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Paying the widening participation penalty: Racial and ethnic minority students and mental health in British universities

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Abstract

Racial and ethnic minority (REM) students are more likely to experience poor mental health than their White peers yet are less likely to seek help from university counseling services. In attempting to explain this *puzzle*, the role of environmental factors are rarely explored, despite evidence which suggests that the university environment is itself a major factor. Here, I take a qualitative paired comparison approach to examine the influence of the university environment on the mental health and help-seeking attitudes of REM undergraduate students, evaluating their experiences at a Russell Group university (RGU) with low REM participation and a neighboring non-Russell Group university with high REM participation. While both universities declared a commitment to widen participation and promote inclusion for REM individuals, semi-structured interviews with 48 REM students reveal that feelings of isolation and the experience of discrimination were heightened at the RGU. However, students at *both* universities described having to navigate a "minefield" of racial microaggressions and "othering." Further, these environmental pressures are compounded by personal factors (i.e., prior help-seeking experiences, cultural norms, and family pressures). Together, these factors largely influence both their mental

health and their help-seeking attitudes. I argue that these factors create a *widening participation penalty* for REM students and suggest that support for these students must go beyond initial acts of increasing diversity on campus (for example, through Widening Participation schemes). Rather, efforts should focus on addressing and reforming the institutional environments and behaviors that hinder university campuses from becoming truly inclusive and *mentally healthy* environments.

INTRODUCTION

University student populations are experiencing rising levels of mental illness. In the United Kingdom, student suicide-related deaths increased by 79% between 2007 and 2015 leading to the development of multiple programmes to improve student mental health outcomes (Thorley, 2017). While as of late 2017, only 29% of UK universities had a defined mental health and well-being action plan (Thorley, 2017), several government and public health programmes such as the StepChange framework (Universities UK, 2017a, 2020b) have since been established. These programmes call for universities to take a "whole university approach" (Hughes & Spanner, 2019) to student mental health, while encouraging universities to consider how factors such as learning and living environments, diversity on campus, and the provision of culturally appropriate support services can influence student mental health. The aim is that by recognizing and addressing the effects of these factors, universities will become *mentally healthy* settings for all students (Hughes & Spanner, 2019).

These are typically *general* programmes targeting the student body as a *whole*. However, for some *specific* groups, the university environment may have adverse effects in ways beyond what is presently acknowledged. While all students face several stressors beyond academic concerns, racial, and ethnic minority (REM) students represent an especially vulnerable group who experience a unique combination of psychosocial stressors. These include underrepresentation on degree programmes (Crozier et al., 2016), and isolation and racial discrimination on campus (2019 Sian, 2017; Akel, 2019). These factors can lead to higher rates of mental illness (Arday, 2018). Indeed, in 2003, the Royal College of Psychiatrists (RCP) predicted that mental health problems in universities would increase due to government Widening Participation[1] (WP) agendas, which seek to provide individuals from *non-traditional* backgrounds (e.g., racial and ethnic minority or lower socio-economic status) with greater access to higher education, especially within the more prestigious Russell Group[2] universities (Royal College of Psychiatrists, 2003a, 2011b). Since then, UK universities have become increasingly socially and racially diverse, with Black British and South-Asian British individuals now being more likely to attend university than their non-REM peers (Modood, 2012; HESA, 2019). In line with the RCP's prediction, REM (and in particular Black and South-Asian) students are also *more* likely to experience mental health problems; however, despite this, research suggests they are *less* likely to have positive attitudes toward mental

[1] Widening participation in higher education is a UK Government policy commitment. Through various policies, known as WP agendas in this paper, access has increased from a broader range of social and ethnic groups.

[2] The Russell Group is a collection of 24 elite universities in the United Kingdom, who are regarded as being world-class and research-intensive universities. They parallel the Ivy League group of colleagues in the United States.

health and help-seeking, and as such are *less* likely to voluntarily access professional help than their non-REM peers (Turner et al., 2007; Sancho and Larkin, 2010; Soorkia et al., 2011).

This suggests a help-seeking puzzle: why are REM students reluctant to utilise the mental health services made available to them at UK universities? Recent research (Sancho and Larkin, 2010; Arday, 2018) has sought to explore this puzzle by investigating the factors that discourage (barriers) and encourage (facilitators) help-seeking in this group. The most frequently noted barriers are: fear of discrimination from staff, fear of judgment from peers, stigma, and a lack of culturally sensitive services; the most frequently noted facilitators are increased targeted advertising, assurance of anonymity and confidentiality, and culturally sensitive services. Taken together, this research primarily locates both the barriers to and the facilitators of mental health help-seeking within the university environment. However, only a small number of studies (e.g., Arday, 2018) have sought to explore the experience of mental health problems and service utilisation among REM students within the context set by the university environment. This is in spite of initiatives that encourage universities to consider the influence of societal and environmental factors such as lack of diversity of campus, on student mental health (Hughes & Spanner, 2019) and, as we have seen, predictions forewarning universities that REM students would face specific pressures in the university environment. Meanwhile, in contrast to the United Kingdom, research from the United States has established that the university environment can be a significant determinant in the development of positive or negative mental health and help-seeking attitudes, especially for REM students in less diverse or Predominantly White Institutions (PWIs). For example, REM students studying at PWIs have been found to experience feelings of isolation and marginalization and have more negative attitudes toward mental health services compared to their non-REM peers (Guiffrida & Douthit, 2010; Harris et al., 2019).

