



CITY  
STUDENTS'  
UNION

# Accessible Support Services Research Report



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*The Students' Union encourage all readers to read the report in full, however, you can click on the hyperlinks above to view the page of your choosing.*

## Foreword

### ***Shaima Dallali, Students' Union President***

This report aims to identify some of the barriers that BAME students at City face in accessing the mental health services. City, University of London has nearly 70% of its student population who identify as BAME. COVID-19 has brought the challenges of student mental health to the forefront, it is now our duty to take care of them

Mental health was not something that was spoken about in my family or community. In my community, you don't ask for help. You don't complain. In my community, you're taught from a young age that you're growing up in a world that works against you, so you have to work extra hard to reach your goals. With that comes a whole load of baggage and pressure. So, when I started University, I carried that baggage with me, worked really hard, figured it all by myself and continued like this for 3 years.

During those years, my friends and I tend to joke about how our mental health and wellbeing isn't great. Comedy and laughter were our coping mechanism, and not once was there a conversation around seeking professional help. When I did bring that topic up, I remember my friends laughing and saying "We're Muslim and of colour, what would a White person know about our struggles?" They all expressed how they didn't feel comfortable or trusted the services due to issues like Prevent. The one friend that did seek help told us she waited for a very long time before being seen and said "what's the point then? I could have been gone by then".

Over the years, during both my undergraduate and postgraduate studies, I paid attention to the attitude that students from 'BAME' backgrounds had towards the services. I tend to ask questions to find out how they perceived it and whether it's something they would go to. The one thing that stuck out to me was the idea that because a student is of colour, or followed a particular religion, they felt that they couldn't approach the mental health services. For this reason, when I ran for VP Community and Wellbeing, one of my priorities was mental health and ensuring that the services are culturally competent to meet the needs of our diverse students.

I wish I could solve all the issues relating to cultural barriers and perception, but I can't. What I do hope though is, through this research, we, as a Students' Union and a University can work together in addressing these barriers. Our students should feel comfortable and confident to approach the mental health services and receive the support they need to progress and excel in their studies and life.

With this report, I hope to start a university wide conversation around mental health, accessibility, breaking barriers and how we as a university can rise to the challenge. It is no doubt a difficult, and a long-term project, but it is vital.

If not now, when?

## Executive Summary

This Research Report looks at the BAME (Black, Asian and minority ethnic) students' experience when accessing the Support Services at City, University of London. It highlights some of the barriers faced by BAME students when accessing the Counselling and Mental Health services, as well as the importance of having staff representation from different ethnicities in different support services.

A report developed by the Union in 2020, showed the majority of BAME students (who completed the survey) feel isolated from others during their time at university. When looking at the support which exists at City, students see the Counselling and Mental Health Services as something they would use for support, however, the usage percentage is very low. This year, the Union explored some of the barriers faced by BAME students when accessing the Counselling and Mental Health services. Data collection started from the beginning of March until the end of May through focus groups and a survey, collecting both qualitative (many of which were in the form of detailed and rich testimonials) and quantitative data. As part of this research project, we have engaged with over 200 BAME students about the project and proposed recommendations, which we hope will have a substantial and long-lasting positive impact on the current and prospective student experience at City, University of London.

## Headlines

- Students highlighted the lack of awareness/visibility of the service or the steps to get help to be one of the main barriers, as well as stigma to get mental health support (or not feeling comfortable to use the service).
- Students highlighted the difficulty in finding non-white therapists<sup>1</sup>; The majority of students believe that it would be easier to communicate with and be understood by counsellors of the same ethnic and racial background.
- A few students mentioned the lack of cultural and religious understanding as a barrier to accessing mental health services
- Finally, students emphasised the negative impact the long waiting times, especially during stressful periods;

