism, and the oppression of racialised groups. This includes conscious efforts and deliberate actions to provide equal opportunities for all people on both an individual and a systemic level. It is necessary to centre and prioritize the voices of people who are racialised. It requires a life-time philosophy of humility, acknowledging personal privileges, confronting acts as well as systems of racial discrimination, and working to change personal racial biases."

Williams, Faber & Duniya, 2022

This report aims to serve as a catalyst for positive change, prompting discussions, raising awareness, and advocating for policies and practices that foster an inclusive and equitable mental health support framework for REM students in the North-East of England.

Terminology

The term racially and ethnically minoritised (abbreviated to REM) is employed throughout this report to encompass the diverse and rich tapestry of individuals who identify with backgrounds beyond the majority ethnic groups in the UK. By utilising this term, we acknowledge the intersectionality of race, ethnicity, and cultural identity, recognising the varied and nuanced experiences within this demographic. This is important, as the terminology we use when talking about race and ethnicity can have real world impact and influence on policy. Therefore, due consideration has been given to the language and terminology being used within the report, research, and discussions.

We reject the use of the term BAME (Black and Minority Ethnic), and all its derivatives, which are usually used within similar research to describe groups who are of a non-white racial identity. There are several significant issues with this term, which is reductionist and obscures different levels of disadvantage between groups which fall under the BAME umbrella but who do not all have the same experience. It does not effectively consider intersectionality and does not allow for the consideration of anti-black racism between groups that collectively fall under the BAME umbrella and disproportionately affects darker-skinned individuals. These issues have been thoroughly outlined in previous research, which readers are invited to engage with for more in-depth understanding and consideration of these issues (Gabriel, 2016; Okolosie et al., 2015; Ryder et al., 2021).

Context

This research was conducted as part of the Pro:NE project which is funded by the Office for Students (OfS) and is a partnership between 5 higher educational institutions in the North-East of England – Newcastle, Durham, Northumbria, Sunderland, and Teesside. There are 4 work strands within this project: mental health, mentoring, admissions, and development.

The funding call was commissioned to reduce the disparities that UK-domiciled ('home') REM students face in progressing from undergraduate study to studying for a Postgraduate Research degree. 'Home' (UK citizens) REM students are therefore the focus of this report, as they face myriad unique challenges that other students, including international students, may not.

Purpose

In recent years, the discourse surrounding mental health on university campuses has gained significant attention, shedding light on the importance of creating inclusive and accessible support systems for all students. Within this narrative, the experiences of REM students have emerged as a critical focal point, demanding a closer examination of the challenges they encounter in accessing support services. This report endeavours to explore and present a comprehensive understanding of the unique struggles faced by REM students in the North-East of England as they navigate the landscape of mental health care within their educational institutions.

UCAS saw a 450% increase in student mental health declarations between 2011 and 2021 (UCAS, 2021) proving that there is an increasing demand for student mental health services (Auerbach et al., 2018; Tabor, Patalay, & Bann, 2021). As a result, the provision of mental health services within universities is increasing (Dodd, 2021). But there are some concerns that current services do not meet students' needs, with students requesting evidence-based mental health support from their universities that is psychologically and physically accessible, culturally relevant, and sensitive to the needs of student populations that are diverse in terms of race, ethnicity, religion, sexuality, ability, and gender identity (Priestley et al., 2022).

With Black British and South-Asian British people being more likely to attend university than their white counterparts (Modood, 2012; HESA, 2019), British universities are seeing more racial diversity. But are they physically and psychologically safe for REM students? These students express higher rates of dissatisfaction with their student experience (Arday & Mirza, 2018). Racism remains a problem within higher educational institutions and students do not have confidence in existing reporting structures. 24% of REM students have reported being a victim of racial harassment on campus and two-thirds of these students did not report these incidents to their university (EHRC, 2019). Psychological safety is perceived freedom in the expression of one's true self, that is, whether an individual feels confident in expressing their ideas and beliefs without fear of negative consequences to self-image or career prospects (Newman et al., 2017) Achieving psychological safety involves implementing inclusive policies, challenging biases, and stereotypes, providing support for marginalised groups, and actively addressing racism and discrimination in all facets of society. By promoting diversity, equity, and inclusion, organizations, communities, and policymakers can work towards creating a society where all individuals, regardless of race or ethnicity, feel valued and empowered to participate fully.

REM students have reported loneliness and isolation at university and highlighted a lack of safe spaces for them to discuss their challenges as racialised people (Bale et al., 2020). They have also called attention to their institutions' lack of efficacy in addressing issues of race and racism. This contributed to the disproportionate number of REM students (1 in 20 in 2019) who withdrew from their studies due to racial harassment (Kauser et al., 2020, EHRC, 2019).

Further challenges faced by REM students include under-representation in their degree programmes (Crozier et al., 2016), the degree attainment gap (Equality Challenge Unit 2015), racialised stereotypes around intelligence that can subsequently affect how REM students interact with university spaces (Osbourne et al.,

2023), and isolation, and racial discrimination on campus and in academic environments (Sian, 2017; Akel, 2019).

The National Union of Students outlined that REMS in the UK reported experiencing racism, ignorance, prejudice and stereotyping, isolation, and a lack of belonging (Eboka, 2019). Increased stress and depressive symptoms are known to influence academic progression and earning potential, hence widening the gap in attainment, and reducing the number of racially minoritised professionals in academia (Rana et al., 2022).

These chronic systemic and institutional issues have led to an under-representation of racially minoritised individuals progressing into academia. The negative experiences REM academics have faced within their institutions is well elucidated (Mahony and Weiner, 2020) and 3 in 20 REM staff left employment due to racial harassment (EHRC, 2019). Negative experiences doctoral students report include overt and covert microaggressions (Arday, 2021). Microaggressions have been called "death by a thousand cuts" (Sue, 2021) and are brief, everyday interactions that are seemingly slight but hide insidious displays of racial prejudice and often leave the victim confused, distressed and frustrated (Sue, Capodilupo, and Holder 2008). Such experiences can contribute to, worsen, or cause poor wellbeing and poor mental health.

It is imperative that the challenges facing REM students, the effect on their mental health, and how student facing services work with REM students is understood through the local context. This report aims to capture the voices of current REM students at our institutions through a series of focus groups. Interviews with clinicians providing mental health and wellbeing support to students enrich this by offering a perspective on how clinical staff understand and respond to the needs of REM students. It has been argued that in order to complement existing research, which is mostly based on educational challenges, there is a need for more qualitative research on other issues affecting REM students (Davies and Garrett, 2012).