Given the changing demographics and social make-up of UK universities, and the significance of the WP agenda, it is important to understand why REM students may be reluctant to access university mental health services; only by identifying the relevant explanatory factors can higher education start to develop appropriate policy responses to this help-seeking puzzle. To do so, I conduct a paired comparison of the lived experiences of UK-domiciled[3] REM students in a predominantly White Russell Group University (RGU) and a neighboring, predominantly REM Non-Russell Group (NRGU) university. In so doing, I seek to examine how the respective campus environments influence their mental health and well-being (perceived and/or actual), and their attitudes toward help-seeking. I then examine other factors that have been found to be linked to the underutilization of mental health services among the wider REM population (Bignall et al., 2019), yet are rarely considered among REM students, including cultural beliefs and prior help-seeking experiences. I conclude that this help-seeking puzzle can be understood as a *widening participation penalty* that REM students pay, where negotiating the campus environment carries significant negative mental health impacts; and fear of *double discrimination* stops REM students from accessing mental health services. While WP agendas may increase diversity on campus and allow REM students to attend historically exclusive RGUs, these agendas do not guarantee a university environment that supports their mental health and well-being and may exacerbate prior health conditions by reducing their confidence to engage with campus support services, which are themselves poorly conceived. Moreover, as we will see, this finding also holds, if less acutely, in much more racially diverse student environments, such as at NRGUs, again where campus support services are not designed to be culturally appropriate.

[3] UK-domiciled refers to students who were either born in the United Kingdom or have permanent residency, that is, to non -international students.

FACTORS INFLUENCING THE MENTAL HEALTH AND HELP-SEEKING ATTITUDES OF REM STUDENTS

Research on the relationships between the university environment and REM student mental health and help-seeking is still in its infancy in the United Kingdom. However, it has been well established in the United States that negative or positive experiences, and the *perceived fit* (i.e., how well a student feels they belong to their university) of REM students within the university environment can affect their psychological, social, and academic well-being, as well as their willingness to seek professional help for mental health problems (Hurtado,1992; Gloria et al., 2010; Winkle-Wagner & McCoy, 2018). Research demonstrates that African American students in particular often find themselves to be a small minority on and off campus, causing them to feel overly scrutinized stereotyped, and isolated (Thompson & Sekaquaptewa, 2002; Von Robertson & Chaney, 2017). These feelings typically result in diminished academic performance, increased propensity to mental illness, and a reduced willingness to seek professional help (Greer & Chwalisz, 2007; Barry et al., 2017). Equally, research demonstrates the effects of positive experiences on campus on mental health and attitudes toward help-seeking. Studies (e.g., Castellanos et al., 2016) suggest that REM students who feel that they *fit* well within the university environment, and perceive the university environment positively, have higher levels of trust toward university staff, and are more likely to use counseling services when experiencing poor mental health.

In the United States, research also considers the mental health experiences and help-seeking attitudes of students attending different types of university, that is, Predominantly White Institutions (PWIs) versus Historically Black Colleges and Universities (HBCUs). While Chen et al. (2014) suggest that regardless of university type, a supportive campus environment is the most significant factor leading to REM student satisfaction, a body of research suggests that REM students within HBCUs have *better* mental health and academic outcomes, along with higher rates of satisfaction with their university, than do REM students attending PWIs (Allen et al., 2007; Knight et al., 2012). Others (e.g., Hurtado et al., 1998; Harper & Hurtado, 2007) have suggested that REM students tend to perceive the PWIs' or less diverse institutions' *campus climate*, or how welcoming a campus is toward diversity, differently from their non-REM counterparts; and this can negatively impact their success and cause them to experience alienation and isolation (Greer & Chwalisz, 2007; McCoy, 2014).

In the United Kingdom, recent research points to *general dissatisfaction* with the university environment among REM students, due to a perceived lack of inclusive practice in the curriculum (Tate & Bagguley, 2017) and which has since led to emergent student-led campaigns such as "*Why is my curriculum White?*" and *"Why isn't my professor Black?"* (Sian, 2017). Furthermore, researchers (Mirza et al., 2017; Reay, 2018) suggest that similar to US PWIs, RGUs may be environments where REM students struggle more with their mental health, for two principal reasons. First, despite WP agendas, RGUs remain "monolithically White places" with regard to staff and student concentration (Mirza et al., 2017). Second, despite the increasing number of REM students attending British universities, only a relatively small number of British REM students, especially from a Black British background, gain entry to RGUs (Bolliver, 2015; HESA, 2019).

For those who do, the social, psychological, and academic challenges they faced prior to entry also persist after entry. These challenges can include experience of discriminatory and exclusionary behaviors by non-REM students, potentially making them more vulnerable to feelings of isolation or exclusion on campus (Arday, 2018). Furthering this point, Crozier et al. (2016) suggest that despite the successes of WP agendas, REM students are still do not *fit in* at UK universities. They

assert that the White middle-class student gaze is focused on the REM student presence dialectically, as something both exotic *and* dangerous; and through their behaviors, REM students are marginalized, and their needs rendered invisible. Indeed, Reay (2018) discusses how REM students attending RGUs often experience overt racial abuse as well as microaggressions such as being called "gangsters," being mistaken for tourists on campus, and being told they speak well *for a person of color*. While the current evidence is limited, these experiences may have wider implications for the mental health of REM students. Arday (2018), for example, examined how negotiating racial inequality and discrimination can impact upon mental health of students in UK universities; his findings point toward negative mental health outcomes for REM students. Arday also suggests that REM students were deterred from professional help-seeking due to the perceptions of a lack of culturally appropriate services on campus that understand the unique needs of REM students.

In addition to these issues, many REM students may also experience the added pressures of family and culture while navigating the university environment. In terms of family pressures, REM parents have been found to encourage their children to study economically and socially valued courses such as medicine, law, and other science-related subjects (Singh, 2009) or to pursue further study even after graduating from an RGU (Lessard-Phillips et al., 2018) in order to mitigate or at least delay the risks of future underemployment or unemployment due to their race/ethnicity. However, for some REM students, the pressure to avoid these *ethnic penalties* (Li, 2018) comes at a cost, often to their mental health, with some reports (e.g., Akel, 2019) demonstrating that REM students may feel the need to work harder compared to their non-REM counterparts to ensure academic success. In terms of cultural pressures, research demonstrates that REM communities can hold stigmatizing beliefs about mental illness and help-seeking, and only view solutions connected to religion or spirituality as valuable options to alleviate symptoms of mental ill health (Keating & Robertson, 2004). Within these communities, there is also a distrust of mental health services stemming from a negative history of mental health care and treatment disparities, with Black Caribbeans in particular being disproportionately more likely to be detained under the Mental Health Act than any other ethnic group (Bignall et al., 2019). It is possible therefore that many REM students will start university with several unique, added pressures beyond academic concerns, such as negative prior help-seeking experiences, increased susceptibility to mental illness, and stigmatizing beliefs about help-seeking, which can all be exacerbated in *mentally unhealthy* university environments.

