

Black, Asian and Minority Ethnicity Mental Health Report

Date: 26.01.21

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(she/her)

I would like to thank everyone who has been involved in this campaign, particularly Elise Bateman (Campaigns and Democracy Co-ordinator), Nicole Steele (Student Voice Manager), Simeon Orduen (President of Education) and Shekinah Komolafe (BAME students' representative).

Overview

As part of my manifesto I was elected on in March 2020, I have run a campaign on how to better meet the mental health needs of Black, Asian and Minority Ethnicity student at the University of Hull.

This was inspired by a conference I attended from the charity, Student minds, which explained about inequalities in mental health, including Black, Asian and Minority Ethnicity mental health.

Although there is sector-wide research findings available, I wanted to find what was specific to students in Hull's needs.

The following report lists finding and recommendations that have come from qualitative and quantitative data from students at Hull.

Please note that the term 'Black, Asian and Minority Ethnicity' is used throughout the report. The campaign results demonstrated that some students are uncomfortable using the term 'BAME' and HUSU are currently consulting students to find out what terminology students prefer. But, in the meantime, HUSU have moved away from the acronym 'BAME' and are referring to Black, Asian and Minority Ethnicity in its full.

Process

In December 2019, I attended the Inequalities in Mental health conference, hosted by Student Minds.

As the first step of the campaign (August- September 2020), myself and Elise, Campaigns and Democracy Co-ordinator researched local and national mental health support run for and by the Black, Asian and Minority Ethnicity community. We wanted to find out if there were already existing networks or groups that we could signpost to, and partner with. Incredibly little was found within tens of hours of researching that a student in Hull would be able to access. Therefore, we moved on to focusing on the student experience of the University of Hull (UoH) and HUSU.



At the beginning of October, a blog post explaining the reasoning behind the campaign, and the survey that students could participate in were both launched. There were also two Black, Asian and Minority Ethnicity mental health surveys hosted, where students could come and talk about their experiences of mental health and possible solutions.

In November 2020, when survey results indicated mixed opinions on the term 'BAME', forums focused on the needs of more specific ethnic minority groups were launched, such as a Black students mental health forum. Alongside this, a separate campaign for consultation around the term 'BAME' was launched in December 2020.

In January 2021, the survey continued to be promoted via social media to increase engagement, and the final results were collected and compiled into the report.

Recommendations

The following are recommendations taken from the data in general. These are general ideas open for discussion. As much as possible, it would be ideal if any action as a result of the campaign could happen with HUSU and the UoH in partnership, and working together.

Short term/ low resource-cost

- Greater transparency with students about the training that UoH and HUSU staff undertake.

Students may feel more able to access mental health appointments if they know that relevant training has been undertaken to help their experience be understood.

- Greater transparency about who the mental health practitioners are, eg such as pictures on the website.

Students might have a greater understanding of who the practitioners are, this might give them an idea if someone might have similar experiences prior to an appointment.

- Greater transparency and promotion of the work being done for racial inclusion by the UoH and HUSU.

There is already work being done on racial inclusion, for instance by the Inclusion and Campus Community team, and by HUSU. Greater transparency around this, and how this fits into the strategy might reassure students that staff are taking on some of this work, and they ought to report this to the HUSU President of Inclusivity and Diversity and the UoH team, and that they can contribute to this. This may mean that students who are taking on a large proportion of this work, that they can be assisted by the UoH and HUSU.

- Greater transparency to students about what the procedure is when reporting a staff member for racial harassment.

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.

Long term/ High resource- cost

- Part-time hire of a practitioner who is a specialist in understanding racism, cultural competence, generational trauma etc.

Even though it is impossible to find a variety of practitioners that every single student will be able to identify fully with, Black, Asian and Minority Ethnicity students may feel more confident going to a specialist who they feel understands their lived experience, and may feel more understood and able to express certain experiences. This could be for instance a counsellor from the Black, Asian and African Therapy Network.

- 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.

Data Collection

The data collected included quantitative data from the mental health survey, and qualitative data from conversations with students and open forums.

Quantitative Data

The quantitative data comes from the Black Asian and Minority Ethnicity Mental health survey that was published on the HUSU website. Although it is noted that there are a relatively small number of respondents, this survey was promoted extensively as much as possible between October and January. It should also be taken into consideration that this data collection took place during a series of national restrictions and two lockdowns, and thus student engagement was lower than usual.