Procedure

Design and participants

Staff and student participants were recruited through opportunity sampling, predominately via posters on university campuses and email circulars to staff and students via various university-based, local and regional networks.

Part one: Student focus groups

196 students expressed an interest in participating. Participants had to be from an REM background, a current student at one of the institutions and able to attend a focus group in person. 104 were invited to participate and 50 attended one of five focus groups (students from Newcastle, Northumbria, Sunderland, and Teesside Universities attended; see appendix a). Each group lasted 2-hours with a 20-minute break for food. Participants were given a £20 gift voucher and had their travel expenses reimbursed in order to encourage participation and compensate those travelling from across the region.

The topic guide was developed by the main researcher, with the input of both current and recently graduated students from a REM background who had attended universities in the North-East. The focus groups were held in person, on the campus of Newcastle university and were facilitated by the main researcher and a moderator. Transcripts of the focus groups were analysed using Thematic Analysis (Braun and Clark, 2022).

Part two: Staff interviews

13 staff members (including staff from all 5 participating institutions) expressed an interest in taking part. The criteria for inclusion were that participants had to be a current staff member based in a SHWS within a partner institution. Ten took part in an individual interview, conducted online by a research assistant. They received a £20 gift voucher. Transcripts of the interviews were analysed using Thematic Analysis (Braun and Clark, 2022).

Results/Findings

In order to provide the most comprehensive overview of this issue, the data from focus groups and staff interviews were combined for the purposes of analysis. Information has been anonymised and all names that appear have been changed.

Overall themes and subthemes

Themes	Subthemes
Theme One: **Racism and the distress and harm it causes**	The effects of systemic racism
	Racism and discrimination within the institution
Theme Two: **Navigating adjustments**	New challenges
	Loneliness, isolation, and the protective nature of community
Theme Three: **We know you exist but it's not enough**	Marketing of Student Health and Wellbeing Services
	Systemic challenges and limitations of the six-session model
	Finding psychologically safe spaces for REM students
	Need for staff training
Theme Four: **Stigma around mental health and help seeking**	
Theme Five: **Lack of diversity in staff teams**	
Theme Six: **The current landscape of higher education/ institutional pandering**	The illusion of change
	Work-related stress for academic, and clinical staff

Themes

Theme One: Racism and the distress and harm it causes

Subthemes

- Systemic challenges and limitations of the six-session model
- Finding psychologically safe spaces for REM students

Covert and overt experiences of direct and indirect racism, discrimination, and stereotyping were shared by the majority of students and staff who took part in the research. The subtle, insidious nature of UK racism made it even more distressing.

> *"...there can obviously be the issue of straight up racism, from the institution, from staff, and you know from people who live in [redacted], and the thing about how racism operates in the UK as opposed to the US. In the US it's much more like out there and loud, and, you know, here it's much more subtle, and in ways that you can't say, hey, that's an issue, because it's always- it's always understated, it's always an undercurrent, but I've seen it just sort of- you know, take the PhD experience the supervisor/supervisee relationship is key. Like... make or break. So, what happens when your supervisor turns out to be racist to you?... there's loads of ways that people's experiences are subtly impacted that you basically can't pick out."*
>
> *Kamala*

Staff also expressed worries about racism.

> *"It's been very noticeable since Brexit. How the...levels of racism that are reported to us, but not just the levels, but how much more openly, almost like Brexit erm legitimized being racist. And our students reflect that in what they bring to us...I don't doubt for one minute that this level of racism has always been there, but I think it is now more out in the open and sadly seen as more acceptable, and therefore we hear more reports of it."*
>
> *Leah*

Students and staff both reflected that sometimes instances of racism occurred off campus which led them to feel that there was nothing that could be done. Staff in particular reflected feeling unable to act on, or confront, any instances of racism that students experienced in academic spaces on campus which led to feelings of powerlessness.

The effects of systemic racism

The first layer of experiences of racism was evidenced through systemic racism that exists in society and has longstanding effects on communities, their parents and wider families who often emigrated to the UK, often as a result of colonialism and how this has filtered down to the children.

One way this currently affects these students is through attitudes around the importance of education and increased pressure to succeed academically. This was compounded by some students feeling they did not have a right, or space to complain when they were facing difficulties due to parental sacrifices and also due to perceptions that their parent's experiences of racism and discrimination had been significantly worse.

> "My parents had it **so** much worse back then so saying I have anxiety because someone gives me dirty looks, or because a patient doesn't want to see me. It feels pathetic and it's just not going to happen."
>
> **Samira**

Furthermore, both students and staff spoke of racism within the wider community, outside of university spaces, and how this affected integration and a sense of belonging, with many students reporting being keen to leave the region once they finished their studies.

Racism and discrimination within the institution

Such issues funnelled to experiences of stereotyping and discrimination within institutions themselves; a common theme expressed by both students and staff. This included these experiences in academic spaces from academics, other members of staff, and from students in academic spaces. Another aspect of this was discrimination from other students in social spaces such as halls of residence, shared accommodation, and social spaces. There was a lack of surprise at having such experiences.

> "… my white friends will be like "oh that was awful I can't believe that's happened" … I can believe that's happened because it happens all the time."
>
> **Temi**

Many students stated this was not their first experience of experiencing racism in academic spaces or in their lives. Others felt that having such occurrences downplayed was detrimental to their wellbeing.

> "I've had like my white friends all like say to me, oh like it wasn't race thing, you're making into a race thing, and it makes you feel quite crazy or like you're over exaggerating the situation, but also mental health, when it's like personal things to you, you know, we can work on… but when it's like big issues like racism, it's impossible to fix. Like, I can't personally do anything to make it better, and there's no one to speak to about it because they don't understand what's happening, or they're not interested and you just think the world is so unfair, and then you're angry, and then you can't do anything to fix it, and then it's a spiral. It's all those like unexplainable things, grey areas, things where you can't quite find the words, that can really affect you as well."
>
> **Imani**

Students also expressed that, at times, disclosures around struggling with their mental wellbeing were not responded to in a compassionate manner by their institutions and felt that they were often treated as a nuisance.

