

Black, Asian and Minority Ethnicity Mental health campaign



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(She/her)

Background

- Campaign on elected manifesto (Pre-covid 19 restrictions)
- Inspired by Student Minds Mental health inequalities conference
- Lack of local and national mental health support for and by Black, Asian and Minority Ethnicity communities- look to Uni of Hull and HUSU services.
- <https://hulluniunion.com/news/article/BAME-mental-health>
- Focus on University services, however results show there are things we can do across the board as a University and Student Union.

Recommendations

What do I want from this?

1. Black Asian and Minority Ethnicity students accessing University mental health services.
2. Black Asian and Minority Ethnicity students having a good experience of the service, and feeling understood etc.

How can we do this?

1. Highlight what is already there that might encourage these students to access the services. Eg training
2. Fill gaps that might help recommendations 1 and 2.



Data

- **Quantitative data- Survey**
- **Qualitative data**
 - Open forums**
 - Conversations with students**
- **Sector wide research**



Limitations

- **Small number of student engagement (current circumstances)**
- **Slightly more engagement from students from Black and mixed ethnicity backgrounds, compared to Asian students, Arab students, other minority ethnicity students.**



Advantages

- **Current, relevant and specific**
- **Deep and rich data**

Quantitative Data: Survey

Results as of 21.01.20 (14 respondents)	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Another ethnic group (eg Arab)	Prefer not to say
No of respondents overall	2	5	4	2	1	0
1. I have had an appointment with the University's wellbeing team? (Located in Student Central on the first floor)	1 No 1 yes	2 yes 3 no	4 no	2 no	1 no	



Quantitative Data: Survey

	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Other ethnic group (eg Arab)
2. I feel that my lived experience of, and/or discrimination towards my culture/ethnicity has affected my mental health.	1 agree 1 not sure	1 strongly agree 4 agree	2 strongly agree 1 not sure 1 disagree	1 disagree 1 strongly disagree	agree

Mixed results

Students from Black backgrounds more inclined to agree compared to other backgrounds

	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Other ethnic group (eg Arab)
3. I would feel comfortable talking to the university wellbeing team about issues of race, discrimination or general issues about my life as a university student and beyond?	1 not sure 1 disagree	1 strongly disagree 3 not sure 1 agree	2 agree 1 disagree 1 strongly disagree	1 agree 1 not sure	Strongly disagree

Mixed results

Students from black backgrounds appear in the most disagreement with that they would feel comfortable talking to the mental health team.

	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Other ethnic group (eg Arab)
4. I feel that the university wellbeing team has sufficiently understood and appreciated how my mental health issues are impacted by my experience of my ethnicity/culture?	2 not sure	1 Strongly disagree 2 disagree 2 not sure	4 not sure	1 agree 1 not sure	Not sure

General consensus that most students have not felt, or are not confident that they would feel understood.

	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Other ethnic group (eg Arab)
5. I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a <u>similar</u> ethnicity/culture to myself?	1 Strongly agree 1 agree	3 strongly agree 2 agree	3 strongly agree 1 agree	2 strongly agree	disagree

Agreement amongst all participants (other than 1 from other ethnic group) that they would feel comfortable talking to someone from similar ethnicity/culture.

	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Other ethnic group (eg Arab)
6. I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a <u>different</u> ethnicity/culture to myself?	1 Not sure 1 agree	1 strongly agree 2 not sure 1 disagree 1 strongly disagree	2 disagree 1 not sure 1 agree	1 disagree 1 strongly agree	disagree

Mixed responses.

Most negative responses to the statement with students from black backgrounds.

	Asian or Asian British	Black, African, Black British or Caribbean	Mixed	White	Other ethnic group (eg Arab)
<p>10. How comfortable are you with the term BAME? Is there another term you would prefer?</p>	<p>I'm okay with the term BAME, but would prefer if it were broken down more, due to various differences between different ethnicities. It feels like you're either White or BAME.</p> <p>Do not mind</p>	<p>I would prefer being called black. I don't see myself as a minority. That's one of the many negative implementations attached to my skin colour.</p> <p>I would prefer to be called black because I am Black. Black people are even discriminated by the BAME community.</p> <p>Perfectly describes who/what it needs to!</p> <p>BAME is fine</p>	<p>I do not mind the term 'BAME' but would like the university to use specific terms when required (e.g. not using the term BAME when specifically trying to discuss issues surrounding Black culture)</p> <p>I do not like the term BAME</p> <p>Fine</p> <p>I'm okay with BAME</p>		<p>It's okay</p>



Direct experiences of UoH mental health team

Participant C (Black, African, Black British or Caribbean)	Responses
Lived experience has affected my mental health	Strongly Agree
Comfortable taking to mental health team about racism etc	Strongly disagree
The university wellbeing team has sufficiently understood how my mental health issues are impacted my ethnicity/culture?:	Strongly disagree
I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a similar ethnicity/culture to myself?	Strongly agree
I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a different ethnicity/culture to myself?	Strongly disagree
10. How comfortable are you with the term BAME?	I would prefer being called black. I don't see myself as a minority.

