



Queen Mary
University of London



RACIALLY MINORITISED WOMEN STUDENTS AND ALUMNI REFLECT ON ADVICE AND COUNSELLING SERVICES



**A REPORT BY *BREAKTHROUGH!*,
QUEEN MARY UNIVERSITY OF
LONDON**

AUTUMN 2023

PREPARED BY:
SULTANA AZMI, SADHVI DAR,
ALICIA GEORGE, SARAMARIE
HARVEY, SAHRA-ISHA
MUHAMMAD-JONES WITH MISMA
AKTHER.
SCHOOL OF BUSINESS AND
MANAGEMENT
***BREAKTHROUGH!* RESEARCH
TEAM**

TABLE OF CONTENTS

Meet the Breakthrough! Research Team	1
How this project came about	2
Our research approach	4
Language and Terminologies	4
Coronavirus and its impact on this study	5
Methodology	6
Data collection	7
Website review	7
Ethnographic research	7
Surveys	7
Interviews	8
Testimonials	8
Ethical considerations	8
Findings	10
The university and its values	10
Queen Mary's Advice and Counselling Services	11
Recommendations for service	14
Website review	15
Navigating the website	16
Booking an appointment	17
Names, photos and personal emails	17
Use of videos	17
Recommendations for website	18
Ethnographic walk-around	19
Recommendations for built environment	22
Surveys	23
How important are mental health services to students and alumni?	26
Factors impacting demand for services	26
Recommendations on service delivery	28
Barriers to accessing services	29
Recommendations for improving access to ACS	31
How do you define an inclusive therapeutic relationship?	32
Recommendations for building an inclusive service	34
The lived experiences of racially minoritized women	35
Recommendations that address racial-gendered exclusions	36

TABLE OF CONTENTS

Bespoke services for racially minoritised women and gender non-conforming students	37
Recommendations to offer bespoke services to racially minoritized women	37
How can ACS be improved?	38
Recommendations that address overall development and enrichment of ACS	40
Imagining a bespoke and targeted service for racially minoritised women	41
Recommendations for a targeted service	42
Interviews	43
Perceptions of self and perceptions of the institution	43
Family, Society, and the University – A nexus of constraints and aggression	45
Defining an inclusive therapeutic relationship	46
Spaces that heal.	47
Case studies and testimonials	48
A testimony of my experience using on-campus and off-campus mental health services.	48
Disability and Dyslexia Service (DDS) testimony	50
Concluding summary	51
Appendix 1: Where to find therapists with a lived experience of racism (2021)	52
Appendix 2: Survey questions	53
Appendix 3: Interview schedule	54
Appendix 4: Participant Information Sheet	55
Appendix 5: Participant Consent Form	59

Research Blossom (Front cover), Women's Cafe Quilt and Pearls of Wisdom (Back cover) illustrations: by Maria D'Amico.
Breakthrough! Logo designed by Nabila Nazneen and Maria D'Amico
Report formatting: by Mashiyath Qurashy



MEET THE **BREAKTHROUGH!** RESEARCH TEAM

SULTANA AZMI

ALICIA GEORGE

SADHVI DAR

MISMA AKHTER

**SAHRA-ISHA
MUHAMMAD-JONES**

**SARA MARIE
HARVEY**

Sultana Azmi is a graduate of the School of Business and Management. She played an integral role designing the initial questions and the design of the research methodology.

Sadhvi Dar is Reader in Interdisciplinary Management and Organisation Studies at the School of Business and Management. She is the founder and academic lead of BreakThrough! and co-curates the Women's Cafe - a monthly free-to-use community space centering the knowledge and experiences of women of colour at Queen Mary. Sadhvi helped co-author, edit and fact-check this report.

Alicia George was Events Officer at the School of Business and Management till December 2022. She co-curated the Women's Cafe with Sadhvi Dar and helped to administer research roles and speakers for the monthly drop-in sessions. Alicia also acted as report editor and helped to fact-check this report.

Saramarie Harvey is a QMUL graduate who completed her BA English degree with a first class honours in 2020. Her dissertation specialised in postcolonial studies. She worked as a researcher and writer for the mental health report, specifically looking after the administration of the survey.

Sahra-Isha Muhammad-Jones is a QMUL graduate who completed her BA in Comparative Literature with a focus on African and Islamic studies. As a writer and researcher she works on topics around inclusivity and community. She is a qualified running coach and founder of ASRA Club, a safe space centering Muslim woman in sports. She helped to conduct interviews, write up and finalise the mental health report.

Misma Akther is a graduate of the School of Business and Management. She reviewed and edited research questions supporting this research.

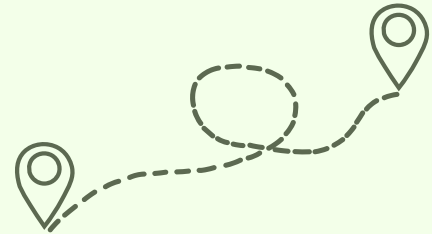


HOW THIS PROJECT CAME ABOUT

"Marginalisation"

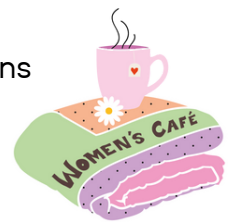
"barriers to learning"

"mental health conversations"



The idea for a research project focussing on mental health issues and access to on-campus Advice and Counselling Services (ACS) emerged out of discussions that took place at the Women's Cafe in 2019. The Women's Cafe is a monthly free-to-use space at QMUL that centers the knowledges and experiences of racially minoritised women, that include our students, alumni and members of staff. Originally imagined as a careers initiative by Sadhvi Dar, the Women's Cafe has grown into a vibrant community space for students and staff alike who are committed to building empowering spaces on campus for racially minoritised women.

In 2019, after running the Women's Cafe for just over a year, group discussions consistently highlighted issues to do with mental health and how these issues are inherently connected to forms of marginalisation and violence that racially minoritised women encounter on campus and beyond.



When the Women's Café moved online due to the coronavirus pandemic, the mental health conversations continued, evolving into discussions about how the lockdown affected psychological well-being. While the virus and its tragic outcomes dominated the way racially minoritised women encountered the diverse domains of campus life, mainstream news and social media, it also shaped the intimate interactions at home and in social settings. At the monthly Women's Café sessions, racially minoritised women reflected on how the pandemic hindered them from accessing face-to-face support and activities, such as the gym, counselling therapies, coffee shops, and places of worship. The pandemic further highlighted accessibility issues for disabled and neurodivergent people in specific ways – especially women and non-binary Black and racially minoritized people. For example, according to Psychiatry-UK's website, waiting lists for ADHD diagnoses have significantly increased during the pandemic. In August 2021, they reported a 6 month waiting time after receiving "approximately 150 referrals a day".

Reports from different parts of the world found that the transition to online classes during the lockdowns further exacerbated barriers to learning for racialised groups. At the same time, there was a steady rise in mental health issues, such as psychosis and depression, that have been reported on a national scale during the multiple lockdowns.

Looking at QMUL's own data, our [HESA disability return](#) indicates a jump in students reporting a "mental health condition, such as depression, schizophrenia or an anxiety disorder" from 713 students in 2018/19 to 957 students in 2019/20. The figures remain stubbornly in the 900s since the pandemic. For example, student reported returns indicate there were 914 students reporting mental health issues in 2020/21 and 945 students in 2021/22..

In September 2020, BreakThrough! responded to this context by commissioning a piece of research that would advocate for improving access to ACS services for racially minoritised women and for the university to provide targeted services to students and alumni who identify as women, trans, and gender non-conforming people. This report summarises BreakThrough!'s three year-long research project that includes designing a research project, training student and alumni researchers, gaining ethical approval, carrying out interviews, surveys, and mapping exercises, alongside analysing and writing up findings.

It should be noted that this report is a scoping project that aims to understand how a stakeholder group within the university has experienced services that support mental health at a time of extreme transition and change in the university and beyond.



OUR RESEARCH APPROACH



One of the main questions we asked participants and ourselves when conducting this study was, **"What makes a therapeutic relationship inclusive?"** Language and terminology formed a critical part in responding to and understanding answers to this prompt. From booking sessions with Advice and Counselling (ACS) and other mental health services (notably via the NHS) to confirming and attending appointments, the language used when communicating information can help or hinder students trying to access support safely and effectively.

The overall framing of the report takes a holistic approach to uncovering information and gaining insight with permission from meetings or workshops curated by the Women's Cafe. We have tried to use language and terminology that is inclusive and accessible to those interested in understanding these issues in more detail.



Language and Terminologies

We recognise the importance of language used in colloquial/informal contexts which can be viewed as ableist, including "crazy" and "insane". These words can dismiss an individual's mental health difficulties. Further, using words like "absurd" and "egregious" to describe people or situations reproduces ableist ideas to do with mental health. We recognise that language and terminologies used both in our report and throughout the university's mental health services should aim to be:

- Clear – easily and transparently explains how accessing mental health services work and, if necessary, clearly signposts students to the correct place to receive support.
- Inclusive – think about and represent everyone who is using these services. This includes considering complex issues when offering support, such as cultural differences, diverse and 'hidden' family histories, experiences of sexuality and gender as these intersect with context, neurodivergence and models of the mind.

A number of acronyms and labels have appeared in relation to how racial minorities are described in the UK context. We have not used the term BAME intentionally as we do not feel that this term adequately captures the diversity of lived experiences and histories that are represented in racial minorities in the UK. However, we must admit that we have struggled with using terms such as Women of Colour, brown, and BIPOC. We acknowledge that language and labels describing racial identity will always be contingent on political struggles, legalities, and community-based anti-racist movements. We have chosen to use the term racially minoritised women in this report.

Coronavirus and its impact on this study

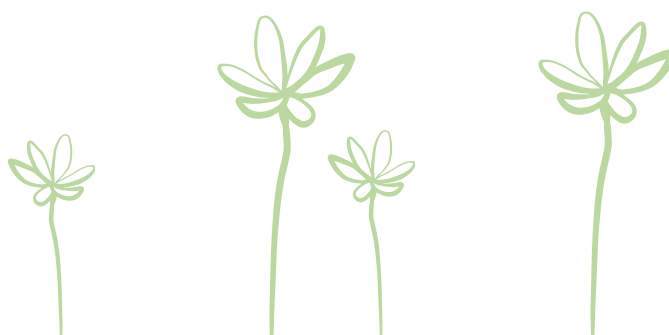
The coronavirus outbreak led to classes moving online, which caused an extreme disruption to face to face gatherings. This overwhelmed many university students and led to students reporting their mental health worsening. Continuing students and freshers' students' cognitive capacities have been shaped by the massive anxiety and material isolation they faced while completing assignments under restrictive lockdown conditions.

Campus space during this time continued to be largely unused, with academic teaching and society events being held online. Students faced additional stress when organising accommodation away from home, and the pre-pandemic university experience is entirely unlike what students then received after in exchange for high tuition fees.

During this time, the navigation of university was made harder for students who face racism, sexism, transphobia and homophobia, as well as ableism and classism. This report, therefore, examines both the longstanding and current issues in the post-lockdown university context.

During our research and in this report:

- The language used aims to be inclusive of people who face racial and gender-based oppression.
- We decided it would be crucial to include all people who face gender oppression when examining the university's mental health services. We refer to racially minoritised women and non-binary people and intend to cover an umbrella of cis and transgender identities, including women, non-binary, genderqueer and agender people.
- We made interviews, surveys, and case study submissions comfortable and simple for participants to complete. We kept questions general, and participants could give as much or as little information as they wanted.
- "Mental health services" is sometimes used as an umbrella term for Advice and Counselling.



METHODOLOGY

We used a range of methods in our design to collect data encompassing a broad variety of sources and materials. The report consists of a combination of primary and secondary findings.



Our **primary** research includes findings from reviews of ACS and Student Union websites, ethnographic research, surveys, semi-structured one-to-one interviews, and testimonial case studies. Due to reasons to do with anonymity, the ACS required we send a Freedom of Information request to Queen Mary to access data about the counsellors they employ and about the length of counselling offered. Information garnered from this request (Ref: 2023/F76) is included in the report.