Theme Two: Navigating adjustments

- New challenges
- Loneliness, isolation, and the protective nature of community

New challenges

Both students and staff spoke about difficult adjustments to new roles as adults and also as adult learners. There were issues around adjusting to living alone (bills, cooking, cleaning etc.), academia, and academic spaces.

This theme is in line with the developmental stage of many students, regardless of their race. However, there was an added pressure of many students moving to the North-East from more culturally and racially diverse regions and struggling to meet their cultural needs as easily. This included struggling to find food items, hairdressers, and cosmetic products. Furthermore, the lack of racial and ethnic diversity in the region (outside of university spaces) came up frequently, but was less of an issue for many students.

This was more difficult for PGR students, many of whom hold dual roles as staff members and as students and therefore were not sure where to best seek support that would meet their wellbeing needs. There were also questions around the appropriateness of displaying vulnerability in academic spaces.

Many postgraduate and mature students also held additional challenges of navigating increased responsibilities that other students might not have, such as being older, holding caring responsibilities for family members including dependants, and having to find employment to supplement their income, especially for those from working class backgrounds.

Loneliness/isolation and the protective nature of community

Students spoke about isolation, loneliness, and struggling to find spaces to make friends and meet people. They considered whether this was a common experience due to moving into a new city, or whether it reflected prejudiced attitudes and the challenging process of trying to discern this.

Staff reflected on the impact of the pandemic and resultant challenges for students, including having to catch up socially but also lacking in some ability to navigate social situations with other students, but also academically with staff. This was especially a challenge for PGR students who are often older, within smaller schools or might only communicate with an individual supervisor or small research team, further contributing to feelings of isolation.

Intergroup challenges also emerged. Students and staff identified student societies as potential spaces to meet others with shared hobbies, cultural, ethnic, or religious needs. This was a protective factor for some students, who reflected that finding such spaces with people with a shared background, with social events that did not revolve around drinking, was important.

However, many highlighted that they had been signposted to these spaces, but found that they did not meet their needs. This was for a number of reasons, including being left out due to age differences, events being very social and organised around activities they did not enjoy (such as clubbing, or drinking), or events were dominated by a subgroup of people with different beliefs, to name a few issues. This also had an effect on individuals who were neurodiverse, who might struggle in large groups of people.

Theme Three: **We know you exist but it's not enough**

Subthemes

- Marketing of Student Health and Wellbeing Services
- Systemic challenges and limitations of the six-session model
- Finding psychologically safe spaces for REM students
- Need for staff training

Marketing of SHWS

A number of students had accessed support through SHWS and generally had good feedback about their experiences. Some students highlighted that they were not aware of how to access services and others felt that accessing SHWS were quite difficult.

Students recalled being informed of the existence of SWHS during induction events, but some felt that this period had been information heavy, and they had forgotten much of the content in relation to SHWS and how to access them.

Others highlighted that the marketing of SHWS could be more encouraging, more approachable/welcoming, and more visually appealing. They often interpreted SHWS as being external to the university, despite them being part of the university. As a result, students generally felt that it would be more helpful to have mental health support integrated into the way the University is structured.

Systemic challenges and limitations of the model

Some students who had accessed counselling at SHWS felt they had experienced a long wait for care that was too short, felt inadequate, and did not always meet their needs or expectations. They also wanted a wider provision of different types of therapies. Others highlighted that their experience had been positive, but they felt the provision of therapeutic support was not adequate.

"I've studied at different institutions, so I'm not- don't want to pass any judgements on [redacted] specifically because I don't know it that well, but it's just this idea of having like having free Yoga sessions is ever going to fix people's like mental health issues, or- and it- they can be sort of nurturing psychological wellbeing in some ways, but in terms of actually addressing problems when they arise, I don't think it's really a fix at all."

Asha

Some felt there needed to be support beyond 6 sessions of therapy with Talia sharing *"After that six sessions, it just stopped and I felt that support just cut off, and I was oh, what do I do, I feel a bit lost still. So, after that, I had to find my way by myself again… I don't really know how". She was cognizant of some of the reasons for this "I know that there are other people who are also, struggling as well, I'm not being selfish people need to be like I want them but I think they need to find a way to keep continuing that support onwards after those six sessions, because, I don't know, it's always struggling then. What are they going to do after those sessions? You're kind of lost."* This was a perspective also shared by Briony, a staff member, *"That is the balance that needs redressing and maybe making sure that when we do provide mental health support, it's enough for you know to cope with the kind of the issues that we're dealing with. It's enough not just six quick sessions."* And reflected on how this might affect the reputation of services by musing *"It's enough to make a difference because there's no better way of growing a service than word of mouth."*

The systemic issues within SHWS were mentioned regularly. Ron reflected *"…even like outside of, like, universities in terms of like the NHS, GP, other services, the waiting lists are huge, probably more so now in the time that I've been working in the field."* Students were also generally aware of some of the systemic issues faced by SHWS and wider healthcare services in the UK including being understaffed and underfunded. They complained of *"the cruelty of waiting lists"*, long waiting times and sometimes not knowing what is on offer within their institutions and within their schools, with a lack of role clarity around what different colleagues working under a wellbeing remit actually do and can offer them.

Students felt that academics and other staff within the university would benefit from training on mental health. Staff felt that the business model style of delivery of services was inadequate and affected their therapeutic work.

"I think that kind of emphasis has changed now…higher education organisations now have become businesses…I find this quite a difficult thing to come to terms with…if 500 students apply to the service and every one of those 500 has had one session, but it does nothing. As far as the business model is concerned, that's a satisfactory outcome because everybody's had some contact. There's an illusion that their needs have been met. But the truth is their needs haven't been met, certainly not in counselling terms. You can't do any kind of valuable work in one session and it's more about being seen to have met a need, even though it's not a real, there's no value, in the need hasn't been met, but there's a kind of an illusion that it has…"

Briony

Staff highlighted waiting lists as an issue *"…one of the main things that students complain about to us is the long waiting times for support…"*. However, they reflected that waiting times felt much more reasonable than other services *"…it [the wait] doesn't ever get longer than sort of 12 weeks, maybe 14 weeks at a push… when you've worked in other services where it's been like six months plus, it doesn't feel quite as horrible… And there's also other things as well that we can offer, which means that they can access more sort of timely support."*

Finding psychologically safe spaces for REM students

Some students were worried about being misunderstood by white therapists and spoke about previous negative experiences in healthcare spaces and how memories of this caused them to be cautious when reaching out for support.

