Using Listening Rooms as a method to engage and understand male ethnic minority student views of seeking university mental health support

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Journal of Public Mental

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Journal:	*Journal of Public Mental Health*
Manuscript ID	JPMH-03-2025-0032.R2
Manuscript Type:	Original Research Paper
Keywords:	mental health, male students, university, ethnic minority, wellbeing support services, listening rooms

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Abstract

Purpose
Research has consistently shown than ethnic minority individuals are underrepresented in mental health research. Concurrently, university-based wellbeing support services are often either underutilised by male ethnic minority students or accessed at the point of 'crisis'. This paper highlights how a somewhat novel method of data collection can support ethnic minority male students to engage with research about a university-based wellbeing mental health support service, including discussing potential barriers to access.

Design/methodology/approach
The research utilised a qualitative, Listening Rooms (LR) approach. Participants took part in a conversation with a friend, guided by researcher designed prompts and questions, but without researcher presence. Fourteen pairs (n=24) participated in conversations. The LR Round Table Analysis took place before a more in-depth thematic analysis using Nvivo.

Findings
The LR method led to high levels of interest in the research from the male ethnic minority student population in the university. Those taking part were able to have unfiltered, peer to peer conversations, discussing mental health support. Findings led to university-based interventions related to facilitating student peer to peer support, and ensuring students are directed to wellbeing support as smoothly as possible.

Practical implications
The listening rooms method, or similar, could be considered as a way to engage demographics that have typically been neglected in research.

Originality/value
The novel approach to data collection and analysis is a potential way to overcome the lack of inclusion of ethnic minority participants in mental health research. This paper has focussed on male ethnic minority students' specific needs related to the use of university wellbeing support services, with examples of newly interventions to support this demographic.

Keywords: Mental health, male, ethnic minority, student, university, wellbeing support services.

Introduction

There is an ongoing underrepresentation of ethnic minority participants in UK health and mental health research (Gafari et al, 2024). Recent studies have cited difficulties on the part of the researcher in adequately engaging with the population (Ekezie et al, 2021), and research designs that can be excluding for diverse communities (Morgan et al, 2016). The lack of inclusion of ethnic minority participants in UK mental health research is so widely known, that a systematic review was undertaken in 2014 to uncover the key barriers to recruitment of this demographic (Brown et al, 2014). The research team identified a plethora of issues that may prevent participation, related to the individual, the health service, logistical issues and the research process itself. Some of the barriers are difficult in the short term to overcome, such as longstanding stigma, however others related to the research process, can be somewhat mitigated. The study found for example, a lack of researcher enthusiasm to understand and engage with the target demographic and failings to emphasise the potential positive impact that the study findings may have related to the demographic.

This paper explores a method of data collection aimed at engaging ethnic minority male students with mental health research. Within the UK university where this research took place, the student wellbeing team had identified a lack of pre-emptive or preventative use of the wellbeing service, and a presentation to service, often at the point of crisis or overwhelm from ethnically minoritized male students. The research team therefore wanted to understand the reasons for this with a view to service improvement. The literature review will briefly address some of the barriers students face in seeking and accessing university-based support, before identifying male specific issues, and then ethnic minority male student barriers specifically.

A recent commons library research briefing revealed that ‘numbers of students with a mental health condition has almost quadrupled in the decade to 2023/24’ (Lewis and Stiebahl, 2025, p9). This study also showed that reporting of mental health conditions to the university has increased fivefold. Despite this, a recent survey of students by the UPP foundation found 27% of students reported not feeling comfortable to seek university based mental health support if they were struggling (Brabner, 2024). A lack of awareness of support, coupled with fear of the stigma around mental health support have been reported as key barriers to students accessing support (Priestley et al 2021). For men, a lack of mental health literacy and viewing support as a potential sign of weakness were additional barriers (Ellis, 2018). These barriers are clearly significant, as female students are twice as likely as males to report mental ill-health (Lewis and Stiebahl, 2025).