Our **secondary** research drew on reading and summarising articles by racially minoritised women and non-binary writers, notably from [gal-dem magazine](#). These secondary sources gave us a wider understanding of how mental health is perceived in the wider societal and cultural contexts beyond university. We conducted a mapping exercise that highlights potential partner organisations that offer services to ethnic minorities. The mapping exercise was conducted to highlight short term alternatives for students to access. These can be found in Appendix 1.

A thematic analysis has been used to understand how racially minoritised women students and alumni communities access ACS services and to identify barriers or challenges to access and service delivery that this group of students experience.

Importantly, our report also includes recommendations to address challenges. Our recommendations have been developed collaboratively with former service users and QMUL students or graduates.



DATA COLLECTION

We now describe each of the research methods we used to garner primary data. This data collection took place over the period November 2020 to March 2023.

Website Review

We conducted a website review to understand what services and support are being promoted by ACS to our students and alumni. This included reading relevant webpages, making a list of services offered, and noting any information about waiting times, what to expect when accessing the service, and directions to accessing the service online or on campus. The website review was carried out in several phases culminating in February 2023.

Ethnographic research

In our interview and survey responses, many participants expressed difficulties navigating the campus and reported that they were unsure of where the ACS building was located on campus. To investigate further, our student researchers did 2 walk-arounds to ascertain how accessible the building is for students on campus. The aim of this was to understand the impacts of the built environment on students in need of psychological support on campus. Photographs and reflexive notes were written immediately after the walking activity. Walking-activities took place December 2022, January - February 2023 and again in May 2023.



Surveys

An online survey was administered via email lists and advertised via word-of-mouth; in total we received responses from 24 students and alumni across all three faculties. Informed consent was obtained by all survey respondents beforehand. Survey responses were password protected for security, and participant responses were anonymised. All student data that connects responses to individuals has been deleted. Surveys were open from March to April 2021.

Surveys were chosen because they allowed us to collect data from a relatively larger sample in a shorter time frame compared to interviews and case studies. The aim of the survey was to inquire into the accessibility of mental health services and to inquire about what types of services or improvements respondents would like to see at QMUL. The survey took between ten and fifteen minutes to complete. Please see Appendix 2 for the survey questions.

To make the survey engaging and allow for a range of information to be collected from participants, the questions we asked ranged from multiple choice, rating scales, and space to type longer or shorter answers.

The survey was piloted among 13 students. After the pilot, we noted that a question asking participants to define a therapeutic relationship was causing confusion. We removed this question and included the following prompt in its place: "What improvements do you think could be made to the Advice and Counselling and/or the disability services at QMUL?". This additional question provides important findings making recommendations on improving mental health services at the university.

Interviews

We carried out one-to-one semi-structured telephone interviews with 8 women of colour students and alumni and with 1 member of academic staff and 1 staff member from Professional Services. The sample covered students and alumni from two faculties: HSS and S&E. The aim of the interviews was to ask general, rather than personal, questions, to find out how women of colour access mental health services and how they perceive mental health issues as shaping their time at university. Participants were also asked to define what an inclusive therapeutic experience means to them. Interviews lasted between 15 minutes and 1 hour and 30 minutes. Most interviews lasted between 30 and 40 minutes. Interviews were carried out April to June 2021.

Interviews were carried out in private spaces, to maintain confidentiality. Interviews were recorded on a digital

Drecorder with consent and then transcribed. If consent to record was not given, notes were taken by the researcher during the interview. Interview notes, transcripts and recordings have been securely stored and password protected.

Testimonials

Two testimonials were submitted by participants for this research. These describe the experiences of women of colour who had accessed the mental health services at university and also had experience of accessing services across healthcare institutions. These cases provided participants a space to highlight issues that they could not fully explore in surveys and interviews. Testimonials were gathered in June and July 2021.

Ethical Considerations

This research has ethical approval from the Queen Mary Ethics Committee to carry out a service evaluation of ACS - approval was granted in October 2020. We took measures to ensure that this research would not cause participants to relive trauma, especially as the participants would be giving responses in a non-therapeutic context. Participants were therefore asked not to disclose any current or past mental health diagnoses. We also did not request participation from students and alumni with untreated chronic mental health conditions, so no vulnerable or at-risk people would be triggered by the research. All participants had the right to withdraw from the research at any stage and a full disclosure of our research objectives were provided before consent was obtained for participation.

A research protocol was designed to assuage any adverse emotional reactions that the participants or co-researchers may experience during the research process. This included regular check-ins, breaks to address stress or emotional trauma, and details of counselling services that respondents or co-researchers could access.

In April 2021, the research team alerted the Ethics Committee of an abuse of survey participation. This abuse involved several survey responses that were received in a single evening and included references to being 'a white', 'the white race', and 'white' and included suspicious data entry. The research team perceived these as racial aggressions. This incident was immediately reported to the Ethics committee who advised the removal of these suspicious responses from the research findings.

The above incident highlights the importance of doing the research but also about how the hostile environment in which researchers carry out activities needs consistent evaluation and a strategy to support researchers - rather than preventing researchers from doing the work. We invite the university to create more robust guidelines to afford greater protections to research teams carrying out work on race and racism, gender-based violence, and misogyny.

Appendix 4 contains the Participant Information Sheet. Appendix 5 contains the Participant Consent Form.



FINDINGS



The university and its values

Queen Mary states that one of its key missions is to be the most inclusive university of its kind – a world leader in promoting diversity and embracing it through a range of research, teaching and service imperatives. Our university proudly iterates that our students comprise a rich and diverse pool of talent in which “more than 90 per cent are from state schools; 75 per cent are BAME, and 51 per cent are first into higher education” (QMUL, 2021). As a Russell Group university, Queen Mary is the most diverse in terms of socioeconomic and racial diversity – as such it presents its students with a unique and unrivalled experience of higher education.

With this in mind, we outline how racialised minority women responded to our research questions, and also how the ACS presents itself as a critical service to all students in need of support and mental health care.

QUEEN MARY'S ADVICE AND COUNCELLING SERVICES

In our description of the service, we have included responses to an FOI request that was sent to Queen Mary's Advice and Counselling Service (ACS) in February 2023. Some sections of this report are therefore taken directly from the report and responses.

Queen Mary's model of student support is to have named contacts in most (but not all) of our Schools and Institutes, along with dedicated Professional Services. These services are situated in our Student Experience Directorate. As such, there is no one, distinct department which provides mental health services/support to students at Queen Mary.

The ACS offers welfare advice, as well as counselling, Cognitive Behavioural Therapy and group therapy. It also offers support for students with emerging and pre-existing mental health conditions through the Mental Health Advisers and Student Wellbeing Advisers.

The Disability and Dyslexia Service (DDS) supports all disabled students at Queen Mary, including those with diagnosed mental health difficulties (in addition to specific learning differences such as dyslexia).

The Student Life team is responsible for an array of student-facing provision, including an on-campus Student Health Service, although its staff would not ordinarily meet or have appointments with students.

Both ACS and DDS provide many other services which means there is no one, ring-fenced budget for student mental health. The costs of most specialist support for students with mental health diagnoses is paid for through individual students' Disabled Students' Allowances, the figures for which ACS do not hold. Queen Mary funds the Student Health Service to support patients, some of whom will have mental health issues.

Queen Mary's ACS offer a continuing service that is open to students during and out of term time. The only days that the service is closed is on public holidays and the 4 college closure days over the Christmas break.

Students and alumni can use the NHS service and ACS counselling service at the same time but not if counselling / psychotherapy is accessed by one or the other as this could lead to a conflict of interest for the client. ACS provide mental health support or counselling but never both and vice versa with the NHS.

ACS operate an intake (assessment session) plus 4 session model in most cases. However, there are clients who only need a one-off session and some that are offered a few more sessions if there is a delay in them accessing longer term support for instance. The average length of time that a client sees a counsellor is 5 sessions.

The ACS service report that waiting times to see an ACS counsellor vary and did not provide these wait times for specific years that we requested. They state that "wait times for counselling the list is ever evolving - it changes daily as people go on and off so there is no static number to provide each year. Waiting times depend on a number of variables such as the time of the year or the availability of the client. Our average wait is between 4 and 6 weeks but often shorter."

We also asked about group therapy wait times, again, the service did not provide an answer but stated that they do not *keep a wait list for the groups* - when there is an opening, *we refer in sometimes the group therapist may meet with people while waiting for an opening.*

The service employs 17 counsellors which equates to 12.5 FTE. All ACS counsellors are on permanent contracts except one who is on a fixed one-year maternity cover contract. The counselling team is made up of:

- 3 male counsellors (all white)
- 15 Female (11 white of which 1 identifies as Jewish, 2 black (one of whom is full-time), 1 Bangladeshi)

As of the start of the 2021/22 academic year, the DDS had two Disability Advisers (Mental Health), both full-time and permanent roles.

The mental health freedom of information report also states that the Queen Mary staff spend within student wellbeing for 2021/22 were:

- Advice and Counselling Service: £1,405,737
- Disability and Dyslexia Service: £718,077
- Student Life: £245,625

Our request for information about the ethnic backgrounds of service users was not addressed as ACS stated in the FOI that they do not currently collect this data. This is indeed a huge lacuna in data gathering and efforts to create an inclusive service. Importantly, this response also contravenes the reports of demographic data that Dr Sadhvi Dar saw in 2019, during a meeting with the then Head of ACS and the Head of Counselling services, Kevin Halon and Jo Gate-Eastley.

Lastly, during our research we tried to access the office a number of times between December 2022 and February 2023. We were told via an intercom at the main entrance of ACS, that there was no reception cover and the offices were therefore closed to all in-person inquiries. The only way into the building was if an appointment was pre-booked to see a counsellor.



RECOMMENDATIONS FOR SERVICE

- **With its federated and fragmented structure, governing mental health issues in Queen Mary may be challenging. It also highlights potential issues of accountability and consistency of service across different parts of the university. ACS should come under the Health and Safety remit of the university to improve reporting and consistency of service.**
- **Understanding the ethnic diversity of service users is imperative, reporting on this matter should be made mandatory.**
- **Intersectional reporting should be used to show how gender and race and class might intersect to mitigate access to ACS.**
- **With the majority of counsellors identifying as white in a highly ethnically diverse university, the service should deliver training that addresses cultural awareness and anti-racist approaches to therapy to its counsellors and managers.**
- **Develop and implement Affirmative Action policies to improve the diversity of ethnic backgrounds of counsellors.**
- **Ensure that there is emergency cover of the reception desk so in person support is always available to students seeking support.**



WEBSITE REVIEW



For students seeking help and support with their mental health, the ACS webpages are often the first point of contact. Importantly, the website is often referred to by professional services staff and teaching faculty when signposting students who are experiencing mental health issues.

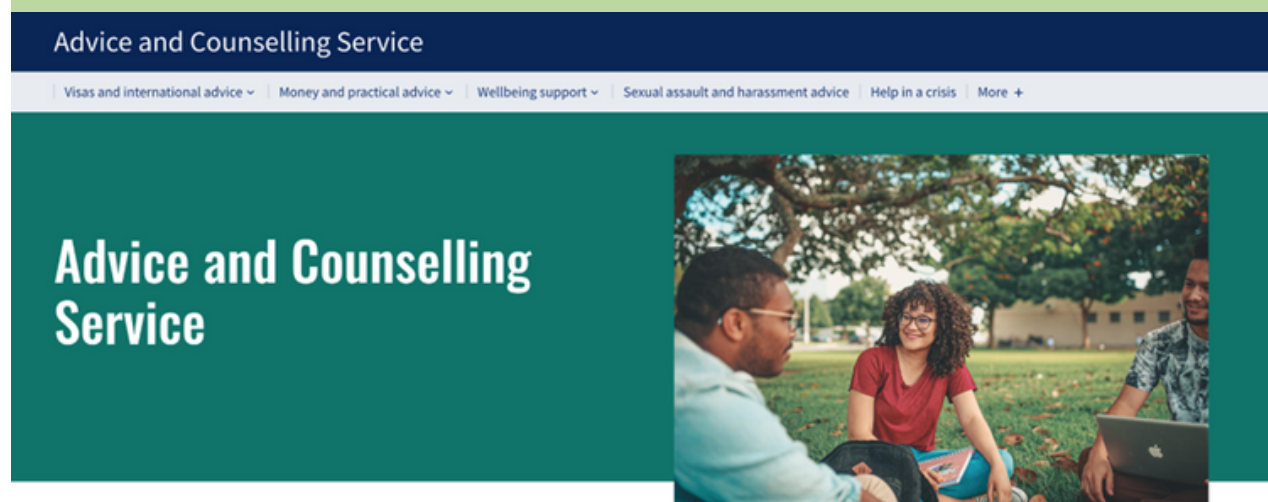
As such, the website is a critical source of information and potential comfort to those seeking out services when they are at their most vulnerable.