> "...a lot of my friends who are minorities say something about whenever they go for like specific healthcare stuff... they're always like, well I need to find somebody who looks like me because I don't want them to mess with my body, like I don't want them to mess up, or I don't want them to mess up in a way that they wouldn't with somebody else. I'd have white friends, oh you can just come to my doctor, and my other friend going like, no I'm not going to do that, I'm going to go to a doctor who looks like me because I don't want them to mess with me."
>
> *Yasmin*

Others conceptualised this in terms of how general awareness of poorer experience of people from certain groups always played on their mind and affected if/how they asked for help and what to expect.

> "...it probably maps across the university services as well, but looking at sort of the healthcare system... people of colour of women, especially, as well are not really taken seriously in the healthcare system in the same way. I think it's been like black women are six times more likely to die in childbirth or something. A friend of mine's a medical student, well he just finished, and he once had a lecture of dermatology, and at some point some students had compiled an alternative textbook to show how a particular skin condition shows up on different shades of skin, and the lecturer at the end of their lecture said, and there's this other textbook with other skin shades in it if anyone's interested in that kind of thing, and just completely dismissed it, and laughed."
>
> *Ama*

This directly affected REM medical students.

> "I actually wouldn't be able to correctly diagnose anything that wasn't on like white skin at all, and I think that's really sad because like, I'm clearly not white, and I wouldn't know how to do it because that's all we're taught ever...the system as a whole is really- I guess it's just negligent because you would miss it and then someone would have to wait until it's a lot more serious."
>
> *Ayo*

Others considered how this reminded them of other experiences of their difficulties not being taken seriously in different contexts

> "Like, mental health is like not a thing in my family, it doesn't exist, so there's that and there's actually being taken seriously in the system as well."
>
> **Yousef**

Staff also spoke about how these issues played out in the therapy room and how students might test their therapists to see whether the space was a safe one in which to discuss issues of race, ethnicity, and culture in relation to their mental health.

> "…some of the clients I work with are waiting for you to name it [racism] rather than them having to name it."
>
> **Ron**

> "I think what students will often do is they'll sort of test it out on you because actually I suppose, in the same way that you know like LGBTQ plus students would as well, I think that sometimes they don't necessarily want to open up about the stuff they want to open up about because they are worried in case actually you're gonna you know, gonna have some horrible views or that you're not just simply, actually, that you're not gonna understand of why it's an issue or that you're gonna try and explain it away."
>
> **Emelda**

Some students argued that they would prefer to have a therapist who has a shared racial, ethnic, and cultural background, whilst others commented that they would prefer to have therapists who were distanced from their culture. The overarching sentiment was one of being able to have a choice of a range of therapists to choose from.

Need for staff training

Staff highlighted a need for more training and information, especially as many had completed their clinical training many years, or even decades ago.

> *"I guess that would be the main thing. It's [working with REMS] not something that we really focus that much on either... we all did our training a good few years ago now before it was really focused on that much within the clinical training programs."*
>
> **Samantha**

Staff highlighted a lack of space to access relevant training and discuss issues relevant to this client group. Eliza thought about how some training she attended did not feel in depth enough *"You want something that digs a little bit deeper, I suppose."*

Lack of relevant training was a particular issue for clinicians in university spaces, as opposed to clinicians working within other services who might be able to access protected time and space to access relevant supervision, training, and support. Eliza elaborated *"I also think like something that's specific for erm working with people in a therapy setting erm like would be really helpful."* And thought about it further *"...occasionally stuff does come up, but it's also like getting it pitched at the right level as well, because often it's quite introductory, so it's sort of like assuming almost that you've never thought about like your unconscious bias..."*

Many staff members sought out spaces for relevant training and CPD in their personal time.

> *"It's having like a constant commitment to training and educating yourself and like professional development."*
>
> **Eliza**

Theme Four: Stigma around mental health and help seeking

Stigma around mental health and help seeking

Cultural beliefs held by students, their family members and others within their communities had influence on how mental health is understood and conceptualised on individual and systemic levels. Although individuals did not always buy into these beliefs, they did sometimes struggle with feeling misunderstood by their parents or other people in their lives and their wider communities. Students were hesitant for the cultural beliefs of their families, or wider communities to be misunderstood, stereotyped, or stigmatised they did reflect on some of the less helpful beliefs some communities held around mental health difficulties. Beliefs which sometimes contributed to increasing stigma around experiencing mental health difficulties

and impacted how comfortable individuals felt with being open about challenges and seeking help for such challenges. Despite these difficulties they identified extraneous cultural support such as extended family members, the wider community, religious organisations, and other cultural organisations as being the first port of call when struggling with their mental health and filling gaps left by mainstream mental health services. There was a general theme of lack of trust and faith in NHS mental health services in the UK, which generalised to the mental health offerings provided by all services in the UK, including SHWS.

Theme Five: Lack of diversity in staff teams

Lack of diversity in staff at SHWS

There were several reflections on the lack of racial diversity in the region which translated to a lack of diversity in the staff pool amongst colleagues working in SHWS. Many staff members felt this could deter students from accessing support for fear of not being understood.

> "… we're not representative of a minoritised population either, so I can. I can understand why people, what might think well, why would I go there? They're not gonna understand my experience or what I've been through."
>
> *Samantha*

Others felt that this could further entrench stereotypes, biases, and blind spots that more diverse clinical teams might be able to address. Some clinicians reflected that fear of offending or "saying the wrong thing" would sometimes prevent issues of race or culture being mentioned which would leave things unsaid. Furthermore, clinicians spoke about some of the implicit, Western assumptions within the dominant therapeutic models they were trained to use for treatment. There was also a frequent assumption that REMS were international students which led to suggestions of difficulties which would not be relevant for most REMS (such as struggling with the English language, struggling to navigate British culture etc.,). Students reflected on the glaring lack of diversity in the staff teams within their schools. This often left them not seeing themselves reflected within schools, without role models or people they felt could be approached when they wanted to discuss issues of race, or challenges around this.

