

Black Students' Mental Health at UCT: A Critical Narrative Inquiry

Mokgadi Marishane

Department of Psychology

Supervisor: Dr Shose Kessi

Co-Supervisor: Simone Peters

Word count

Abstract: 226

Main Body: 10 000

The financial assistance of the National Research Foundation (NRF) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at, are those of the author and are not necessarily to be attributed to the NRF.

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NAME: Mokgadi Marishane

SIGNATURE: M. Marishane

STUDENT NUMBER: MRSMOK002

SUPERVISOR'S NAME: Dr Shose Kessi

CO-SUPERVISOR'S NAME: Simone Peters

TITLE: Black students' Mental Health at UCT: A Critical Narrative Inquiry

DUE DATE: 24 October 2019

Acknowledgements

I would like to express my sincere gratitude to the following people:

The spectacular young black women who participated in my study for taking the time to share their experiences with me;

My supervisors Shose Kessi and Simone Peters for their time, support, mentorship, patience, sense of urgency and valuable insights and feedback.

My family for remaining staunch supporters of my writing, and financial and emotional support.

My friends for their constant optimism, support, late night meals and proofreading assistance.

Abstract

Declining mental health amongst university students has become an area of increasing concern, with universities around the world contending with rising rates of mental health disorders, and insufficient amounts of available resources on campus to meet the demand for mental health services. South African universities are no exception, despite varying levels of student support offered. In research on mental health experiences, quantitative approaches often yield valuable insights on prevalence, but less understanding of student experiences of mental health challenges, and race is frequently not taken into account. This study explores black students' mental health experiences within the University of Cape Town. Semi-structured narrative interviews were conducted with eight black UCT students from various faculties in the university. The participants' experiences of, and responses to, mental health challenges were explored and themes which were evident included: the mental health impact of UCT as a racialised space, and the important roles which family members, attitudes towards mental health services and intersectional identity, play in responses to mental health difficulties. The participants engaged in a number of responses to cope with their mental health challenges. These students were also able to reflect critically on engagements and interactions with departments within UCT, to engage with their positionality as black women in higher education, and to link their mental states and wellbeing with experiences both within and outside of the university.

Keywords: black students, South Africa, mental health, narrative, race, higher education

Declining mental health amongst university students has become an area of increasing concern, with the World Health Organisation reporting that universities across the world are struggling with rising rates of mental health disorders, and an insufficient amount of available resources on campuses to meet the demand for mental health services (WHO as cited in Auerbach et al., 2018). Mental disorders in a university student population can be highly prevalent and persistent, as noted by Auerbach and colleagues (2018), who found that at least a third of students in the South African sample of the 2017 WHO study presented with a mental disorder. Thus, greater focus should be placed on the university as an environment within which many students may possibly experience severe mental stress, and the consequences, both academic and social, of persistent untreated mental disorders (Zivin, Eisenberg, Gollust, & Golberstein, 2009). This proposed study hopes to draw greater attention to the subjective experiences of South African university students experiencing mental difficulties ultimately, aiming to create greater awareness in the university and its structures to how mental stress, marginalised identities and university culture and structures interact to shape such experiences. Within the aforementioned WHO study, 36% of the students in the South African sample [CI 95%] had a lifetime prevalence of one of six common DSM-V mental disorders – characterised under the labels “mood disorder”, “anxiety disorder” and “substance abuse disorder” (as cited in Auerbach et al., 2018). While this study looked into sociodemographic factors such as gender, sexuality and age as correlated to mental health outcomes, race was not addressed (Alonso et al., 2018). In SA, race should be considered when researching student mental health, as this factor has been key in understanding other parts of the student experience, and addressing the transformation needs of many institutions.

In South Africa, depression and posttraumatic stress are important precursors to suicidal ideation, which is common to university students, and linked to a number of adverse student outcomes (Bantjes, Phil, Kagee, McGowan, & Steel, 2016). Suicidal ideation is defined as a “cognitive occurrence characterised by thoughts of death and a desire to die” or end one’s life (Bantjes et al., 2016, p. 429) and is often a precursor to suicide. Within universities, student suicides are tragic crises for both institutions and their student bodies, and student support for those experiencing depression, post-traumatic stress and other mental health difficulties is important in preventing adverse outcomes for students (Bantjes et al., 2016).