Overall, research suggests that the experiences of REM students at UK universities, especially at RGUs, tend to be more academically and socially challenging than for non-REM students. In the context of increasing WP agendas and reports of increased mental health problems among REM students and negative attitudes toward help-seeking, amplifying the REM student *voice* is vital for revaluating the discussions surrounding REM student mental health which often omit their lived experiences.

MATERIALS AND METHODS

I adopt a qualitative paired comparison approach to explore the similarities and differences in the lived experiences of REM students at an RGU and an NRGU in the same ethnically diverse UK city. As a comparative method, paired comparison allows for deeper analysis than large-N correlative approaches; it also enables the assessment of the impact of specific variables (or varying conditions) across different systems or contexts, which a single case study is typically unable to achieve

(Lijphart, 1971; Tarrow, 2010; Doherty & Hayes, 2014). Here, I take the RGU-NRGU contrast as a proxy for the US variations between PWIs and HBCUs, focusing on the key differential variable of the ethnic diversity of the student body on campus, whilst treating the background of the students interviewed as broadly similar. I do so to assess: (1) how the university environment can influence the perceived or actual mental health of REM students and related help-seeking related attitudes (environmental contrast between campus contexts) and (2) how psychosocial variables (such as prior help-seeking experience or cultural beliefs around mental health) can influence attitudes toward help-seeking among REM students (student similarity across contrasting campus contexts). I followed the COREQ consolidated criteria for reporting qualitative research (Tong et al., 2007); the completed COREQ checklist is included as Supplementary File 2.

Study locations

The two universities selected for paired comparison have broad similarities and specific differences: while both the RGU and the NRGU are selective, aspirational, committed to Widening Participation and (by some yardsticks) high performing, the RGU has higher entry tariffs, wider geographic recruitment, and greater national standing as an elite university than the NRGU. Most significantly for comparative purposes, there are marked differences in the levels of social and ethnic diversity (i.e., the proportion of REM students enrolled) at both universities[4]. The RGU has a majority White student body, with UK-domiciled REM students accounting for 25.4% of the student population; in contrast, the NRGU has a minority White student body, with 64.4% of the student population from UK-domiciled REM groups. Whilst the student body at each university is different, the academic staff body is much more similar: academic staff at both institutions were majority White, with REM academics accounting for 19.2% and 21.1% of the academic staff population at the RGU and NRGU (respectively). In comparison to the 2011 Census data (Supplementary File 1), both universities were broadly representative of local demographics in relation to the Black British and Mixed ethnic groups- but did not represent the local area in terms of student from the White and Asian British ethnic groups. Table 1, below, gives greater detail:

Participants and sampling

I recruited 48 participants, using a combination of convenience and purposive sampling methods, chosen due to their established capacity to recruit potentially *hard-to-reach* research participants such as REM individuals (Vickers et al., 2012). I approached students at the meetings of societies that catered to REM students, for example, Islamic Society and Afro-Caribbean Society, used physical recruitment posters placed strategically around the campuses, and used social media via student forums. As I aimed to explore the experiences of students across a range of mental health statuses and help-seeking experiences, I did not exclude potential participants who

[4] Neither university was willing/able to provide a precise breakdown of the REM groups studying at their universities. However, the NRGU directed me to the Higher Education Statistics Agency (HESA, 2019) where I obtained the data presented in this section. The data also reports on UK-domiciled students however, it presents REM students as a somewhat homogenous group and does not give exact racial/ethnic breakdowns, for example, Black African versus Black African–Caribbeans.

Table 1 Staff and student profiles, by ethnicity (HESA, 2019)

University	Ethnicity	Student profile	Academic staff profile
RGU	White	72%	76.6%
Non-RGU		32.1%	67.5%
RGU	Asian	15.5%	15.8%
Non-RGU		47.5%	17.3%
RGU	Black	5.3%	1.7%
Non-RGU		13.1%	1.9%
RGU	Mixed	4.6%	1.7%
Non-RGU		3.8%	1.9%
RGU	Other	1.2%	1.8%
Non-RGU		2.3%	1.9%
RGU	Unknown	1.4%	2.4%
Non-RGU		1.2%	9.5%

were currently undergoing treatment for mental illness or who previously had been. My sample is in two groups: 28 from the NRGU, and 20 from the RGU. The participants recruited were from a Black British ($n = 32$) and South Asian-British background ($n = 16$); the majority are female ($n = 30$, 62.5%). The demographic characteristics of the participants included in the analysis are presented in Supplementary File 3.

Data collection and analysis

I interviewed all participants between December 2018 and November 2019; 22 face-to-face in a private room on campus and 26 by telephone; the semistructured interviews lasted between 23 and 113 minutes were audio recorded, transcribed independently, and transferred into NVivo-12 qualitative analysis software for data management and analysis. The process of data collection and analysis was guided by principles of Constructivist Grounded Theory (CGT), from interviewing to coding and thematic analysis.

CGT claims that reality is constructed through the interaction and rapport between researcher and research participants (Charmaz, 2014). As an REM researcher, my "insider status" (Merriam et al., 2001) could be expected to influence the interview interactions; indeed, my experience was that "silent understandings, culture-bound phrases that did not need interpretation, and non-verbalized answers conveyed with hand gestures and facial expressions" (Johnson-Bailey, 1999: 669) were a recurring feature of my interviews. I understood the linguistic and cultural references made by participants and could relate to the more serious and intimate experiences they shared. Furthermore, participants frequently discussed that they felt "listened to," and more comfortable disclosing the specific details of their experiences with me because of our shared backgrounds.