Queen Mary Advice and Counselling website state that they offer counselling and welfare advice to Queen Mary University of London students (see Screenshot 1). They also state on their website that services are offered to Queen Mary applicants.

The Reception team can answer general queries and discuss accessing specialist support Monday to Friday from 10am-4pm during university hours.

Students can access appointments with a welfare adviser or counsellor online or via a private room booked by the team for these sessions, on the telephone and in person.

SCREENSHOT 1: ACS LANDING PAGE



Navigating the website

The ACS homepage outlines their offerings and services with further information about how to access them (see Screenshot 2). Each option has a list of services that are supported by Queen Mary and also link to external sources or services:

SCREENSHOT 2: ACS SERVICES

Money and practical advice • How to fund your studies • Tuition fees • Budgeting & managing money • Changes to study	Wellbeing support • Counselling • Mental Health Advice • Student Wellbeing Advice • Wellbeing Resources	Visas and international advice • Do I need a visa? • How to apply • Travelling • Changes during your studies	Sexual assault and harassment advice • Specialist advice • Practical support • Emotional support • Signposting and referrals
I'm supporting someone else • Information on supporting students experiencing difficulties • Advice for friends and family • Advice for staff	Help in a crisis • Emergency support • Urgent mental health support • Crisis listening helplines • Crisis organisations	About the Advice and Counselling Service • Data protection and confidentiality • Policies and procedures • Feedback	

Contact us

There are many services and sources of support available to students, and this range of offering should be applauded. However, navigating these various sources and services was deemed overwhelming and caused some confusion to the researchers who evaluated the website.

For example, our student researchers felt that some of the terminology was confusing – especially the term ‘well-being support’ that encapsulates ‘counselling’ alongside ‘mental health advice’ and ‘student well-being advice’. Apart from ‘counselling’ it was not instinctively clear to our student researchers what each service offers and why is it different from counselling.

Further, from the perspective of a student

trying to access counselling, finding information about the counselling service was difficult to locate on the website, especially as it features as a sub-heading under ‘Wellbeing support’.

Interestingly, we noticed that there have been some changes to the website during the time we carried out our review which suggests that the service may be under review and restructure – but also that students who are returning to the website may experience difficulties in terms of accessibility and navigation.



Booking an appointment

The current process to book an appoint with a counsellor, mental health advisor, student well-being advisor, or the sexual assault and harassment advisor is via MySis. This could present real barriers to those who do not wish to make a formal complaint or to have their counselling needs recorded on official university platforms where there is a perceived lack of transparency.

Names, photos and personal emails

While the website hosts a number of important information about the services and generic photographs of students on campus, there is an unfortunate lacuna of photos that show the ACS building, images of counsellors or any identifiable person associated with the service, e.g. staff, counsellors, receptionists, etc. Including this information and these photos could improve the personability of the service as it appears on the website. This is especially important in relation to receptionists who are often the first port of call when accessing the service face to face. From a mental health perspective, the lack of photographs and the names or contact details of a real person can be an alienating and anxiety-inducing experience.

Use of videos

During our review of the website, we noted in 2021 that the website posted a two-minute video outlining what ACS offer in terms of services and support. This video was an excellent introduction to any potential service applicant or service user as it provided a straightforward and comprehensive overview of the services available. However, after reviewing the webpage again in December 2022, we found that this video has since been deleted.



RECOMMENDATIONS FOR WEBSITE

- The website should use accessible terminology that is easily understood by students who may have little knowledge of mental health and well-being language.
- For students wanting to book counselling appointments, a simple one-step function should be built into the website's landing page.
- Assess the requirement for all bookings to go via MySis and provide an alternative, anonymous appointments process.
- Clearer definitions and descriptions of services and support to guide students towards the right solution for them.
- Offer an audio/ visual explanation of what ACS has to offer on the webpage.



ETHNOGRAPHIC WALK AROUND



An exploration of the ACS's visibility on campus was carried out in November 2022. While its discrete location may award service-users anonymity and protection, others may find it challenging to locate. Recently, new signage has appeared on campus with clearer directions about its location, however, this signage is not consistent around all parts of the campus, so signposting remains a problem in terms of accessibility.



On campus, and among staff, there seems to be a lack of awareness about where the ACS services are located. For example, when we conducted a walk around in December 2022, we inquired with staff working at the Mile End campus, where the ACS services are located. These staff members included two SU staff and a receptionist at the Scape building. All three stated that ACS was in the Scape building. We followed the directions and walked to Scape but were directed back to the QMUL main campus.

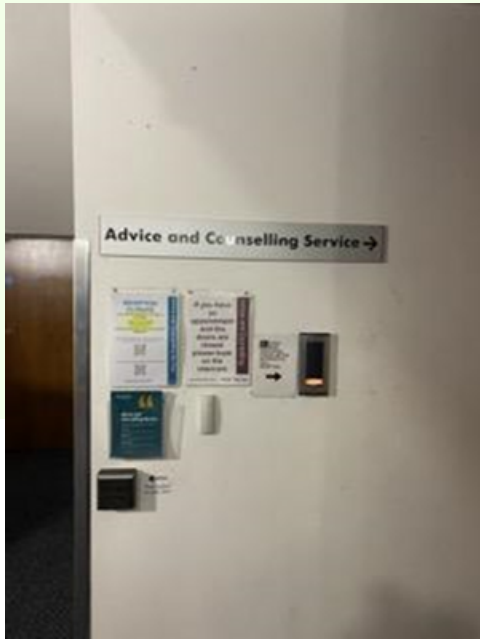
Campus signage was not visible until we reached the Graduates building/Geography square. This confusion highlights that more efforts need to be made to inform all staff about the whereabouts of the ACS building and also signage around campus needs to be improved.



When we approached the ACS building, it was not as welcoming or inviting as it could be, and its position tucked away behind greenery in an ivy-clad office block was a little off-putting - especially on dark evenings. The reception was closed which meant that there was no one to speak to, but we were told via telecom that a prior appointment was required which could be made via the online booking system.

Posters on the door include information via a QR scanning code that directs you to resources or the ACS website, however, these appeared quite stern and neutral.

The interiors of the ACS service are painted a blood-red colour which evokes an uneasy feeling as one enters the space. There are no plants or soft furnishings. The reception area is decorated with multiple posters and information which can be very troubling for people experiencing anxiety or who are neurodivergent and find it difficult to be in over-stimulating spaces.



Below, we include some more photos from a tour taken in daylight hours during May 2023, where we noted similar issues of visibility and how these could deter the service user from accessing the building.



We note that a researcher conducted regular walk-arounds to understand how accessible and welcoming the ACS building is, but if it was a student in need, these same experiences could impact a potential service user's motivation to pursue a face to face meeting or at worst discourage them from using the ACS services altogether.



RECOMMENDATIONS FOR BUILT ENVIRONMENT

- **Improved ACS signage and campus maps that are consistent, clear and appear at the entry gates and around all parts of campus.**
- **Estates to determine where a full campus map should be displayed and also to include a full campus map in all buildings' reception areas.**
- **All reception and security staff to receive information about the location of the ACS building and how to navigate campus maps.**
- **ACS communications and posters should be designed in a way that is comforting and helpful to those experiencing mental health challenges. By using empathetic language, warm colours, and easy to read text, the ACS comms should reassure students that support is available for them, that they are worthy of support and are safe in therapeutic spaces.**
- **While green spaces are always healing and sources of great comfort, greater effort should be made to manage and connect the small park outside ACS to the service itself.**
- **The ACS reception space should be decluttered, and the colour palette should connote a sense of safety and wellness. A redesign of the space and some redecoration to improve the quality of the offices should be commissioned by Estates.**
- **Security issues to do with visibility, darkness, lighting and access are all in need of a transition towards a safer and more secure environment.**

SURVEYS

Our survey was administered to 24 students and alumni who identified as women and from communities of colour. This sample is well below the stated ambitions of completed surveys, however as the survey was carried out during lockdowns and online teaching, it was very difficult to contact potential participants. Out of the 24 who completed the survey, 12 participants were students and 12 were alum. We asked participants to describe their gender and their ethnic background. In terms of gender, respondents self-defined in the following ways (see Table 1 below):



Table 1: Participant's gender

Gender	Frequency
Female	14
Woman	5
Heterosexual / straight	1
Cisgender female	1
Non-binary afab	1
Female she/her	1
Woman/female	1
Total	24

These findings suggest that our students define their gender identity using a range of descriptive terms, though 'female' and 'woman' are the most common among responses we garnered from participants. University language and formal definitional terms do not always connect to these diverse gender identities and as such may reproduce exclusive or exclusionary practices.

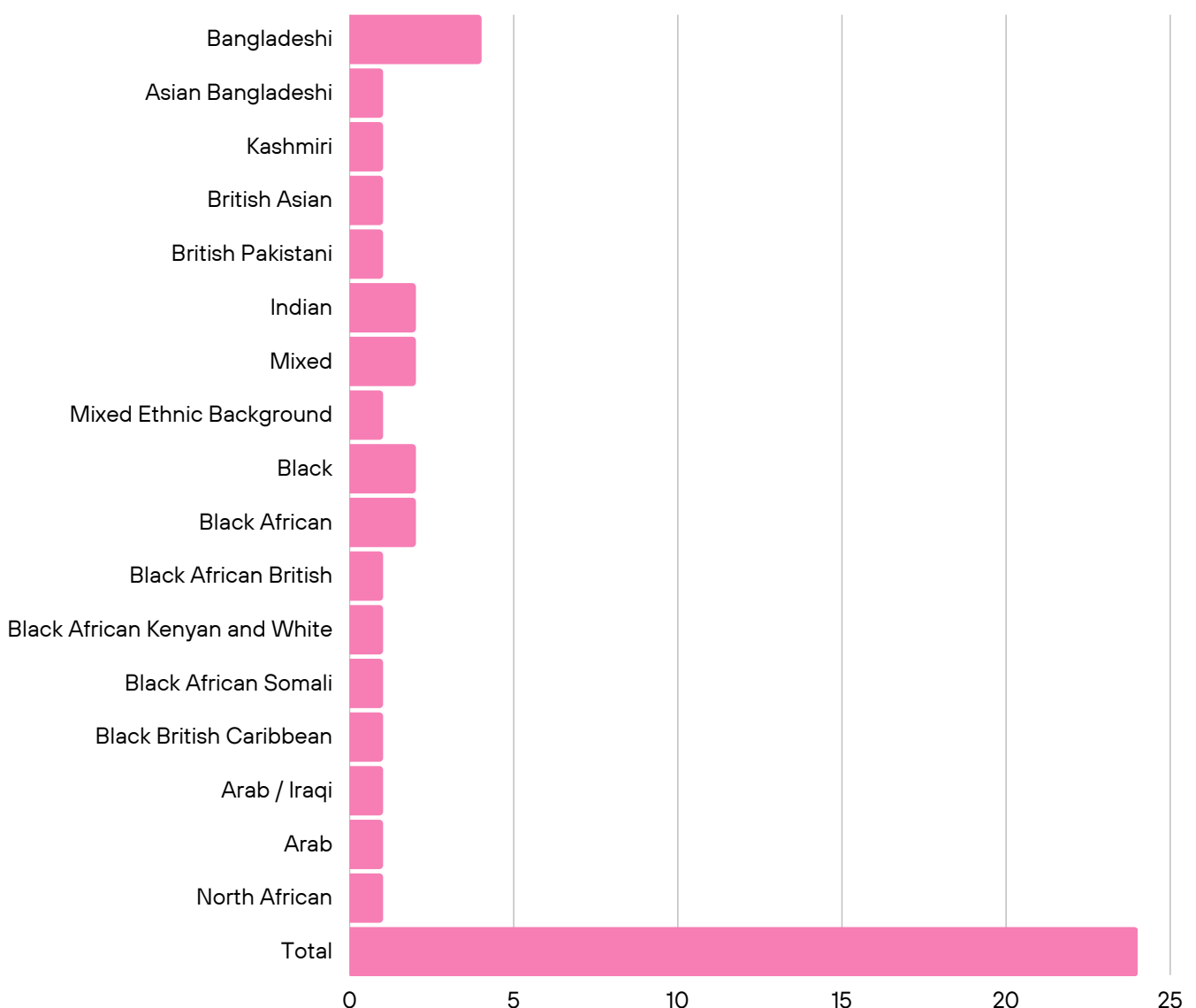
Adapting institutional language, as well as increasing familiarity with diverse gender identities will signal how the university understands gender as a multifaceted and multi-

experiential dimension of life. This could mark an important transition towards a more inclusive service design.