It is also noted that only a small number of these students indicated that they had accessed the university mental health team. However, this data is still useful as it suggests that these individuals have perceptions of the University mental health team, which may impact their willingness to access the service.

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)	Pref er 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	1 No 1 yes	2 yes 3 no	4 no	2 no	1 no	

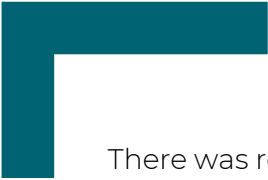
Student Central on the first floor						
2. I feel that my lived experience of, and/or discrimination towards my culture/ethnicity has affected my mental health.	1 agree 1 not sure	1 strongly agree 4 agree	2strongly agree 1 not sure 1 disagree	1 disagree 1 strongly disagree	agree	
3. I would feel comfortable 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	
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	
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	
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?	1Not 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	
7. I would be interested in attending an open forum to discuss how Black and Asian students' experience of the wellbeing team can be improved?	2Yes	2 yes 1 not sure 2 no	1 yes 1 not sure 2 no	1 no 1 yes	no	
8. Do you have any further comments or questions on this topic?						

9. What ethnicity do you identify as?	Asian	Black	Mixed	White	Other eg Arab	
10. How comfortable are you with the term BAME? Is there another term you would prefer?	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. Do not mind	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. I would prefer to be called black because I am Black. Black people are even discriminated by the BAME community. Perfectly describes who/what it needs to! BAME is fine	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) I do not like the term BAME Fine I'm okay with BAME		It's okay	

Some key findings to note are that most Asian, Black, Mixed and other ethnic group students indicated in some degree that their lived experience had impacted their mental health. This was particularly prominent amongst black students.

Most respondents, with the exception of students who identified as mixed ethnicity indicated that they did not feel fully comfortable talking to the mental health team about issues relating to racism and mental health.

All Asian, black, mixed and other ethnicity respondents indicated that they were unsure, or did not believe that the mental health team had sufficiently understood, or would understand issues relating to their lived experience, ethnicity and culture.



There was reasonable agreement amongst Asian, Black, Mixed and other ethnicity identifying that they would feel more comfortable accessing the mental health services if they could access someone with similar lived experience to their own.

There were mixed results among Asian, Black, Mixed and other ethnicity identifying students as to whether they would feel comfortable talking to a person of a very different lived experience.

There were mixed results amongst Black, Asian, Mixed and other ethnicity identifying students as to how comfortable they felt with the term 'BAME'. Some respondents indicated that they were 'fine' with the term. Others spoke about how it did not take into account racism within the BAME community. They also mentioned that it could be othering ('It feels like you're either white or BAME') and didn't match how they identified themselves ('I prefer to be called Black because I am black').




Qualitative Data

A number of Mental Health Open forums were held. Two Black, Asian and Minority Ethnicity Mental health open forums were held, to which a handful of students attended the first, and there was no attendance at the second open forum. In response to the mental health survey showing that some students were not happy with the grouping of, or the term 'BAME', a decision was made to hold Open forums for specific ethnic groups, including black students, Asian students and Latin American students. There was attendance only at the event for Latin American students.

Minutes were taken at the BAME mental health forum and the Latin American forum, and then transcribed into themes and recommendations.

The qualitative data includes;

- Themes from BAME Mental health open forum
- Themes from Latin American open forum
- A student who shared their experience of mental health treatment



BAME Mental Health Open Forum.1 THEMES


These are the themes that emerged from the discussion at the BAME Mental Health Forum on Tuesday 20th October.

Gaslighting/Not being taken seriously

- Lack of trust in the BAME community that issues will be taken seriously by mental health professionals- deters them from seeking help. Encourages BAME community to help each other in a community, rather than to seek support outside.
- Professionals- eg mental health professionals etc do not take issues seriously, or deny the person's experience of racism (gaslighting).
- Professionals can exploit a person from the BAME community, ie seeing them as an opportunity to ask questions about their culture, rather than simply seeing them as a person.

Lack of lived experience

- Mental health professionals have a lack of lived experience- don't necessarily understand the person's experience of racism/feeling of otherness.
- Language/cultural barriers. May have different terms/slang in expressing themselves. Leading to mental health



professionals not understanding where they are coming from. Or people from BAME communities feel that they have to monitor themselves and actively change their way of expressing themselves to be understood.