Theoretical sampling is also a core element of CGT; data are collected in consecutive interviews in order to refine and validate emerging concepts and ideas and generate full

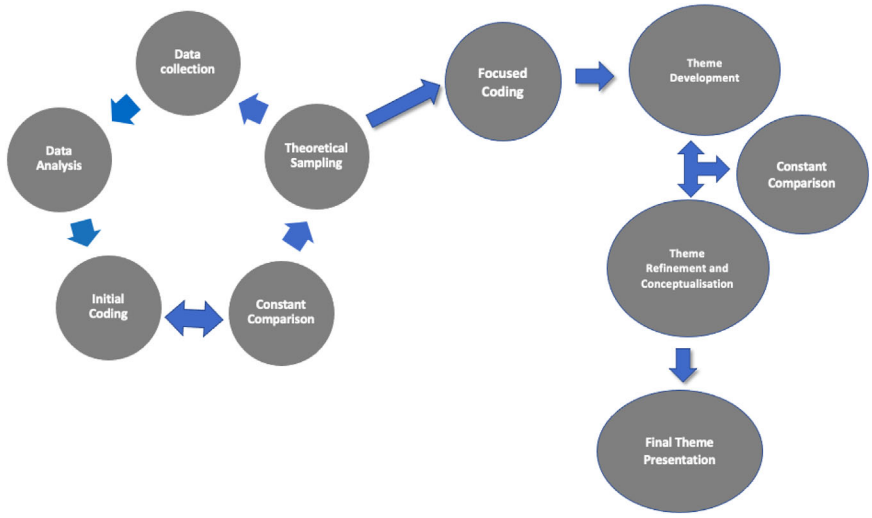

Fig 1 Illustration of analytical process [Color figure can be viewed at wileyonlinelibrary.com]

conceptual themes. Sampling involves constant comparison of data already collected, in turn enabling proactive decision-making on how to proceed with data collection; potential options can include contacting research participants again or recruiting new participants. This enables saturation of emerging ideas and themes and also reduces the probability of the introduction of bias into the research process (Charmaz, 2014).

In practice, 26 participants were interviewed at first. After transcription, data analysis began with a process of initial coding, which involves understanding and interpreting sections of data and labeling it with a word or phrase, preferably stemming from the participants' own words (Corbin & Strauss, 2014; Charmaz, 2014). At this stage, researchers must endeavor to remain open to exploring any theoretical direction that emerges from the data (Corbin & Strauss, 2014; Charmaz, 2014). During initial coding, connections between interview data were identified and used to categorize the raw data in a more analytically sound format.

For example, one code was called "out of place" reflecting participants own words and their perceptions that REM students do not "fit in" at their university; 100 similar references from 30 interviews were categorized under this one code. Constant comparison quickly revealed that participants were concerned about "fitting in" at university. However, the original topic guide did not have a question that explicitly explored this; I therefore recruited a further 22 participants (employing theoretical sampling), updating the interview transcript to ask: *"How well do you think ethnic minority students fit in at your university?"* Following initial coding of the new set of transcripts, I commenced a second level of data analysis (or "focused" coding) where I compared and combined multiple codes with characteristic similarity to create broad themes. Finally, I then refined these broad themes by frequency, patterns, context and meaning. At this stage, I was able to transform the data analysis process from the descriptive to the conceptual level and produce the key interview data themes (Charmaz, 2014; Clarke & Braun, 2017; Nowell et al., 2017). Figure 1 below illustrates the analytical process.