## Recommendations

1. Ensure provision for on campus delivery of counselling, mental health, and diversity services as soon as feasibly possible.
2. Review the cultural sensitivity approaches in the Wellbeing team to ensure effectiveness.
3. Review the diversity of the wellbeing team. Reserve spaces on the Wellbeing team for staff of colour.
4. Review and improve accessibility of the wellbeing services website and online services. Student consultation should be integral to the review process.
5. Ensure school-based welfare officers' photos and profiles are published on the school website.
6. Launch a collaborative wellbeing campaign to educate students on the variety of services available at City and tackle stigma around mental health.
7. Increase communications around mental health support services and positive wellbeing during times we know students may be struggling and needing to seek more support such as Autumn, Winter and assessment periods.
8. City to develop mandatory culturally competent wellbeing Moodle training course for students including information on services available, mental health, physical health and consent.

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<sup>1</sup> "It is mostly financial barrier and finding non-white therapists".

## Background

At City, University of London, the majority (63.3%) of UK students come from a BAME (Black, Asian and minority ethnic) background with only 34% of City students identifying as white. BAME is an acronym which stands for Black, Asian and Minority Ethnic. The term is mostly commonly used in the UK where it embraces the variety of different cultures and backgrounds. The term BAME has been used by politicians and workplaces when talking about diversity, inclusion and to describe anyone who is non-white. While the inception of the term BAME came from a place of unification, in the present-day context, it has its limitations.

We have decided to use the term BAME, acknowledging its limitations and that the experiences of ethnic minorities differ from one another. At City Students Union, we have had many conversations around the term BAME and the need to find an appropriate term. However, for the purposes of this report, we use the term BAME as this is the official term used by City, University of London.

According to the Mental Health Foundation, people from BAME backgrounds are more likely to become disengaged from mainstream mental health services, frequently due to lack of staff understanding<sup>4</sup>. Recent research from Birkbeck University on accessing counselling shows that fears of prejudice, racism and poor trust in confidentiality were key factors preventing BAME students from accessing counselling. City Students' Union (the Union) has decided to look into how BAME students access the support services available at City, University of London.

The City Mental Health team shared data on the usage of the Mental health services broken down by ethnicity. 25% of the students who accessed the specialist support services in 2019/20 were Asian whilst 12% were Black. These were the second and third largest user groups of the services behind white students. This generally reflects the profile of City's student demographic. City's Mental health team highlight that City has a higher usage of services of its services by Asian and Black students than the national average but reflects City's demographic profile.

## Focus Groups

Voluntary focus groups were held with over 40 students from all schools as part of this research. The focus groups were compiled of students who had accessed the services and those who had not. The attendees were evenly split evenly across all schools. The focus groups contained students from a variety of ethnicities. [Appendix 1]

## Barriers to accessibility

A gap in access to City's Mental Health Services by students of colour was a concern raised in all focus groups due to the impact on attainment, wellbeing and community. Most students felt unaware of the support services available. There is also considered to be poor visibility of Mental Health team staff from diverse backgrounds.

There was some conflation by students between when to seek support through traditional NHS services such as a GP or through City. Students noted that they would feel more uncomfortable using NHS services.

Awareness of the services available was seen as a barrier to accessing services. Services were considered difficult to find online or on site. For those that had accessed the services, the application process and long wait times for responses were seen as barriers. Most students weren't aware of City's mental health services available to them or previously hadn't used them. Students described being directed to the mental health services page after Students' Union or personal tutors shared the resources. After this contact, students found it difficult to choose what type of support they were looking for within mental health

services. Students relied upon referral from the Students union or personal tutors for awareness and ultimately accessing of the services.

Online service delivery of mental health services was also raised as a barrier for some students particularly when raising family issues at home. There was also considered to be a stigma around mental health which could create a barrier to students to seeking help for mental health issues.

### **Tailormade services**

The majority of students believe that it would easier to communicate with and be understood by counsellors of the same ethnic and racial background; this would improve the quality of the support they receive.