- BAME communities fear calling out microaggressions from experiences of white people victimising themselves.

Lack of dealing with the root cause of mental health problems; Racism and otherness


- Work often focuses on improving BAME communities' experience of mental health care, when they will still go out into the world and experience the discrimination that contributed to their mental health problems.
- Professionals need to believe in root cause (not gaslight), and institutions need to address root cause. Institutions need to focus on root cause rather than putting a plaster on (addressing mental health problems as a result of racism).

Issues in reporting discrimination

- Issue of being passed from pillar to post and having to repeat same experience to different members of staff- retraumatising.
- Inadequate sanctions for discrimination- ie staff just have to apologise in many cases.
- Students need to be more supported through process, and not left to put in the time and effort themselves when reporting discrimination.
- Students need to see and believe in greater accountability for discrimination so they are more likely to come forward, and continue the process of reporting.

The Term 'BAME'

- Terms such as BAME/People of Colour etc homogenise the experiences of people whose lived experience of racism



and discrimination are incredibly different from one another.

- Different experiences of racism- ie whether you are black British, or you are a Black person who has grown up in another country.
- Experience can also depend on the lightness of someone's skin, and experience of colourism. It can also depend on how 'British' they are perceived, for instance if they have a certain accent.

Solutions/Next steps

- 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 slavery.




Themes from Latin American Mental Health Forum

Identity and finding a group

- Latin American is such a large and complex term, it encompasses Black Latinos. Indigenous Latinos, and these individuals may identify as Latin American or as another identity.
- The commodification of Latin American culture in mental health care, how is this best addressed?
- Awareness of different cultures can be helpful.
- There is a lack of a Latin American group of students at Hull University who are supporting each other. There is a group in Hull city on Facebook 'Latinos in Hull'.
- There are cultural societies in HUSU for other nationalities where this peer support might happen, such as the Korean society, but this is lacking for students from Central and South American heritage.
- Every culture has its own 'BAME' structure that it has to deal with. For instance, there are diverse communities encompassed under the term Latin American, such as Black Latin American and indigenous Latin Americans. There are issues in terms of colourism within many communities.
- There is very little research specific to Latin American communities in the UK.
- In larger cities, such as London, there are more vibrant Latin American communities. Latin American is such a complex ethnicity, and combined with not being the majority migratory population in the UK, they are often neglected in research.

Sustainability of mental health treatment

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- Due to a lack of community and experiences of racism, many Latin American students or other students experiencing racial discrimination may have a counselor or therapist throughout their life. But this is not sustainable for the individual or society, as this should be something that is part of crisis management in mental health, and not a long term solution. Building networks of community care is important. There will be times of mental health crisis where a counsellor etc is needed, but it shouldn't be something that is needed at all times. Currently community care is so lacking that students may be reliant on counselors.
 - When a student does have the need to come to a mental health professional, when their mental health needs have surpassed the needs of a peer group, this professional ought to have at least basic training in cultural competence etc.


Staff support for Latin American Students

- Perhaps if there is very little existing networks, this is something that students take on themselves to set up, and then ends up being neglected if this student graduates.

It would be useful for students to feel more comfortable to come to staff to assist with campaigns, and more projects to be led by University and Union staff.

Lack of awareness and stereotyping

- In the UK, discussion around Latin America is stifled. For instance, if a British person talks about a trip to South America and a Latin American person talks about the trauma and conflict occurring in their home country, they are often dismissed or told that they are being too serious. British people can have a misconception that other countries are a utopia, when actually there is a lot of issues



and conflict that a person has experienced who is from that country.

This is not specific to Latin America, for instance that can occur in East Asian countries where they are glorified by British holiday makers, but some students have experienced conflict or discrimination from living there.

Recommendations

- 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.



Student Therapy Statement

“Counsellors well versed in the issues of migration, identity, statelessness, racism, LGBTQ+, diverse religions and other intersecting issues are a good way forward, but without solid structures of community and support they will always end up falling short. The investment in mental health is not just one of management but one of prevention with the goal of thriving. There will be times when management is needed but that cannot be the only investment nor the sole caring for our mental wellbeing.”



Sector-Wide Research

Nkasi Stoll, a Phd student is researching the mental health experience of Ethnic minority students, particularly Black students in the UK in partnership with Student Minds. Although this research cannot be shared in full, an overview of the findings and recommendations can be shared.

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