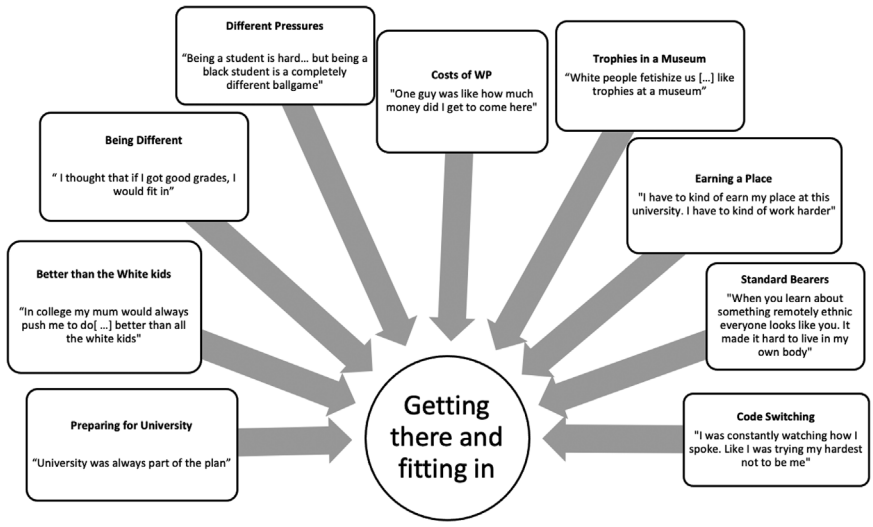

Fig 2 Illustration of the refinement of broad themes into core theme 1

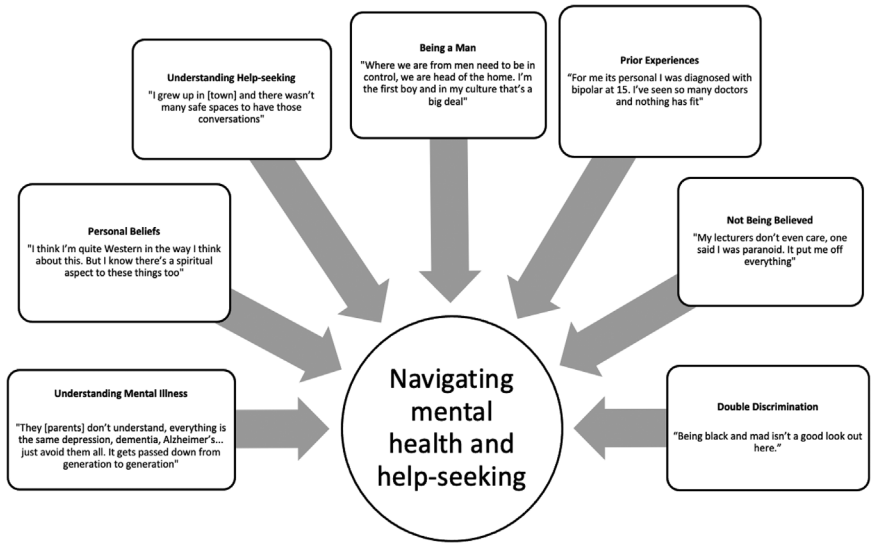

Fig 3 Illustration of the refinement of broad themes into core theme 2

ETHICAL CONSIDERATIONS AND POTENTIAL DESIGN LIMITATIONS

My institution's University Research Ethics Committee granted approval. I obtained written informed consent from all participants, who were given a right to withdraw at any time during the research process, as well as details on where to obtain support if interview topics caused distress. Participants received no compensation for their participation. To maintain anonymity, I have allocated a pseudonym to each participant.

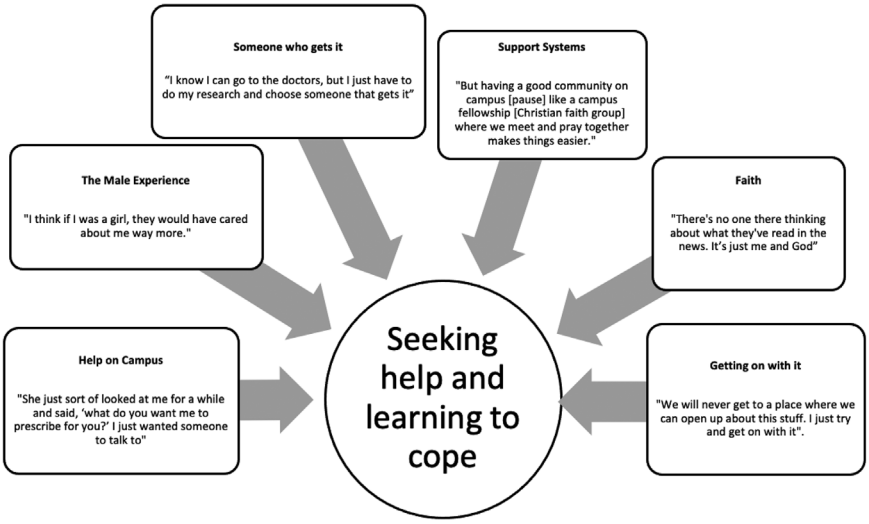

Fig 4 Illustration of the refinement of broad themes into core theme 3

The study has potential limitations. Despite the comparative approach taken, I only present the experiences of REM students at two universities in one city, and the extent to which these findings can be generalized beyond these cases may be limited by factors not considered at design stage. Equally, the majority of students were Black British (African or Caribbean heritage) and women, and as participants largely came from similar student groups and societies, these findings may be subjected to specific biases beyond standard network homophily (Taylor & Bogdan, 1998, McPherson et al., 2001). This risk is nonetheless mitigated by the specific focus of the research design, as by the data analysis strategies outlined above.

RESULTS

In their interviews, REM students at both the RGU and NRGU spoke of their lived experiences on campus, mental health, and help-seeking attitudes. Data analysis revealed 22 broad themes, which I refined into the three core themes of *Getting there and fitting in* (Figure 2); Navigating *mental health and help-seeking* (Figure 3); *Seeking help and learning to cope* (Figure 4).

Getting there and fitting in

Regardless of university type, participants stressed that "university was always part of the plan" (Bose, NRGU), and their early commitment to attending university was mainly facilitated by their parents' expectations. They also shared that their parents prepared them to withstand the social challenges that may come with higher education. Some shared that they were encouraged to obtain high grades in secondary school, and others were told to "always speak well, speak the Queen's English so we can blend" (Deborah, NRGU). However, at both universities, participants shared that despite their preparation and attaining similar entry grades to their peers, their minority or lower socio-economic status alienated them from others:

> There were mainly people that went to private schools [pause] they were in a different financial bracket to my family, and I found that difficult. It was quite isolating, and I found it difficult to relate (Tope, RGU).

Twelve participants shared their experiences of microaggressions on campus:

> It's the small things [pause]'oh you don't look like I expected', 'is that your real hair?', 'you don't *sound* Jamaican' (Latrice, RGU).

> When you speak up [in class] everyone is always trying to suss you out. 'What is she doing here?', 'Is she supposed to be here?' (Rachel, NRGU).

As a result, some chose to "complain less or not show any sign of struggling" (Bose, NRGU), while others deliberately *code-switched* in order to minimize the presence of their racial or ethnic background. Two participants told me:

> I was constantly watching how I spoke [pause] like I was trying my hardest not to be me when I say things certain way. I would think 'do they think I'm street or road?'[sic] (Latrice, RGU).

> You're just like, let me switch up the language I use so they can understand me, you just want to be respected in this place (Sharon, RGU).

However, participants at the RGU in particular shared instances where non-REM students suggested their presence at university was based on a requirement to fulfill a WP agenda. As a result, many felt compelled to *earn* their place at university:

> They may or may not have to meet a quota of students that they accept from other backgrounds [pause] I have to kind of earn my place at this university. I have to work harder. Because you know [pause] they let me in kinda thing which made it [depression] get worse (Tope, RGU).

> One guy was like how much money did I get to come here, you know when you go to the higher up uni's and you're not White they always think you're on a grant (Hamza, RGU).

For 14 participants, the lack of support systems specifically catering to REM students starting university demonstrated that their needs were not considered, and university attempts at promoting diversity was merely a "tick-box exercise" (Ajay, NRGU):

> White people fetishize us, let's represent everyone. 'Look at us we've got a Muslim, we've got a Sikh, we've got a Black person' [pause] like trophies at a museum (Ajay, NRGU).

> I'm grateful for being at such a good university but the negative effects it's been having on my mental health. Is it worth it? In some ways I think it's [WP] good [but] I don't think they are setting us up to succeed. They haven't put any structures in place, like okay 'when you come this is how you'll be supported because we've identified that this how you might struggle' (Tope, RGU).