Minority ethnic higher education students have been found to be less likely than their white peers to seek support for their mental ill-health (Olaniyan and Hayes, 2022). Research highlights complex institutional dynamics that may (in)advertently create barriers for ethnic minority students in UK universities when seeking support. These

barriers can stem from structural and cultural factors within institutions, shaping students' perceptions of the accessibility and inclusivity of wellbeing services (Memon et al, 2016). For example, Stepanova et al, (2025) discuss how ethnic minority individuals have reported a perceived lack of cultural sensitivity from mental health support services. Stoll et al (2022), similarly identified that certain ethnic minority UK university students experienced a number of obstacles to service utilisation, related to institutional racism, including a perceived lack of awareness of their culture from the wellbeing services, and perceived racial stereotyping from wellbeing support staff. Previous work has evidenced feelings of isolation and a lack of belonging in UK university ethnic minority students (Arday, 2018; Arday et al, 2019), which not only create barriers to accessing support (Winkle-Wagner & McCoy, 2018; Olaniyan and Hayes, 2022) but are issues likely to cause or exacerbate mental ill-health for students (Olaniyan, 2021). Institutional and societal racism can also lead to what has been labelled ‘double discrimination’ for ethnic minority students, resulting in experiencing stigma related to race as well as mental ill-health (Olaniyan, 2021).

Where university support services are accessed by ethnic minority students, research indicates that they may encounter negative experiences, citing challenges such as support staff lacking an understanding of their cultural backgrounds and/or a lack of confidence in the services' ability to meet their needs (Barradale, 2019; Sancho and Larkin, 2020; Olaniyan, 2021). Additionally, ethnic minority students can view support services as potentially causing harm or exacerbating problems as opposed to offering support (Olaniyan, 2021).

Reports have highlighted the lack of diversity seen in individuals working in the wellbeing support teams of universities (Hughes & Spanner, 2019). There have been calls to develop ‘culturally competent approaches’ to wellbeing services (OfS, 2019 p6). Olaniyan and Hayes (2022) have explored the concept of ‘culturally appropriate’ support in some depth, suggesting that ‘ethnic matching’ may not be the only answer, and arguing that cultural training can also be beneficial. However, they highlight how complex and nuanced the issues are, as some individuals may wish for their well-being support to be less culturally based, and instead focussed on individual issues, meaning a person-centred approach could be valued above ‘ethnic matching’ of support staff. A one-size-fits-all model is unlikely to work; however, university support services could do much more to ensure accessibility to a diverse student body.

Reluctance to use mental health services can also be explained in part by higher levels of stigma experienced by ethnic minority students, and particularly by male ethnic minority students (Lipson et al, 2018; Arday, 2018 Stoll et al, 2022), with mental ill-health support seeking viewed as socially unacceptable (Sancho and Larkin, 2020). For some ethnic minority males specifically, hypermasculine discourse was found to create stigma and an avoidance of help-seeking behaviour (Sancho and Larkin, 2020).

As UK universities become more ethnically diverse, it is of particular importance to understand the needs and views of as diverse a range of students as possible.

There is a lack of research exploring ethnic minority *males* as a specific group in relation to their views of seeking support at university for mental ill-health.

This study was based at a pre-92 university (former polytechnic) and aimed to explore the perceptions of minority ethnic male students of the barriers and real/potential enablers to utilising university wellbeing support. Findings were used to inform interventions aimed at facilitating the use of support services in this population.

This paper reports on the method of data collection used to engage and understand the views of ethnic minority male students of the use of the university wellbeing support service and discusses findings applicable to the institution in which the research took place.

Methods

Approach to data collection

The study employed an unmediated conversational approach through Listening Rooms (Parkin and Heron, 2022). Listening Rooms (LR) is a higher education project created by two academics, which aims to understand lived experiences, and promote positive institutional change, through the use of two innovative methods of data collection and analysis. The data collection phase of LRs involves participants engaging in dialogue with a pre-existing peer or friend, guided by talking points and questions, without the presence or interjection of a facilitator. These conversations can be either online or in specially designed LRs 'pods' located in the university library. The design aims to generate naturally occurring exchanges that more closely approximate informal conversations, while allowing participants to control the rhythm, content, and depth of their discussions, and avoiding potential power dynamics. Conversations are recorded, transcribed (by a member of the listening rooms team), and then analysis is undertaken through the LRs Rooms Round Table Analysis which is discussed below.