In terms of ethnic background, our respondents described theirs using a variety of terms and associations (see Graph 1 below). Within these terms there were some patterned associations, for example Bangladeshi appeared 5 times, with 11 respondents in total describing their background connecting to the South Asian region. A further 6 respondents identified their background connecting to the African continent and 3 others connected to Black. A smaller number of participants defined as Arab (2), Mixed (3), North African (1), and white or English (2).

Given the range and diversity of ethnic backgrounds, our report does not seek to make generalisations or comparisons among groups – though we note that such analysis would contribute an important development of the current findings.

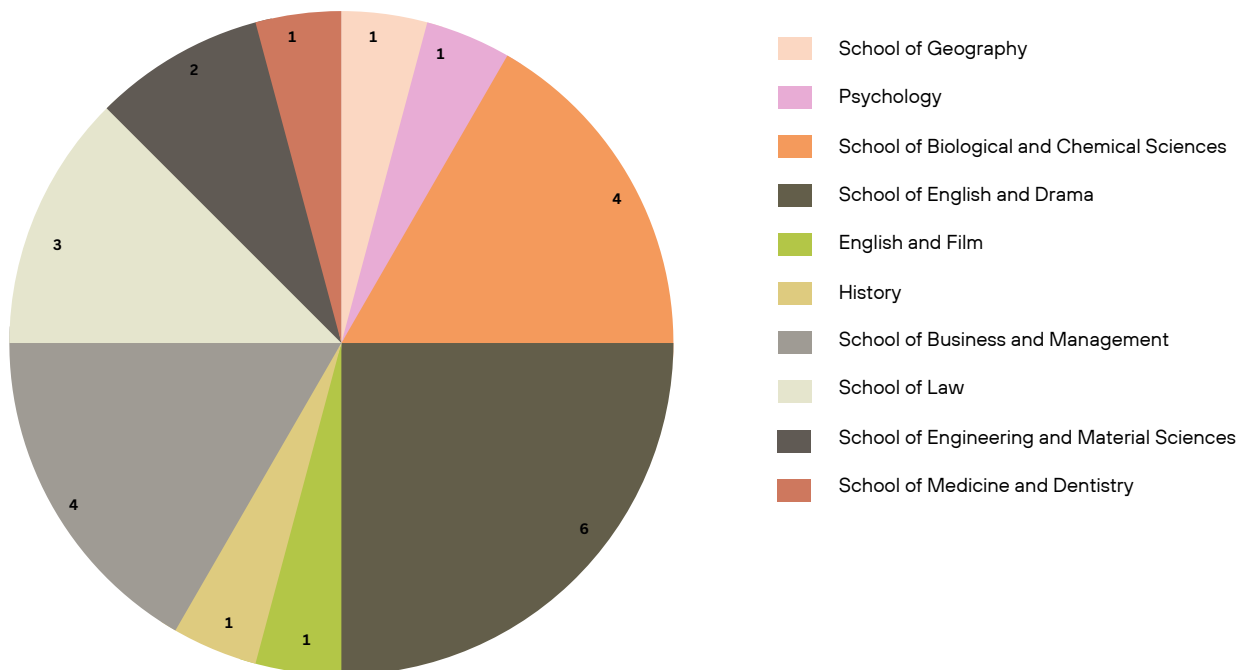
Graph 1: Ethnic Background



In the figure below, we provide a breakdown of where the participants of this research study or graduated from. There is a good spread of responses from each faculty though due to low numbers we cannot make any generalisations about specific departments and schools.

Figure 1: Departments that participants study at or graduated from

Which department(s) are you studying with or graduated from?



Interestingly, only 10 survey participants had previously attended the Women's Café before. When prompted to describe the Women's Café in three words, participants offered a range of descriptors that we present in the word cloud below:



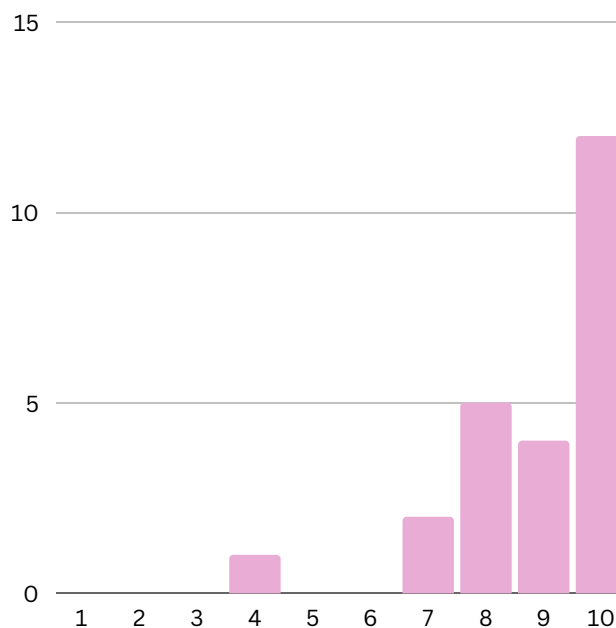
The descriptors suggest that the Women's Café is an important offering to racially minoritized women offering an authentic experience of safety, support, comfort and empowerment.



How important are mental health services to students and alumni?

Our opening question queries the importance of mental health services and asks participants to use a rating scale where 1 is least important and 10 is most important. Most respondents perceive mental health services to be of high importance with many rating mental health services 7 out of 10 or above. See the bar graph below:

Graph 2: Rate the importance of mental health services



Here, findings suggest that mental health services are of particular significance for our students and alumni. Increased investment into and improvement of these services should be prioritised. A more transparent, accessible, and organised strategy for outreach and integration of mental health issues across all parts of the university could be considered in the future.

Factors impacting demand for services

We asked our survey participants if there were any specific times during their degrees and after graduating that they felt a need to access mental health services. Our findings highlight several factors.

It appears that students seek university services while they wait for NHS therapy owing to the lengthy NHS waiting list times. Equally, students seek out university support when encountering an inadequate service from existing sources of therapy:

“NHS, was on a waiting list for 1.5 years for my eating disorder and anxiety but when I finally got to see a MHP she was really dismissive and constantly made a big effort on “recovering” from my ED rather than helping with dealing with it on a daily basis.”

Other factors include times of collective stress and fatigue, such as dissertation, assignment deadlines, exam periods and support throughout studies. The following responses reflect these seasonal stressors:

Holidays and exams
Exam season
Leading up to exam season and dissertation season.
Times of stress
Assignment season
Through the dissertation period of my degree
From year 1
2nd and 3rd year



One response provides an in-depth assessment of how and why certain times during their degree they felt more anxiety and reflects on the different kinds of deterioration experienced during their degree:

“In terms of year, first year was hard for me to settle in and feel like I fit in. Third year was difficult in terms of workload, anxiety about the future but by then I could cope better and had support from friends. In terms of time of year, usually towards the end of the first semester, in Winter I would struggle with all of the deadlines and seasonal depression, so at that time I feel like I needed extra support.”

There were also some responses that indicate a perception that the ACS is unable to consistently support the needs of students:

“Not allowed to access the NHS service whilst using the University service, so during breaks or in-between sessions I could not access support.”

“Problems do not simply disappear over the holidays, and lack of access worsens the situation.”

These perceptions indicate that the service may consider providing alternative support and routes to therapy when students find themselves without a safety net. Given that during our investigations, we experienced reception closure for a number of months, these gaps in in-person support seem to cause serious issues for students. The findings also indicate that assessment and mental health have a high correlation.

RECOMMENDATIONS FOR SERVICE DELIVERY

- Monitor demand for services and invest when demand is at highest.
- Provide extra support during exam times and holiday season.
- Clarify who is eligible to access ACS.
- Clarify information about what different services offer students in terms of types of support.
- Commission assessment reform that address over-assessment, induced stress, and non-inclusive forms of assessment.
- Partner with other stakeholders (students societies, departments) to offer meet-ups and group support where ACS requires a more targeted service.



Barriers to accessing services

We asked participants if they used university and/or external mental health services and if they did use them, we asked them to reflect on their why they did or didn't.

Almost half of the participants (11) responded that they had not sought out mental health services. Reasons for not seeking support varied and included the following:

Responses	Themes
<i>"I feel too nervous to access support"</i> <i>"I did not feel comfortable"</i> <i>"I never felt comfortable with/worthy of seeking support"</i>	Low self-esteem and anxiety
<i>"Not trusting its efficacy"</i>	Distrust
<i>"It was difficult to navigate mental health services"</i>	Access issues
<i>"I dealt with the issue myself"</i> <i>"Support from family and friends"</i> <i>"I did not feel like I needed support"</i> <i>"nothing"</i> <i>"no"</i>	Did not require support

These responses suggest that racially minoritized women may experience anxiety and low self-esteem that present specific barriers to reaching out for help. Further, anxieties may be associated with a lack of awareness about what services are available and what counselling may feel like. One response highlighted difficulty navigating information. Addressing these barriers may include simplifying the website, targeted community outreach, communicating what to expect from each service, and providing different entry points to accessing mental health services.

Those who did seek out ACS services provided varying feedback on their experiences. Some responses are positive and indicate that the service is working well:

"I had four sessions with a counsellor. She guided me through a difficult transition in my academic and personal life."

"its alright"

"quite helpful and compassionate"

"Very good and helpful. Put me in touch with ... many organisations that tailored to my background"

A longer response provides context and important reflections about how students can access good quality therapy through the ACS but when using both university and NHS services, the overall experience can feel quite inconsistent and patchy:

"I had counselling in my second year of university for a few months (it was very helpful and lifesaving), and then had group therapy (very helpful and insightful). I had CBT to treat my emetophobia as part of IAPT NHS which was also very helpful. However, I was not allowed to access the NHS IAPT service whilst using the University service. This meant that during breaks or in between sessions I could not access support. I was also able to see the University psychiatrist to confirm a diagnosis. I also currently have a mental health mentor from Equality Focus which has very been helpful and most targeted in relation to addressing the everyday sexism, the 'otherness' etc."

However, other responses were not so positive and highlight a potential inconsistency across the service. Comparing to NHS services, one participant felt that the QM service was "superficial" which was echoed by another response describing ACS as "basic". Another response indicated that the service is "unhelpful and inefficient". One response was particularly sensitive to racial and gendered dimensions, stating:

"The university counsellor... made assumptions of my background and kept exoticising my experiences."