> Like, you want more Black people? Then take care of us (Fadeke, NRGU).

NRGU participants in particular stated that the way the WP agenda was promoted indirectly re-enforced stereotypes that portrayed REM students as unable to attend university on their own merit:

> I'm thinking of applying for some really elite institutions [pause] and she [tutor] told me not to worry because these universities will give preference to me because I am a Black Muslim woman [pause]. I don't want a handout just because I'm from a particular religion or race. I don't want to be looked down on or passed up on opportunities because people feel like I got an easy ride (Samira, NRGU).

> Dealing with people not taking you seriously. Like you don't deserve your place here. People constantly thinking you're not intelligent or that you're on some sort of grant (Denise, NRGU).

Navigating mental health and help-seeking

At the time of interview, 13 participants had current mental health diagnoses, including anxiety, depression, and bipolar disorder. Of the 13, 7 stated that their negative experiences on campus caused them to develop symptoms associated with anxiety and depression, whilst the remaining 6 revealed that the pressure of the university environment exacerbated previously well-managed symptoms. A further 21 participants fell under a *self-defined* category, whereby they claimed to have diagnosed themselves through a range of means (speaking to friends, researching symptoms on the internet). For many, although "things were getting too much" (Samira, NRGU)—due to their parents' high expectations, they felt pressured to persevere, and do "better than all the White kids" (Mary, NRGU), often at a cost to their mental health, in order to not disappoint them and future REM student cohorts:

> I'm the first one in my family to go uni. I'm doing law so everyone's expecting so much, and I didn't really feel that I was doing well enough to make them proud. I think it just got really hard. I wanted to give up and stop trying, but I couldn't and then I got sick (Kate, RGU).

> Like for the younger generation if I don't do it, it is proving a point to them that people like us don't or can't succeed in the top positions. It's hard and it has affected my mind at uni. I have to get it right (Agnes, NRGU).

Although these pressures presented substantial reason for REM students to consider professional help-seeking on campus, several factors influenced their attitudes toward it. Help-seeking was not a straightforward decision, but rather shaped by a range of factors, some environmental, some personal. The sociocultural context in which participants were raised influenced their perceptions of the causes and treatments of mental illness, and of professional help-seeking. A prominent narrative, especially among NRGU participants, was that they had been raised in environments where discussions about mental health or emotional well-being were not embraced:

> Everything always links back to God. If I'm overwhelmed or stressed; they'll be like it's because I'm not praying enough, or you've lost your way on the right path (Samira, NRGU).

> They don't understand, everything is the same, depression, dementia, Alzheimer's, just avoid them all. It gets passed down from generation to generation. They can't talk to their parents so now we can't talk to ours, or anybody (Abdil, NRGU).

Participants consistently highlighted they had been raised in environments encompassing multiple religious, superstitious, and culturally particular beliefs. The majority of participants (n = 30) were enrolled on medical and science-related courses; and as such drew upon biological and medical terminology to explain the causes of mental illness. However, many also spoke on the supposed *duality* of handling mental illness; that is, while mental illness could emanate from biological causes, it can still be managed through spiritual means such as prayer:

> I think I'm quite Western in the way I think about this. But I know there's a spiritual aspect to these things too (Tina, RGU).

> I believe there's two sides to it. Spiritual side and a like physical side, like the science of the actual illness people can have [pause] then I also believe in prayer because you need to pray through certain things (Tolu, NRGU).

However, some of the participants who subscribed to these beliefs were also averse to seeking help from religious leaders, due to fear of alienation from their religious communities. In fact, only five participants reported using faith-based support (three of whom were dissatisfied). They reported problems such as feeling judged, or counseling sessions being "forced" and "awkward" (Tolu, NRGU):

> I trust them with my spirituality but not my mental health (Eden, RGU).

Participants also consistently shared that they grew up viewing professional help-seeking as a "White privilege" (Tolu, NRGU); a "White person thing' (Rachel, RGU)"; a "White middle-class thing" (Abdil, NRGU); and for "White people problems" (Sarah, NRGU). In their communities, other priorities, for example, safety, finances, or physical health required support, and not mental health:

> I grew up in [town] and there wasn't many [sic] safe spaces to have those conversations. It was an area where there were more important things in life [pause] like living [laughs] to deal with, and obviously we are now growing into adults who never addressed these issues (Fadeke, NRGU).

> Our parents don't raise us to be emotionally intelligent. Just teach us to compete and be better than all the White people [pause] but never create the opportunity to share emotions. So how do we all of a sudden leave home and start opening up to the very people we have been told to never show weakness to? (Yemisi, RGU)

> It's a badge of honour to pull through. When you have low mood, get over it, it's our culture (Bose, NRGU).

All male participants ($n = 18$) in particular shared that they were taught to perceive professional help-seeking as an activity for women:

> Men need to be in control, we are head of the home. I'm the first boy and in my culture that's a big deal. We can't do certain things like the girls can (Wale, NRGU).

> Of course it's a man thing, you never really hear of your role model doing the same thing [help-seeking] (Ajay, NRGU).

Three African–Caribbean participants in particular shared cases of their family members who were detained under the Mental Health Act or, overmedicalized, and how this has resulted in them being apprehensive about professional help-seeking:

> My uncles who did it never got out; they were sectioned. We like to keep things private now (Andre, NRGU).

For others, it was their experiences on campus that strongly influenced their willingness to disclose information about their mental health. Some shared instances where they had reported exclusionary behavior by their peers to academic staff, but were treated dismissively; as a consequence, they believed that if they accessed campus mental health services, they would be treated unfairly, not be believed, and viewed as being unable to cope with their studies:

> My lecturers don't even care, one said I was paranoid, it put me off everything (Yemisi, RGU).

For three Black male participants, this was a case of *double discrimination*:

> I know what it took for me to get here [pause] I'm already the black guy, the one that got in on equal opportunities [WP] and I'm not gonna be the unstable one too. Being black and mad isn't a good look out here (Dylan, RGU).