A tailor-made service was described as a service that is “**relatable to all minorities.**” Students suggested the way to do this was by having counsellors who have similar lived experiences and more diverse staff to represent different students. The majority of students believed that it would easier to communicate with and be understood by counsellors of the same ethnic and racial background and that this would improve the quality of the support they receive.

Visibility of staff from different ethnicities was considered an important way of making services “**relatable to all minorities.**” Some students suggested however that a tailor-made approach isn't possible as every student comes with different issues.

It was emphasised that counsellors need to have a wide knowledge on LGBTQIA+ issues, different faiths and being **culturally competent** in order to empathise with students. Students also need to know that staff have this knowledge to ensure the services feel accessible.

Students considered that counselling should be a **flexible and accessible service** that caters to students lecture timetable for students who may require support over a number of years and accommodate students who may need support on short notice; this includes having access to support during the night or at late hours.

Students suggested that more engagement and awareness was needed of the Mental health services available through regular leaflets, posters and social media posts. There was also considered a need for greater visibility and communication via Moodle and the student hub. It was suggested that greater promotion around wellbeing, positive mental health and support services was needed at the start and end of each term. Students emphasises the need to destigmatise accessing mental health services so students are comfortable in accessing the support they need.

Other students suggested having special services around exams seasons as well as the option to have cameras off during counselling.

### **Student Wellbeing Survey**

The Student Wellbeing survey received responses from over 160 students from all schools as part of this research. The survey was compiled of students who had accessed the services and those who had not. The survey was advertised via the Students' Union all-students' newsletter and contained students from a variety of ethnicities. [Appendix 3]

## Finding Support

Students mainly use their friends and family to cope with high levels of stress at university and maintain their wellbeing. From the support services offered by City, University of London, students mentioned their personal tutor, City Student Counselling and Mental Health and a Society or Student Media group.

In this table, we can see a breakdown of all the support networks and services used by students during stressful academic periods, from the most to the least popular.

Your friends	105	31.9%
Your family	104	31.6%
GP/Doctor	32	9.7%
Personal Tutor	21	6.4%
City Student Counselling and Mental Health	20	6.1%
Other (please specify) *	19	5.8%
Society or Student Media group	9	2.7%
Sports Club	5	1.5%
City Students' Union	5	1.5%
City Careers	5	1.5%
City Neurodiversity team	3	0.9%
City Disability Support	1	0.3%
City Chaplaincy	0	0.0%

\*In the option "Other", students mentioned City SMSCE Extenuating Circumstances Policy Team (2), external counselling/therapy (8) and church (1).

## Counselling, Mental Health and Accessibility services

Only 26% of the students who responded to this survey had previously used City Student Counselling and Mental Health service. The main reasons provided for not accessing the service were:

- Lack of awareness of the service or the steps to get help;
- Stigma to get mental health support (or not feeling comfortable to use the service);
- Confidentiality concerns;
- Long waiting times;
- Overwhelming application process;
- The need to get medical records in order to apply for counselling;
- Lack of cultural and religious understanding;
- International students living abroad don't have access to the counselling services<sup>2</sup>.

Other students find it more comfortable to talk with family or friends or don't have enough time (due to course being very demanding)<sup>3</sup>.

## Barriers to accessibility

Students identified a set of barriers to accessing the Counselling, Mental Health and Accessibility services (especially now during Covid-19), such as:

- **Students living abroad** – students were frustrated as counselling services are only available to the students currently living in the UK<sup>4</sup>.

<sup>2</sup> I am an international student, currently living and studying in the USA. To my understanding, counselling services are only available to students residing in the UK currently.

<sup>3</sup> I don't have the time to access the services as my course is really demanding.

<sup>4</sup> I didn't plan on staying in the USA for my studies but then COVID-19 happened. In this rough economic climate, I decided that it would be less difficult financially to remain in the US than to pay for an apartment in London since my whole degree was moved online anyway... This to me was highly unfair because I didn't ask for any of this to happen and this has been the most challenging time for me (mental health-wise) in a long time.