Listening rooms has six pre-designed talking points used for each project, Becoming, Belonging, Confidence, Happiness, Journey, and Success. Within these, three questions per talking point are developed by the research team as standard. The research team (consisting of an academic, and the university lead wellbeing practitioner) requested to change two prompts to align more closely to this project. We changed 'Becoming' to 'Adapting' and 'Happiness' to 'Wellness' as we felt this would allow for more specific questions around wellbeing and mental health. Working with student community researchers (master's students who themselves identified as ethnically minoritised males), questions for the conversations were produced and put onto a slideshow. Questions centred around awareness of the university's wellbeing support services, and the barriers and facilitators to potentially using this service for mental health support.

A defining feature of the project's design was the co-production of these adapted talking point questions with the student community researchers, who had joined the project as part of their role as 'community researcher' and were supported by the research team. This co-creative process was both methodologically and ethically significant: it ensured the questions were culturally resonant, non-stigmatising, and contextually sensitive, while also addressing critiques of traditional research paradigms that marginalise participant perspectives (Morgan et al, 2016). The involvement of community researchers reflects a deliberate commitment to epistemic justice and participatory knowledge production, recognising that authentic understanding of barriers to support cannot be achieved without the meaningful involvement of those most affected.

Epistomological underpinnings

The methodological choice was social constructivist in nature and conceptually aligned with the study's broader objectives: namely, to mirror some of the relational, experiential, and dialogical qualities of psychotherapeutic and supportive encounters from which this demographic may often feel excluded and to elicit a richness of perspective less constrained by institutional framing or perceived evaluative scrutiny. The approach therefore combines structured curiosity, through carefully curated questions, with sufficient flexibility to accommodate individual meaning-making and emergent narratives.

The listening rooms approach was specifically chosen to address longstanding methodological and relational challenges in research concerning ethnically minoritised male students and their engagement with university mental health support. Conventional qualitative focus groups or one-to-one interviews may risk reproducing or reinforcing power imbalances between researcher and participant (Kaaristo, 2022), where researcher framing, questioning styles, or even perceived authority can unintentionally shape participant responses. In contrast, LRs were intentionally selected to dismantle and counter hierarchical dynamics and foster a peer-led space (Parkin and Heron, 2023).

Ethical Considerations

Listening Rooms has ethical approval to undertake the conversations. Participants were given an information sheet with details of this specific project prior to their involvement. The information sheet outlined that participation was entirely voluntary, how data collection and analysis would happen, how their data would be stored securely and anonymously, and how to ask any questions about the project. Participants were emailed to check their understanding and to get their explicit consent to partake. The study information and talking points were presented in a visual slideshow format for the LR sessions. Prior to beginning conversations, the participant pairs read through a slide on consent which reiterated information already given and made participants aware that they may choose not to answer any questions and could withdraw their data if desired up to two weeks after their LR

conversation. All participant pairs were shown a debrief slide with signposting to mental health support available to them, both from within the university and external agencies.

Recruitment and data collection

An email with a project 'advert' were produced, detailing the project and the inclusion criteria for potential participants. Special characteristics data (demographic information) was obtained in the form of contact information for all male students studying at the university who had identified as minority ethnic on entry. A targeted email including the advertisement was sent to every student fitting this criterion. As standard for listening rooms, £20 gift vouchers were offered for participation to thank participants for their time. The information form stated that participants did not have to have suffered from mental ill-health, have used the mental health service at the university, or indeed be aware of it to partake. A total of 14 online conversations took place in June 2023, meaning 28 total participants. Conversations ranged from 30 minutes to around one hour. Conversations were recorded and transcribed verbatim, preserving the integrity of participants' language and meaning.

Analysis

Round table analysis (RTA)

Crucially, the study's inclusive and participatory ethos extended into the analytic process. Consistent with the LR model, analysis was undertaken via Round Table Analysis, a collaborative interpretive method that brought together the core research team, including student community researchers, and relevant internal and external stakeholders. This approach ensured that multiple perspectives were integrated into meaning-making, thereby reducing the imposition of a singular researcher lens and honouring the plurality and richness of participant narratives (Parkin and Heron, 2023).

The RTA took place in late July 2023 and was undertaken online using Zoom. The discussion included the co-investigators, the listening rooms team, and the community student researchers. Invites were also sent to a variety of internal and external individuals who were in a position to affect change within the institution or more widely within the sector, or whom had an academic interest in the area. A total of 9 individuals took part in the RTA.