> Always comb your hair before leaving home, wear trousers, not jeans. Always look like you're going to church. We are on constant edge not to be a statistic. Another black boy from a gang, another black boy can't get a degree (Uche, NRGU).

For others, attitudes toward professional help-seeking were shaped by direct prior experiences. Of the group of 13 students with existing mental health diagnoses, 10 had prior negative experiences with external mental health services, which included racial discrimination or inappropriate treatment from practitioners. As a result, they started university with the intention to not engage with campus support:

> For me its personal. I was diagnosed with bipolar at 15 [pause] I've seen so many doctors and nothing has fit. I came here [university] and knew I had to register [with a doctor]. I did it for the sake of it and getting my repeats [medication], but I didn't want to put myself out there again (Dapo, RGU).

Seeking help and learning to cope

Some students did access campus mental health services; in my sample, five from the RGU, and five from the NRGU. Eight of these 10 voluntarily accessed campus services, after determining that they could no longer manage their symptoms, while two were referred by the university upon notice of poor academic performance by their faculty. Seven participants from this group had negative experiences, and disclosed issues such as perceived discrimination on the basis of their race and gender, unwillingness of practitioners to discuss race-related stressors, and a tendency for practitioners to employ impersonal approaches:

> I tried the GP, but they didn't really take it too seriously. He was so shocked to see a black person. I wouldn't go again because of that to be honest. I think it's because mental illness is difficult for GPs to recognise in us (Tope, RGU).

> She just sort of looked at me for a while and said, 'what do you want me to prescribe for you?' I just wanted someone to talk to (Sarah, NRGU).

Of these 10 participants, only two were men, and they shared particularly striking experiences at the NRGU. Hamza, at his first consultation, shared that the counselor "didn't listen" and gave him "antidepressants without even checking." He then requested to see another counselor, who "initially started to listen until I started talking about race and then out of nowhere, she says, you and your family must feel so lucky to be here." Michael shared that he felt that he was not taken seriously when he attempted to book an appointment on campus due to his gender; and as a result, he ended up experiencing a panic attack on campus:

> I went to the services before I had the full-blown attack. I think if I was a girl, they would have cared about me way more. I think she [receptionist] thought I was just having fun. I think they were expecting some crying. But I just don't communicate like that. You don't need to see me cry before you realise that I really need some help.

Three participants, however, enjoyed *positive* experiences and were still engaged with campus (RGU) services at the time of interview. For these students, the most beneficial aspects of campus services were the ability to stop treatment at any time, and the similar faith beliefs to them of their practitioners. Forty-two participants shared that they were not or would not consider accessing campus-based services (in their present state) to manage their mental health, while the remaining three participants chose to continue their medication without interacting with a medical practitioner. However, almost all participants stated they would consider accessing campus-based services if there was an assurance of culturally sensitive support (REM counselors, or non-REM counselors who were free of judgment). Others, in particular medical and law students, wanted assurance that their interaction with campus mental health services would not negatively impact on their career prospects.

As a result of their experiences, participants also disclosed they were forced to learn a range of coping mechanisms and shape their own, personalized, programme of help-seeking. Here, 13 participants said they sought to cope by engaging in activities such as exercise, cooking, travel, volunteering, and prayer. Alongside this, 11 participants were considering seeking help from private minority-specific services off-campus ($n = 7$), or faith-based professional support ($n = 4$) with the intention that these practitioners may be more sensitive to race/culture-related stressors. However, no South Asian or Muslim participants were considering any form of professional help-seeking, including faith-based services, citing concerns that the service may not be confidential, and fears of discrimination due to their religious background. Their approach consisted of activities such as increased prayer and private meditation:

> There's no one there thinking about what they've read in the news [pause] it's just me and God (Samira, NRGU).

Other students formed a circle of friends from similar backgrounds and beliefs (faith-based or cultural) which could mitigate the effects of isolation from the wider student community, and act as a network of peer counselors:

> We get bad looks from staff and like other students, because you don't have a dad that's a doctor. But having a good community on campus [pause] like a campus fellowship [Christian faith group] where we meet and pray together makes things easier (Winifred, NRGU).

Eight participants, however, saw no workable options other than to suppress their symptoms, normalize their experiences and develop increased resilience:

> I've come to realise that to survive here you need an added bit of self-esteem, we'll never be accepted. We will never get to a place where we can open up about this stuff. I just try and get on with it (Yetunde, RGU).

DISCUSSION

Findings from the United States suggest that REM students at less diverse universities (or PWIs) often have more negative experiences and poorer mental health than those at more ethnically diverse universities (or HBCUs). A paired comparison approach allows the application of this

finding to a UK setting, comparing the experiences of REM students in a Russell Group and Non-Russell Group university, in order to better understand mental health experiences of, and the problems faced by REM students. Here, the interviews show the experience was *not* the same for students at the RGU and NRGU. Feelings of exclusion were amplified in the narratives of the RGU participants in particular, who described having to endure demoralizing experiences where non-REM peers credited their attendance at a prestigious university to a duty to grant REM students a place regardless of academic capability. Participants described that while these stereotypes could come in the form of subtle or direct comments, every instance contributed to creating an internalized sense of *imposterism*, where they felt their presence at university underserved and their achievements unfounded (Ramsey & Brown, 2018). To combat this, participants felt the need to overcompensate for their presence on campus and demonstrate their *authenticity*. A common method was to become deliberately strategic in navigating academic spaces, by code-switching, or working hard to prove themselves. For instance, some opted to moderate their ethnic or cultural identity by altering their accents, limiting their use of slang, or changing their mode of dressing.

However, a noteworthy finding is that *both* universities created environments where REM students had to learn to navigate a "minefield" of racial microaggressions and multiple types of "othering." Despite the vast ethnic and racial differences in their student bodies, exclusionary behaviors by peers and faculty across *both* universities significantly affected REM students' sense of belonging on campus, and their comfort with embracing their ethnic identity. Furthermore, participants at *both* universities felt their university's WP agendas were often tokenistic in nature and believed that once they had been "let in," their universities did not consider the added support they may need to navigate the university environment.