Importantly another response compared QM's service to the NHS treatment they received and stated:

"I felt like I was listened to more at University, but I found both services to be lacking in terms of long term and sustained support."

A further comparison between ACS and NHS services reiterates that longer term benefits allude ACS service-users, stating that they accessed:

"The mental health counselling through the university and then specialised trauma therapy through the NHS. University one was very basic CBT, and would only benefit you short term, to get you through the year. Often felt like all the students were treated the same and given the same advice despite coming from various different backgrounds and facing different challenges. The targeted therapy through the NHS was emotionally more difficult but I could see the long-term benefits more"

The diverse range of perceptions about accessing ACS, its suitability and efficacy, suggest that students encounter a varying quality of service. While it could be that the service is under tremendous pressure and funding restraints, the poor assessment by some of the respondents is of concern.

While waiting for one-to-one therapy offered on the NHS, QMUL students are offered drop-in sessions, which some participants note as being inadequate support for students in a crisis. A participant reported "There were lines of people waiting for same-day counselling and booking an appointment was difficult due to the scarcity of counsellors". Another participant mentioned there is a "lack of understanding from the university and other organisations part and such low diversity in staffing and support systems". The sense of under-staffing also emerged in responses that suggest a generic service is offered in place of a more bespoke one. One participant states that counsellors should have "tools to support individuals on a case-by-case basis" and that they did not want "general information and worksheets to take home". Another felt that both NHS and QMUL services were "lacking in terms of long term and sustained support", a different participant notes that they felt the therapy provided by QMUL was "superficial". These combined perceptions point to a need for longer term, or community-based interventions that may provide support that is more targeted and person-centred.

RECOMMENDATIONS FOR IMPROVING ACCESS TO ACS

- **Simplify language and types of support available to students and alumni.**
- **Consider centralising assessment and triaging cases so that services across ACS and DDS and other student-centred welfare can be offered as a bespoke package based on the needs of the student.**
- **Consider what longer term support could be offered to students who require it.**
- **Provide a safety net to students who experience 'gaps' in therapy.**



How do you define an inclusive therapeutic relationship?

To better understand how students define an inclusive therapeutic relationship, our pilot study asked participants to describe one in their own words. We set out the responses below, separating out long quotes so recommendations can be grouped under themes:

Responses	Themes
<i>If by inclusive, it means in terms of race, religion, disability etc. I think I'm not assured that it will be inclusive. Because in my opinion, some people even therapists are not good at empathising with their patient, and it is harder for them when the patients experience is worlds apart from their own.</i> <i>I also had a mentor from DDS who I realised in hindsight had crossed a lot of boundaries during our sessions and gaslit me when I brought up racism in my university work and personal life.</i>	Difference beyond connection
<i>Supportive and not feeling like a burden.</i> <i>One where the therapist feels capable of guiding the client through their issues and feels like they can meet their needs.</i> <i>One that makes me feel welcome and understood.</i>	Support and understanding
<i>Has therapists and staff that is representative of the ethnic backgrounds and socioeconomic status of the student body.</i> <i>A relationship that welcomes diverse backgrounds.</i> <i>One where the therapist can understand your lived experiences and has the tools to help you through therapy in light of your unique experiences and on a case-by-case basis ie not just general information and worksheets to take home.</i> <i>Being of the same race and gender, having similar experiences.</i> <i>A counsellor from the same background as I am who would understand what I go through.</i>	A shared lived experience

<i>Understanding, aware of social changes and issues.</i> <i>Accessible to all and tailored to all.</i> <i>Reducing racial discrimination.</i> <i>One where I can bare all facets of my experience, and the therapist has enough knowledge and experience on all overlapping and intersecting issues and can thus address them accordingly, without leaving a few due to ignorance / lack of knowledge.</i> <i>One where the client feels safe and comfortable with the choice of therapist and assured in their hands.</i>	Integration of social and political issues
<i>Confidentiality</i> <i>Strictly confidential.</i> <i>Where a therapist can understand your experience without making you feel invalid or having to ask so many invasive questions. (Also when you feel you can trust them).</i> <i>Being able to bring your whole self to the relationship e.g. race, religion.</i> <i>I think consent and compatibility are the two most important things, though education and the casual introduction of things like pronouns are helpful.</i> <i>One where the client feels safe and comfortable with the choice of therapist and assured in their hands. One where the therapist feels capable of guiding the client through their issues and feels like they can meet their needs.</i> <i>Trust, no judgment, listener.</i> <i>Understanding your needs and views, trust.</i>	Trust

One participant wrote a long and descriptive passage in response to this prompt, and we include it in full below:

"A therapist who understands or shows a willingness to understand the complexity of being an outsider or 'other' in a society, whilst also validating and empowering me. The last time I felt included and seen as a person was when my group therapist held space for me when I talked about my experience and its cultural aspects and ... also enabled [me] to

engage with others who were from different backgrounds from mine. He helped me find commonalties with others, whilst still noticing and appreciating the peculiarity of my experience. It was an inclusive experience because I felt less alone in my experience and integrated with others (not assimilated).

RECOMMENDATIONS FOR BUILDING AN INCLUSIVE SERVICE

- **Establish a clear strategy to make race and gender a central and important part of how services are designed, managed and administered.**
- **Ensure a welcoming service life-cycle with trained receptionists, a re-designed website and bespoke services for minoritized students.**
- **Engage with the politics of the day and promote knowledge, understanding and integration of these issues through regular and free workshops, training, and seminars to ACS staff, students and alumni.**
- **Expertise required to action and monitor these changes may exist outside the ACS. Consider setting up an advisory board of experts who can steer the changes required to build a more inclusive service.**



The lived experiences of racially minoritized women

Our survey asked participants if the race and gender of their therapist or counsellor was important to them. Out of our 24 survey participants, 22 indicated that sharing this lived experience with therapists and counsellors could help them bring their whole self to the therapeutic relationship without, according to one participant, "feeling like a burden".

Of the 22 participants who replied, "yes", gender and race matter, we note a pattern of issues among these responses. Participants perceive that a counsellor with a similar background to them has a greater sense of "understanding" and "empathy". "Relating" or "identifying" with a mental health professional makes racialised minority women feel "comfortable", "safe", "at ease" and "less judged".

This finding reflects how racial difference in a therapeutic relationship is pre-figured in the mind of the service-user but also that it has material impact on what the service user brings to the relationship as well as how white superiority can suppress elements of racially minoritized identities and cultural differences. For example, cultural-racial divergence can result in effort explaining contexts specific to issues aggravated by race, gender, and/or culture. One participant reported that a shared identity leads to "better communication and help". This was a shared sensibility among other participants noted succinctly in the response:

"Gender is important because of a feeling of safety, and race is important because I

would like to be understood fully."

Participants also reflected on how advice or support itself can be more appropriate or relevant when the counsellor shares a lived experience of race and gender. One participant elaborates that when sharing common ground, the therapist can "devise approaches/strategies according to your cultural background".

Cultural diversity among racially minoritised communities have their own standards and values systems which mental health can stem from. The importance of sharing these lived experiences and histories appeared in other responses that perceived a shared experience of race and gender supported a dynamic that could "build better rapport", "better communicate and help me" and "They are better able to understand and empathise with you the impact of your culture and decisions".

Importantly, there were nuances to how this question was answered. For example, one participant reported that sharing this lived experience did not matter and explained her reasons in a long and complex answer that we quote in full below:

"One of my best experience(s) with mental health support came from a POC man. And some of the worst experiences (were) from White Women.

I think the ethnic background does make a real difference to lived experience especially in this country so whether the counsellor really empathises with you would be impacted. Also, it is more

comfortable to bring up issues of racial discrimination or general cultural differences when the counsellor is POC themself.

But I don't necessarily think it has to be a woman. Of course, it depends on the person's problem what they feel comfortable saying to a man or woman, especially if its related to abuse or relationship problems. Or even for religious reasons, people might not want to be alone with a male. But in my personal experience, I had a good relationship with a POC male therapist that made me feel seen and heard.

So maybe for me, it depends more on the person than their gender."

Another participant states:

"(Sharing race and gender with a therapist) makes them relate more. Although my counsellor was white and male and was very understanding and able to think from a cultural standpoint, while I was female and South Asian."

These responses highlight how an intersectional analysis can be useful to understand the ways in which the therapeutic relationship is dynamic but also shaped by racialised and gendered modalities. The presence of whiteness in the room appears to present a barrier to building trust and a comforting experience, however, cultural literacy and understanding are identified as key to mitigating racial and gendered discrimination.

For some participants, there are specific barriers to building a therapeutic relationship with white therapists:

"I don't think I'd be comfortable talking to many of my problems with a white therapist about any aspects of my identity (being a queer Muslim)."

Overall, the findings show that a service-user may feel uncomfortable talking with a white therapist due to the multiplicity of their identity in terms of race, gender, faith, and sexuality. It is important to note how race is experienced and shapes the counsellor/therapist encounter students and alumni's face.

RECOMMENDATIONS THAT ADDRESS RACIAL-GENDERED EXCLUSIONS

- **Include Affirmative Action hiring practices to address the lack of racially minoritised women therapists in the service.**
- **Provide race-equalities training to the ACS team of counsellors and receptionists.**



Bespoke services for racially minoritised women and gender non-conforming students

To further probe our survey participants, we asked if they currently have access to mental health support that is specifically designed for their needs as racially minoritized women. Our survey findings indicate that 21 people responded “not sure” or “no”. Participants reported that they were “unsure whether university services offer” targeted support to racially minoritised women students, others stated that they assumed there is no support available at all “for this category”.

Other responses indicate that there is a lack of awareness among participants about sources of support available to them beyond the university. For example, a participant elaborated:

“I have never really looked into the support that may be available to me.”

Given that QMUL is a majority-minority university, the lack of targeted service provision is a gap that requires urgent attention. It is unclear whether the ACS has a dedicated and ongoing professional development training programme to

support mental health practitioners and administrative support to be more reflective of racial dynamics and how these have gendered and religious dimensions in a therapeutic setting.

RECOMMENDATIONS TO OFFER BESPOKE SERVICES TO RACIALLY MINORITIZED WOMEN

- **Partner with local organisations and therapists who can offer bespoke counselling for those seeking it.**
- **Ask students at the assessment stage if they have a preference in terms of who they want to see and work with during their therapy sessions.**

How can ACS be improved?

Our survey asked participants to reflect on what improvements they would suggest to the ACS. This prompt garnered a range of suggestions and ideas that vary in detail and length. We set out some of these responses below, separating out long quotes so recommendations can be grouped under themes:

Responses	Themes
<i>Advice and Counselling need to hire Black and poc counsellors of all genders.</i> <i>I think they need to have a diverse group of counsellors.</i>	Affirmative Action
<i>Ask students if they have a preference when accessing counselling.</i> <i>Other forms of mental health support need to be introduced e.g., forms of therapy.</i> <i>Having drop-in sessions and being more accessible to students who are resitting out of attendance.</i> <i>Make it more long-term...providing help ...outside of term time...over the holidays they get worse.</i>	Student choice
<i>Advice and Counselling's policy on how they allocate counselling sessions needs to be more clearly written and easier to access.</i>	Simplify access and information available

<i>Make it easier for students seeking disability advice to access the disability services. Not everyone knows they have a condition at the beginning of their university experience.</i> <i>In my case, as soon as they ascertained I wasn't actively suicidal they just talked through surface level problems and didn't offer me alternatives to taking my exams ... which I ended up doing badly and failing one...</i> <i>I never understood the drop-in therapy option though I know it is available for crisis or something.</i> <i>I would like assistance as to how I access [ACS]</i>	
<i>More accessibility with regard to number of counsellors available. There were lines of people waiting for same day counselling and booking an appointment was difficult due to scarcity of counsellors.</i> <i>I feel like I'd be asking for too much to ask for a range of therapy and ability to have more frequently during the week if needed.</i> <i>I think every student should have an initial appointment/meeting/session with an advisor or counsellor at the start of their degree (or at the start of each academic year), whether that be in person or online</i>	Funding
<i>More visibility and campaigns to make it seem normal.</i> <i>Make it more apparent that this is available.</i> <i>Better advertising of the services available.</i> <i>I've just been too intimidated or ashamed to ask for 'extra' help.</i>	Mental health visibility and campaigning
<i>Being more understanding of extenuating circumstances, sensibly organizing classes, coursework and exam schedules in order to reduce the psychological load on students.</i>	Curriculum reform

These findings alongside our website review and campus walk-around highlight that access and communication are prevalent issues that may mitigate students approaching ACS. Offering consistent and clear information about services, re-designing the website and improving the built environment may help to address some of these barriers.

