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Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

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Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

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Abstract

Background: There is a knowledge gap about the experiences that affect the mental health of Black university students in the UK. Current research is focused on understanding the continuation, attainment and progression gap between Black students and non-Black students. It is essential to know more about the interactions between personal and institutional factors on the mental health of Black students to explain the inequalities in their experiences and outcomes across the university lifecycle.

Objective: To thematically synthesise articles that explore the experiences that affect the mental health and mental wellbeing of Black university students in the UK.

Design: Qualitative thematic synthesis of a literature review.

Methods: We developed search strategies for four online databases (PubMed, Social Science Premium Collection via ProQuest, Open Access Theses and Dissertations, and Open Grey) covering January 2010 to July 2020. This search was combined with a manual search of reference lists and related citations. All articles in English addressing mental health and mental wellbeing experiences among Black university students studying at a UK university were included. A thematic synthesis was conducted to develop descriptive themes and analytical constructs.

Results: Twelve articles were included. Several themes were identified as affecting the mental health of Black university students in the UK: academic pressure, learning environment, Black gendered experience, isolation and alienation, culture shock, racism and support.

Conclusion: This review provides an appraisal of the factors affecting the mental health and mental wellbeing of Black students at UK universities, which need to be addressed by Higher Education policymakers and key decision-makers. Further research is needed about the mental health experiences of Black university students in relation to Black identities, suicidality, mental health language, the physical environment, and racism and other institutional factors.

Strengths and Limitations of this study

- To our knowledge, this is the first review and thematic synthesis to provide an overview of the personal and institutional experiences that affect the mental health and mental wellbeing of Black students studying at UK universities which can inform practice and policy.
- Recommendations for potential areas of priority in student mental health services design, development and reform provided.
- Although database and manual searching was extensive, it is possible that not all relevant studies were found due to inconsistent terminology for this topic and the racial category “Black” and “Mixed”.

Introduction

There is increasing concern about the mental health and mental wellbeing of university students in the United Kingdom (UK)¹⁻⁴. The university student lifecycle has been conceptualised in terms of: (i) the application experience which covers the interactions between potential students and the institution up to the point of arrival; (ii) the academic experience which encompass students' interactions with their institution of study; (iii) the campus experience, which includes students' life not directly connected with study and may include activities away from the campus; and (iv) the graduate experience which covers the institution's role in assisting students' transition to employment or further study⁵.

Throughout the lifecycle, students are exposed to a range of experiences that make university a high-risk period for maladaptive coping and possible onset of poor mental health. These experiences include (but not limited to): individuation, separation from family, new social connections, increased autonomy and responsibility, academic-related stress, financial concerns, sleep disruption, balancing conflicting demands of studying with personal and family life, and exposure to risky behaviours, including recreational drug use and alcohol binging⁶⁻¹⁰.

Late adolescence through young adulthood is a peak age period for the first onset of mental health problems¹¹, which overlaps the period that many young adults enter and navigate the university student lifecycle. Unsupported mental health problems are associated with progression to other co-morbid disorders, substance use disorders, self-harm and suicide ideation and attempts¹²⁻¹⁵. According to Higher Education Statistics Agency, there are 2.4 million university students in higher education in the UK¹⁶; which means that universities are in the best position to provide prevention and intervention to many young adults during a critical transitional period.

In the UK, despite Black students being more likely than White students to engage and participate in their university studies¹⁷, they report lower satisfaction and are less likely to complete their course, achieve a good degree (1st or 2:1), and progress to further education¹⁸. In addition to the aforementioned experiences and risk factors for poor mental health, there is tentative research

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3 around the institutional issues affecting Black university student mental health including:
4 inequality in access, under-representation, the attainment gap, institutional racism, and de-
5 colonising the curriculum¹⁹⁻²³. To explain the inequalities in student experiences and outcomes
6 across the university lifecycle, further understanding of the interactions between personal and
7 institutional factors on the mental health of Black students' is needed.
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13 This review aims to synthesise existing studies that explore mental health and mental wellbeing in
14 Black students at UK universities. Therefore, our research question is as follows: what are the
15 experiences that affect the mental health and mental wellbeing of Black university students in the
16 UK, as reported in the literature?
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20 21 22 Methods

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30 A review of the literature including quantitative, qualitative and mixed studies was conducted on
31 peer reviewed and non-peer reviewed articles, addressing mental health and mental wellbeing of
32 Black students at UK universities. Reporting of this review was guided by the Enhancing
33 Transparency of Reporting the Synthesis of Qualitative Research framework, as the included
34 articles were all qualitative²⁴.
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39 40 41 Search methods

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44 The following databases were searched for the period of January 2010 to July 2020: PubMed,
45 Social Science Premium Collection via ProQuest, Open Access Theses and Dissertations, and
46 Open Grey. The search strategy included several combinations of the following medical subject
47 heading (MeSH) terms and keywords²⁵: “mental health” or “psychological distress” or “mental
48 wellbeing” and “University student” and “Black Caribbean” or “Black African” or “Black Mixed”
49 or “Black ethnic*”.
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Data collection

All search results were saved to Zotero bibliographic management software and duplicates were removed. To be included in the review, articles had to (1) focus on the mental health or mental wellbeing of Black students at UK universities (2) apply empirical (e.g., quantitative, qualitative, or mixed-method research) or non-empirical research methods (e.g., theoretical, opinion-based, student transcripts, policy papers) (3) be written in English, (4) be conducted in the UK. The first author (NS) removed all articles that did not fit the inclusion criteria after full-text review. NS manually-searched reference lists of eligible articles and contacted lead authors to search for unpublished literature. The authors took the decision to be lenient in the inclusion criteria during the screening and inclusion of articles because existing research on Black university student mental health is limited, and to enable the inclusion of articles that add value to the discussion of the topic. All included articles were critically appraised by NS and the author YY using the 'Critical Appraisal Skills Programme' (2018)²⁶ checklist for qualitative research.

Data analysis and synthesis

For each article, all text from 'Results/Findings' and 'Discussion' were extracted and imported into NVivo V.12 software (NVivo Qualitative data analysis Software; QSR International, V.12, 2018). Study characteristics were extracted into a Microsoft Excel grid by NS and revised by YY. Full text screening, selection, data extraction and critical appraisal of all articles was conducted prior to data analysis. A thematic analysis was conducted to describe and compare the main findings, following Braun and Clarke's (2006)²⁷ six-step guide. NS carefully read each article to familiarise themselves with the content, annotating initial ideas for codes and themes. NS then read and re-read the articles to develop an initial coding scheme, using a constant comparative approach²⁸. Themes and sub-themes were identified to capture important patterns across and within the articles included. Six articles (50% of the sample) were randomly selected to be coded independently by YY, to provide validation. The codes were examined for similarities and differences, and then organised into a hierarchy to create the final codes. Any differences were resolved by SH. The final codes were validated by NS, YY, SH, and HL, before being synthesized

into the final thematic framework presented in this paper to minimise researcher subjectivity and improve the credibility of the work.

Patient and Public Involvement

The lead author is a Black Caribbean PhD student, and the second author is a Black African master's student. Both were involved in the design, conduct, reporting, and dissemination of this research.

Results

Included studies

Figure 1 shows the number of articles identified and rejected at each stage of the review process²⁹. The search strategies identified 388 references of which 369 were kept after removing duplicates. After screening, 87 articles were read completely. Of these, 75 articles were excluded. A final sample of n=12 studies were included. Table 1 presents the characteristics of the included studies.

Author(s)	Database	Type of article	No. of Black participants	Subject Characteristics	Location	Psychological phenomena explored	Methods
Myrie, C. V. and Gannon, K. (2013)	Hand searched	Journal article	3	2 Black African Students, 1 Black African and Caribbean Student	East and North London	Wellbeing	Interviews
Jones, C. (2017)	PubMed	Blog	1	Black academic staff	UK	Wellbeing	Personal reflections and notes
Alloh, F. T., Tait, D., & Taylor, C. (2018)	Proquest	Journal article	9	International Nigerian students studying at the master's-level in a U.K. university	southeast of England	Wellbeing	Interviews

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Arday, J. (2018)	Proquest	Journal article	14	32 BME university students	UK	Mental Health	Interviews focus Groups
Baxe, K. (2018)	PubMed	Conference notes	1	Black students	UK	Mental Health	Personal Reflections And Notes
Crittle, K. (2018)	Proquest	Blog	1	African American student	UK	Stress	Personal Reflections And Notes
Cummings, S. (2018)	Open Grey	Doctoral thesis	5	Black women with Caribbean heritage, who were being educated at a university in the East Midlands	East Midlands	Wellbeing	Focus Groups
Akel, S. (2019)	PubMed	Report	Not specified	195 BME students. 'Black' refers to people of African heritage and the diaspora.	London	Wellbeing	Interviews focus Groups
Bhatti, S. (2019)	Open Grey	Doctoral thesis	5	Black students	London	Body image	Focus Groups
Bunce, L., King, N., Saran, S., & Talib, N. (2019)	PubMed	Journal article	14	14 full-time students from two degree programmes in health and social care related subjects - Black African (12) and White and Black Caribbean (2)	Unknown	Wellbeing	Focus Groups
Hayford, A. (2019)	Hand searched	Dissertation	6	One was Caribbean, one was Somalian, one was Nigerian, two were mixed black African, and one was Ghanaian	East Anglia	Wellbeing	Interviews
Jackson-Cole, D. (2019)	Open Grey	Doctoral thesis	10	Postgraduate students. two Black or Black British – Caribbean participants, seven Black or Black British –African, one Mixed –White and Black African	England	Wellbeing	Interviews

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All included articles were assessed by NS and YY as reasonable quality and were therefore judged to have relevant contributions for the thematic synthesis (Table 2).

	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Myrie, C. V. and Gannon, K. (2013)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Jones, C. (2017)	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Valuable
Alloh, F. T., Tait, D., & Taylor, C. (2018)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Arday, J. (2018)	Yes	Yes	Yes	Yes	Yes	No	Can't Tell	Yes	Yes	Valuable
Baxe, K. (2018)	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Valuable
Crittelle, K. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Cummins, S. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Akel, S. (2019)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Bhatti, S. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Bunce, L., King,	Yes	Yes	Yes	Yes	Yes	No	Can't Tell	Yes	Yes	Valuable

N., Saran, S., & Talib, N. (2019)										
Hayford, A. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Jackson- Cole, D. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable

Synthesised findings

The concept matrix for the findings can be seen in Table 3.

	Support	Isolation and Alienation	Racism	Culture Shock	Black gendered experience	Learning environment	Academic pressure
Myrie, C. V. and Gannon, K. (2013)	X	X			X		
Jones, C. (2017)	X		X	X			X
Alloh, F. T., Tait, D., & Taylor, C. (2018)	X		X	X			X
Arday, J. (2018)	X	X	X		X		X
Baxe, K. (2018)		X					
Crittle, K. (2018)	X	X					
Cummings, S. (2018)	X	X	X		X	X	
Akel, S. (2019)		X	X			X	
Bhatti, S. (2019)	X				X		
Bunce, L., King, N.,		X		X		X	

Saran, S., & Talib, N. (2019)							
Hayford, A. (2019)	X	X		X			
Jackson-Cole, D. (2019)	X		X		X	X	

Academic pressure

In six out of 12 articles, academic pressure was a determinant of mental distress for Black students³⁰⁻³⁵. Students described their mental health being adversely affected by the multiple and simultaneous academic tasks they were expected to complete during their degree³⁰⁻³¹. Cumulatively, Black students reported that unlike their non-Black peers, they faced pressures from their families and the wider Black community which meant they needed to work harder to succeed at university; which further exacerbated mental distress^{30,31,33,34}. This pressure came from their families continuously reminding them of the sacrifices and investments made, specifically immigration and financial strain^{30,31,35}. Black students with pre-existing mental and physical health conditions might be especially vulnerable to poor mental health caused by this academic pressure³¹⁻³². There was some evidence that Black students might not seek mental health support and instead prioritise their continuation and success in academia, at the expense of their mental health, as a mental illness diagnosis might affect their success in academia^{30,33}.