The subjective student experience in South Africa's historically-white universities is one heavily influenced by one's racial, gendered and sexual identities. The institutions¹ present a site where racial discourses result in the creation and perpetuation of racial stereotypes (Cornell & Kessi, 2017). The stereotypes highlighted by Cornell and Kessi on black student's experiences of coming to UCT (2017) include the perception that black² students use apartheid as an excuse for underachieving, that these same students underachieve greatly academically, and that they are subsequently unprepared for work following graduation. Race, and the multiple meanings and social practices attached to it, can be a "pivot of alienation" (Hook, 2004, p. 95) for black university students, with the hegemonically "ideal" student in formerly-white universities continuing to be one who is white, middle-class, male and heterosexual (Cornell, Ratele, & Kessi, 2016). Points of alienation include the Euro-centric focus of the curricula, and an internalisation of the inferiority which such an institution projects onto black students through the stereotypes and structures previously mentioned; this may result in lower self-esteem and academic withdrawal for these students (Hook, 2004; Cornell & Kessi, 2017). The UCT FeesMustFall movement addressed these factors, along with the exclusionary nature of fee increases and general tuition, and the trauma experienced by students involved in this movement and RhodesMustFall across universities (IRTC, 2019). UCT's particularly alienating environment for black working-class first-generation students (Sennett et al., 2003), which was openly addressed during the protests of these movements, have psychological consequences for these students.

¹Historically-white universities are defined in this study as a group of universities which were permitted to only admit students identified as white under the National Party's apartheid rule

² The term "black" is used in this review to refer to those categorized as "non-white" in South Africa, therefore, individuals from the designated groups 'black African', 'Indian' and 'coloured' in South Africa To avoid essentialising racial categories produced during the apartheid era, students will be able to self-identify and give nuance to their identities during the course of the research. These categories are utilised due to their continued socio-political significance.

In retaliation, many black students may engage in disproving negative stereotypes by devoting their time and energy to proving themselves to be intelligent and capable (Cornell & Kessi, 2017; Fries-Britt & Griffin, 2007; Solorzano, Allen, & Carrol, 2002). This may have positive results for academic performance (Cornell & Kessi, 2017), but subsequently result in exhaustion as they continue to face microaggressions – said and unsaid insults directed toward people of colour - on university campuses (Fries-Britt & Griffin, 2007; Solorzano et al., 2002). These black students may feel incredible pressure to succeed in historically-white institutions, and, along with the stress of racial marginalisation, may develop public masks in order to succeed and conceal true feelings and emotions (McGee & Stovall, 2015). This often contributes to mental fatigue and psychological distress, with students viewing “resilience, perseverance and grit” as the most tangible solutions (McGee & Stovall, 2015, p. 502). Without intervention, these everyday violences and pressures may have dire consequences for black students’ psychological wellbeing (McClain et al., 2016).

The University of Cape Town (UCT), situated within this broader South African context, has publicly dedicated itself to the task of enacting transformation within its institutional cultures and curricula (Kessi, 2013). However, much like in the rest of the country, this process is jeopardised by the ignorance of issues of power and privilege and the focus on pragmatic solutions to the calls for redress within its borders (Steyn & Van Zyl, 2001). A mere multi-cultural accommodation of difference has already been identified as insufficient to enact real transformation. Black students and academics have highlighted how such an “accommodation” maintains the dominance of whiteness in the university’s institutional culture, such as the addition of black students in the student body along with the exclusion of black academics in senior academic positions (IRTC, 2019). These universities continue to be important sites for symbolic struggles over racialisation processes (Kessi & Cornell, 2015); and there is a psychological cost to being a “body out of place” (Maseti, 2018, p. 344).

While student experiences in South African universities are influenced by a mosaic of socio-political factors, black students experience particular difficulties related to racial identity (De Beers, 2000). In historically-white universities, sources of stress for black students may include racial discrimination, a perceived deficiency of social support, and a distant or limited relationship with faculty (Fleming, 1984; Kleeman; 1994; Malefo, 2000; McGee & Stovall, 2015). The use of intersectionality theory sheds light on these experiences as not only being

shaped by racial identity, but possibly by dimensions such as class, sexuality, gender or mental disorder as well, and additionally analysing how these experiences can be transformed (Boonzaier & Mkhize, 2018).

As highlighted by Cornell and Kessi (2016)– many challenges faced by cultural-minority students are societal and institutional. While individual support or methods of intervention may have a positive impact on student's wellbeing (McGee & Stovall, 2015), much of the intervention is required at an institutional level. Therefore, methods such as psychotherapy may pair well with collective social activism and transformation of the institutional culture in order to holistically empower black students facing both socio-political and individual challenges.

These findings raise questions about the role universities can play in fostering an environment conducive to students' mental well-being, and UCT authorities have acknowledged that the educational legacies of apartheid present new challenges for UCT's functioning, and an impetus for institutional transformation (De Beers, 2000). This is even more pertinent for the low to middle-income context of South Africa where accessible and affordable public mental health services are in shortage (Roos, 2017). Young people are also among the least-likely to seek help from healthcare professionals during times of crises (Bebbington et al., 2003), with barriers to help-seeking including the preference to do things on one's own lack of insight, and fear of stigma if publicly identified (Joyce & Wiebelzahl, 2011). Current emphasis at UCT is placed on the Student Wellness Mental Health service (SW-MHS) - which provides counselling services to students – but the service is limited and individual-based, offering eight psychotherapy sessions before referral to external psychologists (Department of Student Affairs).