Another point to note on navigating websites and bureaucracies is that difficulties can be exacerbated when experiencing a mental health crisis. During a crisis seemingly straightforward tasks, such as filling out forms or talking to a receptionist, can begin to

feel overwhelming. Informal in-person or phone support could be a useful resource to help those students who wish to report mental health challenges find help through university channels, the NHS or private treatment.

RECOMMENDATIONS THAT ADDRESS OVERALL DEVELOPMENT AND ENRICHMENT OF ACS

- **Include curriculum reform as a key strategy for improving mental health outcomes of students.**
- **Design an inclusive communication and promotions strategy.**
- **Consider funding levels and boost funding where service is lacking or unsustainable at current levels.**
- **Guarantee choice of therapist at assessment stage.**
- **Provide a diversity of therapeutic services and clearly communicate how and why these are different.**
- **Address the lack of diversity among current counselling team.**

Simplify access and information available

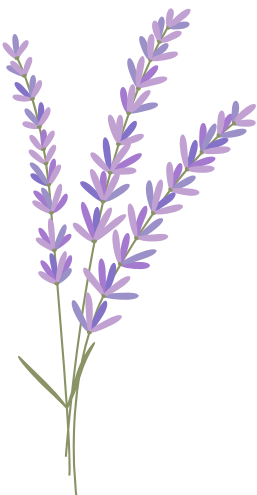
Affirmative Action

Curriculum Reform...

Funding

Student Choice...

Mental Health Visibility and Campaigning

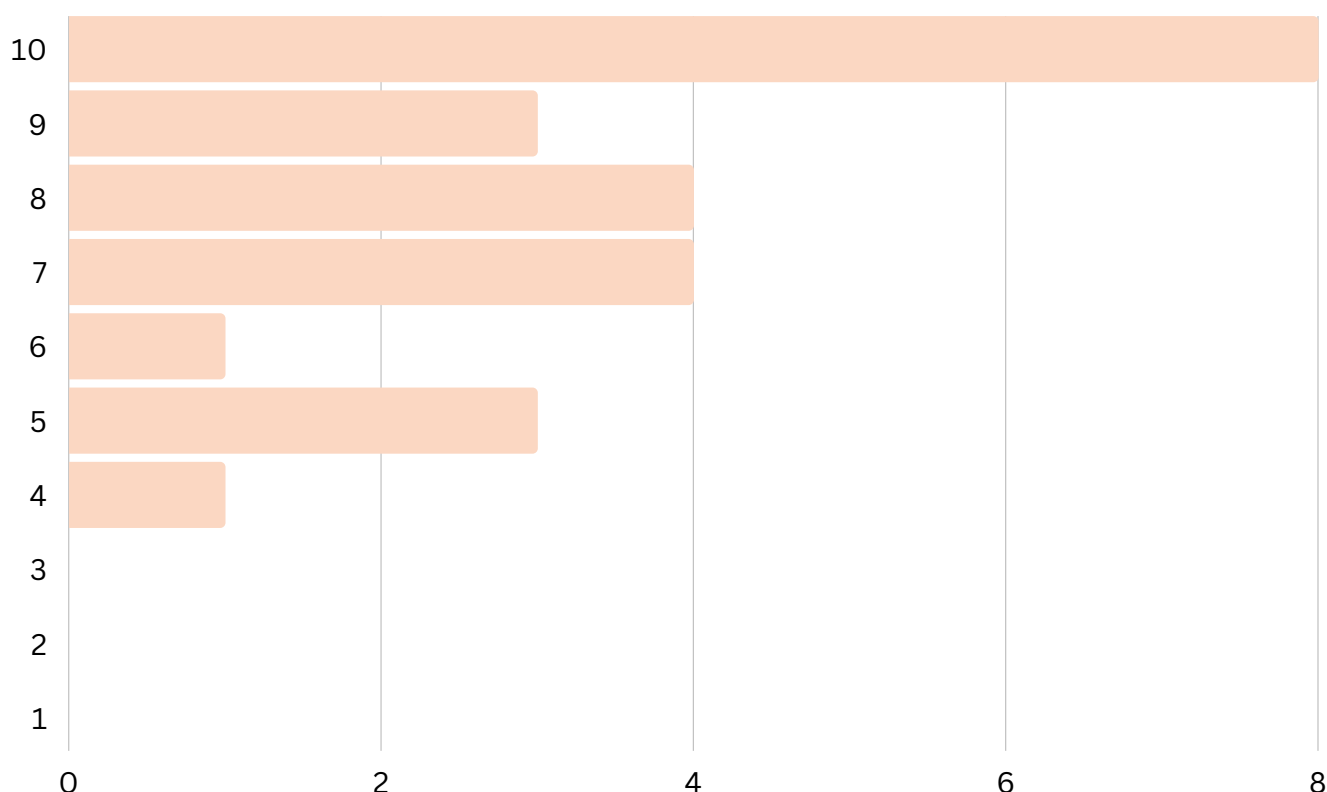


Imagining a bespoke and targeted service for racially minoritised women

The last section of the survey asked questions about the possibility of accessing a bespoke service that are targeted towards racially marginalised and minoritised women. We gave our participants a series of probing questions to ascertain if there was a demand for such a service and what form they would like to receive it.

When asked how likely they on a scale are of 1-10 to attend targeted therapy sessions, we found that 19 respondents rated this at a high range from 7-10.

Graph 3: How likely are you to attend bespoke therapy?



On the other hand, 5 respondents did not perceive a targeted service as important.

We also asked if participants would like to receive targeted therapy one-to-one, in group sessions, or both. In this regard, 12 responded they would like both, 2 responded they would like this offered in a group session, 9 responded they would like one-to-one therapy and 1 participant responded, 'I don't know'.

As such, there seems to be strong preference for group sessions and this is something that the ACS could launch as a bespoke and targeted intervention.

RECOMMENDATIONS FOR A TARGETED SERVICE

- Commission further research into understanding the needs and challenges of racially minoritized women.
- Pilot a bespoke service for racially minoritized women.



INTERVIEWS

"I think [poor mental health] was really normalised by me when I was a student. I didn't even think that I have anxiety, I just felt I don't belong here."



The reason for conducting interviews was to deeply engage with the narratives of racially minoritized women on campus to understand how they experience mental health issues and also how race and gender are connected to poor or deteriorating mental health. As the above quote highlights, racialised gendered exclusions cannot be separated from poor mental health. In fact, because the two are often experienced at the same time – identifying a mental health issue can be an ambiguous and confusing process for the person undergoing mental health distress or challenges.

We conducted 9 one-to-one semi-structured interviews with 9 self-identifying women. The full interview schedule can be found in Appendix 3. From the 9 women who were interviewed, 4 participants were students, 4 were alumni and 2 were staff members. Participants were drawn from various Schools and faculties including The School of English and Drama (2), School of Languages, Linguistics and Film (1), School of Business and Management (2) and the School of Biological and Chemical Sciences (2). Their ethnic backgrounds ranged from South Asian Indian, Asian Bangladeshi, Black British Caribbean, Black British African, and mixed race and mixed ethnic. In this section, we summarise the main themes arising from our interview findings.

Perceptions of self and perceptions of the institution

"We need to make sure that folks on campus are recognising what mental health issues look like, what they feel like and give a language and a sort of framework to engage with - that is really important."

In interviews, we found that most participants found mental health services inaccessible both online and offline. The deep root of this issue is based on the initial step; the perception of them on campus and specifically the perception students have of mental health services before attempting to contact them. This can be viewed in two different ways, how women of colour perceive mental health and how they are treated as a woman of colour by institutions.



"I've seen a lot of stuff appearing on Twitter about underdiagnosis of, for example, ADHD and Black people. And also, misdiagnosis as well, based on gender, and how mental health conditions are seen to manifest in men and women because of how we've been raised with gender roles and stuff."

This quote highlights that before approaching services like ACS, there is already a worry that racially minoritised would be undermined or dismissed if they use the services.

Lived experiences and treatment in other places or stages in life cause a hesitancy to use mental health services, with one member of staff recalling their time as a student:

"I think I was made aware of mental health issues, because I went through a very hard time myself when I actually first joined the university as a member of staff. And it was interesting for me because obviously, I'd been a student before."

When investigating how accessible the university's mental health services are, we found that responses ranged in terms of how well or badly they rated them. This finding is similar to the survey responses where responses did not provide a conclusive assessment.

One interview participant who had not accessed ACS explains:

"I'll be honest, I never have, it just seems really cold. Like, I can't describe the feeling I get when I look at the [web]page site. It's just cold, it's not welcoming. And when you hear experiences from like, students of colour, women of colour Black women, and you hear that there aren't any, like therapists of colour, and obviously skin folk doesn't mean kinfolk, but just this the fact that that isn't even available, is an issue in itself. Also, if you kind of said this, but it's like a passing comment on in emails by Colin or for my like department and stuff, and it's just, it's never really been taken as like, seriously like, are you okay? Or, you know, here is our service. It just seems to detach from it. I wouldn't even know how to properly access it or what's really on the inside, like, what are the therapists like? I just, I don't know. I just feel very detached. So, I've never really felt the need to ever access them."

This quote helps to highlight that communications about mental health can be perceived as lacking or insincere – especially when the experiences of navigating the website or even in general conversation ("are you ok?") the centrality of addressing mental health is not clear or consistently present.

Another interviewee explains that she was deterred from access ACS and it was only from informal routes that she was encouraged to access the service. She says:

"Towards the end of my second year, it became really hard to manage my work, and kind of get on with my work. And, yeah, and management, mental health as well. I was really

burnt out. I couldn't study. I like physically and mentally, I can, like, reach rock bottom. And there wasn't much encouragement or like, at least I didn't know much about signing an EC form or applying for an EC. It seemed at least the professors and the lectures made it sound like you could only do it, like in the most extreme circumstance. And I kept telling myself, like, even though I was like, physically and mentally unable to study that it wasn't that bad. But in the end, I heard of one of my friends who went to be advice and counselling, and she later got referred. And she seemed to be doing better. So because of her, I went to the advice and counselling services at the end of my second year, and it was actually quite bad. I have to say, I definitely wouldn't. Yeah, I don't think I returned after that experience."

This participant goes on to say that she was not provided with a choice of counsellor but felt compelled to stay with the counsellor she was assigned so that could get a referral to another NHS service.

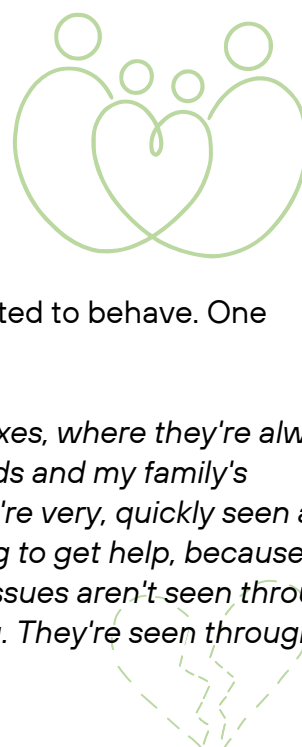
There is also acknowledgement from one of the interviewees that ACS like other mental health services are Cinderella services, with very little funding and adequate support:

"I think that the people that work there are trying their best, but a lot of the time, it's a lot of waiting around. coming back next month, or, you know, or it's like dropping appointments, and you have to be first come first serve and stuff like that. And, obviously, a lot of mental health support places do the same, and use the same ways. So I guess it's no fault of theirs. It's probably a wider issue, but definitely takes a long time for the services to, you know, respond and that people get the help that they need."