Learning environment

In four of the 12 articles, researchers described Black students' perceptions of the university learning and teaching environment and how it impacted their mental health and mental wellbeing^{34, 36-38}. Lectures which had discussions on diversity, inclusion, ethnicity, race, and identity were said to be cathartic and liberating for Black students, which contributed to positive wellbeing³⁶⁻³⁸. Black students reported they had to censor themselves in academic spaces to be seen by White students and staff as acceptable and agreeable instead of loud, disruptive and confrontational³⁷. This behaviour was believed to improve their learning experience and relationship with teaching staff, at the expense of their wellbeing. Participants spoke about their lack of relatedness to the White

majority academic staff, students, and teaching materials and racism in the classroom made them feel excluded, frustrated, distressed, discouraged and unmotivated to engage in their degree course^{34,36-38}. In university seminars Black people were racially stereotyped as bad people, criminals, with lower intellectual ability by White students, and these stereotypes were sometimes reinforced by course materials³⁶⁻³⁸. Black female-identifying students recounted their academic knowledge was over-policed and over-scrutinised by teaching staff, inaccessibility of learning and wellbeing support compared to men and White women on their course, and the impact this had on their mental health and learning experience³⁴.

Black gendered experience

The Black student mental health experience of being at the intersection between race and the oppressive structures of traditional masculinities and femininities was discussed in five articles^{33-35,37,39}. Black male-identifying students reported being affected by the discourses of hyper-masculinity, which put pressure on them to not show their emotions, cope with their mental distress and continue with their studies on their own^{33,35}. This caused them to feel shame when seeking mental health support. For some female-identifying Black students, feelings about their health, ideal body shape and size were influenced by the beliefs, culture, race, and ethnicity of the people in their lives³⁹. The importance of seeing their own body shape among Black students who looked like them was discussed. Some students felt the White body ideal is not the same as the Black body ideal, therefore visiting their country of origin (the Caribbean), positively impacted their stress levels, self-esteem and body image. Social media and the music industry were mentioned as vehicles in which the ideal Black female body is narrated, scrutinised and picked apart³⁹.

Isolation and Alienation

Eight out of 12 included studies discussed isolation and alienation^{30,33,35-38,40-41}. Black students who struggled with their mental health experienced stigma from the Black community before attending university, leaving them isolated³⁰. At university, participants reported being ignored or avoided by their non-Black peers in learning, social, and living environments which led to feelings of lack of belonging, diminished their overall wellbeing and evoked a range of negative emotions,

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3 including discomfort, distress, frustration, and anger^{30,33,36-38,40-41}. Those with little or no mental
4 health support from family felt isolated and alienated from their friends, family, peers and
5 academic staff, and used denial to cope with the lack of support, which exacerbated their mental
6 health problems³³.
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11 Black students reported that a lack of relatedness to White students affected their wellbeing,
12 undermined their motivation for academic success and had a negative influence on their sense of
13 autonomy and competence^{30,36-38}. Black students mentioned White students did not understand that
14 they have to re-construct their identity in the White image and practice silence to be successful at
15 university and that this process negatively affected their mental health³⁰.
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22 Participants in one article discussed that academic staff do not always create safe and protective
23 learning and living spaces for Black university students³⁸. As a result, Black students reported
24 they had to defend themselves, which made White students uncomfortable, leaving Black students
25 feeling bullied, alienated and alone. Participants who had the support of other Black students in
26 their learning environment at university reported being more comfortable, understood, and happy³⁶.
27 However, this may not apply to Black students who are international students. One article reported
28 a student being in tears, feeling alone and isolated, and almost dropping out of university due to
29 their African accent isolating them from Black British students and non-Black students³⁶.
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38 **Culture Shock**

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41 There was evidence suggesting that Black international-status students had to adjust to new
42 environments, cultures, and lifestyles in the UK which was characterised by changes in diet,
43 weight, physical activity, alcohol and smoking consumption, and led to stress, depression,
44 loneliness, and loss of confidence^{30-32, 36}. Black students who emigrated from a collectivist culture
45 to the UK experienced culture shock that was emotionally stressful³². Contrastingly, there was
46 evidence³² to suggest Black home-status students had slightly poorer mental health and lower self-
47 esteem than Black international-status students. Indeed, one article reported some Black
48 international-status students had higher stress levels in their home country which gave them the
49 perspective of living in the UK as being less stressful³².
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Racism

Five of the 12 included studies explored how institutional racism, discrimination, and hegemonic White privilege made universities toxic spaces for Black students', which affected their mental health and wellbeing^{31, 33-34, 37-38}. The constant stress of being confronted with racism (including racial microaggressions), discrimination, and having to survive hostile racist environments at university led to poor mental health and mental illness in Black students^{31,33-34,37}. Racism had negative consequences on Black students' sense of belonging at university, motivation to socialise, their interactions with White students and staff, and their academic achievements and progression; which led to further mental distress. Black students' recognition of racial difference had a greater impact on their mental wellbeing and potential or experienced mental health difficulties, than evidence that others treated them differently on account of their race³⁷. Participants felt unable to express their feelings of racism and difference from White peers to others for fear they would not be understood, would be judged or rejected by peers and university staff, or due to uncertainty that these feelings were valid or legitimate³⁷. These unarticulated feelings resulted in disengagement from university study and services.

Support

In addition to the aforementioned factors possibly influencing the mental health of Black students, mental health support was also discussed^{30-35, 37-40}. Black students reported they had to take care of their own mental health by trying to remain positive and use distraction, research psycho-educational resources, change daily habits including exercise and nutrition, and use food to cope with stress at university and connect them to family^{32-34, 37, 39}.

Access to mental health support from family, friends, and peers was identified as a contributory factor to positive wellbeing and success at university^{30-31,33-34,37,40}. One article reported Black students who did not have familial social capital found accessing university mental health support more difficult³³. Four included articles^{31,33, 35,40} had findings linked to mental health stigma and taboo leaving Black students feeling unsupported by their family at university and unable to get

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3 the professional support needed. Black-only spaces at university were reported as important to
4 obtain support for mental and wellbeing^{30-31, 33, 37, 40}. These spaces gave students comfort, where
5 they were not judged and misunderstood by non-Black students and staff and could be with
6 students from a shared background and experience. These Black-only spaces were especially
7 important when there was a lack of Black students in classroom spaces; and could be online or in
8 person. Black students also placed importance on mental health support from an understanding
9 religious organisation or chaplain at their university^{30-31,33}.

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12 Included articles described Black students' beliefs that university services were institutionally
13 racist, treated Black students as a monolithic group, thereby failed to provide appropriate services;
14 and did not take responsibility for this^{30-31,33,38}. Participants' awareness that White mental health
15 practitioners at university services were the majority race prevented them from accessing services,
16 because of perceived racial stereotyping and lack of trust^{33,38}. Some Black students avoided
17 university mental health services to such an extent that they were not knowledgeable about what
18 was available for them³⁰. Black students who needed mental health support did not seek such
19 services until in crisis^{30,33} and when they did, faced long waiting times³³. Black students who did
20 receive help from university mental health services reported experiencing racialised stereotypes
21 that affected their relationship with White mental health practitioners^{30-31,33,38}. They had to educate
22 practitioners on Black culture and the Black experience (which included how racism and micro-
23 aggressions affected their mental health), which was a burden on their mental health and
24 wellbeing^{30-31,33,38}. Because of this, students felt more comfortable with a Black, Asian or other
25 minoritised ethnic mental health practitioner^{30,33,38}. Black students described a sense of
26 helplessness regarding their mental healthcare treatment^{30,33,38}. One article discussed Black
27 students felt unable to challenge mental health professionals' about their healthcare treatment
28 because they may be labelled as difficult or unstable, and worsen their relationship with the mental
29 healthcare provider³³.

30 31 32 Discussion

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3 This review and thematic synthesis provides evidence on how the following experiences affect the
4 mental health and mental wellbeing of Black university students in the UK: academic pressure,
5 learning environment, Black gendered experience, isolation and alienation, culture shock, racism
6 and support. The literature largely demonstrates an interest in Black university student mental
7 health but is generally lacking in exploration on whether and how mental health experiences differ
8 across different Black student identities (including gender, culture, ethnicity, nationality) and
9 social statuses. This is important given the finding that Black students believe universities treat
10 them as a monolithic group^{30-31,33,38}. There is a knowledge gap on suicidality among Black
11 students. A recent national study⁵⁰ found the risk of suicide is lower amongst Black university
12 students compared to White students (risk ratio (RR) 0.53 (95%CI 0.32–0.88)). This finding needs
13 to be investigated further. One article included in this review³⁰ discussed that mental health is
14 either not spoken about or spoken about differently in the Black community compared to within
15 the wider UK university community. More studies are needed on mental health language and
16 literacy.

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29 The review findings highlight that for Black university students⁷, their mental health and mental
30 wellbeing may be deeply rooted in institutional factors or dimensions, largely racism^{31,33-34,37-39},
31 which negatively affects most aspects of their higher education experiences, particularly in the
32 learning, social, and living environments. Critical Race Theory in Education (CRT-E) is used to
33 engage with and work against racism in the context of UK higher education^{23,42-43}. CRT-E theorists
34 have explored racial inequality in admissions, curriculum and pedagogy, teaching and learning,
35 institutional culture, campus racial climate, and policy and finance⁴²⁻⁴⁹. However, CRT-E has
36 failed to interrogate the role mental health plays in racial inequality. The Office for Students² stated
37 that “black students with mental health conditions are being failed throughout the student cycle”
38 (pg. 6), evidenced by their data which shows Black full-time students who report a mental health
39 condition have some of the lowest attainment, continuation, and progression rates². To understand
40 and begin to address these concerns, further research into the mental health experiences of, risk
41 factors for and challenges faced by Black university students is needed to understand how the
42 historically racist systems embedded within UK higher education institutions create racial
43 inequalities in student experiences, outcomes, and progression disadvantaging Black students.

This review is very timely given the recent global Black Lives Matter movement and protests following the death of George Floyd. Growing conversations around the role race and institutional racism play on the mental health of Black people motivated students and staff to write multiple open letters⁵¹⁻⁵⁶ demanding UK universities do more to tackle racism, be anti-racist, and diversify and decolonise their curricula and institutions. Students and staff are calling out for UK universities to provide racially and culturally appropriate mental health support for their Black students. However, to achieve this, further research is needed to interrogate the euro-centric, ethno-centric and ego-centric ways in which institutional policy, research and mental health practices disadvantage different Black student from varying identities and social statuses across the university student lifecycle.

The results of this review can assist academic staff, researchers, funders and policy makers to identify potential areas of priority in student mental health services design, development and reform with Black students. Based on the review findings, the authors recommend further investigation into the following potential strategies: (a) in-person or virtual Black student mental health peer support groups; (b) decolonization of mental health support services; (c) race, racism and mental health training for academic staff and mental health practitioners; (d) decolonization of the classroom environment and teaching and learning materials; (e) scholarships and support funds for Black students⁵⁷; (f) involvement of family in mental health support; (g) improve knowledge and accessibility of available services; (h) train and employ Black mental health professionals; (i) involve religious organisations and chaplains in mental health support; (j) targeted mental health support for international-status students.