- **Procedure** – students highlighted the long waiting times (to access support and to receive a response)<sup>5</sup> and the need to provide evidence (such as medical records)<sup>6</sup>. students were also confused regarding the next steps after submitting their registration<sup>7</sup>.
- **Awareness** – students were either not aware of who to contact or how to access the service through the website<sup>8</sup>.
- **Cultural barriers** – students highlighted the difficulty in finding non-white therapists<sup>9</sup>, as well as feeling misunderstood<sup>10</sup>.

## Representation

Over 46% of students believe when seeking counselling, they would benefit from specifically being able to see a counsellor from the same cultural background as them.

Around 38% of students agreed counsellors who are not from a Black and Asian Minority Ethnic are just as able to cater to the needs of students from Black and Asian Minority Ethnic.

Over 38% also agreed their experience of mental health is directly related to their ethnicity and culture. As a follow up questions, the great majority of students believe there is **more pressure to achieve academically based on their ethnicity and culture**, having a bigger impact on their mental health (see some of the responses below).

*“Yes. There is pressure as my parents’ generation are mostly refugees who fled a war-torn country and so I am part of the first generation to have the opportunity to study higher education. My parents have worked very hard to allow me this because they had so little, and I feel overwhelmed sometimes when I worry that what I’m doing isn’t good enough and I can’t make their sacrifices for me worth it. We also have no generation wealth to fall back on because of the troubles associated with our ethnic background so there is even more pressure for me to succeed as I don’t have a security net.”*

*“Yes, because I’m a South Asian female. I face sexism, racism and all of the pressures, expectations, and generational trauma from within my own culture as well as outside of it. All of these aspects can be a lot of pressure and often have me feeling low, hopeless and frustrated. There are also academic expectations and career expectations that are hard to negotiate.”*

*“Yes. It makes me not realize I may need mental support, because culturally we are raised to believe we can handle life hindrances as normal challenges”.*

*“Yes - there are socio-economic pressures we experience in the BAME community which it seems our non-BAME colleagues no little about. For example, there is generally a pressure on us to do well in order to support parents and other family members. (...) That in itself is a very real and difficult pressure to adjust to (i.e. being the financial future of your wider family), alongside trying to do well in a course where you have few/no close relatives who have experienced higher education and/or the professional job market in the UK - so you are also at a disadvantage when it comes to planning what to do with your course etc. “*

<sup>5</sup> “I have to wait for longer. My emails aren’t answered promptly. I have to wait weeks to get support.”

<sup>6</sup> “I wanted to register with the mental health service but I haven’t had an assessment or been diagnosed with anything yet, and even though I’ve been referred through my GP for an assessment, months later I still haven’t had one.”

<sup>7</sup> “They do not get back to students and there is such a lack of information online from the uni about how to access help. After filling out the registration, you never hear back. For someone who has taken a huge step by admitting they need support and that they’re struggling, it’s unreasonable to expect them to chase the mental health services or counselling service for replies.”

<sup>8</sup> “I can’t access the services and I really need it. It’s not clear on the website how to do so. Before Covid I could just turn up to the place but now I can’t.”

<sup>9</sup> “It is mostly financial barrier and finding non-white therapists”.

<sup>10</sup> “Failure to understand the struggles faced in BAME families that are different and are deep rooted, hard to change with just “mentality”



When seeking counselling, if given the opportunity, **31% of students said they would specifically request a counsellor from the same ethnic and cultural background as them.**

*“I've had a BME and non BME counsellor and they were both great. The BME counsellor had a better grasp on the issues I was facing. The non BME counsellor (in my opinion) was culturally competent and did their best to understand my issues through the lens of my culture and ethnicity.”*

*“Very Important. I've stressed this point many times before. I believe it helps BAME students express their concerns and problems even more when talking with a counsel or from the same ethnic/cultural background. Why? There is just a lot of things that a counsellor from the same ethnic/cultural background can provide or relate to, than someone who is not.”*