Theme Six: The current landscape of higher education/ institutional pandering

Subthemes

- The illusion of change
- Work-related stress for academic, and clinical staff

> *"There's an issue with like the institution in various ways it tries to encourage people from a racial minority, but it doesn't take their complaints seriously when it comes to that…it's not actually committed to anti-racism. There's a lot of conversation around decolonising the university and it's just it's about putting the token minority on the promotional materials and saying, "we're really committed to diversity" and not actually doing anything about it…"*
>
> *Ife*

The illusion of change

Students explored the changing political climate in regard to race following the Black Lives Matter movement. They emphasised many *"tokenistic"* attempts to decolonise the curriculum that did not hit the mark. There was also the increased burden of being an REM student and they referred to *"fake inclusion"* such as being asked often to be involved in promotional material which made schools and universities look and seem more racially diverse than they actually were whilst nothing really changed on the ground, or in their day-to-day experiences.

Furthermore, they noticed that academic content around issues related to equality, diversity, or inclusion was facilitated by white staff who often missed the mark. This would manifest in content focusing on gender, disability, or sexuality and erasing issues of race, or presenting inaccurate information. They felt powerless to challenge this, with one student expressing that they felt *"voiceless"* and felt it reflected a wider pattern of institutional ignorance. Some intentionally chose to *"self-silence"* whilst others who chose to address this would experience educator burden which felt like another challenge, on top of numerous challenges they had to shoulder. This further ensconced feelings of being misunderstood and of academic spaces not being for them, which led to complex emotions including anger and frustration.

Work-related stress for academic, and clinical staff

 "I just think the attitude of universities, and how they think students are for making money, they just try to make as much money as they can, and then underpay staff, so they end up on strike, and then everyone's more stressed. I think it's an issue that compounds itself because the university is constantly after more money…that impacts on everyone's psychological wellbeing…"

Christabel

Students thoughtfully considered some of the issues facing clinical staff and academics in the context of disputes about pay and working conditions which have seen many strikes. They reflected on how this generally impacted their university experience. Some were angry about the amount of debt that they were accruing and wondered how their fees were being spent. Staff members spoke about increasing workloads and extraordinary increases in student numbers that did not translate into meaningful increases in staffing.

Discussion and Recommendations

Recommendations

Student health and wellbeing services level

- Staff support – appropriate training in working therapeutically in culturally competent ways; access to spaces for relevant and appropriate clinical supervision and reflective practice.

- A broad range of wellbeing focused interventions made available to students that are well advertised and appealing.

- The provision of different types of therapeutic support beyond counselling and extended past six sessions, especially given that some REMS will have multiple challenges and need time and space to build rapport and psychological safety.

- Mental health focused interventions for those with more complex and enduring mental health needs.

- Clarification of boundaries between NHS and university services.

- Review the diversity of the wellbeing team.

- Reserve spaces on the wellbeing team for staff of colour.

- Option to have a counsellor of a similar racial and/or ethnic background.

University level

- More funding for student health and wellbeing services

- Improving mental health literacy and anti-racist education (including an awareness of the relevant intersections) for academic staff.

- Proper training for academic staff around issues faced by REM students.

- Support for students and staff in having challenging conversations.

- Clear and transparent processes for reporting racist incidents that is separate to other incidents (rather than being integrated into general reporting). The outcome of any action by staff is fed back to the students in a proactive manner.

- Teaching examples that reflect a wide range of diverse individuals, practitioners, and practices.

Discussion

The research presented outlines that 'home' REM students studying at universities in the North-East of England face a number of unique challenges and also do not have access to mental health support that meets their needs. Separating these issues can be incredibly difficult. It is clear that there are a number of experiences that REM students encounter at university that may not be within the realm of student support services to address, but that have a detrimental effect on psychological well-being and mental health. This demonstrates the interlinking nature of these issues. There are a number of things the institutions themselves can do.

With many students highlighting the role of academic, and other staff in their schools in causing distress or maintaining some of these challenges it is key that the institution does more in terms of considering practical steps to address these issues. This is particularly relevant in terms of racism, outdated attitudes, bias, and stereotyping. Staff interactions with students have been identified as a key variable in student success (Mountford-Zimdars et al., 2015). Being part of a minority can increase feelings of social isolation, prejudice, and discrimination, all which have a negative impact upon mental health (Rana et al., 2022). It is clear how loneliness, isolation, and feeling different could have an impact on the mental health and well-being of students and has also been a key aspect of previous research (Bale et al., 2020).

Some REMS arrive at higher education already disadvantaged by negative previous experiences of education systems, and subsequently may be more susceptible to lower self-esteem and feelings of alienation (Eboka, 2019). Critical Race Theory highlights that racism is embedded into the structure of society, and that racial inequalities are misconstrued as ordinary processes, rather than a consequence of racial hierarchy within Western society (Kauser et al., 2020). REM students may, therefore, self-silence in order to avoid being labelled as sensitive or over reactive by the White privileged majority (Hammond et al., 2019).

White students have been suggested to hold a greater sense of entitlement in academic settings, which is in sharp contrast with the experiences reported by many REMS (Rana et al., 2022). The concern of students that current services don't meet their needs and are not culturally relevant or sensitive is outlined in previous research (Priestley et al., 2022). It is therefore imperative that services do more to prove an active commitment to work with REM students to ensure their cries are heard.

# Appendix A – Demographic Data of Students

Gender of participants

Gender	Number
Female	27
Male	22
Fluid	1
Total	50

Female 54%   Male 22%
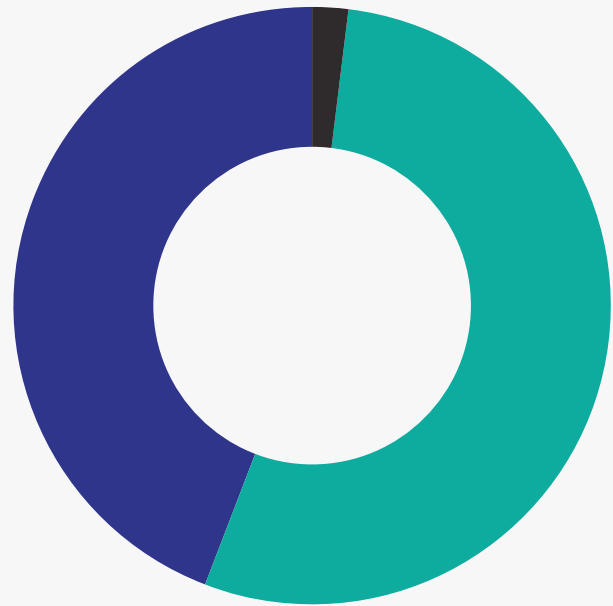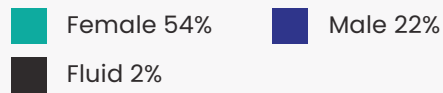
Fluid 2%