Strengths and limitations

To our knowledge this is the first review and thematic synthesis to summarise the available literature on the experiences that affect the mental health and mental wellbeing of Black students studying at UK universities. By summarising these results, we make this information more readily available to students, academic staff, policymakers and researchers. An exhaustive literature search was conducted using multiple databases, and manual searching. Dissertations, blogs and

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3 unpublished articles were included alongside published articles. Our analysis allowed us to extract
4 multiple recurrent themes pertaining to Black students' mental health. The results focus on both
5 the personal and institutional factors that influence the mental health of Black university students.
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10 The review has the following limitations. Despite the study selection criteria, no quantitative
11 studies were included as they did not report the mental health experiences of Black university
12 students. Secondly, although database and manual searching was extensive, it is possible that
13 relevant articles were missed due to inconsistent terminology for mental health and mental
14 wellbeing and the racial category "Black". Thirdly, the authors were unable to fully capture Black
15 students' experiences as the citations selected from the included articles are a sample of the
16 participants' subjective experiences and of the researchers' own analyses. Fourthly, articles which
17 included Black, Asian and minoritised ethnic participants did not always clearly differentiate
18 citations and themes derived specifically from Black student responses. The mixed racial category
19 was not clearly defined in some articles so students who were mixed Black heritage may have been
20 missed in the analysis. Responses had to be drawn from participants' accounts disclosing their
21 race. Finally, our analysis was limited to the 'results' and 'findings' sections of the selected
22 articles; however, all sections of the articles were read to provide a deep understanding of the topic.
23 We acknowledge that themes developed in this synthesis may be similar to findings reported in
24 the included articles since it was not our intention to develop new interpretations or theories, and
25 we wanted to stay close to the experiences reported by the participants in the included articles.
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41 Conclusion

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45 This review and thematic synthesis offers an overview of the experiences that affect the mental
46 health and mental wellbeing of Black students studying at universities in the UK as reported in the
47 available literature. Our results suggest that there are both personal and institutional factors that
48 affect the mental health and mental wellbeing of Black students. Further research into how the
49 learning, social, living, cultural and physical environment of universities affects the mental health
50 of Black university students; and the differences in the lived experiences of Black university
51 students across different identities and social statuses would give valuable insights. The impact of
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3 institutional issues of racism and sexism on the mental health of Black students studying at UK
4 higher education need to be further researched and explicitly addressed by policymakers and key
5 decisionmakers within universities.
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10 **Twitter:** @NkasiStoll
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21 author) and HL (joint senior author). NS developed the detailed methodology, undertook database
22 searches and title and abstract review. Each study retained for full-text review was reviewed by
23 NS. YY reviewed 50% of the full text. Discrepancies between NS and YY regarding inclusion or
24 exclusion were resolved by SH. NS and YY made the critical appraisal of included studies. The
25 thematic synthesis was conducted by NS and revised by YY, SH, HL. All authors contributed to
26 the manuscript and approved the final version.
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Patient consent for publication: Not required.

Data availability statement: No data are available.

Figure Legend

- Figure 1. PRISMA flow diagram
- Table 1. Characteristics of included studies (in date order)
- Table 2. Critical Appraisal Skills Programme (CASP) Checklist for included articles (in date order)
- Table 3. Concept matrix for included studies (in date order)

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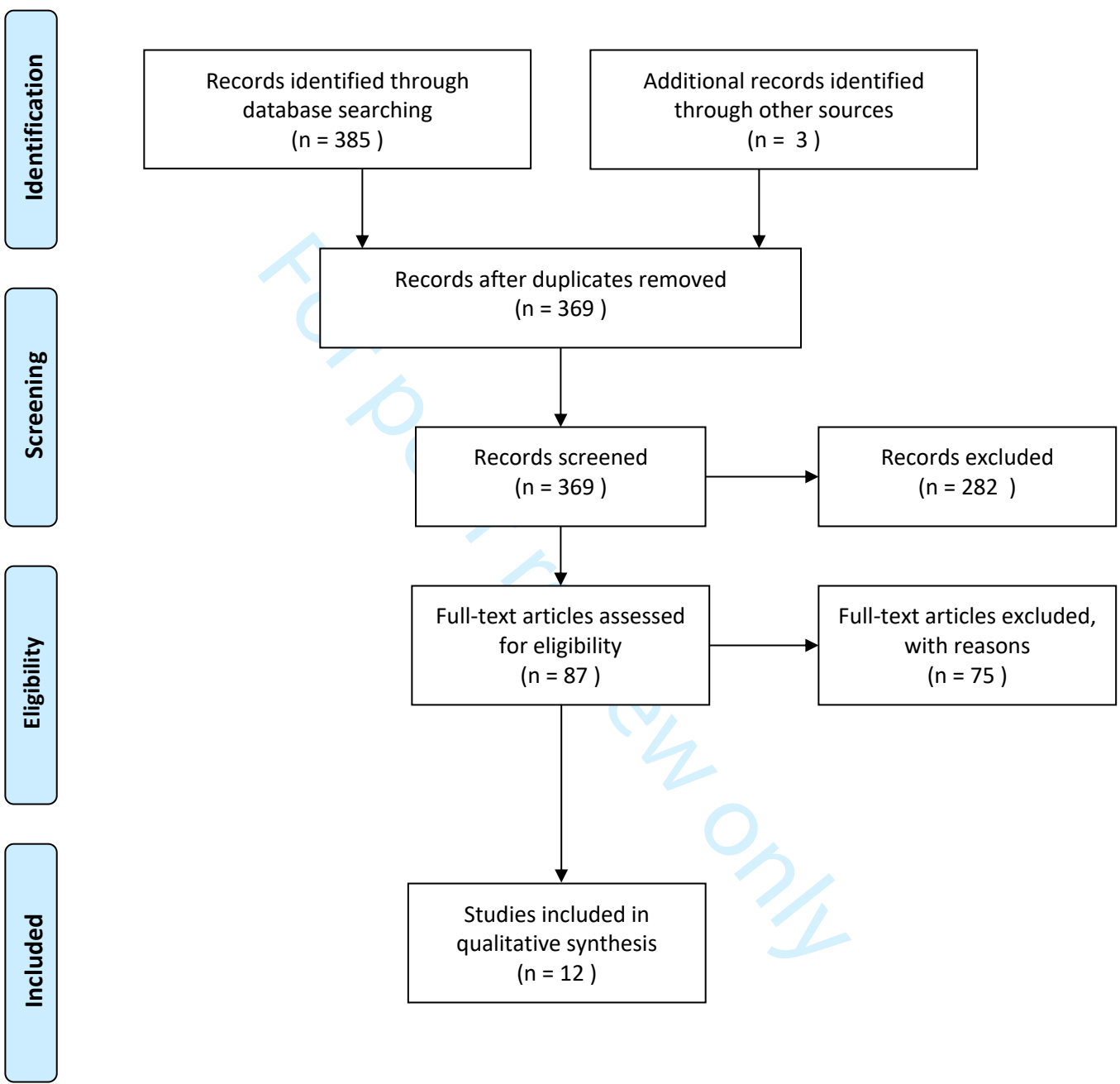
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Figure 1 PRISMA flow diagram



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PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2-3
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	4-5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	5
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	N/A
n	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	5-6
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	5
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	5-6
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	6
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5-6 (Constructs not variables)
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	6
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	N/A



PRISMA 2009 Checklist

Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	N/A – qualitative thematic synthesis approach
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Page 1 of 2

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	N/A
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	7 Supplementary file #1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICO, follow-up period) and provide the citations.	7-8
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	9-10
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	10-11 (concept matrix)
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	11-15
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	N/A
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	N/A
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	16
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	17-18
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	18-19
FUNDING			
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml			



PRISMA 2009 Checklist

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Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data, role of funders for the systematic review.	19-20
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Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

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Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

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Abstract

Background: There is a knowledge gap about the experiences that affect the mental health of Black university students in the UK. Current research is focused on understanding the continuation, attainment and progression gap between Black students and non-Black students. It is essential to know more about the interactions between personal and institutional factors on the mental health of Black students to explain the inequalities in their experiences and outcomes across the university lifecycle. The current study set out to thematically synthesise articles that explore the experiences that affect the mental health and mental wellbeing of Black university students in the UK.

Methods: This study is a qualitative thematic synthesis of a literature review. We developed search strategies for four online databases (PubMed, Social Science Premium Collection via ProQuest, Open Access Theses and Dissertations, and Open Grey) covering January 2010 to July 2020. This search was combined with a manual search of reference lists and related citations. All articles in English addressing mental health and mental wellbeing experiences among Black university students studying at a UK university were included. Critical Appraisal Skills Programme (CASP) Checklist was used to assess bias. A thematic synthesis was conducted to using Braun and Clarke (2006)'s six step guide to develop descriptive themes and analytical constructs.

Results: Twelve articles were included. Several themes were identified as affecting the mental health of Black university students in the UK: academic pressure, learning environment, Black gendered experience, isolation and alienation, culture shock, racism and support.

Discussion: This review provides an appraisal of the factors affecting the mental health and mental wellbeing of Black students at UK universities, which need to be addressed by Higher Education policymakers and key decision-makers. Further research is needed about the mental health experiences of Black university students in relation to Black identities, suicidality, mental health language, the physical environment, and racism and other institutional factors.

Strengths and Limitations of this study

- This is the first review and thematic synthesis to provide an overview of the personal and institutional experiences that affect the mental health and mental wellbeing of Black students studying at UK universities
- A thematic synthesis approach was used to describe and compare the main findings, to help inform policy and interventions
- Database and manual searching were extensive, screening 369 articles.
- It is possible not all relevant articles were found due to inconsistent terminology for the racial category “Black” and “Mixed” in existing studies.

Introduction

There is increasing concern about the mental health and mental wellbeing of university students in the United Kingdom (UK)¹⁻⁴. The university student lifecycle has been conceptualised in terms of (i) the application experience which covers the interactions between potential students and the institution up to the point of arrival; (ii) the academic experience which encompasses students' interactions with their institution of study; (iii) the campus experience, which includes students' life not directly connected with study and may include activities away from the campus; and (iv) the graduate experience which covers the institution's role in assisting students' transition to employment or further study⁵.

Throughout the lifecycle, British and international students are exposed to a range of experiences that make universities a high-risk period for maladaptive coping and the possible onset of poor mental health. These experiences include (but are not limited to): individuation, separation from family, new social connections, increased autonomy and responsibility, academic-related stress, financial concerns, sleep disruption, balancing conflicting demands of studying with personal and family life, and exposure to risky behaviours, including recreational drug use and alcohol binging⁶⁻¹⁰.

Late adolescence through young adulthood is a peak age period for the first onset of mental health problems¹¹, which overlaps the period that many young adults enter and navigate the university student lifecycle. Unsupported mental health problems are associated with progression to other comorbid disorders, substance use disorders, self-harm, and suicide ideation, and attempts¹²⁻¹⁵. According to Higher Education Statistics Agency, there are 2.4 million university students in higher education in the UK¹⁶; which means that universities are in the best position to provide prevention and intervention to many young adults during a critical transitional period.

In the UK, Black students are more likely than White students to self-report high levels of engagement and participation in their university studies; covering seven categories of engagement including course challenge, critical thinking, and research and inquiry¹⁷. Despite high engagement

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3 levels, Black students report lower satisfaction and are less likely to complete their course, achieve
4 a good degree (1st or 2:1), and progress to further education¹⁸. In addition to the aforementioned
5 experiences and risk factors for poor mental health, there is tentative research around the
6 institutional issues affecting Black university student mental health including inequality in access,
7 under-representation, the attainment gap, institutional racism, and de-colonising the curriculum<sup>19-
8 23</sup>. To explain the inequalities in student experiences and outcomes across the university lifecycle,
9 further understanding of the interactions between personal and institutional factors on the mental
10 health of Black students' is needed.
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19 This review aims to synthesise existing studies that explore mental health and mental wellbeing in
20 Black students at UK universities. Therefore, our research question is as follows: what are the
21 experiences that affect the mental health and mental wellbeing of Black university students in the
22 UK, as reported in the literature?
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28 Methods

29 30 31 32 Design

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35 A review of the literature including quantitative, qualitative, and mixed studies was conducted on
36 peer-reviewed and non-peer-reviewed articles, addressing mental health and mental wellbeing of
37 Black students at UK universities. Reporting of this review was guided by the Enhancing
38 Transparency of Reporting the Synthesis of Qualitative Research framework²⁴, as the included
39 articles were all qualitative.
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46 Search methods

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49 The following databases were searched for the period of January 2010 to July 2020: PubMed,
50 Social Science Premium Collection via ProQuest, Open Access Theses and Dissertations, and
51 Open Grey. The search strategy included several combinations of the following medical subject
52 heading (MeSH) terms and keywords²⁵: “mental health” or “psychological distress” or “mental
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wellbeing” and “University student” and “Black Caribbean” or “Black African” or “Black Mixed” or “Black ethnic*”.