*“They are able to understand the cultural/ethnic and racial issues that I am going to discuss as they are from a similar background.”*

*“I think with non-BME counsellors, it takes a little bit more time for me to explain my stressors”*

*“Well, I haven't experienced this personally but I've heard that a lot of students tend to hold back on their thoughts and concerns because they believe the counsellor won't understand. Having a counsellor that is from your ethnic group or cultural background can aid students to be more open and confident in expressing themselves.”*

*“It provides a more person-centred counselling experience since it comes from a place of understanding and personal experience.”*

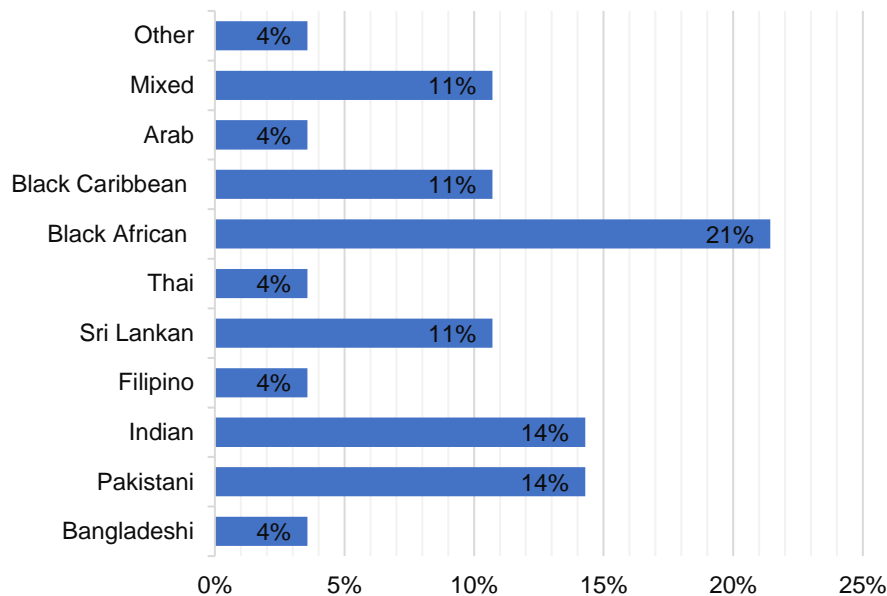
*“White counsellors don't get the cultural importance of some of the issues I've brought up. Having to explain an issue to her because she didn't understand what I was talking about really took out time when I am supposed to be using that hour to unpack the things I needed dealing with. My Black therapist has been really helpful for the past couple months in helping work through stress of school and other issues I needed help with. We had an easier time building a connection and our sessions are free of micro aggressions. “*

Finally, 91% of students agreed they would you benefit from a culturally competent mental health and counselling service at City. Overall, students appreciated the support received from the Counselling and Mental Health Services but would like to see more staff representation from different minorities,

In conclusion, students identify the lack of visibility of the service, the stigma to get mental health support and the long waiting time (during stressful periods) as barriers to accessing the service. The majority of students believe that it would easier to communicate with and be understood by counsellors of the same ethnic and racial background, emphasising the importance of visibility of staff from different ethnicities.