In sum, further research ought to be done on the subjective mental health experiences of black students and other marginalised groups in South Africa's universities in order to address the lack of literature directed towards understanding this. S research could possibly enrich universities seeking to address the burden of student mental disorder on individual students and the groups which they belong to.

Aims and Objectives

Aim

The overall intention of this research is to contribute to the pool of knowledge about black students' experiences at historically-white universities, while addressing a gap in literature

on their mental health. It is hoped that the research will provide insight into the mental health experiences and narratives of black students in historically-white institutions, as well as the manners in which the institutional environments shape their experiences. Furthermore, this study hopes to gain insight into the manner in which multiple forms of structural oppression, such as race, gender, and class, interact and give form to particular experiences of mental health within formerly historically-white universities such as UCT. The meaning which students make of their own experiences and identities as they go through mental health struggles will be a particular focus of the research partnership.

Main Research Question

How do black students experience mental health at the University of Cape Town?

Sub-questions

- What meaning do black students make of their experiences of mental health at UCT?
- How do students describe the dynamics between themselves and institutional structures and personnel, and the emotional impact of their interaction with these?
- How do students define and describe mental health and mental health difficulties?
- How does mental health (wellbeing or difficulty) affect students' identities and sense of self?
- What are the points of similarity, and points of difference, between the stories of black students with different gendered, sexual, class and national identities?
- What coping and recovery mechanisms do black students with mental health difficulties utilize, and how?

Theoretical Frameworks

Critical psychology within the South African context has the potential to produce critiques and solutions (through interventions, reformulation or action) to the troubling issues of post-apartheid South Africa – particularly in the realms of transformation and development (Hook, 2001). The critical paradigm seeks to understand and confirm the ways in which psychology is political, with critical psychology revolving around the tenet that “psychology is a political tool” (Hook, 2001, p. 3).

This paradigm was particularly useful for the proposed research study as one of critical psychology's critiques is that psychology isolates the psyche from other aspects of the social world, which may precede, or even constitute, the subject. Fanon (1986), through the use of

psychopolitics, does not denounce the psychological factors that determine the black experience, but criticises the psychological reductionism that occurs when socio-political backgrounds and social structures are reduced to inner feelings (Hook, 2004). Meditations such as Fanon's are useful in indicating that mental disorders are not *just* statistical disorders, but are to be found "in the undeclared pathology of our normalcy" (Long, 2017, p. 86), such as the normalcy of whiteness in universities and its roots in settler colonialism.

The Diagnostic and Statistical Manual 5's (DSM-5) definition of mental disorder as a significant disturbance in a person's cognition, emotion regulation or behaviour (APA, 2013) is viewed as too narrow for the critical nature of this research. In light of this, the definition of mental disorder or struggle considered the roles which dysfunctional social processes play in mental disorder, and leave it up to participants to define mental health and difficulties.

Intersectionality, conceptualized as the intersection of multiple identities and experiences, and how these relate to power and socio-structural oppressions, is a valuable concept for critical research, as structural and political oppression based on race, gender and class do not occur in isolation but often overlap and form matrices of domination (Collins, 1990; Crenshaw, 1991). This theory has its origins within black feminist thought, during a time when feminist groupings viewed power as working in undifferentiated ways in the lives of privileged white women and poor black women, whereas the opposite was true. The intersectional framing of this research aimed to explicitly acknowledge the role that intersectional identities have on mental health experiences. Emphasis was not be placed on the "outcomes" of particular intersecting identities, but on personal narratives and how this identity is formed by institutional, societal and political structures (Cole, 2009; Warner, 2008). An intersectional approach which seeks commonalities across differences will be utilised, but sensitivity to nuanced variations across groups, in this case black students, will be given (Cole, 2009).

Such an approach is not without flaws, however, and Critical research has often been restricted to discourse analysis techniques (Hook, 2001). Intersectionality has been defined in several different ways, often resulting in confusion with regards to what it is and how it should be used and whether it can be utilized as a research paradigm (Collins & Chepp, 2013). However, the disruption of power imbalances (Hook, 2004) and viewing the individual as "socially produced", while simultaneously perceiving society as fashioned by individual subjects, is helpful in understanding the experiences of black university students, plus the

strategies which they utilise in order to respond to and reshape stereotypes and experiences in historically-white institutions (Cornell & Kessi, 2017; Mama, 1995). There is therefore, a need for an approach which validates the subjective experience as one which is multi-dimensional and fluid, along with a research method which pays reflexive attention and problematizes the uncontested place of psychological explanations in patterns of power and ideology (Hook, 2004).

Method

Narrative approach

Critical psychology's use of multi-disciplinary techniques has continuously enabled it to offer alternatives to psychology's most guarded principles (Hook, 2001). Critical psychology is an approach rather than a theory (Hook, 2001). A narrative approach, which is a type of method found in the qualitative research paradigm, will be utilised in order to collect and analyse data in this research project. Although there is no single definition for narrative approach, it prioritises the use of storytelling and its characteristics in qualitative research, enabling researchers to make sense of participants' perspectives and experiences in an open-ended way, hopefully generating novel ideas and understandings (Riessman, 2008; Willig, 2008).