Sexuality	Number
Heterosexual	37
Bisexual	6
Pansexual	1
Gay	2
Prefer not to say	2
Fluid	1
Queer	1
Total	50

Ethnicity of participants

Ethnicity	Number
Arab	6
Asian (Indian, Nepali, Sri Lankan, Pakistani)	17
Chinese	4
Other Asian	8
Mixed white and Asian	4
African	7
Caribbean	1
White and Black African	1
White and Black Caribbean	1
Other mixed background	1
Total	50
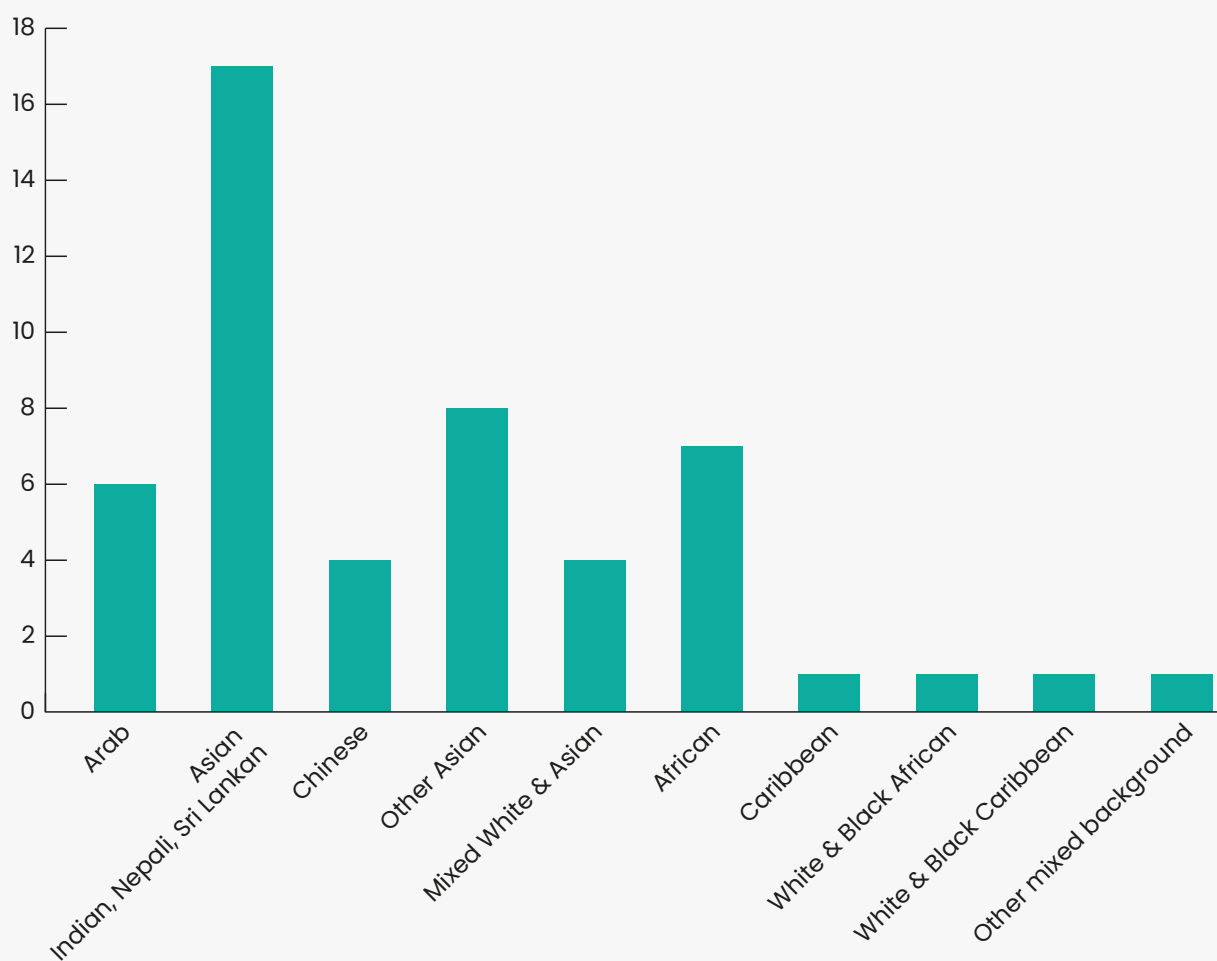
Are you religious?

Religion	Number
Christian	9
Islam	6
Evangelical Christian	1
Hinduism	6
N/A	15
Buddhist	5
Catholic/ Roman Catholic	6
Sikh	1
Agnostic	1

- Yes 68%
- No 30%
- N/A 2%
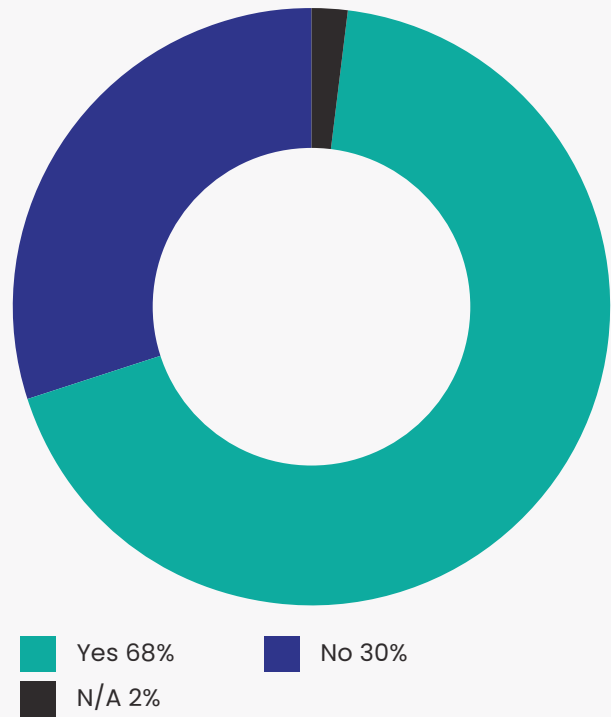
Current degree type?