This method of analysis involved RTA participants being sent an anonymised extract of the data (4 transcripts as is standard practice for LRs) two weeks prior to the RTA. Individuals were asked to read the extracts and make note of their initial thoughts. During the RTA, the facilitator asked the group to decide on two predominant areas for discussion during the 2.5-hour meeting, based on a shared understanding of themes most useful for service improvement. The two areas agreed upon were 'barriers to support' and 'routes to support'. Individuals were then asked to examine their transcripts for 15 minutes, identifying quotations which illuminated participants

feelings in relation to each theme. Quotations were extracted and posted into the online chat. The facilitator read and collated the quotations before the team were brought back together to discuss the themes apparent in the data and potential recommendations.

Following the RTA, the full dataset was sent to the two co-investigators. The transcripts were uploaded onto Nvivo 12. A coding frame was developed using a template analysis approach (King, 2012), starting with the themes identified at the round table analysis, along with new themes created during coding of the transcripts.

Findings and discussion

Findings are discussed based on the perceived usefulness of the method employed in terms of recruiting participants, providing a safe space for participants discussions, and gathering meaningful data that could be used by the institution to enact impactful change for the population involved. Data is presented in this section in the form of participant quotations to illustrate the usefulness of the method and some key findings.

Recruitment of target group

Despite the study being advertised in April (2023), a time when many students are finishing coursework and preparing for exams, the project team received 72 enquiries in the first 24 hours of email invites being sent to students. Overall, we received over 100 enquiries from students requesting information about taking part in this project, more enquiries than any other Listening Rooms project had had to date. Interestingly, and a first for Listening Rooms, were emails received from two eligible participants who expressed a desire to be involved but stated that they did not have a friend with whom they could partake. We were, with explicit consent, able to pair up these participants to enable them to undertake the research activity together.

We feel that the approach taken to recruitment and design of the research led to the high levels of interest. We used targeted and personalised invites sent to all students who had identified themselves as ethnic minority on joining the university. We emphasised in the study information that the rationale for engaging with the particular demographic was to understand their views and needs with a view to improving the wellbeing service for this demographic in light of findings as was highlighted as important by Brown et al (2014). The study's design was explicitly informed by a robust body of literature documenting the disconnect, disillusionment, and guardedness often experienced by ethnically minoritized male students in relation to mental health support services (Olaniyan, 2021). Numerous studies highlight mistrust of institutional provision, perceptions of cultural incongruence, and fears of stigma or negative judgement as significant deterrents to engagement (Lipson et al, 2018; Arday, 2018 Stoll et al, 2022). Responding to these challenges, this project sought to create a research process that embodied principles of psychological safety and cultural humility (Parkin and Heron, 2023), thereby

modelling the kind of inclusive relational dynamics that are often absent in clinical and research settings.

Free flow of conversation

The removal, in the data collection process, of the researcher, who was in this case a white female, may have created a more uninhibited space. This supported a free exchange during the discussion of two individuals who were friends and experts by experience, speaking openly about their perceptions and preferences for university-based wellbeing services. For example, the below quotations highlight a potential barrier to service use being both ethnic and gender based:

> *R2: If I look at the people there and I see that they are all maybe white, British, or ladies.*
>
> *R1: Yes, or women. Most of those things, it is always women, women, women.* (Pair 2)
>
> *R2: I think people have to be relatable back to that person. For example, you can't have a different culture and a different person, say a white person talking to a brown person about mental health, because their persona of mental health could be different. (Pair 13)*
>
> *R1: I wanted to speak to a black counsellor. So, I wanted someone who could understand me, who was not judgemental, who would be able to see things from my lens, know what I'm feeling… There is nowhere to get support from. There is nowhere to feel safe, a safe space to talk about the issues you are going through. It's really quite depressing…the biased perception of the society towards the male, the perception of society towards black males.* (Pair 4)

These discussions may have been somewhat muted by the presence of a white female researcher. Although the quotations above incorporate wider societal concerns, they indicate the importance of experiential and cultural/racial similarity between practitioners and students, while also underscoring a potential lack of confidence in the service's capacity to effectively meet students' specific needs (Barradale, 2019; Sancho & Larkin, 2020). The findings here add credence to the work of Memon et al (2016) and the OfS (2019) calling for practitioners to be not only trained in cultural competence but also working with ethnic minority individuals to develop culturally sensitive support.