Emphasis is placed on the social nature of language as conditioning one's narrative accounts, and the ways in which life-story narratives are shared during interactions between people with varying relationships; which may result in people telling particular narratives depending on the audience they are directed towards (Murray, 2003; Riessman, 2008).

It also represents and reconstructs experience, as well as displays change or transformation in the story (Riessman, 2008). The assumption that we live in a storied world and interpret our own and others' actions through story-telling is a key tenet of narrative research, and psychology and informs narrative interviewing (Murray, 2003; Riessman, 2008).

When a narrator chooses to tell their story, they tend to select parts of their stories and recount them in a style which indicates that each event is in some way consequential to another, this is referred to as the "contingency of events" (Riessman, 2002). Oftentimes narratives are viewed as being temporal, linear and having a particular structure in line with Westernized notions of storytelling, but not all narratives are structured linearly (Riessman, 2003). The narrative approach is appropriate for addressing the aims of this research as it centres on the meaning which students attach to their mental health experiences, and narratives are a common way of doing so.

Participants and recruitment

The topic of mental health and disorder is sensitive, and often stigmatised. Therefore, it was expected that recruiting participants for such an in-depth study would prove difficult, and it was. A combination of convenience and snowball sampling was used to recruit eight UCT student-participants who ranged between the ages of 19 - 25 to be interviewed. Registration at UCT for at least one semester was a prerequisite for both undergraduate and postgraduate participants, across all faculties. Convenience sampling, which relies on recruiting available subjects, was also used where snowball sampling did not yield enough participants. UCT is the university which the researcher is studying at, providing ease of access. Posters were placed around student wellness service points (see Appendix C) on UCT's campus and respondents to these were asked to be interviewed. The researcher's WhatsApp number and two e-mail addresses were provided in order to facilitate this contact. Thereafter, snowball sampling was utilised to find more participants in collaboration with the participants contacted through the posters. Snowball sampling is typified by when researchers access participants through contact information provided by other informants. This allowed participants to feel more comfortable around me through the identification of a common network and allowed for repetitive recruitment through referrals from one participant to the next (Noy, 2007). Ultimately, two respondents followed through with the interview process, and five participants were snowball-sampled from these participants: two participants from the first participant and one participant from the second participant. The remaining three participants were conveniently sampled by sending out invitation e-mails to a few black students who I knew at UCT using the poster placed on campus in e-mail form (see Appendix C). These students all identified as black women. All participants were South African by citizenship. One participant, however, had dual citizenship from a European country which she grew up in, and another participant identified as Ugandan and South African due to her heritage.

Table 1

Participant Characteristics

Participant	Age	Faculty
Amari	19	Commerce
Lesego	24	Humanities
Nakia	23	Engineering and Built Environment
Daisy	21	Humanities

Nosipho	22	Commerce
Tsebo	25	Humanities
Mantshadi	23	Health sciences
Bayanda	21	Humanities

Data collection and procedure

Material for this study was collected through semi-structured narrative episodic interviews of about one hour each. Following a response to the posters put up, participants had a chance to ask more questions regarding the procedures before the researcher scheduled an interview date, time, and confirmed a location for the interview. Prior to the interview, participants were briefed once again about the study procedures prior to signing a consent form (see Appendix B) and providing a pseudonym for themselves. One interview was conducted with each participant, and interviews took place in UCT's Department of Psychology and the Maharajah Café at UCT's Baxter theatre. Refreshments were provided for participants. Following the interview, participants were debriefed and asked whether they were willing to participate in the snowball sampling process. If they were, participants were asked to pass on my contact details to their suggested participant, who then contacted the researcher through WhatsApp or e-mail.

Episodic interviews differ from life-history interviews in that they are more structured and are aimed at drawing detailed narratives from the participant on the topic at hand (Murray, 2003). This type of interview was particularly useful when speaking about the topic of mental health, as derailed mental health was seen as linked to particular "episodes" in the participants' lives. An interview schedule was used (see Appendix A) and the role of the interviewer was to emphasise that they would like participants to expand on their personal experiences, ask questions which open up the topics of mental health at UCT, and remain emotionally attentive throughout (Murray, 2003; Riessman, 2008).

Data Analysis

This project yielded data in the form of narrative interview transcripts. This data was analysed through a thematic narrative analysis (TNA), which was utilised to explore the participants' mental health experiences while at UCT and the meanings of mental wellbeing and difficulty within the racialised space of the university. TNA entails seeking recurrent patterns of meaning and common themes across a data set. This type of analysis looks at the content of the

narratives and their focus while keeping the stories intact, and the utmost attention is paid to what is said, rather than how, to whom, or “for what purposes” (Riessman, 2008). TNA was appropriate for the analysis of the data, as I was interested in identifying broad categories of meaning, specifically, whether the meanings could serve to unsettle the isolating and individualising ways in which mental health is spoken about and addressed in university contexts. This approach can draw links between the mental health narratives of students and power relations and inequalities at UCT and in South Africa, while aiding the researcher to make new insights guided by theory (Riessman, 2008). TNA was used due to its capacity to draw out similarities and differences across narrative. This creates possibilities for group belonging, social identity and collective action which are key in critical research (Riessman, 2008).