## Appendix

### Appendix 1 - Demographic Breakdown of Focus Group Participants

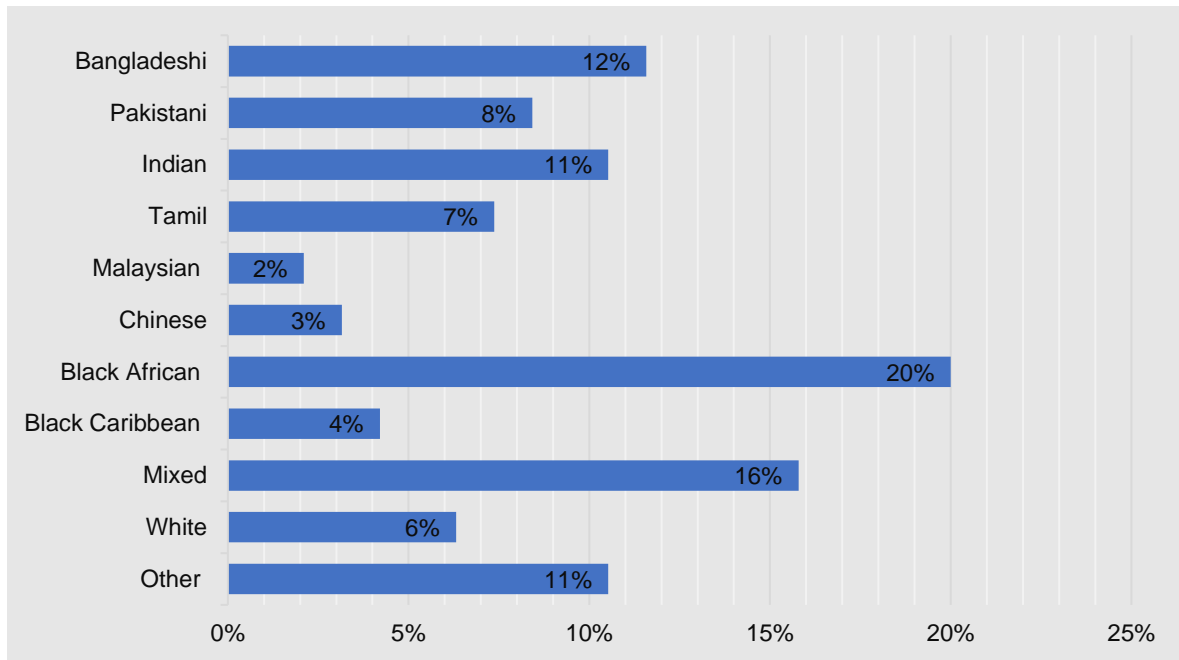


### Appendix 2 – Focus Group Questions

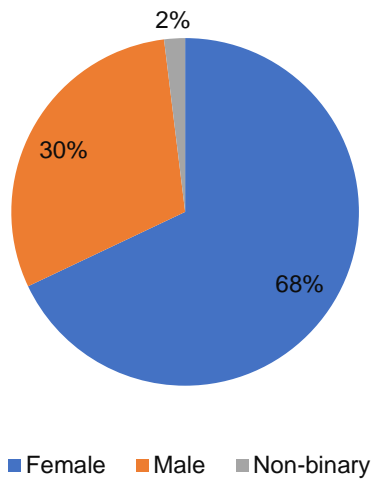
1. What is your awareness of City's Mental Health Service (i.e. Counselling)? (As not being aware of a service can be a barrier in accessing it, this question will assess students' awareness of this)
2. When would you most likely use the MH services?
3. How easy is it to navigate searching for mental health services, in particular the City website?
4. Have you ever sought to access the City mental Health services?
5. If yes, how was your experience with the mental health service?
6. If no, move to next question
7. Were there any particular barriers preventing you from reaching out and accessing support?
8. What would you like to see in a counsellor? How could they optimize their help for you?
9. Would a counsellor that shares the same background as you (ethnic, cultural/religion, LGBTQ+ member) make you more comfortable?
10. Do you think non-BAME counsellors would sufficiently understand your personal family/cultural/ethnic/racial experiences?
11. How can City improve your experience in accessing this service?
12. For you personally, what would a "tailor-made" mental health service look like?