As well as describing their preferences and highlighting institutional problems with diversity in university wellbeing teams, participants described cultural taboos and stigma that acted as additional barriers. The LR method allowed participants to describe themselves in ways that they may have not felt comfortable doing in a more traditional interview or focus group setting:

> *Men from my side of background…they want to build automatic resilience for mental wellbeing… like we used to say, black don't crack.* (Pair 4, respondent 2)

Discussions from participants were based around this perceived taboo surrounding mental ill-health support and the fear of judgment from others which held some back from considering support (Sancho and Larkin, 2020). As well as being a cultural perception, participants felt that being a male also carried an expectation to keep mental ill-health symptoms to themselves. The LR space allows an unfiltered exchange through creating psychological safety for participants who are then freed from the potential desire to self-edit while expressing their views.

Usefulness of outcomes

This project was designed at an institutional level and was institutionally impactful. Findings substantiated much of what has been found in the literature, but the depth and approach with our own students, alongside the Round Table analysis, allowed us to implement evidence-based interventions. For example, findings highlighted how students often lacked the vocabulary to describe their feelings when experiencing mental ill-health, and could sometimes find access to support difficult or convoluted:

> *R2: If you don't know how to word something when you're asking for it, and most of the time you're not going to are you, because you've not done this before… So, you just get left in the dark, and then you get put round a wild goose chase. I got forwarded to so many different people and they finally sent me to the right people.* (Pair 7)

> *I needed to speak to someone at that point in time, but I couldn't access that support. Because for instance I had to book, I had to register.* (Pair 4, respondent 1)

These issues can be particularly challenging for male students who may have decided to seek support at crisis point and therefore are in acute distress by the point of attempting to access support (Kovandžić et al, 2010). The finding here led to both a university focus on compassionate student communications, to ensure that students were receiving validating messages about the need to access support, and the development of DISC (Distressed International students) in the Customer Relationships Management (CRM) system at the university. DISC helps to ensure that international students needing wellbeing support are directed to the wellbeing team in a quick and efficient manner, saving students further distress.

Another theme explored in the data was the preference and importance of ethnic minority males supporting each other:

> *First port of contact is probably I would say people like you.* (Pair 13, respondent 2)

I have a few friends from the UK, so they are there to help me if I'm down or if I need any mental or physical – any support. So, they were always there. (Pair 14, respondent 2)

Having your friends come over and being together. So that has really, really helped me. That has almost been like the only way I've really been able to actually tackle the environment. (Pair 4, respondent 1)

This evidence builds on the work of Stepanova et al, (2025). who found that individuals from ethnic minority backgrounds often seek support from friends and family rather than professional services. Findings highlighting the power of informal support led us to investigate and implement aspects of a peer support approach institutionally. We created a university based 'Talk Club' as a male only peer support space and provided 'Look After Your Mates' training for international students to upskill them in supporting one another.

Summary

The method chosen appeared to engage the target population, evidenced by the level of interest garnered during the recruitment stage. Conversations with friends appeared to be unfiltered and focussed on areas of importance to participants without researcher presence or prompt. Findings were institutionally significant and led to the implementation of useful interventions and changes to communications with the student population.

Strengths and limitations

The research was small in scale, taking place in one institution. However, the study had a high degree of rigour and trustworthiness as evidenced by the detailed descriptions of methods (Smith, 2017) and collaborative nature of the analysis of findings.

Conclusion

The use of the LR data collection method was shown to be a helpful way to engage the male ethnic minority student demographic at this institution, both to partake in the research and to openly communicate about mental health support. Numbers of interested participants were high, and conversations were in-depth and rich. This method could therefore be used by other institutions to engage with this or other potentially neglected demographics. The round table analysis allowed for a variety of interested individuals to collaborate in meaning making of the data and began the analysis process. Findings have led to evidence based institutional level changes made to the university specifically designed to support the demographic involved in the research, such as the development of a male only peer support group and compassionate student communications. The research highlights that ethnic minority male students are prepared to engage with research on mental health and

to have open and honest conversations about mental health given the right circumstances of participation.

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