Direct experiences of UoH mental health team

Participant F (Black, African, Black British or Caribbean)	Responses
Lived experience has affected my mental health	Agree
Comfortable taking to mental health team about racism etc	Not sure
The university wellbeing team has sufficiently understood how my mental health issues are impacted my ethnicity/culture?:	Disagree
I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a similar ethnicity/culture to myself?	Agree
I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a different ethnicity/culture to myself?	Strongly agree
10. How comfortable are you with the term BAME?	Perfectly describes who/what it needs to!

Direct experiences of UoH mental health team

Participant L (Asian, or Asian British)	Responses
Lived experience has affected my mental health	Not sure
Comfortable taking to mental health team about racism etc	Not sure
The university wellbeing team has sufficiently understood how my mental health issues are impacted my ethnicity/culture?:	Disagree
I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a similar ethnicity/culture to myself?	Agree
I would feel comfortable talking to a member of wellbeing staff about my mental health if they were from a different ethnicity/culture to myself?	Agree
10. How comfortable are you with the term BAME?	Do not mind

Qualitative Data: BAME Open Forum Themes

- **Gaslighting/Not being taken seriously**
- **Lack of lived experience**
- **Lack of dealing with the root cause of mental health problems;
Racism and otherness**
- **Issues in reporting discrimination**
- **The Term 'BAME'**

BAME OPEN FORUM: SUGGESTIONS/SOLUTIONS

- Change needs to be taken on by staff. Campaigning for the BAME community often rests on the shoulders of volunteers or students, and gets dropped because of time commitments, re-traumatisation and students graduating and moving on. Campaigns to tackle racial inequality need to be more taken on by permanent members of staff to make it sustainable.
- More staff training needed for responding to students who have experienced racism and discrimination, and also in cultural competence.
- Feedback system- staff ought to be held accountable when there is a lack of understanding and race literacy.
- Institutions/universities. should act proactively to eliminate discrimination instead of reacting to deal with complaints, or perceiving it as a PR crisis,
- More training on empathy and understanding of generational trauma, and not an expectation for BAME students to 'get over' past experiences of genocide and

LATIN AMERICAN OPEN FORUM:

Themes

- Identity and finding a group
- Staff support for Latin American Students
 - Lack of awareness and stereotyping

LATIN AMERICAN OPEN FORUM: SUGGESTIONS/SOLUTIONS

- Encourage building a support network or society for Latin American students.
- Awareness raising around stereotypes to students- eg the fact that Cuba is not a communist paradise, but many people who live there have experienced conflict and trauma, and people ought to be sensitive with their stereotypes around a country.
- It is useful for mental health professionals to have training in understanding migration, cultural competence, racism etc.
- Awareness raising around Latin American students being supported by HUSU and University of Hull if they wish to start a campaign or address an issue that is faced by students from this community.
- More staff oversight on projects that impact Latin American students to ensure it is not ignored when students graduate.

WIDER RESEARCH: NKASI STOLL

- • Recommendations:
- University mental health service providers need to work together with people from BME communities prior to service design and delivery.
- Upon presenting mental health issues, information should be made available in appropriate languages for ethnic minorities to support understanding about their illnesses and how they can seek professional intervention and help
- BME service users need to be better informed upon entering university of the locally available mental health services and the variety of pathways for accessing care.
- Greater diversification regarding service providers



What are your thoughts on
the data?

Recommendations:

Short term/low resource

1. Greater transparency with students about the training that UoH and HUSU staff undertake.
2. Greater transparency about who the mental health practitioners are, eg such as pictures on the website.
3. Greater transparency and promotion of the work being done for racial inclusion by the UoH and HUSU.
4.
 - Greater transparency to students about what the procedure is when reporting a staff member for racial harassment.

Recommendations:

Medium Term/ Resource

Medium term/medium resource- cost

- Consultation with students about the term 'BAME' and appropriate terminology for these students, in partnership with HUSU.
- An awareness raising campaign with students and staff around empathy and generational trauma.
- A module or learning tool for students and staff to learn how to be better allies or be anti-racists. This can be done in partnership with students and HUSU.
- More promotion from HUSU to existing community groups and societies and encouragement to start new ones.

Recommendations:

Long term/high resource

Long term/ High resource- cost

- Part-time hire of a practitioner who is a specialist in understanding racism, cultural competence, generational trauma etc.
- HUSU and UoH partnership with local mental health provision in local community to see what can be done to better meet the mental health needs of Black, Asian and Minority Ethnicity students.



Thank you for your time!

If you have any further questions about these topics, we would love you to get in touch.

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