While there is no single, specific manner of conducting a thematic narrative analysis, I followed the guidelines laid out by Braun and Clarke (2006). This entailed reading and re-reading interview transcriptions carefully, while identifying interesting stories and categories within each. Following this, I looked across this data to identify common themes across research participants' narratives (Braun & Clarke, 2006). Prior theory served as a resource for the interpretation of the students' transcribed, narratives (Riessman, 2008). This analysis takes place using a critical intersectional framework; which acknowledges and emphasises the social forces at work within personal narrative, and the ways in which personal narrative can offer a critical window on how participants construct and make meaning of their identities and experiences (Emerson & Frosh, 2009).

Ethical concerns

Harm to subjects

Ethical approval for this study was granted by the Ethics Committee within the Department of Psychology at UCT. Interviews were conducted in two safe and quiet locations on UCT's campus: The Department of Psychology's seminar room, and the Baxter theatre's Maharajah café. This was to minimize the inconvenience of travel elsewhere and minimise the risk of harm to the participants. However, it was acknowledged that harm is multidimensional, and could also include the causing of emotional distress or the tarnishing of reputation (Willig, 2008). In the latter dimensions, I took care to approach the subject carefully and tactfully, and to maintain the utmost confidentiality regarding the process and results of the research throughout the interviewing, transcription and analysis process.

Actions and Competence of the researcher

The researcher is a postgraduate student at UCT with first-hand knowledge of the institution, is well informed on narrative interviewing techniques, and had experience conducting research interviews from previous courses. However, she is not a mental health expert or professional. Therefore, the researcher offered to discontinue, postpone or cancel interviews which may have compromised the mental wellbeing of a participant (asking if the candidate would like to do so and which they would prefer). The participants were to be contained by the researcher prior to referral to a mental health specialist, who could be accessed using the resources attached in *Appendix B*. While one of the interviews was postponed due to academic stressors, none of the interviews arranged were discontinued or cancelled; and immediate referrals were not required.

Informed Consent

Participants were given, and asked to sign, a consent form that contained the details of the researcher, purposes and intents of the research, research process, risks and inconveniences of the study and issues of confidentiality regarding the research; including that the interviews will be recorded and transcribed. The researcher made sure to inform participants that they can withdraw from the study at any point in the research with no negative consequences. The researcher also made time to answer any questions the participants had.

Violation of privacy and confidentiality

Privacy is defined as the individual's right to decide when, where and to whom they desire their attitudes, or experiences, behaviours to be revealed (De Vos, 2002). The semi-structured interview gives room for participants to disclose as well as conceal whatever they feel is comfortable to. The utmost precaution was taken to conceal the identities of the participants through the use of pseudonyms, and in the reporting of the research findings. Moreover, the researcher will transcribe the interviews herself, therefore simplifying issues of confidentiality. Consent forms with the participants' personal details were stored separately from the interview data, in a locked drawer in the researcher's apartment, and recordings were labelled using the pseudonyms of the participants. Data was stored on a password protected computer owned by the researcher which was housed in a secure and locked apartment. Interview recordings will be destroyed following transcription and analysis but after the submission of the research. The researcher will reach out to participants via e-mail with the final research product should they

wish. There were limits to confidentiality should the participant present themselves as a threat to themselves or others during the course of the interview (through threats of harm). The researcher in such a case will be required to report such an incident in order for the participant to access the help they may need.

Debriefing

Participants were debriefed following their interviews, due to the sensitive nature of the topic discussed. This allowed for the interviewer to identify and manage any sadness or anxiety which may have been stirred through the interview process.

Limitations

This research study presented with a few limitations in terms of its scope and methodology. While the study looked into the impacts of institutional violence on black students it does not study the institutions themselves and the other students and members of faculty who build and maintain the institutional culture. This study, being an honours project, is limited in the size of its sample and the diversity of the sample may be limited due to the sampling techniques and the time constraints involved in recruiting participants and collecting data. My identity as a young black woman may have been a barrier in the recruitment of black male students, both as a result of my limited engagement with male students at the university, and possible reluctance from black male students to speak about issues of mental health. Further research could therefore be done on key members in the university such as executive staff, white students, and students with a greater diversity of gendered and sexual identities.

Power, difference and sameness: the role of reflexivity

Qualitative research which utilizes critical and intersectional approaches pays careful attention to the role of power in the production of research, explicitly acknowledging the researcher's role in co-producing knowledge (Babbie & Mouton, 2007; Hook, 2004; Vähäsantanen & Saarinen, 2012). The traditional relationship between "the researcher" and "the researched" places the interviewer in a dominant position, but the notion of exclusive power is a half-truth (Vähäsantanen & Saarinen, 2012). An intersectional approach to the loci of power served as an aid in making sense of how myself and my participants may have asserted power alternatingly based on their gendered, sexual and class identities, and the enactment of these in the research interview.