Equally, for students at both universities, the pressures of the university environment were compounded by pressures and expectations of their families. As a consequence, many chose not to focus on their negative experiences, and instead resolved to work hard to ensure academic success, to not disappoint their families, and to debunk the stereotypes about REM students' academic capabilities. This often resulted in excessive stress, anxiety, and mental strain. In some cases, these pressures exacerbated previously well managed mental health conditions.

The accumulation of these pressures should provide good reason for REM students to consider seeking help to manage their mental health. However, for a range of reasons, the evidence of my interview data is that it does not. For some, there is a reluctance to repeat the negative encounters with mental health services and practitioners they experienced prior to starting university. Thirteen participants had prior mental health diagnoses including depression, anxiety, and bipolar disorder, and as such had prior experience with a range of mental health services. Ten of these participants recounted negative experiences and encountering practitioners who were unable to understand race-related stressors. As a result, some participants came to university with the intention of discontinuing their treatments, or not using campus mental health services at all.

Some students also chose not to access appropriate campus services because they believed the negative experiences that they face in the general university environment to be emblematic of the treatment they would receive from university support services. Others, in particular Black males, cited fears of *double discrimination*, believing they would be mistreated, misunderstood, or treated unfairly; from the narratives of Hamza and Michael, it was evident that their worries were confirmed. Others believed their symptoms would be perceived as an inability to cope with their studies, while medical and law students in particular feared that seeking help on campus would impact on their future careers, a fear highlighted in research among British students in general (Chew-Graham et al., 2003).

Participants were also concerned about whether non-REM mental health practitioners would be unable to relate with their experiences. This tallies with a recent report finding that REM students at a UK university chose to pay for private services from REM counselors rather than use the free services on campus (Akel, 2019). Notwithstanding, some participants successfully accessed campus support services; however, they also recounted multiple negative experiences, which at the time of interview had discouraged them from professional help-seeking in the future. They recalled cultural insensitivity, and racially charged comments from their practitioners. Some reported that their symptoms were disregarded by their practitioners due to impersonal consultations, and others felt that their experiences of discrimination and exclusion on campus were not taken seriously.

Overall, participants' narratives revealed a lack of confidence in their universities to provide them with appropriate mental health support due to their negative experiences on campus. This lack of confidence was compounded by the participants' learned attitudes to see mental health practitioners as "cultural others," and mental health services as environments that can cause harm (see Bignall et al., 2019). Consequently, participants adopted a variety of coping mechanisms to replace professional help-seeking. These coping mechanisms rely heavily on the transnational environments in which they were raised; consistent with research with the wider REM population (Bignall et al., 2019), they most often reflected their religious beliefs. Participants also shared that communicating with people from the same background or with those who had similar symptoms to them provided a network of *peer counselors* with whom they could share their problems in a safe space. Finally, a small minority saw no workable options other than to normalize their experiences and develop increased resilience to navigate the university environment.

CONCLUSIONS

This study's comparative and qualitative, experience-oriented approach has provided original and rich data, pointing to new and important understandings of the mental health and help-seeking decisions of REM students at UK universities. This study's findings supports evidence from the United States that the campus environment can have a significant effect on mental health and help-seeking decisions; and to some extent, this can be understood in broad terms along a more institutionally prestigious/less ethnically diverse versus less institutionally prestigious/more ethnically diverse contrast. In their interviews, REM students demonstrate a sophisticated and nuanced understanding of the roles their race plays in their university experience. They describe their anxiety and disempowerment, and their coping strategies. Their narratives also demonstrate that greater ethnic diversity on campus does not by itself suggest a solution to the "help-seeking puzzle" of REM students; as several of my interviewees explicitly said, accessing mental health services is simply a case of *White privilege*.

I show therefore for the first time that the success of WP agendas in the United Kingdom is causing growing numbers of REM students to be brought into environments that are either not able or are not prepared to handle the added mental health pressures this group faces. REM students face both *double discrimination* and can experience a *widening participation penalty*. REM students already face added internal and external pressures to succeed at university, cultural and religious pressures, and prior negative mental health experiences, which heavily structure their university experiences. Additionally, they now face the pressures of singlehandedly combating the stigma surrounding WP agendas, and prove their value to non-REM peers and faculty who view them as the "Other" who can potentially "threaten" the value of their university experience.

For these students, negotiating the campus environment can carry significant negative impacts on their mental health; to declare mental health help-seeking is to risk a *double othering*. These experiences all contribute to the development of poor mental health, exacerbate preexisting mental health conditions, influence help-seeking decisions, and impact their overall university experience.

While sustained effort has sought, with much success, to widen the participation of REM students at university and to address mental health inequalities across the student population, this study highlights that UK universities are yet to fully become models of ethnic equality and diversity, or truly *mentally healthy*, welcoming and supportive environments. At the very least, improved university support and preparation is required to ensure that the implementation of WP agendas does not *penalize* the mental health of REM students or simultaneously reduce their confidence to seek help. Equally, further thought is required into what *truly* widens participation for REM students or, better still, produces *inclusive* campus environments at British universities.

This study has mainly focused on exploring how the university environment itself contributes to the reduced utilization of mental health services among REM students and the findings have highlighted some valuable areas in which British universities could invest in. Universities can address their recruitment and promotions procedures to ensure the ethnic makeup of their faculty is as diverse as their student body. In this study, the number of REM staff members at both universities was disproportionately small compared to the student body; this lack of suitable role models on campus, including in professional support services, can influence REM students' perceptions of the university environment and subsequent behaviors. Universities can introduce "safe spaces" on campus for REM students to voice their concerns, be listened to, and taken seriously. This paper has also demonstrated the value REM students place upon informal and at times religious coping practices. Future research should consider exploring REM student attitudes toward the provision of "culturally-specific" support in the university environment. Understanding their preferences for the type of support they would like to receive and implementing their recommendations could alleviate REM student anxieties about help-seeking on campus, and in turn shift negative perceptions about their "fit" in the university environments.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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