Data collection

All search results were saved to Zotero bibliographic management software and duplicates were removed. To be included in the review, articles had to (1) focus on the mental health or mental wellbeing of Black students at UK universities (2) apply empirical (e.g., quantitative, qualitative, or mixed-method research) or non-empirical research methods (e.g., theoretical, opinion-based, student transcripts, policy papers) (3) be written in English, (4) be conducted in the UK. The first author (NS) removed all articles that did not fit the inclusion criteria after full-text review. NS manually searched reference lists of eligible articles and contacted lead authors to search for unpublished literature. The authors decided to be lenient in the inclusion criteria during the screening and inclusion of articles because existing research on Black university student mental health is limited, and to enable the inclusion of articles that add value to the discussion of the topic. All included articles were critically appraised by NS and the author YY using the ‘Critical Appraisal Skills Programme’ (2018)²⁶ checklist for qualitative research.

Data analysis and synthesis

For each article, all text from ‘Results/Findings’ and ‘Discussion’ were extracted and imported into NVivo V.12 software (NVivo Qualitative data analysis Software; QSR International, V.12, 2018). Study characteristics were extracted into a Microsoft Excel grid by NS and revised by YY. Full-text screening, selection, data extraction, and critical appraisal of all articles was conducted prior to data analysis. A thematic analysis was conducted to describe and compare the main findings, following Braun and Clarke's (2006)²⁷ six-step guide. NS carefully read each article to familiarise themselves with the content, annotating initial ideas for codes and themes. NS then read and re-read the articles to develop an initial coding scheme, using a constant comparative approach²⁸. Themes and sub-themes were identified to capture important patterns across and within the articles included. Six articles (50% of the sample) were randomly selected to be coded independently by YY, to provide validation. The codes were examined for similarities and

differences and then organised into a hierarchy to create the final codes. Any differences were resolved by SH. The final codes were validated by NS, YY, SH, and HL, before being synthesized into the final thematic framework presented in this paper to minimise researcher subjectivity and improve the credibility of the work.

Patient and Public Involvement

The lead author is a Black Caribbean PhD student, and the second author is a Black African master's student. Both were involved in the design, conduct, reporting, and dissemination of this research.

Results

Included studies

Figure 1 shows the number of articles identified and rejected at each stage of the review process²⁹. The search strategies identified 388 references of which 369 were kept after removing duplicates. After screening, 87 articles were read completely. Of these, 75 articles were excluded. A final sample of n=12 studies were included. Table 1 presents the characteristics of the included studies.

Author(s)	Database	Type of article	No. of Black participants	Subject Characteristics	Location	Psychological phenomena explored	Methods
Hayford, A. (2019) ³⁰	Hand searched	Dissertation	6	One was Caribbean, one was Somali, one was Nigerian, two were mixed black African, and one was Ghanaian	East Anglia	Wellbeing	Interviews
Jones, C. (2017) ³¹	PubMed	Blog	1	Black academic staff	UK	Wellbeing	Personal reflections and notes
Alloh, F. T., Tait, D., &	Proquest	Journal article	9	International Nigerian students studying at the	southeast of England	Wellbeing	Interviews

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Taylor, C. (2018) ³²				master's-level in a U.K. university			
Arday, J. (2018) ³³	Proquest	Journal article	14	32 BME university students	UK	Mental Health	Interviews focus Groups
Jackson-Cole, D. (2019) ³⁴	Open Grey	Doctoral thesis	10	Postgraduate students. two Black or Black British – Caribbean participants, seven Black or Black British –African, one Mixed –White and Black African	England	Wellbeing	Interviews
Myrie, C. V. and Gannon, K. (2013) ³⁵	Hand searched	Journal article	3	2 Black African Students, 1 Black African and Caribbean Student	East and North London	Wellbeing	Interviews
Bunce, L., King, N., Saran, S., & Talib, N. (2019) ³⁶	PubMed	Journal article	14	14 full-time students from two degree programmes in health and social care related subjects - Black African (12) and White and Black Caribbean (2)	Unknown	Wellbeing	Focus Groups
Cummings, S. (2018) ³⁷	Open Grey	Doctoral thesis	5	Black women with Caribbean heritage, who were being educated at a university in the East Midlands	East Midlands	Wellbeing	Focus Groups
Akel, S. (2019) ³⁸	PubMed	Report	Not specified	195 BME students. 'Black' refers to people of African heritage and the diaspora.	London	Wellbeing	Interviews focus Groups
Bhatti, S. (2019) ³⁹	Open Grey	Doctoral thesis	5	Black students	London	Body image	Focus Groups
Crittle, K. (2018) ⁴⁰	Proquest	Blog	1	African American student	UK	Stress	Personal Reflections And Notes

Baxe, K. (2018) ⁴¹	PubMed	Conference notes		Black students	UK	Mental Health	Personal Reflections And Notes
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All included articles were assessed by NS and YY as reasonable quality and were therefore judged to have relevant contributions for the thematic synthesis (Table 2).

	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Hayford, A. (2019) ³⁰	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Jones, C. (2017) ³¹	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Valuable
Alloh, F. T., Tait, D., & Taylor, C. (2018) ³²	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Arday, J. (2018) ³³	Yes	Yes	Yes	Yes	Yes	No	Can't Tell	Yes	Yes	Valuable
Jackson-Cole, D. (2019) ³⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Myrie, C. V. and Gannon, K. (2013) ³⁵	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Bunce, L., King, N.,	Yes	Yes	Yes	Yes	Yes	No	Can't Tell	Yes	Yes	Valuable

Saran, S., & Talib, N. (2019) ³⁶										
Cummings, S. (2018) ³⁷	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Akel, S. (2019) ³⁸	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Bhatti, S. (2019) ³⁹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Crittelle, K. (2018) ⁴⁰	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Baxe, K. (2018) ⁴¹	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Valuable

Synthesised findings

The concept matrix for the findings can be seen in Table 3. We interpreted seven analytic themes derived from the participants' beliefs, perceptions, and experiences, and the article's authors' interpretations. The references for articles contributing to each of the themes are provided.

	Support	Isolation and Alienation	Racism	Culture Shock	Black gendered experience	Learning environment	Academic pressure
Hayford, A. (2019) ³⁰	X	X		X			
Jones, C. (2017) ³¹	X		X	X			X
Alloh, F. T., Tait, D., & Taylor, C. (2018) ³²	X		X	X			X
Arday, J. (2018) ³³	X	X	X		X		X
Jackson-Cole, D. (2019) ³⁴	X		X		X	X	
Myrie, C. V. and Gannon, K. (2013) ³⁵	X	X			X		

Bunce, L., King, N., Saran, S., & Talib, N. (2019) ³⁶		X		X		X	
Cummings, S. (2018) ³⁷	X	X	X		X	X	
Akel, S. (2019) ³⁸		X	X			X	
Bhatti, S. (2019) ³⁹	X				X		
Crittle, K. (2018) ⁴⁰	X	X					
Baxe, K. (2018) ⁴¹		X					

Academic pressure

In six out of 12 articles, academic pressure was a determinant of mental distress for Black students³⁰⁻³⁵. Students described their mental health as being adversely affected by the multiple and simultaneous academic tasks they were expected to complete during their degree³⁰⁻³¹. Cumulatively, Black students reported their observation that, unlike their non-Black peers, they faced pressures from their families and the wider Black community which meant they needed to work harder to succeed at university; which further exacerbated mental distress^{30,31,33,34}. This pressure came from their families continuously reminding them of the sacrifices and investments made, specifically immigration and financial strain^{30,31,35}. Black students with pre-existing mental and physical health conditions have been reported to be especially vulnerable to poor mental health caused by this academic pressure³¹⁻³². There was some evidence that Black students might not seek mental health support and instead prioritise their continuation and success in academia, at the expense of their mental health, as a mental illness diagnosis might affect their success in academia^{30,33}.

Learning environment

In four of the 12 articles, researchers described Black students' perceptions of the university learning and teaching environment and how it impacted their mental health and mental wellbeing³⁴.

36-38. Lectures that had discussions on diversity, inclusion, ethnicity, race, and identity were said to be cathartic and liberating for Black students, which contributed to positive wellbeing³⁶⁻³⁸. Black students reported they had to censor themselves in academic spaces to be seen by White students and staff as acceptable and agreeable instead of loud, disruptive, and confrontational³⁷. This behaviour was believed to improve their learning experience and relationship with teaching staff, at the expense of their wellbeing. Participants spoke about their lack of relatedness to the White majority academic staff, students, and teaching materials and racism in the classroom made them feel excluded, frustrated, distressed, discouraged, and unmotivated to engage in their degree course^{34,36-38}. In university seminars, Black people were racially stereotyped as bad people, criminals, with lower intellectual ability by White students, and these stereotypes were sometimes reinforced by course materials³⁶⁻³⁸. Black female-identifying students recounted their academic knowledge was over-policed and over-scrutinised by teaching staff, inaccessibility of learning and wellbeing support compared to men and White women on their course, and the impact this had on their mental health and learning experience³⁴.

Black gendered experience

The Black student mental health experience of being at the intersection between race and the oppressive structures of traditional masculinities and femininities was discussed in five articles^{33-35,37,39}. Black male-identifying students reported being affected by the discourses of hyper-masculinity, which put pressure on them to not show their emotions, cope with their mental distress and continue with their studies on their own^{33,35}. This caused them to feel shame when seeking mental health support. For some female-identifying Black students, feelings about their health, ideal body shape, and size were influenced by the beliefs, culture, race, and ethnicity of the people in their lives³⁹. The importance of seeing their body shape among Black students who looked like them was discussed. Some students felt the White body ideal is not the same as the Black body ideal, therefore visiting their country of origin positively impacted their stress levels, self-esteem, and body image. Social media and the music industry were mentioned as vehicles in which the ideal Black female body is narrated, scrutinised, and picked apart³⁹.

Isolation and Alienation

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5 Eight out of 12 included studies discussed isolation and alienation^{30,33,35-38,40-41}. Black students who
6 struggled with their mental health experienced stigma from the Black community before attending
7 university, leaving them isolated from their communities³⁰. At university, participants reported
8 being ignored or avoided by their non-Black peers in learning, social, and living environments
9 which led to feelings of lack of belonging, diminished their overall wellbeing, and evoked a range
10 of negative emotions, including discomfort, distress, frustration, and anger^{30,33,36-38,40-41}. Those
11 with little or no mental health support from family felt isolated and alienated from their friends,
12 family, peers, and academic staff, and used denial to cope with the lack of support, which
13 exacerbated their mental health problems³³.
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22 Black students reported that a lack of relatedness to White students affected their wellbeing,
23 undermined their motivation for academic success, and had a negative influence on their sense of
24 autonomy and competence^{30,36-38}. Black students mentioned White students did not understand that
25 they have to reconstruct their identity in the White image and practice silence to be successful at
26 university and that this process negatively affected their mental health³⁰.
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32 Participants in one article discussed that academic staff do not always create safe and protective
33 learning and living spaces for Black university students³⁸. As a result, Black students reported
34 they had to defend themselves, which made White students uncomfortable, leaving Black students
35 feeling bullied, alienated, and alone. Participants who had the support of other Black students in
36 their learning environment at university reported being more comfortable, understood, and happy³⁶.
37 However, this may not apply to Black students who are international students. One article reported
38 a student being in tears, feeling alone and isolated, and almost dropping out of university due to
39 their African accent isolating them from Black British students and non-Black students³⁶.
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48 **Culture Shock**

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51 There was evidence suggesting that Black international-status students had to adjust to new
52 environments, cultures, and lifestyles in the UK which was characterised by changes in diet,
53 weight, physical activity, alcohol, and smoking consumption, and led to stress, depression,
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loneliness, and loss of confidence^{30-32,36}. Black students who emigrated from a collectivist culture to the UK experienced culture shock that was emotionally stressful³². Contrastingly, there was evidence³² to suggest Black home-status students had slightly poorer mental health and lower self-esteem than Black international-status students. Indeed, one article reported some Black international-status students had higher stress levels in their home country which gave them the perspective of living in the UK as being less stressful³².