I am a postgraduate student at a historically-white institution myself, and my intersecting identities, as a black, cisgendered woman with a middle-class background (and a way of speaking which may be revealing of this) may have affected the kinds of narratives which participants told during the interview (Riessman, 2008). For example, my undergraduate participants who had not yet obtained a degree may have viewed me as an “insider” and thought of me as someone who could relate to them better since I was postgraduate student and had perhaps gone through similar experiences. Similarly, the perception of a shared racial and gender identity may have resulted in them sharing certain stories with me. However, insider and outsider positions can be complex and shifting, depending on the context. For example, the undergraduate participants may have simultaneously perceived me as someone who could not understand their challenges within the university since I had already graduated and gone on to study further. Perceived class differences may also have prohibited certain narratives from being shared.

Another key aspect was my academic positioning in the Department of Psychology, which allowed participants to utilise psychological language freely as it was assumed that I understood these terms. Nonetheless, I still requested that students provide their own meanings for these terms in acknowledging the central role of language. The use of narrative techniques allows for transparency regarding how the positionalities of the researcher impacted upon the data and the research relationship. Therefore, it is particularly important for be critically reflexive of the research proves.

Analysis and Discussion

Narrative themes identified were as follows: 1) narratives about the mental health impact of racialisation at UCT, and 2) narratives about responses to mental health challenges. Themes and subthemes were organised to illustrate how black students spoke about their experiences of mental health while at UCT.

“It's like, you can't just be, you need to be *doing*.”: the mental health impact of the racialisation of UCT

Black students at the UCT frequently bear the brunt of the racialisation of the historically-white university; and encounter many stressors on a daily basis, including the ongoing pressure to succeed, unreceptive departmental environments, and regular microaggressions. All participants

reported this taking a toll on their mental wellbeing. The extracts below from Amari, Tsebo and Nakia expand on this:

Pressure to succeed. As Kessi and Cornell (2015, p.12) highlight in their *Coming to UCT* paper, “black students have to put in the extra effort to fit in, to prove themselves, and to defend their right to be at UCT.” In her narrative, Amari confirms the incredible pressure which black students face in fulfilling expectations to achieve at § UCT; possibly resisting the narrative of black underachievement in their strivings (Kessi & Cornell, 2015; McGee & Stovall, 2015).

Amari: Because I think even being a Black student at UCT, depending on where you come from, can be very pressuring - I think the first thing is pressure...because of just the history and the expectations that are placed on you to achieve, and if you're not achieving then there's something wrong, and I think that's a problem. It's like, you can't just be, you need to be doing, you know?

Additionally, Amari gives insight into the meaning she constructs of being a black student at the university; which is deeply tied to advocacy against racism and expectations from people around her.

Amari: [...People expect you to advocate for something all the time, whether it is your family trying to make you the torch for the family or...]

Tsebo, who has very limited access to financial help, expands on this when asked about her responses to when her mental health is affected when she ends up comparing herself to other more financially well-off students; and subsequently questioning why she came to UCT.

Tsebo: Most of the time I would just be stressed and worried and then I would think about my family at home. I'm like no: actually, you are the person who's supposed to make things happen

Her identity as a young woman with a rural background is one which shapes her lived experiences at UCT as well as her responses to challenges. As systems of racial and class oppression intersect in her experiences, Tsebo encourages herself with the idea that she has to be successful in her studies to be like the people whom she compares herself to, and improve her family's circumstances. However, she simultaneously resists other aspects of assimilation beyond improving her financial standing.

Tsebo: ... in terms of finances yes but in other aspects no

Nakia's first struggle with mental challenges affirms the mental health impact that the high pressure to succeed can have on the mental health of all black students, not only those from lower socioeconomic groups (McClain et al., 2016; McGee & Stovall, 2015). The majority of participants cited similar effects, particularly when encountering challenges and failure within their respective degree programs. Nakia, shared the following narrative, which also included crying in a campus public space:

Nakia: But I just failed a test and it was the first time in my degree that I felt like I couldn't finish ... So, there's two types of feelings; "I'm not gonna finish this, so I need to switch and finish something else." I felt like I couldn't finish, get a degree at all, I felt completely battered and it was a stupid little test that didn't even count for anything at the end of the day, and when I felt that way, I was just like, "Where's the motivation then?" And then that's when I was like, no I need to get help, it's rough.

In referring to the hostile atmosphere of the engineering department towards black students, and the failure of white students to attend a meeting following a survey about this, Nakia comments on the ways in which white students are disinvested in matters which do not impact them negatively.

Nakia: White kids aren't impacted by departmental climate because this is a perfect environment for them to succeed, it's built for them, it was designed for them...