Gender	Number
Postgraduate Research	15
Undergraduate	19
Postgraduate Taught	16

- Postgraduate Research 68%
- Undergraduate 38%
- Postgraduate Taught 32%
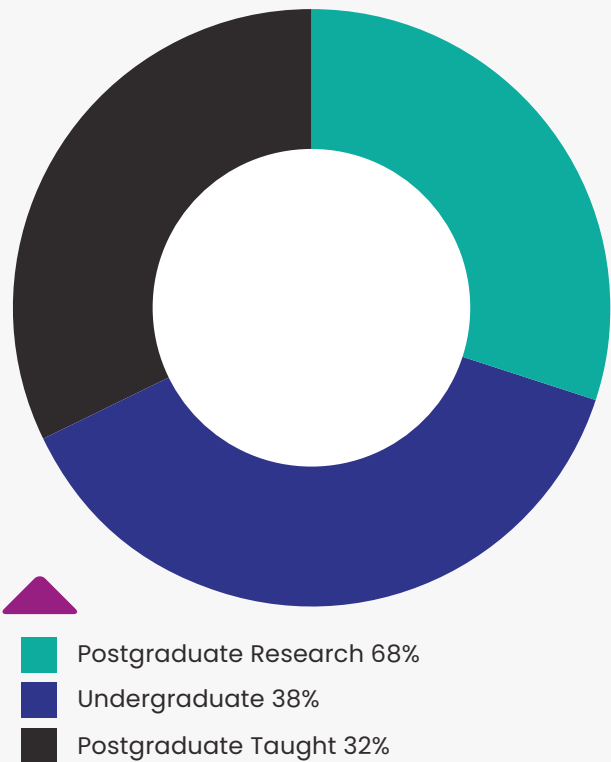
Is this your first degree?

- Yes 56%
- No 44%
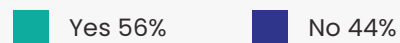
Do you have a disability?

Communication needs?	Number
Yes	0
No	50

Caring Responsibilities?	Number
Yes	3
No	47

■ No 6%   ■ Yes 94%
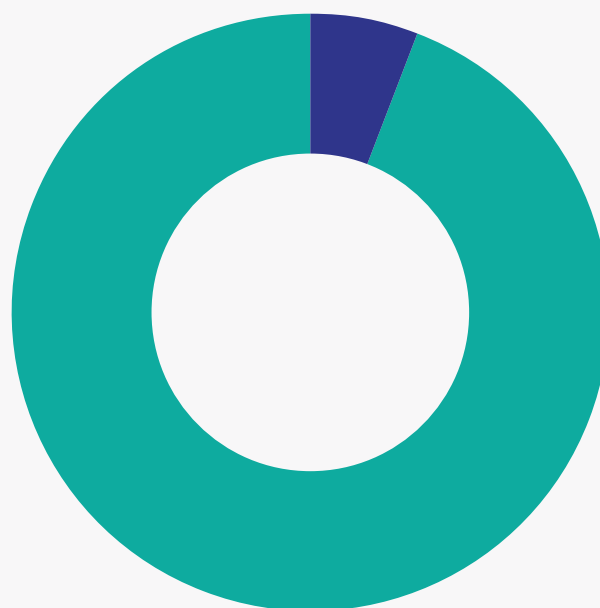
Mental health difficulties before university	Number
Yes	23
No	27
Details	**Number**
Obsessive Compulsive Disorder	2
Depression	7
Anxiety and stress	3
Depression and anxiety	4
Issues related to adjustments	1
Difficulties related to eating	1
No diagnosis	3
Bereavement and associated mental health challenges	4
Covid related mental health challenges	2

Some participants reported more than one issue.

Mental health difficulties during university?	Number
Yes	30
No	20
Details	**Number**
Anxiety/ stress	15
Obsessive Compulsive Disorder	2
Issues related to studying (high pressure, difficulties with supervisors etc.)	3
Self-harm	2
Home sickness/difficulty adjusting/loneliness	3
Depression	3
Not specified	3
Anxiety and depression	3

Some participants reported more than one issue.

Did you seek support during your time at university?

- Yes 34%
- No 44%
- N/A 22%
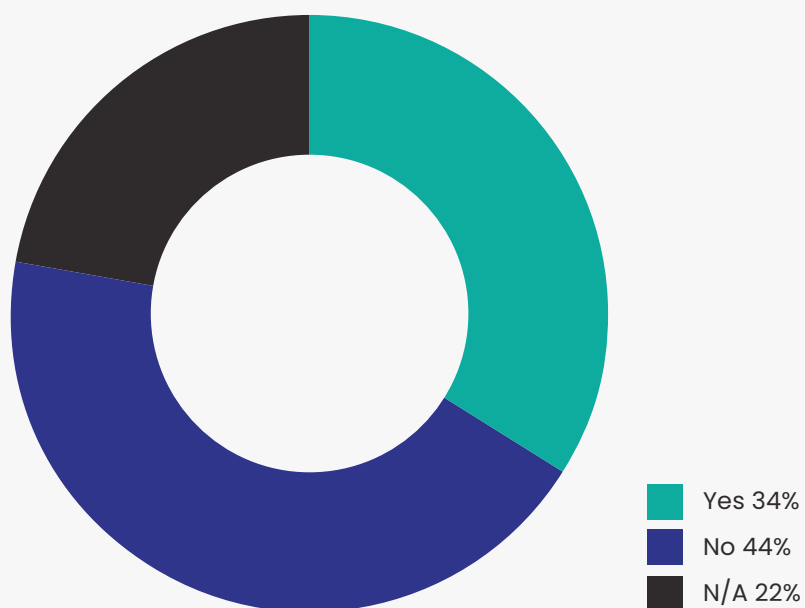
References

Akel, S. (2019). Insider-outsider: The role of race in shaping the experiences of black and minority ethnic students. Retrieved from https://www.gold.ac.uk/media/docs/reports/Insider-Outsider-Report-191008.pdf

Arday, J. (2021). Fighting the tide: Understanding the difficulties facing Black, Asian and Minority Ethnic (BAME) Doctoral Students' pursuing a career in Academia. *Educational philosophy and theory*, 53(10), 972-979.