Family, Society, and the University – A nexus of constraints and aggression

Contextually, if we look at women of colour such as Black women, South Asian women, East Asian women, each group has experienced specific racist and/or misogynistic forms of othering based on their background, amongst other forms of discrimination including ableism and homophobia. These lead to stereotypes and narratives which box women of colour into ways in which they are expected to behave. One participant specifically explains,

"I think women of colour especially are almost put into two boxes, where they're always seen as an accessory or a sidekick. So, speaking from my friends and my family's experiences, they talk about being kind of polaroid where they're very, quickly seen as a kind of aggressive. And they've struggled previously with trying to get help, because their symptoms and the way that they present their mental health issues aren't seen through this lens of their intentions are good, but they're just struggling. They're seen through a lens of 'oh, well, they're just not trying anymore.'"



The orientalist and exoticized perception of specific ethnic groups are experiences the participant continued to state that they went through, "The other thing that I found was also the sexualization of me". This experience adds more reason to why the participants shared their preference of having a therapist/ councillor similar to their cultural/ racial background.

There was some commonality among the participants who felt when growing up, mental health was not spoken about, however, this experience varied among women depending on their backgrounds. One student stated that "in the Asian community, mental health isn't spoken about". This is similar to another participant, who voiced that "growing up in Black Caribbean household, mental health was not discussed at home, even if I showed patterns worth raising". With mental health being a taboo subject when growing up, for some of our participants, the idea of accessing mental health services for the first time on campus can seem daunting.

These combined dimensions of discrimination and power may induce racially minoritized women to feel they do not deserve therapy, or that therapy will be a place of judgement. These feelings can prevent someone from accessing services that they have a right to access but they can also be reinforced by experiences of exclusion. This context may provide some rationale to why there is a reported disconnect.

Such dynamics in the therapy room, and even before they can access therapy, mitigate women of colour asking for adequate support from mental health services. For some, this may prevent them from attending altogether.

Defining an inclusive therapeutic relationship

"A therapeutic relationship will be inclusive if a person kind of has some understanding of your lived experience. You are able to actually leave the room feeling like a bit of weight has been lifted off your shoulders, or you can actually do something about the issue that you've come with."

We asked about how relationships are formed between counsellors and students and whether these relationships are built in adequate spaces. We also wanted to know what students of colour want these relationships and spaces to look like. When asked what an inclusive therapeutic relationship looks like, these are some of the responses we got:

- The way you are listened to
- Showing up as your whole self
- Where I was happy to actually go forward
- A relationship where I don't feel like I have to hide parts of myself
- Of the same or similar background
- Someone who I can relate to
- A woman



An important point of reflection was in the following quote:

"I guess that difference becomes so important during the therapeutic relationship, because you're trying to form a relationship of trust. And so, I think that that's mostly why I feel seen, I feel listened to. It's not necessary that any person of colour or a woman of colour will be an amazing therapist. I'm not saying that. But I definitely feel like there's not that defensiveness there when you're talking about your experience as a person of colour. And that's a really important part."

Spaces that heal.

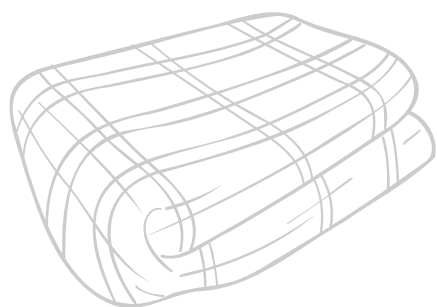
"I do think creating a space which is just for you is really important. So, it's kind of like a space that's always open. It's always comfortable. There are soft things to sit on."

Many participants contextualised this ideal relationship into current spaces that make them feel welcomed on campus. This was found through societies and spaces such as African, Caribbean Society, Decolonise QMUL, Pan-African Society, the Women's Café (which is organised by Breakthrough!), the campus Chaplaincy, and through friendship groups.

One interviewee explains that the chaplaincy provides a space for "literally sit and relax" and that this sense of relaxation comes from the Chaplain's efforts to make the space welcoming and inclusive. Another respondent referred to specific people in her department who made a space, or a classroom feel safe. Active leadership around inclusion makes a meaningful difference to the quality of spaces.

Other interviewees commented on the build and feel of a space, using examples such as "couches", somewhere "homey" or a space that feels "private".

There was a consensus that the university lacks a physical space that allows participants to feel relaxed, safe, and at ease.



CASE STUDIES AND TESTIMONIALS

A testimony of my experience using on-campus and off-campus mental health services.



At first, it was a major obstacle for me to get support for my mental health problems and to be seen by mental health professionals. I originally believed that I was just a social outcast and an 'other'; so at the age of 10 I believed and accepted that I just had a bad life because I was different. I think my socioeconomic background and ethnicity contributed to how I perceived my health and how others responded to my cries for help.

On-campus

Before I started university, I planned to apply for counselling, but when the time came for me to make that call, I became very self-conscious and downplayed my problems. It was only until I became more self-destructive and overwhelmed in my second year that I submitted the Advice & Counselling form.

To my surprise, my counsellor took my plea for help seriously, after I implied that I longed to end my life. I worried about expressing those sentiments and it took me a long time to submit the form; I think I abandoned the submission 3 times before. My counsellor was not like me but validated my experience and took me seriously. It was only after a few months with the counsellor that I was no longer convinced that I was better off dead, which was a worldview that I had formed from all the way back in primary school.

It was difficult to admit that I was feeling severely depressed and suicidal, due to the specific mental health stigma at home. At home, the so-called antidote for being depressed was to "pray it away" and the response to suicide was not empathy, but that of contempt since it was "a sin". Speaking to a psychiatrist at the university helped me feel more secure and gave me a degree of stability, because after our first meeting I was diagnosed with a depressive disorder.

It was a relief to be able to talk about the despair and self-harming behaviour that I had since primary school. However, I did not discuss the despair and its connection to me feeling like a cultural outsider; as an ethnic minority and ex-refugee I deeply felt like a

cultural defect. I have only been able to openly discuss this after doing group therapy at the university, where discussions regarding identity are frequent and allowed to be expressed.

Although I felt some qualms about speaking to a therapist of the opposite gender and talking about the otherness that I deeply felt, I knew that I was speaking to caring mental health professionals, because I was shown understanding and freedom to discuss my wounds from intergenerational trauma and having a cultural/identity crisis.

Off-campus

With the NHS IAPT service, I was also shown understanding and care from a CBT therapist. Even though it was short-term, the therapist really helped me with my anxiety disorders which I struggled with in sixth form. I was lucky to have the service near my school.

During this time, however, I really struggled to talk about things that were more personal like family problems, because we have a cultural code at home that prohibits sharing 'family secrets' or talking about bad mothering/parenting, and on the top of the forbidden list was: talking about parents separating.

Therefore I would struggle with my depression and deep cultural wounds for another 2 years, which I believe affected the quality of my experience at university and my learning. This was of course not the fault of the therapist, but because after finishing CBT therapy, when I requested psychotherapy, I was already receiving group therapy, which meant that I could not use the NHS service since I was already using the university's. I would later find this to be quite difficult, because the therapy space that I would get at university would only exist during term time and cease after I graduate. This hindered my sense of stability, because I needed support that was more consistent and which would not expire on the date of my graduation. It also meant that I would not access mental health support during the summer holidays, where family problems tend to be more prevalent.

Nevertheless, I do feel grateful for the support that I have received because my first encounter with mental health professionals was very bad; school counsellors were not always understanding and one child psychologist advised me that drinking herbal tea will help with my sleep dread.



Disability and Dyslexia Service (DDS) testimony

During my final year at QMUL, between October 2019 and August 2020, I fell into a deep depression which significantly impacted my ability to commit to my studies. I had stopped attending class, doing assignments, and gave up on writing my dissertation.

Noting the seriousness of my situation, I spoke to my personal advisor in October, then reached out to Student Support and DDS to alert them of my current state, in November. I first received a referral to attend four sessions of Advice and Counselling.



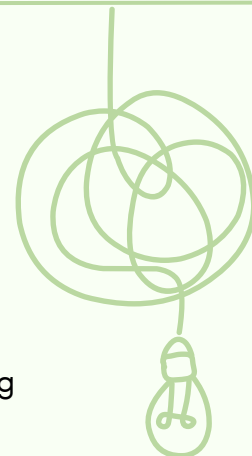
Having completed them, I informed DDS I would be needing additional support. I met with a member of the DDS team, and learned I can apply for extenuating circumstances if I have medical evidence supporting my claim. I immediately contacted a GP and followed their instructions, and obtained a letter stating that because of severe anxiety and depression, I could not perform my academic duties properly due to the amount of duress I was under. However, this letter proved to be unnecessary as QMUL released a statement waiving the need for evidence when submitting under extenuating circumstances, as the pandemic, and its impact, was enough testament of stress.

While this worked in my favour, I still required additional support, because although I was permitted to submit my assignments late, my declining mental health made finishing my studies impossible. By May, I had begun to seriously consider deferring the year and informed student support of my plans. I was told to enquire about whether DDS could provide me with a mentor, one who would aid me with scheduling my reading, assignments, give me support and keep me accountable with finishing my dissertation.

I contacted DDS and put in a request for a mentor, to which they responded that it was much too late in the academic year for them to provide me with one. While I understood that my timing was inconvenient and it would have been hard to accommodate me at the last minute, I had informed Student Support, DDS and Advice and Counselling of the decline in my mental health, since October of 2019, with the severity at an all time high in March. Student Support knew in March that I was not only battling depression, but had suicidal thoughts due to the severity of my circumstance.

While their advice regarding applying for extenuating circumstances was helpful, I believe that had they mentioned in time that I could request for a mentor, it would have alleviated my situation a great deal. I would have had the support of someone checking in on me regularly, that would push me to finish my studies on time. Instead, I battled this alone, and graduated late. While this may not have been necessarily prevented, I believe informing me of my options at the very beginning would have allowed me to finish the year at a much stronger position and peace of mind.

CONCLUDING SUMMARY



This report has provided some important points of development and enrichment that Queen Mary can focus on and improve. The continuing strain on mental health services and the very obvious rise in mental health issues among young people across the UK signal that these challenges are not going to go away.

There is clearly a diversity of perceptions about the service that range from positive to negative. As a university, we should applaud and try to replicate the cases where students feel cared for, and their well-being improves. At the same time, we must acknowledge what aspects of the service can be improved and what parts of the service require our urgent attention for transformation.

Looking at the specific issues that racially minoritized women experience in relation to ACS and the current services supporting student welfare, there is a general perception that race and gender do not feature as important dimensions of what services are offered and how services are funded.

The lack of racially minoritised women counsellors is a clear challenge towards building a more inclusive service that is shaped by the lived experiences of racism and gender-based discrimination.

Clearer communications that include a reform of the website, booking system and assessment procedures also demand attention to make these simpler, accessible and consistent.

Better monitoring of our students who are using the service is important. The lack of diversity data of service-users is a clear lacuna that is inhibiting the development of a more focussed and evidence-based response to the kinds of mental health issues our students experience.

This report has produced several recommendations that are generated in response to the findings of this study. We are very grateful to all the women who participated in this scoping study – from the researchers who designed and carried out the research, through to the students and alumni who took the time to complete the surveys and interviews, to the two women who wrote their testimonials. We have centered all their voices in this service evaluation, and it is our collective wish that the university listens and responds to the many generative ideas put forward in this report.

APPENDIX 1: WHERE TO FIND THERAPISTS WITH A LIVED EXPERIENCE OF RACISM (2021)

In the Gal-Dem article (link below), the authors set out an agenda for people with an experience of racial trauma (eg the pandemic and BLM) to create communities of counselling and therapy for one another. They state that we have collective and individual traumas to work through.