Racism

Five of the 12 included studies explored how institutional racism, discrimination, and hegemonic White privilege made universities toxic spaces for Black students, which affected their mental health and wellbeing^{31, 33-34,37-38}. The constant stress of being confronted with racism (including racial microaggressions), discrimination, and having to survive hostile racist environments at university led to poor mental health and mental illness in Black students^{31,33-34,37}. Racism had negative consequences on Black students' sense of belonging at university, motivation to socialise, their interactions with White students and staff, and their academic achievements and progression, which led to further mental distress. There is evidence to suggest Black students' recognition of racial difference had a greater impact on their mental wellbeing and potential or experienced mental health difficulties, than evidence that others treated them differently on account of their race³⁷. Participants felt unable to express their feelings of racism and difference from White peers to others for fear they would not be understood, would be judged or rejected by peers and university staff, or due to uncertainty that these feelings were valid or legitimate³⁷. These unarticulated feelings resulted in disengagement from university study and services.

Support

The aforementioned factors that possibly influence the mental health of Black students were discussed to affect and be affected by the type, access to, experience, and perceptions of mental health support^{30-35, 37-40}.

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3 Black students reported they had to take care of their mental health by trying to remain positive
4 and use distraction, research psycho-educational resources, change daily habits including exercise
5 and nutrition, and use food to cope with stress at university and connect them to family^{32-34, 37, 39}.
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10 Access to mental health support from family, friends, and peers was identified as a contributory
11 factor to positive wellbeing and success at university^{30-31,33-34,37,40}. One article reported Black
12 students who did not have familial or social capital found accessing university mental health
13 support more difficult³³. Four included articles^{31,33,35,40} had findings linked to mental health stigma
14 and taboo leaving Black students feeling unsupported by their family at university and unable to
15 get the professional support needed. Black-only spaces at university were reported as important to
16 obtain support for mental and wellbeing^{30-31,33,37,40}. These spaces gave students comfort, where
17 they were not judged and misunderstood by non-Black students and staff; and could be with
18 students from a shared background and experience. These Black-only spaces were especially
19 important when there was a lack of Black students in classroom spaces and could be online or in
20 person. Black students also placed importance on mental health support from an understanding
21 religious organisation or chaplain at their university^{30-31,33}.
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32 Included articles described Black students' beliefs that university services were institutionally
33 racist, treated Black students as a monolithic group, thereby failed to provide appropriate services;
34 and did not take responsibility for this^{30-31,33,38}. Participants' awareness that White mental health
35 practitioners at university services were the majority race prevented them from accessing services,
36 because of perceived racial stereotyping and lack of trust^{33,38}. Some Black students avoided
37 university mental health services to such an extent that they were not knowledgeable about what
38 was available for them³⁰. Black students who needed mental health support did not seek such
39 services until in crisis^{30,33} and when they did, faced long waiting times³³. Black students who did
40 receive help from university mental health services reported experiencing racialised stereotypes
41 that affected their relationship with White mental health practitioners^{30-31,33,38}. They had to educate
42 practitioners on Black culture and the Black experience (which included how racism and micro-
43 aggressions affected their mental health), which was a burden on their mental health and
44 wellbeing^{30-31,33,38}. Because of this, students felt more comfortable with a Black, Asian or other
45 minoritised ethnic mental health practitioner^{30,33,38}. Black students described a sense of
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3 helplessness regarding their mental healthcare treatment^{30,33,38}. One article discussed Black
4 students felt unable to challenge mental health professionals about their healthcare treatment
5 because they may be labelled as difficult or unstable, and worsen their relationship with the mental
6 healthcare provider³³.
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10 11 12 Discussion 13 14 15

16 This review and thematic synthesis provides evidence on how the following experiences affect the
17 mental health and mental wellbeing of Black university students in the UK: academic pressure,
18 learning environment, Black gendered experience, isolation and alienation, culture shock, racism,
19 and support.
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25 The study findings highlight that for Black university students their mental health and mental
26 wellbeing may be deeply rooted in institutional factors or dimensions, largely racism^{31,33-34,37-39},
27 which negatively affects most aspects of their higher education experiences, particularly in the
28 learning, social, and living environments. Critical Race Theory in Education (CRT-E) is used to
29 engage with and work against racism in the context of UK higher education^{23,42-43}. CRT-E theorists
30 have explored racial inequality in admissions, curriculum and pedagogy, teaching and learning,
31 institutional culture, campus racial climate, and policy and finance⁴²⁻⁴⁹. However, CRT-E has
32 failed to interrogate the role mental health plays in racial inequality. The Office for Students² stated
33 that “black students with mental health conditions are being failed throughout the student cycle”
34 (pg. 6), evidenced by their data which shows Black full-time students who report a mental health
35 condition have some of the lowest attainment, continuation, and progression rates². To understand
36 and begin to address these concerns, further research is required into the role historically anti-
37 Black racist systems embedded within UK universities plays on the mental health experiences of,
38 risk factors for and challenges faced by Black university students affecting their mental health,
39 experiences, outcomes, and progression.
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52 This review is very timely given the recent global Black Lives Matter movement and protests
53 following the murder of George Floyd⁵⁰. Growing conversations around the role race and
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3 institutional racism play on the mental health of Black people motivated students and staff to write
4 multiple open letters⁵¹⁻⁵⁶ demanding UK universities do more to tackle racism, be anti-racist, and
5 diversify and decolonise their curricula and institutions. Students and staff are calling out for UK
6 universities to provide racially and culturally appropriate mental health support for their Black
7 students. However, to achieve this, further research is needed to interrogate the eurocentric,
8 ethnocentric, and egocentric ways in which institutional policy, research, and mental health
9 practices disadvantage different Black students from varying identities and social statuses across
10 the university student lifecycle.
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19 The literature largely demonstrates an interest in Black university student mental. However this is
20 limited exploration into whether and how mental health experiences differ across different Black
21 student identities (including gender, culture, ethnicity, nationality), social statuses, and the impact
22 of migration on student mental health. This is important given the finding that Black students
23 believe universities treat them as a monolithic group^{30-31,33,38}. There is a knowledge gap on
24 suicidality among Black students. A recent national study⁵⁷ found the risk of suicide is lower
25 amongst Black university students compared to White students (risk ratio (RR) 0.53 (95%CI 0.32–
26 0.88)). This finding needs to be investigated further. One article included in this review³⁰ discussed
27 that mental health is either not spoken about or spoken about differently in the Black community
28 compared to within the wider UK university community. More studies are needed on mental health
29 language and literacy.
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39 The results of this review can assist academic staff, researchers, funders, and policymakers to
40 identify potential areas of priority in student mental health services design, development, and
41 reform with Black students. Based on the review findings, the authors recommend further
42 investigation into the following potential strategies: (a) in-person or virtual Black student mental
43 health peer support groups; (b) decolonization of mental health support services; (c) race, racism,
44 and mental health training for academic staff and mental health practitioners; (d) decolonization
45 of the classroom environment and teaching and learning materials; (e) scholarships and support
46 funds for Black students⁵⁸; (f) involvement of family in mental health support; (g) improve
47 knowledge and accessibility of available services; (h) train and employ Black mental health
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professionals; (i) involve religious organisations and chaplains in mental health support; (j) targeted mental health support for international-status students.

Strengths and limitations

To our knowledge, this is the first review and thematic synthesis to summarise the available literature on the experiences that affect the mental health and mental wellbeing of Black students studying at UK universities. By summarising these results, we make this information more readily available to students, academic staff, policymakers, and researchers. An exhaustive literature search was conducted using multiple databases, and manual searching. Dissertations, blogs, and unpublished articles were included alongside published articles. Our analysis allowed us to extract multiple recurrent themes pertaining to Black students' mental health. The results focus on both the personal and institutional factors that influence the mental health of Black university students.

The review has the following limitations. Despite the study selection criteria, no quantitative studies were included as they did not report the mental health experiences of Black university students. Secondly, although database and manual searching were extensive, it is possible that relevant articles were missed due to inconsistent terminology for mental health and mental wellbeing and the racial category "Black". Thirdly, the authors were unable to fully capture Black students' experiences as the citations selected from the included articles are a sample of the participants' subjective experiences and the researchers' interpretations. Fourthly, articles which included Black, Asian, and minoritised ethnic participants did not always clearly differentiate citations and themes derived specifically from Black student responses. The mixed racial category was not clearly defined in some articles so students who were mixed Black heritage may have been missed in the analysis. Responses had to be drawn from participants' accounts disclosing their race. Finally, our analysis was limited to the 'results' and 'findings' sections of the selected articles; however, all sections of the articles were read to provide a deep understanding of the topic. We acknowledge that themes developed in this synthesis may be similar to findings reported in the included articles since it was not our intention to develop new interpretations or theories, and we wanted to stay close to the experiences reported by the participants in the included articles.

Conclusion

This review and thematic synthesis offers an overview of the experiences that affect the mental health and mental wellbeing of Black students studying at universities in the UK as reported in the available literature. Our results suggest that there are both personal and institutional factors that affect the mental health and mental wellbeing of Black students. Further research into how the learning, social, living, cultural, and physical environment of universities affects the mental health of Black university students; and the differences in the lived experiences of Black university students across different identities and social statuses would give valuable insights. The impact of institutional issues of racism and sexism on the mental health of Black students studying at UK higher education needs to be further researched and explicitly addressed by policymakers and key decision-makers within universities.

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Ethical Approval Statement: Not Applicable. This study is a review, with no participants, and does not require ethical approval.

Figure Legend

- Figure 1. PRISMA flow diagram
- Table 1. Characteristics of included studies (in date order)
- Table 2. Critical Appraisal Skills Programme (CASP) Checklist for included articles (in date order)
- Table 3. Concept matrix for included studies (in date order)