Nakia's narrative on the pervasiveness of whiteness in her department was echoed by the majority of participants. This shows that the lived experiences of black students in historically white institutions like UCT are not reflective of supposed transformation (Maseti, 2018).

The consequences of the pressure to succeed placed on black students can ultimately contribute to mental fatigue and public distress as students develop public masks in order to succeed and conceal true feelings and emotions (Mcgee & Stovall, 2015). Daisy's narrative reveals the very real consequences of the pressure to achieve, and the lengths which black students go to continue working and performing well academically.

Daisy: ... I have been working through it with my therapist and she's the one who actually made me realise that this is burnout...it's literally just like, "I just have depleted all my resources but I'm still going." I'm still going for the sake of going but I'm not actually going, I'm just moving along. That's why next year I cannot study immediately, I

have to take a break. I can't see myself, even if I had another month, I don't think I would be able to do that other month.

Daisy's burnout narrative ultimately concludes with a resolution to not pursue a postgraduate degree the following year, although she does not eliminate the possibility altogether, citing the urgent need for a break. Her experience with burnout towards the end of her undergraduate final year may indicate a possible ongoing progression towards this mental fatigue, which she views as being deeply tied to a succession of academic terms without a break. Such narratives yield insights into the possible barriers towards postgraduate study for black students, who may find undergraduate years so exhausting that immediate further study is deemed impossible. Lesego, who took a leave of absence during her honour's year, reaffirms this through her experience of stepping away when realising:

Lesego: it's a dead end to be wearing yourself down from both sides

Microaggressions at UCT. Mirroring literature, the narratives of students at UCT depicted the occurrence of numerous microaggressions in their respective faculties. These incidents were viewed by participants as yet another obstacle which black students had to overcome in order to learn. Mantshadi's narrative of engagements in clinical rounds serve as evidence of the matrix of domination which black women face at the university (Collins, 1990; Crenshaw, 1991). She denotes the invisibility with which her being a darker-skinned, young black woman renders at the university's medical school here:

Mantshadi: ...a doctor can be addressing myself and my clinical partner. My clinical partner, just because she happens to be of a fairer skin and have some silkier hair, they look at her. You could be giving us an instruction and but you're gonna look at her? There's only two of us, you understand? Or there's some doctors where they'll avoid eye contact, and like, I'm looking at you in your face. This is obviously a white doctor.

Her acclimatisation to this racial discrimination from white doctors is one which at first appears passive but is interpreted by her to be a preservation of inner peace and serves as a safeguard against the effects of this injustice.

Mantshadi: Now, I said I've become accustomed to it, but I shouldn't have to. I've accepted it for what it is, my skin tone is not gonna change. Me getting upset over it everyday; that means everyday of my existence will basically be me being upset over the fact that I'm a dark girl. It's very layered

Here, it appears that Mantshadi seeks to minimise *racial battle fatigue*, which is the detrimental psychological and physical distress which black students experience as a result of the time and energy students spend in battling stereotypes (McGee & Stovall, 2015). Mantshadi describes her experience as layered, much like the rest of the participants who commented on the intersecting impact of racism, colourism, classism and sexism on their experiences. Lesego's narrative of the energy expended when students have to interpret and overcome microaggressions also depicts the distrust and suspicion which breeds when students encounter microaggressions from their lecturers.

Lesego: You kind of have to wade through, "Okay so, my lecturer is a bit problematic politically, not sure if they're racist or not" that kind of thing.

Systemic sexism and racism also influenced participants' narratives of how they were viewed in their respective departments. Matching some literature on the impact of stereotypes for health professions, Mantshadi's patients frequently assumed 'women are nurses' and 'men are doctors', thus mistitling and mis-representing her (Tabassum & Chiesi, 2017).

Mantshadi: And also, being called "sister". I promise you I've seen doctors; they'll be in scrubs. Clearly the uniform is not like the nurses'. It'll be written "doctor-whomever" here and they'll be like, "Sister sister sister". So now it's sort of like you need to stand your ground and... where before it never used to bother me, I'm like: I'm actually getting closer to the end and I can't be addressed as sister.

Tsebo's imagined dialogue with white students creates an identity of herself as a black student within the social context of the university, and through her interactions with white, as well as other black students. This dialogical construction of identity emphasises Tsebo's status as an outsider, both amongst white and black students, albeit for different reasons. As a young black woman from a rural area, Tsebo is isolated and silenced by her positionality in the context of UCT, which upholds white-middle-class values and experiences (Collins, 1990; Cornell et al., 2016).

Tsebo: ...most of the time, even though I don't spend most of my time with white people, it's like they don't wanna listen to your problem, like, "You are black and you are coming with more problems we just want to listen a little bit." I think, most of the time, I have observed them, they don't really listen and for black people at UCT I think...we don't really share common problems, you might tell them that "I am experiencing this thing" and they would say "no what are you talking about?"

Mokgadi: Can you give an example?