Arday, J., & Mirza, H. S. (2018). *Dismantling Race in Higher Education: Racism, Whiteness and Decolonising the Academy*. London: Palgrave Macmillan

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., Murray, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Stein, D. J., Vilagut, G., Zaslavsky, A. M., Kessler, R. C., & WHO WMH-ICS Collaborators. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. Journal of Abnormal Psychology, 127(7), 623–638. https://doi.org/10.1037/abn0000362

Bale, I., Broadhead, S., Case, K., Hussain, M., & Woolley, D. (2020). Exploring the black, Asian and ethnic minority (BAME) student experience using a Community of Inquiry approach. Widening participation and lifelong learning, 22, 112-131.

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.

Crozier, G., Burke, P.J. & Archer, L. (2016). Peer relations in higher education: Raced, classed and gendered constructions and othering. Whiteness and Education, 1(1), 39–53. https://doi.org/10.1080/23793406.2016.1164746

Davies, C. and Garrett, M. (2012) 'The BME Student Experience at a Small Northern University: An Examination of the Experiences of Minority Ethnic Students Undertaking Undergraduate Study within a Small Northern University', *Compass, The Journal of Learning and Teaching at the University of Greenwich*, 5: 1-10.

Dodd, A. L., Priestley, M., Tyrrell, K., Cygan, S., Newell, C., & Byrom, N. C. (2021). University student well-being in the United Kingdom: a scoping review of its conceptualisation and measurement. Journal of mental health (Abingdon, England), 30(3), 375–387. https://doi.org/10.1080/09638237.2021.1875419

Eboka, T. (2019). Fostering student engagement with diverse cohorts: A case study of BAME undergraduate students. In S. Bennett and M. Nie (2019). Academics as Changemakers: Addressing challenges in HE Teaching Contexts (Issue 1).

Equality and Human Rights Commission (EHRC) (2019). 'Tackling racial harassment: Universities challenged'. IFF Research

Equality Challenge Unit. (2015). Equality in Higher Education: Statistical Report, Staff and Students. Available online: http://www.ecu.ac.uk/publications/equality-higher-education-statistical-report-2015/ (accessed on 21 October 2022).

Gabriel, D. (2016). *Racial categorisation and terminology*. Black British Academics. https://blackbritishacademics.co.uk/about/racial-categorisation-and-terminology/

Hammond, J. A., Williams, A., Walker, S., & Norris, M. (2019). Working hard to belong: a qualitative study exploring students from black, Asian and minority ethnic backgrounds experiences of pre-registration physiotherapy education. *BMC Medical Education*, 19(1), 1-11.

Hammond, J. A., Williams, A., Walker, S., & Norris, M. (2019). Working hard to belong: a qualitative study exploring students from black, Asian and minority ethnic backgrounds experiences of pre-registration physiotherapy education. *BMC Medical Education*, 19(1), 1-11.

Higher Education Statistics Agency (2019). General Performance Indicators suppressions. Available online: https://www.hesa.ac.uk/support/data-intelligence/general-performance-indicators-suppressions (accessed: 25 October 2022).

Higher Education Statistics Agency (2022). Higher Education Staff Statistics: UK, 2020/21. Available online: https://www.hesa.ac.uk/news/01-02-2022/sb261-higher-education-staff-statistics#notes (Accessed 12.12.2023)

https://www.theguardian.com/commentisfree/2015/may/22/black-asian-minority-ethnic-bame-bme-trevor-phillips-racial-minorities

Kauser, S., Yaqoob, S., Cook, A., O'Hara, M., Mantzios, M., & Egan, H. (2021). Learning from the experiences of Black, Asian and Minority Ethnic (BAME) university students who withdraw from their undergraduate degree. *SN Social Sciences*, 1(5), 1-21.

Modood, T. (2012). Capitals, ethnicity and higher education. In T.N. Basit, and S. Tomlinson (Eds.), Social inclusion and higher education (pp. 17–40) Bristol: Policy Press.

Newman, A., Donohue, R., & Eva, N. (2017). Psychological safety: A systematic review of the literature. *Human Resource Management Review*, 27(3), 521–535. https://doi.org/10.1016/j.hrmr.2017.01.001

Okolosie, L., J. Harker, L. Green, and E. Dabiri. 2015. "Is It Time to Ditch the Term 'black, Asian and Minority Ethnic?'" The Guardian.

Osbourne, L., Amer, A., Blackwood, L., & Barnett, J. (2023). 'I'm Going Home to Breathe and I'm Coming Back Here to Just Hold My Head Above the Water': Black Students' Strategies for Navigating a Predominantly White UK University. Journal of Social and Political Psychology, 11(2), 501-515. https://doi.org/10.5964/jspp.8581

Pat Mahony & Gaby Weiner (2020) 'Getting in, getting on, getting out': Black, Asian and Minority Ethnic staff in UK higher education, Race Ethnicity and Education, 23:6, 841-857, DOI: 10.1080/13613324.2019.1679761

Rana, K., Bashir, A., Begum, F., & Bartlett, H. (2022). Bridging the BAME Attainment Gap: Student and Staff Perspectives on Tackling Academic Bias. In Frontiers in Education (Vol. 7).

Ryder, M., Malik, S., Marsden, S., Lawson, R., & Gee, M, (2021) BAME: A report on the use of the term and responses to it - Terminology Review for the BBC and Creative Industries. Project Report. Sir Lenny Henry Centre for Media Diversity, Birmingham City University. https://www.open-access.bcu.ac.uk/id/eprint/14959

Sabri, D., Mountford-Zimdars, A., Moore, J., Jones, S., Sanders, J., & Higham, L. (2015). The Causes of Differences in Students' Degree Outcomes. HEFCE - Higher Education Funding Council for England. https://dera.ioe.ac.uk/id/eprint/23653/1/HEFCE2015_diffout.pdf

Sian, K. (2017). Being Black in a White world: Understanding Racism in British Universities. Papeles del CEIC. International Journal on Collective Identity Research, 2017(2), 176. http://doi.org/10.1387/pceic.17625

Sue (2021). Microaggressions: Death by a Thousand Cuts" in SA Special Editions Vol. 30 No. 3s (July 2021), p. 48.

Sue, D.W., C.M. Capodilupo, and A.M.B. Holder. 2008. Racial microaggressions in the life experience of black Americans. *Professional Psychology: Research and Practice* 39, no. 3: 329–36.

Tabor, E., Patalay, P., & Bann, D. (2021). Mental health in higher education students and non-students: evidence from a nationally representative panel study. Social psychiatry and psychiatric epidemiology, 56(5), 879–882. https://doi.org/10.1007/s00127-021-02032-w

UCAS, 2021. https://www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address

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