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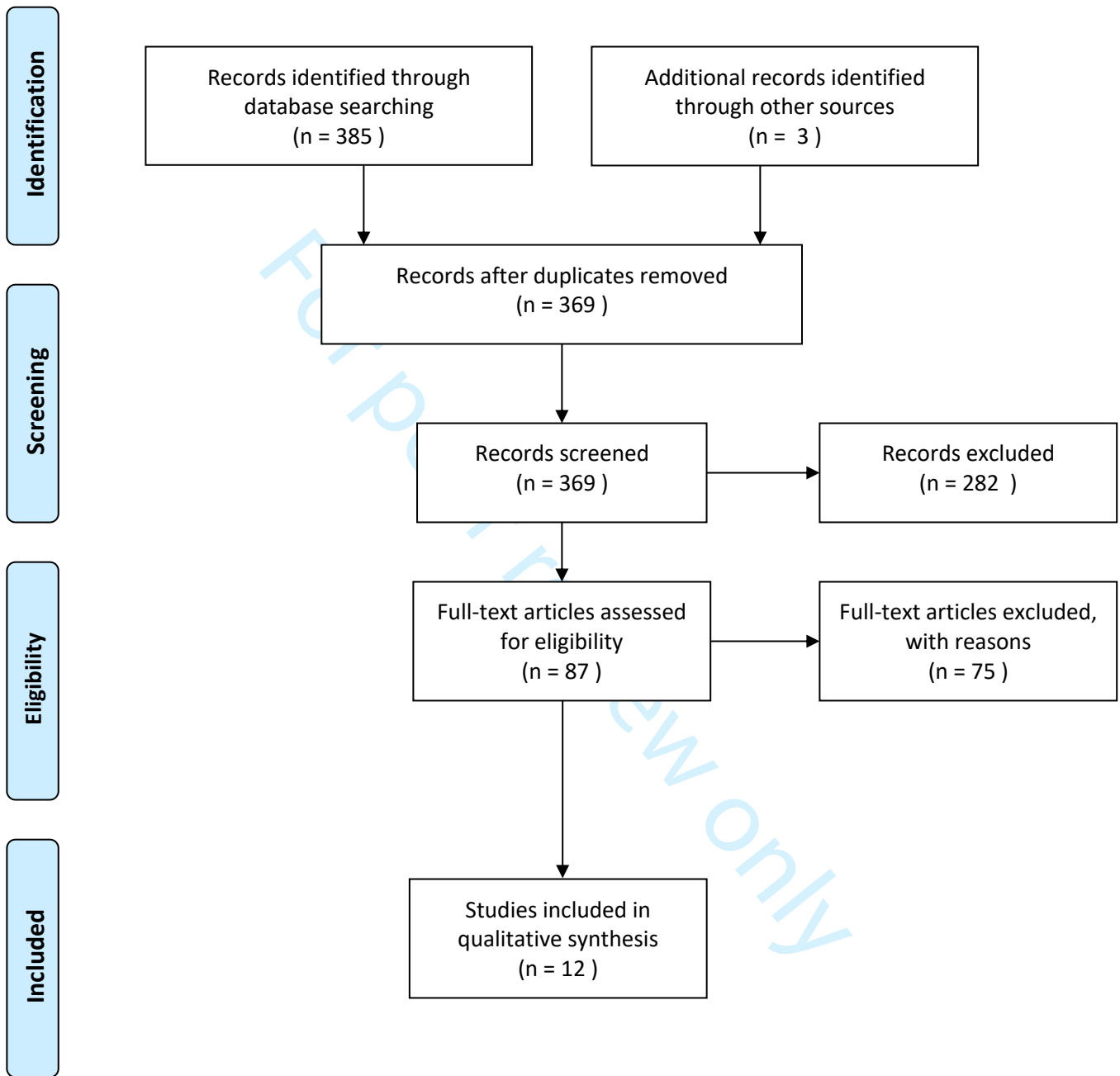
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Figure 1 PRISMA flow diagram



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Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

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Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

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Abstract

Background: There is a knowledge gap about the experiences that affect the mental health of Black university students in the UK. Current research is focused on understanding the continuation, attainment and progression gap between Black students and non-Black students. It is essential to know more about the interactions between personal and institutional factors on the mental health of Black students to explain the inequalities in their experiences and outcomes across the university lifecycle. The current study set out to thematically synthesise articles that explore the experiences that affect the mental health and mental wellbeing of Black university students in the UK.

Methods: This study is a qualitative thematic synthesis of a literature review. We developed search strategies for four online databases (PubMed, Social Science Premium Collection via ProQuest, Open Access Theses and Dissertations, and Open Grey) covering January 2010 to July 2020. This search was combined with a manual search of reference lists and related citations. All articles in English addressing mental health and mental wellbeing experiences among Black university students studying at a UK university were included. Critical Appraisal Skills Programme (CASP) Checklist was used to assess bias. A thematic synthesis was conducted using Braun and Clarke (2006)'s six step guide to develop descriptive themes and analytical constructs.

Results: Twelve articles were included. Several themes were identified as affecting the mental health of Black university students in the UK: academic pressure, learning environment, Black gendered experience, isolation and alienation, culture shock, racism and support.

Discussion: This review provides an appraisal of the factors affecting the mental health and mental wellbeing of Black students at UK universities, which need to be addressed by Higher Education policymakers and key decision-makers. Further research is needed about the mental health experiences of Black university students in relation to Black identities, suicidality, mental health language, the physical environment, and racism and other institutional factors.

Strengths and Limitations of this study

- This is the first review and thematic synthesis to provide an overview of the personal and institutional experiences that affect the mental health and mental wellbeing of Black students studying at UK universities
- A thematic synthesis approach was used to describe and compare the main findings, to help inform policy and interventions
- Database and manual searching were extensive, screening 369 articles.
- It is possible not all relevant articles were found due to inconsistent terminology for the racial category “Black” and “Mixed” in existing studies.

Introduction

There is increasing concern about the mental health and mental wellbeing of university students in the United Kingdom (UK)¹⁻⁴. The university student lifecycle has been conceptualised in terms of (i) the application experience which covers the interactions between potential students and the institution up to the point of arrival; (ii) the academic experience which encompasses students' interactions with their institution of study; (iii) the campus experience, which includes students' life not directly connected with study and may include activities away from the campus; and (iv) the graduate experience which covers the institution's role in assisting students' transition to employment or further study⁵. Throughout the lifecycle⁵, British and international students are exposed to a range of experiences that make universities a high-risk period for maladaptive coping and the possible onset of poor mental health. These experiences include (but are not limited to): individuation, separation from family, new social connections, increased autonomy and responsibility, academic-related stress, financial concerns, sleep disruption, balancing conflicting demands of studying with personal and family life, and exposure to risky behaviours, including recreational drug use and alcohol binging⁶⁻¹⁰. Late adolescence through young adulthood is a peak age period for the first onset of mental health problems¹¹, which overlaps the period that many young adults enter and navigate the university student lifecycle⁵. Unsupported mental health problems are associated with progression to other co-morbid disorders, substance use disorders, self-harm, and suicide ideation, and attempts¹²⁻¹⁵. According to Higher Education Statistics Agency, there are 2.4 million university students in higher education in the UK¹⁶; which means that universities are in the best position to provide prevention and intervention to many young adults during a critical transitional period. In the UK, Black students are more likely than White students to self-report high levels of engagement and participation in their university studies; covering seven categories of engagement including course challenge, critical thinking, and research and inquiry¹⁷. Despite high engagement levels, Black students report lower satisfaction and are less likely to complete their course, achieve a first-class (70% or above) or upper second-class (60% or above) UK degree classification and progress to further education¹⁸. In addition to the aforementioned experiences and risk factors for poor mental health, there is tentative research around the institutional issues affecting Black university student

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3 mental health including inequality in access, under-representation, the attainment gap, institutional
4 racism, and racist curriculum¹⁹⁻²³. To explain the inequalities in student experiences and outcomes
5 across the university lifecycle, further understanding of the interactions between personal and
6 institutional factors on the mental health of Black students' is needed. This review aims to
7 synthesise the results of existing studies that explore mental health and mental wellbeing in Black
8 students at UK universities. Therefore, our research question is as follows: what are the
9 experiences that affect the mental health and mental wellbeing of Black university students in the
10 UK, as reported in the literature?
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19 Methods

23 Design

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27 A review of the literature including quantitative, qualitative, and mixed studies was conducted on
28 peer-reviewed and non-peer-reviewed articles, addressing the mental health and mental wellbeing
29 of Black students at UK universities. Reporting of this review was guided by the Enhancing
30 Transparency of Reporting the Synthesis of Qualitative Research framework²⁴, as the included
31 articles were all qualitative.
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38 Search methods

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41 The following databases were searched for the period of January 2010 to July 2020: PubMed,
42 Social Science Premium Collection via ProQuest, Open Access Theses and Dissertations, and
43 Open Grey. The search strategy included several combinations of the following medical subject
44 heading (MeSH) terms and keywords²⁵: “mental health” or “psychological distress” or “mental
45 wellbeing” and “University student” and “Black Caribbean” or “Black African” or “Black Mixed”
46 or “Black ethnic*”.
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53 Data collection

All search results were saved to Zotero bibliographic management software and duplicates were removed. To be included in the review, articles had to (1) focus on the mental health or mental wellbeing of Black students at UK universities (2) apply empirical (e.g., quantitative, qualitative, or mixed-method research) or non-empirical research methods (e.g., theoretical, opinion-based, student transcripts, policy papers) (3) be written in English, (4) be conducted in the UK. The first author (NS) removed all articles that did not fit the inclusion criteria after full-text review. NS manually searched reference lists of eligible articles and contacted lead authors to search for unpublished literature. The authors decided to be lenient in the inclusion criteria during the screening and inclusion of articles because existing research on Black university student mental health is limited, and to enable the inclusion of articles that add value to the discussion of the topic. All included articles were critically appraised by NS and the author YY using the 'Critical Appraisal Skills Programme' (2018)²⁶ checklist for qualitative research.

Data analysis and synthesis

For each article, all text from 'Results/Findings' and 'Discussion' were extracted and imported into NVivo V.12 software (NVivo Qualitative data analysis Software; QSR International, V.12, 2018). Study characteristics were extracted into a Microsoft Excel grid by NS and revised by YY. Full-text screening, selection, data extraction, and critical appraisal of all articles was conducted prior to data analysis. A thematic analysis was conducted to describe and compare the main findings, following Braun and Clarke's (2006)²⁷ six-step guide. NS carefully read each article to familiarise themselves with the content, annotating initial ideas for codes and themes. NS then read and re-read the articles to develop an initial coding scheme, using a constant comparative approach²⁸. Themes and sub-themes were identified to capture important patterns across and within the articles included. Six articles (50% of the sample) were randomly selected to be coded independently by YY, to provide validation. The codes were examined for similarities and differences and then organised into a hierarchy to create the final codes. Any differences were resolved by SH. The final codes were validated by NS, YY, SH, and HL, before being synthesized into the final thematic framework presented in this paper to minimise researcher subjectivity and improve the credibility of the work.

Patient and Public Involvement

The lead author is a Black Caribbean PhD student, and the second author is a Black African master's student. Both were involved in the design, conduct, reporting, and dissemination of this research.

Results

Included studies

Figure 1 shows the number of articles identified and rejected at each stage of the review process²⁹. The search strategies identified 388 references of which 369 were kept after removing duplicates. After screening, 87 articles were read completely. Of these, 75 articles were excluded. A final sample of n=12 studies were included. Table 1 presents the characteristics of the included studies.

Author(s)	Database	Type of article	No. of Black participants	Subject Characteristics	Location	Psychological phenomena explored	Methods
Hayford, A. (2019)	Hand searched	Dissertation	6	One was Caribbean, one was Somalian, one was Nigerian, two were mixed black African, and one was Ghanaian	East Anglia	Wellbeing	Interviews
Jones, C. (2017) ³⁰	PubMed	Blog	1	Black academic staff	UK	Wellbeing	Personal reflections and notes
Alloh, F. T., Tait, D., & Taylor, C. (2018) ³¹	Proquest	Journal article	9	International Nigerian students studying at the master's-level in a U.K. university	southeast of England	Wellbeing	Interviews
Arday, J. (2018) ³²	Proquest	Journal article	14	32 BME university students	UK	Mental Health	Interviews focus Groups
Jackson-Cole, D. (2019) ³³	Open Grey	Doctoral thesis	10	Postgraduate students. two Black or Black British –	England	Wellbeing	Interviews

				Caribbean participants, seven Black or Black British –African, one Mixed –White and Black African			
10	11	12	13	14	15	16	17
Myrie, C. V. and Gannon, K. (2013) ³⁴	Hand searched	Journal article	3	2 Black African Students, 1 Black African and Caribbean Student	East and North London	Wellbeing	Interviews
16	17	18	19	20	21	22	23
Bunce, L., King, N., Saran, S., & Talib, N. (2019) ³⁵	PubMed	Journal article	14	14 full-time students from two degree programmes in health and social care related subjects - Black African (12) and White and Black Caribbean (2)	Unknown	Wellbeing	Focus Groups
26	27	28	29	30	31	32	33
Cummings, S. (2018) ³⁶	Open Grey	Doctoral thesis	5	Black women with Caribbean heritage, who were being educated at a university in the East Midlands	East Midlands	Wellbeing	Focus Groups
34	35	36	37	38	39	40	41
Akel, S. (2019) ³⁷	PubMed	Report	Not specified	195 BME students. 'Black' refers to people of African heritage and the diaspora.	London	Wellbeing	Interviews focus Groups
40	41	42	43	44	45	46	47
Bhatti, S. (2019) ³⁸	Open Grey	Doctoral thesis	5	Black students	London	Body image	Focus Groups
42	43	44	45	46	47	48	49
Crittle, K. (2018) ³⁹	Proquest	Blog	1	African American student	UK	Stress	Personal Reflections And Notes
45	46	47	48	49	50	51	52
Baxe, K. (2018) ⁴⁰	PubMed	Conference notes	1	Black students	UK	Mental Health	Personal Reflections And Notes

All included articles were assessed by NS and YY as reasonable quality and were therefore judged to have relevant contributions for the thematic synthesis (Table 2).