Therapy recommendations ranging from free, low-cost and full-price:

1. Asian Mental Health Collective
 - a. Based in the US but have helpful resources
2. The Black, African and Asian Therapy Network
 - a. UK POC therapist database – sliding price scale
3. Black Minds Matter
 - a. But their waiting list is currently closed
4. Black River Counselling
 - a. Free online service from mind for Black Africans and Black Caribbeans but waiting list can be full.
5. Burnt Roti WOC therapists list
 - a. Magazine that has a directory of South and East Asian therapists in London
6. Our Naked Truths
 - a. Life art therapy series, free/low-cost therapy and wellbeing programmes, 20 Black therapists.
7. South Asian Therapists
 - a. South Asian therapists directory
8. Radical Therapist Network QTBPOC Therapy Fund
 - a. Especially beneficial for queer and trans people. They have a fund to give people access to a year's worth of weekly therapy
 - b. (A space for queer woc as well as woc more generally was suggested in one of the survey responses)

Source: <https://gal-dem.com/where-to-find-therapists-who-understand-experiences-of-racism/>



APPENDIX 2: SURVEY QUESTIONS

1. How do you define your gender?
2. What is your ethnic background?
3. Are you a current student or alum?
4. Which department are you studying at or graduated from?
5. What years were you at QM?
6. Have you attended any Women's Café sessions?
7. If yes, what three keywords describe your experience?
8. On a scale of 1-10 (1 being the lowest and 10 being the highest), rate the importance of mental health services to students and alumni.
9. Have you sought mental health services at university, externally or both?
10. If you sought both, can you compare your experiences?
11. If no, was there a reason beyond not requiring support?
12. What improvements do you think could be made to the ACS and or DDS?
13. As a student or alum, do you have current access to mental health support targeted towards your needs as a BIPOC?
14. If no, or not sure, what issues impacted access?
15. When accessing advice and counselling services, is the therapist's gender and race important?
16. If yes, why?
17. If no, why?
18. How do you define an inclusive therapeutic relationship?
19. Are there specific times of the year or your time at university that you needed to access ACS more?
20. If yes, when were these times?
21. On a scale of 1-10, how likely are you to attend therapeutic sessions targeted towards mental health wellbeing of gender diverse BIPOC?
22. If you had access to WoC-centred ACS, would you prefer one-to-one, group, or both with other gender diverse BIPOC?
23. Please feel free to use this box to develop any of your responses further, add any comments, or suggestions about accessing ACS at QMUL.



APPENDIX 3: INTERVIEW SCHEDULE

- 1.What is your ethnic background?
 - 2.Are you a student, alum, or staff member?
 - 3.How does mental health impact women of colour at university and outside it?
 - 4.Have you accessed Advice and Counselling Services, if so, how was your experience?
 - 5.Have you had adequate access to ACS?
 - 6.If you had access to a free WoC-centered counselling service, would you use it?
 - 7.Are there safe spaces on campus and where did you find them?
 - 8.How and where do you see the university promoting ACS services?
- Any further comments or reflections on accessing ACS?

APPENDIX 4: PARTICIPANT INFORMATION SHEET

Study title

Why is mental health important for women of colour students and alumni?

Version number and date

Version 1.0:21.10.2020

Researcher's name

Dr Sadhvi Dar

Queen Mary Ethics of Research Committee reference number:

[QMERC20.007](#)

Invitation paragraph

You are invited to participate in a research study. Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us questions if there is anything that is not clear or if you would like more information.

This research is being carried out by BreakThrough! – the School of Business and Management's careers group that looks at issues impacting women of colour who are current students and alumni. BreakThrough! is made up by a team of Sultana Azmi and Misma Akhter, 2 Bangladeshi women alumni who work with Dr Sadhvi Dar, an academic and with Alicia George, an administrative member of staff.

What is the purpose of the study and what would taking part involve?

We are asking Queen Mary students and alumni to reflect on why mental health is important for women of colour and to understand your experiences of accessing local support services that address these issues.

There are two parts to this research in which your participation is being requested:

1. BreakThrough! are carrying out 12 interviews with women of colour who are either current students or alumni.
2. BreakThrough! are administering a short survey to 200 women of colour who are either current students or alumni.

Interviews will last no more than 30 minutes each. Interview questions ask you about what you think makes an inclusive therapeutic service and how you perceive access to advice and counselling services that are currently offered by QMUL. Interviews will be carried out one-to-one with a researcher and will be completely confidential. You will be asked to ensure that you are in a private space and alone when completing the interview. While the researchers would prefer that interviews are recorded for

transcription and analysis, you can request that researchers take written notes instead. You can withdraw from the research at any time and you can also ask that your interview is not used as part of the final report. You can provide an email address if you would like to receive a copy of the final report. Your email will be stored separately from your data and it will be deleted from all our records after the report has been sent to you.

Surveys are being used to provide the research team with a broad understanding about how you perceive access to advice and counselling services and to also enquire about your preferences for the types of support you'd like to be offered. Surveys will be carried out anonymously, however you can provide an email address if you would like to receive a copy of the final report. Your email will be stored separately from your data and it will be deleted from all our records after the report has been sent to you.

Why am I being invited?

BreakThrough! works to center the voices and experiences of women of colour. You are being invited to participate in this research study because our records show that:

- You self-identify as a woman of colour,
- You are either a current student of QMUL,
- You are an alumnus of QMUL and you graduated no earlier than 2014/2015.

You should not take part in this study if you:

- Do not self-identify as a woman of colour,
- You are not a current student or alumnus of QMUL,
- You are an alumnus of QMUL who graduated before 2014/2015,
- You are currently suffering from a chronic mental health condition that is not being treated.

Do I have to take part?

This participant information sheet has been written to help you decide if you would like to take part. It is up to you whether you wish to take part. If you do decide to take part you will be free to withdraw at any time without needing to provide a reason, and with no penalties or detrimental effects.

What are the possible benefits of taking part?

Without conducting an assessment of levels of access and understanding what women of colour would benefit from, it is impossible to offer an education and curriculum design that are adequate and relevant to this cohort of students and alumni. At a time when mental health issues are acerbating during the pandemic context, it is vitally important that we plan for sustainable and targeted responses so that our students and alumni are offered adequate support. Benefits will include:

- A better understanding about current QMUL services and accessibility issues impacting women of colour;
- In-depth understanding and analysis of marginalised perspectives about what constitutes inclusive advice and counselling services;
- Policy recommendations to the School of Business and Management to enhance in-course and post-graduation support;

- Policy recommendations to current advice and counselling services;
- Strengthen provision and access to local organisations who are already or are willing to offer bespoke services to women of colour students and alumni.

What are the possible disadvantages and risks of taking part?

BreakThrough! have carefully designed the interviews and survey questions so that risks to taking part are reduced significantly. For example, you will not be asked to report any current mental health issues or to disclose any current or past mental health diagnoses. We acknowledge that this information is personal and can be re-traumatising to the participant to disclose in a non-therapeutic context. We are not requesting participation from students and alumni who have a chronic mental health condition that is untreated. This is to ensure that vulnerable or at-risk people are not triggered by any part of the research process.

Expenses and payments

There are no expenses or payment offered to participants, however, we will offer you the opportunity to receive an e-copy of the full research report on completion of the study.

What information about me will you be collecting?

We are collecting information about whether you self-identify as a woman of colour, your ethnicity, the programme of study you are or were enrolled on.

How will my data be stored and who will have access to it?

Your data will be stored in de-identified format. Your name and other identifiers will be replaced by a unique code. To reduce the risk of disclosure, personal identifiers will be stored separately from the research data in a password protected file and on an external encrypted device and will only be accessible to Sultana Azmi, Misma Akther, Sadhvi Dar and Alicia George.

When and how will my data be destroyed?

All research data (anonymised interview transcripts and survey responses) will be kept for a period of 5 years on an external encrypted drive. After this time, the drive will be destroyed by Queen Mary IT Disposal services. All personal emails of participants who request a report will be deleted after the report is sent out and the file containing this information will be destroyed.

How will my data be used and shared?

Your interview and survey data will be summarised in a report authored by the BreakThrough! team. All data will be anonymised. Data will be stored in a database accessible to the research team.

Under what legal basis are you collecting this information?

Queen Mary University of London processes personal data for research purposes in accordance with the lawful basis of 'public task'.

Please read Queen Mary's privacy notice for research participants containing important information about your personal data and your rights in this respect. If you have any questions relating to data protection, please contact Queen Mary's Data Protection Officer, Queens' Building, Mile End Road, London, E1 4NS or data-protection@qmul.ac.uk or 020 7882 7596.

What will happen if I want to withdraw from this study?

You can withdraw your participation in the study at any time during the research process without providing a reason. Please note that withdrawal will not be possible after the report has been finalised for publication (6pm, 30th January 2020).

Upon notifying the principal researcher of your decision, BreakThrough! will retract all interview and survey responses and delete data from the analysis and writing-up of this analysis.

For example, participants can ask for access to the information they provide and can request the destruction of that information if they wish at any time prior to the publication of the report (6pm, 30th January 2020) following which they will not be able to request access to or withdrawal of the information they have provided.

What should I do if I have any concerns about this study?

If you have any concerns about the manner in which the study was conducted, in the first instance, please contact the researcher(s) responsible for the study: Dr Sadhvi Dar and Alicia George. If you have a complaint which you feel you cannot discuss with the researchers then you should contact the Research Ethics Facilitators by e-mail: research-ethics@qmul.ac.uk. When contacting the Research Ethics Facilitators, please provide details of the study title, description of the study and QMERC reference number (where possible), the researcher(s) involved, and details of the complaint you wish to make.

Who can I contact if I have any questions about this study?

Dr Sadhvi Dar
s.dar@qmul.ac.uk

APPENDIX 5: PARTICIPANT CONSENT FORM

Title of Research Study: Why is mental health important for women of colour students and alumni?

Principal Investigator: Dr Sadhvi Dar

Queen Mary Ethics of Research Committee Ref: QMERC20.007

Thank you for your interest in this research.

Should you wish to participate in the study, please consider the following statements. Before signing the consent form, you should initial all or any of the statements that you agree with. Your signature confirms that you are willing to participate in this research, however you are reminded that you are free to withdraw your participation at any time.

Statement	Please initial box
1. I confirm that I have read the Participant Information Sheet dated November 2020 version 1.0:21.10.2020 for the above study; or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to stop taking part in the study at any time without giving any reason and without my rights being affected.	
3. I understand that my data will be accessed by the BreakThrough! Team.	
4. I understand that my data will be securely stored in an encrypted device and in accordance with the data protection guidelines of the Queen Mary University of London for 5 years in fully anonymised form.	
5. I understand that I can access the information I have provided and request destruction of that information at any time prior to 6pm, 30th January 2020. I understand that following 6pm, 30th January 2020 I will not be able to request withdrawal of the information I have provided.	
6. I agree to the interview being audio recorded. *Not applicable to survey*	

7. I understand that the researcher will not identify me in any publications and other study outputs using personal information obtained from this study.	
8. I understand that the information collected about me will be used to support other research in the future, and it may be shared in anonymised form with other researchers.	
9. I agree to take part in the above study.	

Participants should read [Queen Mary's privacy notice](#) for research participants which contains important information about your personal data and your rights in this respect. If you have any questions relating to data protection, please contact Data Protection Officer, Queens' Building, Mile End Road, London, E1 4NS or data-protection@qmul.ac.uk or 020 7882 7596.

_____	_____	_____
Participant name	Date	Signature

_____	_____	_____
-------	-------	-------



Find out more: qmul.ac.uk/womens-cafe

Get in touch: sbm-womenscafe@qmul.ac.uk

Any section of this publication is available in large print upon request. If you require this publication in a different accessible format we will endeavour to provide this where possible. For further information and assistance, please contact: sbm-womenscafe@qmul.ac.uk

The information given in this publication is correct at the time of going to press. We reserve the right to modify or cancel any statement in it and accept no responsibility for the consequences of any such changes. For the most up-to-date information, please refer to the website qmul.ac.uk. This publication has been printed on environmentally friendly material from well-managed sources.