## Appendix 3 – Demographic Breakdown of Student Wellbeing survey

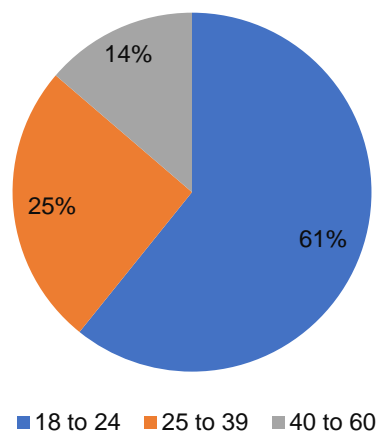
### Ethnicity



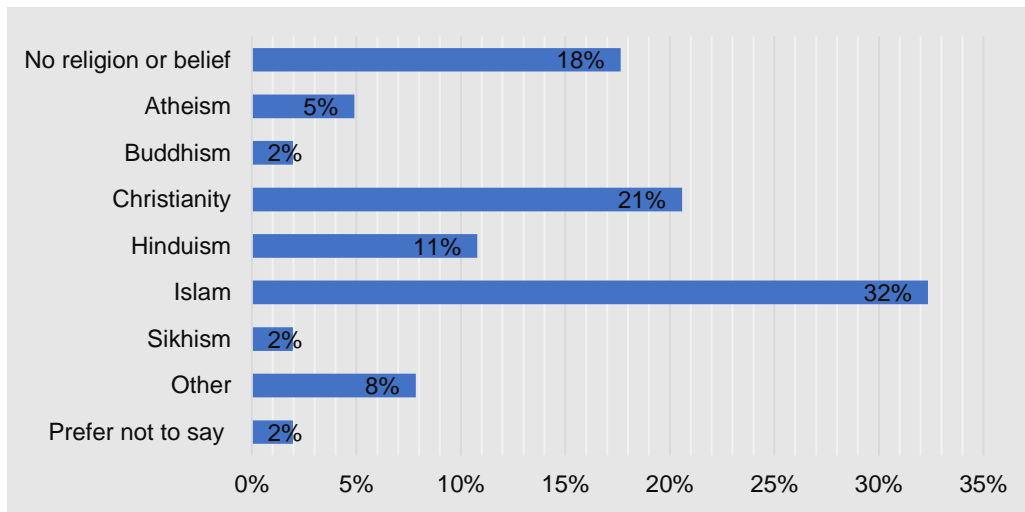
### Gender



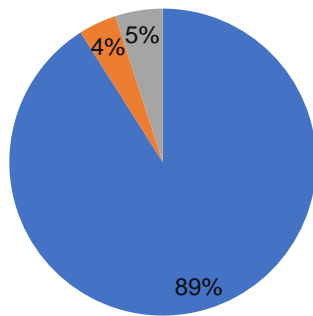
### Age



## Religion

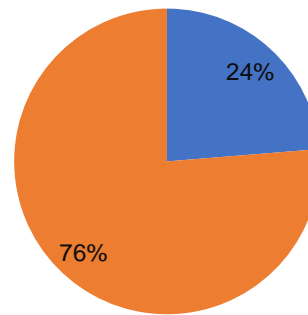


## Sexuality



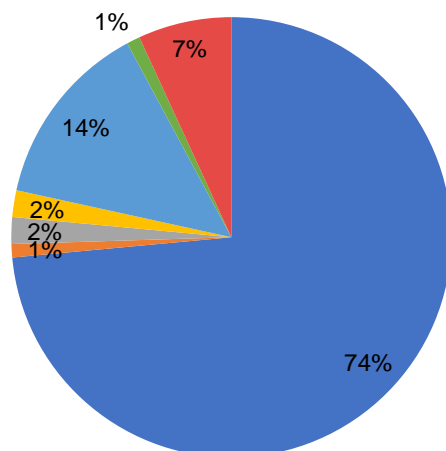
■ Heterosexual ■ Bisexual ■ Homosexual

## Caring responsibilities



■ Carer ■ Not a carer

## Disability



■ No known disability  
 ■ Sensory  
 ■ Specific Learning Disability  
 ■ Long-term Health Condition  
 ■ Mental Health Condition  
 ■ Multiple Disabilities  
 ■ Other