Table 2 Critical Appraisal Skills Programme (CASP) Checklist for included articles

Mental Health and Mental Wellbeing of Black Students at UK Universities: A Review and Thematic Synthesis

	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Hayford, A. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Jones, C. (2017) ³⁰	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Valuable
Alloh, F. T., Tait, D., & Taylor, C. (2018) ³¹	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Arday, J. (2018) ³²	Yes	Yes	Yes	Yes	Yes	No	Can't Tell	Yes	Yes	Valuable
Jackson-Cole, D. (2019) ³³	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Myrie, C. V. and Gannon, K. (2013) ³⁴	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Bunce, L., King, N., Saran, S., & Talib, N. (2019) ³⁵	Yes	Yes	Yes	Yes	Yes	No	Can't Tell	Yes	Yes	Valuable
Cummings, S. (2018) ³⁶	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Akel, S. (2019) ³⁷	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Valuable
Bhatti, S. (2019) ³⁸	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable

Crittelle, K. (2018) ³⁹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Baxe, K. (2018) ⁴⁰	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Valuable

Synthesised findings

The concept matrix for the findings can be seen in Table 3. We interpreted seven analytic themes derived from the participants' beliefs, perceptions, and experiences, and the article's authors' interpretations. The references for articles contributing to each of the themes are provided.

	Support	Isolation and Alienation	Racism	Culture Shock	Black gendered experience	Learning environment	Academic pressure
Hayford, A. (2019)	X	X		X			
Jones, C. (2017) ³⁰	X		X	X			X
Alloh, F. T., Tait, D., & Taylor, C. (2018) ³¹	X		X	X			X
Arday, J. (2018) ³²	X	X	X		X		X
Jackson-Cole, D. (2019) ³³	X		X		X	X	
Myrie, C. V. and Gannon, K. (2013) ³⁴	X	X			X		
Bunce, L., King, N., Saran, S., & Talib, N. (2019) ³⁵		X		X		X	
Cummings, S. (2018) ³⁶	X	X	X		X	X	
Akel, S. (2019) ³⁷		X	X			X	
Bhatti, S. (2019) ³⁸	X				X		

Crittle, K. (2018) ³⁹	X	X					
Baxe, K. (2018) ⁴⁰		X					

Academic pressure

In six out of 12 articles, academic pressure was a determinant of mental distress for Black students^{(Hayford, A. 2019)-34}. Students described their mental health as being adversely affected by the multiple and simultaneous academic tasks they were expected to complete during their degree^{(Hayford, A. 2019)-30}. Cumulatively, Black students reported their observation that, unlike their non-Black peers, they faced pressures from their families and the wider Black community which meant they needed to work harder to succeed at university; which further exacerbated mental distress^{(Hayford, A. 2019),30,32,33}. This pressure came from their families continuously reminding them of the sacrifices and investments made to support their education, specifically immigration and financial strain^{(Hayford, A. 2019),30,34}. Black students with pre-existing mental and physical health conditions have been reported to be especially vulnerable to poor mental health caused by this academic pressure³⁰⁻³¹. There was some evidence that Black students might not seek mental health support and instead prioritise their continuation and success in academia, at the expense of their mental health, as they feared a mental illness diagnosis might affect their success in academia^{(Hayford, A. 2019),32}.

Learning environment

In four of the 12 articles, researchers described Black students' perceptions of the university learning and teaching environment and how it impacted their mental health and mental wellbeing^{33,35-37}. Lectures that had discussions on diversity, inclusion, ethnicity, race, and identity were said to be cathartic and liberating for Black students, which contributed to positive wellbeing³⁵⁻³⁷. Black students reported they had to censor themselves in academic spaces to be seen by White students and staff as acceptable and agreeable instead of loud, disruptive, and confrontational³⁶. This behaviour was believed to improve their learning experience and relationship with teaching staff, at the expense of their wellbeing. Participants spoke about their lack of relatedness to the White

majority academic staff, students, and teaching materials; and racism in the classroom made them feel excluded, frustrated, distressed, discouraged, and unmotivated to engage in their degree course^{33,35-37}. In their university seminars, Black students recalled Black people were racially stereotyped as being bad people, criminals, and having lower intellectual ability by White students, and these stereotypes were sometimes reinforced by course materials³⁵⁻³⁷. Black female-identifying students recounted their academic knowledge was over-policed and over-scrutinised by teaching staff, and inaccessible learning and wellbeing support compared to men and White women on their course, which impacted their mental health and learning experience³³.

Black gendered experience

Black students' experiences of multiple marginalisation in the forms of racism and sexism was discussed in five articles^{32-34,36,38}. Black male-identifying students reported being affected by the discourses of hyper-masculinity, which put pressure on them to not show their emotions, cope with their mental distress alone, and continue with their studies on their own^{32,34}. This caused them to feel shame when seeking mental health support. For some female-identifying Black students, feelings about their health, ideal body shape, and size were influenced by the beliefs, culture, race, and ethnicity of the people in their lives³⁸. The importance of seeing their body shape among Black students who looked like them was discussed³⁸. Some students felt the White body ideal is not the same as the Black body ideal, therefore visiting their country of origin positively impacted their stress levels, self-esteem, and body image. Social media and the music industry were mentioned as vehicles in which the ideal Black female body is narrated, scrutinised, and picked apart³⁸.

Isolation and Alienation

Eight out of 12 included studies discussed isolation and alienation^{(Hayford, A. 2019),32,34-37,39-40}. Black students who struggled with their mental health experienced stigma from their communities (including friends and family) before attending university, leaving them isolated from those communities^(Hayford, A. 2019). At university, participants reported being ignored or avoided by their non-Black peers in learning, social, and living environments which led to feelings of lack of

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3 belonging, diminished their overall wellbeing, and evoked a range of negative emotions, including
4 discomfort, distress, frustration, and anger^{(Hayford, A. 2019),32,35-37,39-40}. Those with little or no mental
5 health support from family felt isolated and alienated from their friends, family, peers, and
6 academic staff, and used denial to cope with the lack of support, which exacerbated their mental
7 health problems³².
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13 Black students reported that a lack of relatedness to White students affected their wellbeing,
14 undermined their motivation for academic success, and had a negative influence on their sense of
15 autonomy and competence^{(Hayford, A. 2019),35-37}. Black students mentioned White students did not
16 understand that they have to reconstruct their identity in the White image and practice silence to
17 be successful at university and that this process negatively affected their mental health<sup>(Hayford, A.
18 2019)</sup>.
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26 Participants in one article discussed that academic staff do not always create safe and protective
27 learning and living spaces for Black university students³⁷. As a result, Black students reported
28 they had to defend themselves by verbally challenging prejudicial beliefs shared in classrooms,
29 which made White students uncomfortable, leaving Black students feeling bullied, alienated, and
30 alone. Participants who had the support of other Black students in their learning environment at
31 university reported being more comfortable, understood, and happy³⁵. However, this may not
32 apply to Black students who are international students. One article reported a student being in
33 tears, feeling alone and isolated, and almost dropping out of university due to their African accent
34 isolating them from Black British students and non-Black students³⁵.
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42 **Culture Shock**

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46 There was evidence suggesting Black international-status students had to adjust to new
47 environments, cultures, and lifestyles in the UK which was characterised by changes in diet,
48 weight, physical activity, sleep, alcohol, and smoking consumption, and led to psychological
49 stress, depression, loneliness, and loss of confidence^{(Hayford, A. 2019),31,35}. Black students who
50 emigrated from a collectivist culture to the UK experienced culture shock during the transition
51 from home to their new environment, that was characterised by worry, stress, and insomnia³¹.
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Contrastingly, there was evidence³¹ to suggest Black home-status students had slightly poorer mental health and lower self-esteem than Black international-status students. Indeed, one article reported some Black international-status students believed their stress levels to be higher in their home country which gave them the perspective of living in the UK as being less stressful³¹.

Racism

Five of the 12 included studies explored how institutional racism, discrimination, and hegemonic White privilege made universities toxic spaces for Black students, which affected their mental health and wellbeing^{30, 32-33,36-37}. The constant stress of being confronted with racism (including racial microaggressions), discrimination, and having to survive hostile racist environments at university led to poor mental health and mental illness in Black students^{30,32-33,36}. Racism had negative consequences on Black students' sense of belonging at university, motivation to socialise, their interactions with White students and staff, and their academic achievements and progression, which led to further mental distress. There was evidence to suggest Black students' recognition of racial difference had a greater impact on their mental wellbeing and potential or experienced mental health difficulties, than evidence that others treated them differently on account of their race³⁶. Participants felt unable to express their feelings of racism and difference from White peers to others for fear they would not be understood, would be judged or rejected by peers and university staff, or due to uncertainty that these feelings were valid or legitimate³⁶. These unarticulated feelings resulted in disengagement from university study and services.

Support

The aforementioned factors that possibly influence the mental health of Black students were discussed to affect and be affected by the type, access to, experience, and perceptions of mental health support in nine of the 12 included studies^{(Hayford, A. 2019), 34, 36-39}.

Black students reported they had to take care of their mental health by trying to remain positive and use distraction, utilise psycho-educational resources, change daily habits including exercise and nutrition, and use food to cope with stress at university and connect them to family^{31-33, 36, 38}.

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5 Access to mental health support from family, friends, and peers was identified as a contributory
6 factor to positive wellbeing and success at university^{(Hayford, A. 2019)-30,32-33,36,39}. One article reported
7 Black students who did not have familial or social capital found accessing university mental health
8 support more difficult³². Four included articles^{30,32,34,39} found mental health stigma left Black
9 students feeling unsupported by their family and unable to get the professional support needed.
10 Black-only spaces at university were reported as important to obtain support for mental health and
11 wellbeing^{(Hayford, A. 2019)-30,32,36,39}. These spaces gave students comfort, where they were not judged
12 and misunderstood by non-Black students and staff; and could be with students from a shared
13 background and experience. These Black-only spaces were especially important when there was a
14 lack of Black students in classroom spaces, and could be online or in person. Black students also
15 placed importance on mental health support from an understanding religious organisation or
16 chaplain at their university^{(Hayford, A. 2019)-30,32}.

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27 Included articles described Black students' beliefs that university services failed to provide
28 appropriate support because they were institutionally racist and treated them like a monolithic
29 group; and did not take responsibility for failing Black students^{(Hayford, A. 2019)-30,32,37}. Participants'
30 awareness that White mental health practitioners at university services were the majority race
31 prevented them from accessing services, because of perceived racial stereotyping and lack of
32 trust^{32,37}. Some Black students avoided university mental health services to such an extent that they
33 were not knowledgeable about what was available for them^(Hayford, A. 2019). Black students who
34 needed mental health support did not seek such services until in crisis^{(Hayford, A. 2019),32} and when
35 they did, faced long waiting times³². Black students who did receive help from university mental
36 health services reported experiencing racialised stereotypes that affected their relationship with
37 White mental health practitioners^{(Hayford, A. 2019)-30,32,37}. They had to educate practitioners on Black
38 culture and the Black experience (which included how racism and micro-aggressions affected their
39 mental health), which was a burden on their mental health and wellbeing^{(Hayford, A. 2019)-30,32,37}.
40 Because of this, students felt more comfortable with a Black, Asian or other minoritised ethnic
41 mental health practitioner^{(Hayford, A. 2019),32,37}. Black students described a sense of helplessness
42 regarding their mental healthcare treatment^{(Hayford, A. 2019),32,37}. One article discussed Black students
43 felt unable to challenge mental health professionals about their healthcare treatment because they
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3 may be labelled as difficult or unstable, and worsen their relationship with the mental healthcare
4 provider³².
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8 Discussion

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13 This review and thematic synthesis provides evidence on how the following experiences affect the
14 mental health and mental wellbeing of Black university students in the UK: academic pressure,
15 learning environment, Black gendered experience, isolation and alienation, culture shock, racism,
16 and support.
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21 The study findings highlight that for Black university students their mental health and mental
22 wellbeing may be deeply rooted in institutional factors or dimensions, largely racism^{30,32-33,36-38},
23 which negatively affects most aspects of their higher education experiences, particularly in the
24 learning, social, and living environments. Critical Race Theory in Education (CRT-E) is used to
25 engage with and work against racism in the context of UK higher education^{23,41-42}. CRT-E theorists
26 have explored racial inequality in admissions, curriculum and pedagogy, teaching and learning,
27 institutional culture, campus racial climate, and policy and finance⁴¹⁻⁴⁸. However, CRT-E has
28 failed to interrogate the role mental health plays in racial inequality. The Office for Students² stated
29 that “Black students with mental health conditions are being failed throughout the student cycle”
30 (pg. 6), evidenced by their data which shows Black full-time students who report a mental health
31 condition have some of the lowest attainment, continuation, and progression rates². To understand
32 and begin to address these concerns, further research is required into the role historically anti-
33 Black racist systems embedded within UK universities plays on the mental health experiences of,
34 risk factors for and challenges faced by Black university students affecting their mental health,
35 experiences, outcomes, and progression.
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49 This review is very timely given the resurgence of the global Black Lives Matter movement and
50 protests following the murder of George Floyd⁴⁹. Growing conversations around the role race and
51 institutional racism play on the mental health of Black people motivated students and staff to write
52 multiple open letters⁵⁰⁻⁵⁵ demanding UK universities do more to tackle racism, be anti-racist, and
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3 diversify and decolonise their curricula and institutions. Students and staff are calling out for UK
4 universities to provide racially and culturally appropriate mental health support for their Black
5 students. However, to achieve this, further research is needed to interrogate the Eurocentric,
6 ethnocentric, and egocentric ways in which institutional policy, research, and mental health
7 practices disadvantage different Black students from varying identities and social statuses across
8 the university student lifecycle.
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15 The literature largely demonstrates an interest in Black university student mental health. However,
16 this is limited exploration into whether and how mental health experiences differ across different
17 Black student identities (including gender, culture, ethnicity, nationality), social statuses, and the
18 impact of migration on student mental health. This is important given the finding that Black
19 students believe universities treat them as a monolithic group^{(Hayford, A. 2019)-30,32,37}. There is a
20 knowledge gap on suicidality among Black students. A recent national study⁵⁶ found the risk of
21 suicide is lower amongst Black university students compared to White students (risk ratio (RR)
22 0.53 (95%CI 0.32–0.88)). This finding needs to be investigated further. One article included in
23 this review^(Hayford, A. 2019) discussed that mental health is either not spoken about or spoken about
24 differently in the Black community compared to within the wider UK university community. More
25 studies are needed on mental health language and literacy.
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36 The results of this review can assist academic staff, researchers, funders, and policymakers to
37 identify potential areas of priority in student mental health services design, development, and
38 reform with Black students. Based on the review findings, the authors recommend further
39 investigation into the following potential strategies: (a) in-person or virtual Black student mental
40 health peer support groups; (b) decolonization of mental health support services; (c) race, racism,
41 and mental health training for academic staff and mental health practitioners; (d) decolonization
42 of the classroom environment and teaching and learning materials; (e) scholarships and support
43 funds for Black students⁵⁷; (f) involvement of family in mental health support; (g) improve
44 knowledge and accessibility of available services; (h) train and employ Black mental health
45 professionals; (i) involve religious organisations and chaplains in mental health support; (j)
46 targeted mental health support for international-status students.
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Strengths and limitations

To our knowledge, this is the first review and thematic synthesis to summarise the available literature on the experiences that affect the mental health and mental wellbeing of Black students studying at UK universities. By summarising these results, we make this information more readily available to students, academic staff, policymakers, and researchers. An exhaustive literature search was conducted using multiple databases, and manual searching. Dissertations, blogs, and unpublished articles were included alongside published articles. Our analysis allowed us to extract multiple recurrent themes pertaining to Black students' mental health. The results focus on both the personal and institutional factors that influence the mental health of Black university students.

The review has the following limitations. Despite the study selection criteria, no quantitative studies were included as they did not report the mental health experiences of Black university students. Secondly, although database and manual searching were extensive, it is possible relevant articles were missed due to inconsistent terminology for mental health and mental wellbeing and the racial category "Black". Thirdly, the authors were unable to fully capture Black students' experiences as the citations selected from the included articles are a sample of the participants' subjective experiences and the researchers' interpretations. Fourthly, articles that included Black, Asian, and minoritised ethnic participants did not always clearly differentiate citations and themes derived specifically from Black student responses. The mixed racial category was not clearly defined in some articles so students who were of mixed Black heritage may have been missed in the analysis. Responses had to be drawn from participants' accounts disclosing their race. Finally, our analysis was limited to the 'results' and 'findings' sections of the selected articles; however, all sections of the articles were read to provide a deep understanding of the topic. We acknowledge that themes developed in this synthesis may be similar to findings reported in the included articles since it was not our intention to develop new interpretations or theories, and we wanted to stay close to the experiences reported by the participants in the included articles.

Conclusion

This review and thematic synthesis offer an overview of the experiences that affect the mental health and mental wellbeing of Black students studying at universities in the UK as reported in the available literature. Our results suggest that there are both personal and institutional factors that affect the mental health and mental wellbeing of Black students. Further research into how the learning, social, living, cultural, and physical environment of universities affects the mental health of Black university students; and the differences in the lived experiences of Black university students across different identities and social statuses would give valuable insights. The impact of institutional issues of racism and sexism on the mental health of Black students studying at UK higher education needs to be further researched and explicitly addressed by policymakers and key decision-makers within universities.

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Contributors: NS (lead author) conceived the study which was further refined by SH (joint senior author) and HL (joint senior author). NS developed the detailed methodology, undertook database searches and title and abstract review. Each study retained for full-text review was reviewed by NS. YY reviewed 50% of the full text. Discrepancies between NS and YY regarding inclusion or exclusion were resolved by SH. NS and YY made the critical appraisal of included studies. The thematic synthesis was conducted by NS and revised by YY, SH, HL. All authors (NS, SH, HL, YY, NB) reviewed, commented, and edited the manuscript and approved the final version.

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Patient and public involvement: The lead author is a Black Caribbean PhD student, and the second author is a Black African master's student. Both were involved in the design, conduct, reporting, and dissemination of this research.

Patient consent for publication: Not required.

Data availability statement: No data are available.

Ethical Approval Statement: Not Applicable. This study is a review, with no participants, and does not require ethical approval.

Figure Legend

- Figure 1. PRISMA flow diagram
- Table 1. Characteristics of included studies (in date order)
- Table 2. Critical Appraisal Skills Programme (CASP) Checklist for included articles (in date order)
- Table 3. Concept matrix for included studies (in date order)

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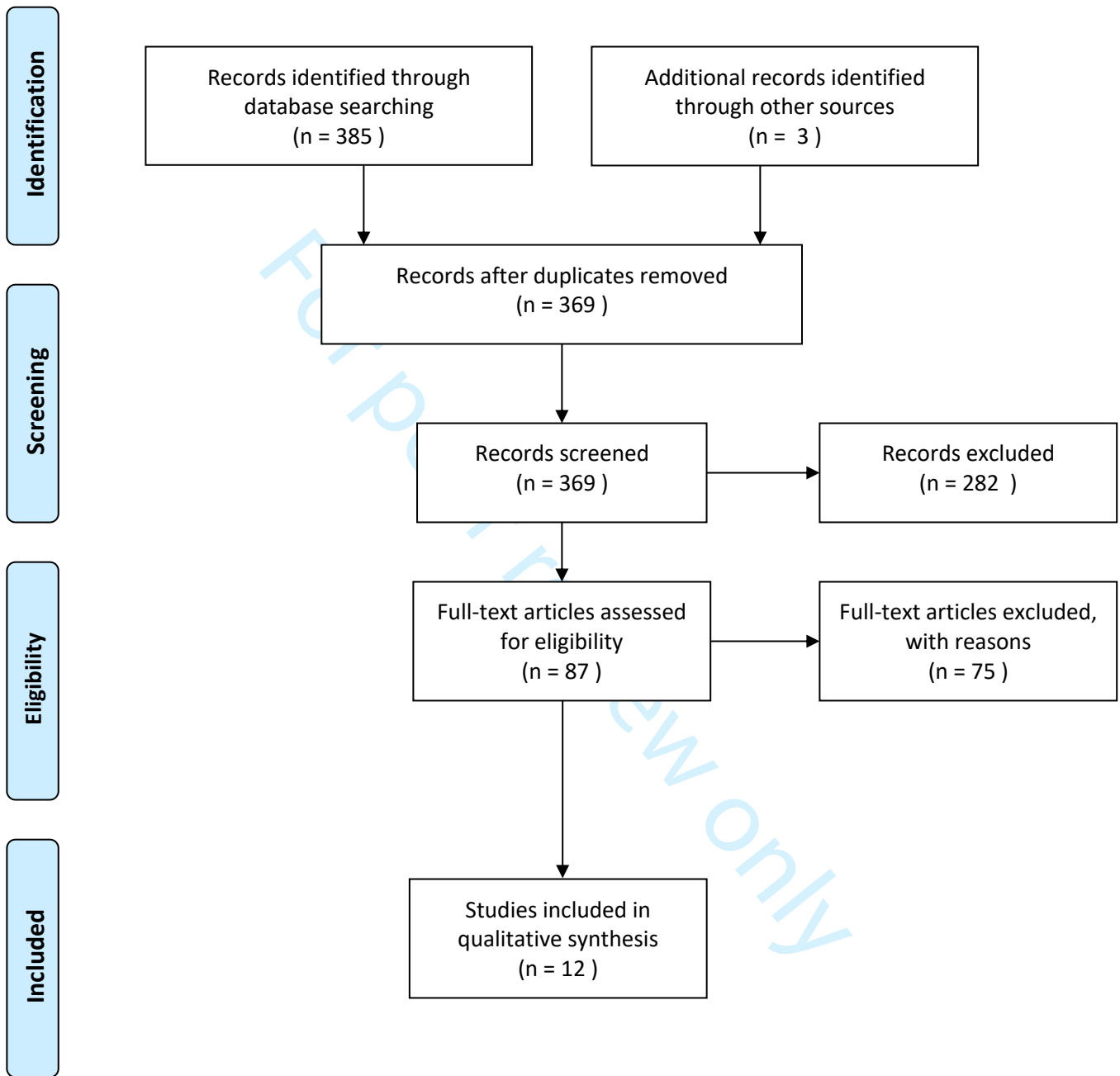
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Figure 1 PRISMA flow diagram





PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2-3
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	4-5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	5
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and if available, provide registration information including registration number.	N/A
n	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	5-6
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	5
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	5-6
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	6
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5-6 (Constructs not variables)
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	6
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	N/A



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Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I ²) for each meta-analysis.	N/A – qualitative thematic synthesis approach
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Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	N/A
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	7 Supplementary file #1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICO, follow-up period) and provide the citations.	7-8
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	9-10
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	10-11 (concept matrix)
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	11-15
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	N/A
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	N/A
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	16
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	17-18
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	18-19
FUNDING			
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PRISMA 2009 Checklist

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Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data, role of funders for the systematic review.	19-20
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From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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