Tsebo: Let's say maybe you saying you don't have money for Uber, and you are just figuring out how you are going to get to this place and they are like, "No girl you'll figure it out there's an Uber" - let's say you don't have much money - and then when you check Uber it's like 100-and-something, maybe 10 kms away so they don't listen to you but it's not like, "Wow, I feel you."

Public health researchers have concluded that racial and ethnic discrimination is a psychosocial stressor that can negatively affect mental health (McGee & Stovall, 2015). Participants often connected microaggressions and the pressure to succeed to sustained negative emotions and the triggering of mental health challenges; providing proof of the psychological cost of being black, and underprivileged, at UCT (Maseti, 2018).

Responses to mental health difficulties

While literature points out that young people are the least-likely to seek help from mental-health professionals during times of crises (Bebbington et al., 2003), help-seeking narratives were common across the interviews with participants. These narratives tended to depict the reluctance with which students approached mental health services and professionals (particularly psychologists); their engagements with departments and members of staff in the university; their interactions with friends and family; as well the silencing and support which was present in these exchanges. Bayanda, Nakia, Daisy, Amari, Mantshadi and Nosipho reflect on their experiences in the following theme.

"I don't do therapy." Feelings of reluctance around approaching psychologists were present amongst six participants. The ways in which participants viewed themselves tended to heavily influence their attitudes towards psychologists.

Bayanda: at the beginning my response towards it wasn't enough, simply because I just thought...having that prescribed pill from the doctor would help... for a year or so that was the only method I was taking. I was like, "It's gonna help..." and ... being advised by the actual doctors to seek ... therapy, exercise... whatever. And you're just like, "Mxm, I don't do therapy it's not for me." So just completely ignored all their other suggestions. Recently I was like, "You know what, my method hasn't been working, so I'm gonna do what you tell me..."

Bayanda's reflection on her response to her struggles with anxiety reveal the barriers which black students may face in seeking and adopting appropriate and holistic treatment for mental health difficulties. Her, and other participants' accounts of help-seeking revealed a dissonance between how participants viewed themselves, and how they perceived the act of seeing a psychologist. Nakia's narrative of going to a psychologist re-affirms this.

Nakia: But yeah, it was really difficult to come to terms with because I've always been like, "I'm a super-strong person, I can handle anything that comes my way...

But I got the help; I went to see a psychologist. I'd never believed that I'd need to go to a psychologist at all, I was like, "What am I gonna tell this stranger?" [Laughs]. I started seeing a psychologist two and a half years ago regularly or whenever things got really stressful, and that really helped just to speak to somebody who has an outside view, who doesn't judge you.

Within Nakia's narrative, her identification as a "super-strong person" was threatened by her difficulties with mental health. Her scepticism around seeing a psychologist, possibly linked to the profession's racialised history and practice in SA, was overcome. Her commentary on requiring a non-judgmental soundboard was echoed in several other participants' narratives, possibly indicating that psychologists were often approached for this.

Participants' narratives provided insight into their internal worlds: the identities which they constructed for themselves, the meaning they made of their academic and mental health experiences, their sense of self and the manners in which mental health challenges impacted on them psychologically and emotionally. For black students, mental health struggles may be interpreted as weaknesses, particularly when they have an impact on academic performance.

Daisy: It was soooo intimidating, I was so scared... I felt inferior, like I'm not doing what I'm supposed to be doing... I think I was being hard on myself because, for me, that was not the level I normally participate at, so I was like, "Ohmygoodness, this is not me"...the first thing I did was go to the x department and... when I was trying to apply for an extension, she was like, "Ja, you're being very vague, I wouldn't give you an extension ...I'd just advise you to be a bit more specific," which made me feel kind of vulnerable because now I'm telling complete strangers what's happening in my life and it's not like they're seeing me face to face they're reading it on a paper, you know? So, I was just like, "Oh my goodness I don't want to." ...I didn't know what type of documentation they

*needed...they were like ja, we need something from your psychologist. I think just because I also expressed to my psychologist that, 'You're not helping me we're not focussing on the things that need focussing on,' I had to now e-mail her and be like, "Please write me a letter" [laughs]... it was actually really stressful... I think the x department was the worst one 'cause at least y department I could actually go, and speak to Eve., she was like, "Come speak to me," and it was just a very comfortable setting and it happened. With the x department you can't speak to anyone 'cause *gestures*. So then it's not like I'm speaking to somebody...I think that whole thing was really stressful just to get an extension for something I'd already finished.*

...But with y, Eve, it was so nice, she even gave me water when I came to her office. I was late so I was breathing heavily... And this was two weeks ago when I was really in the pits, she's like, "How are you doing?" and I literally cried. And then I was like, "Ohmygoodness, I don't mean to cry," and she was also like, "You're human, I understand," and I think also having that face-to-face, like: I can see you're not okay, whereas x was so bureaucratic.

Daisy's narrative of her experience with the x and y departments contrast the two because of the different approaches which departmental staff took in responding to her request for an extension as a result of her depression and burnout. Her dialogue with Eve in the y department is one which is affirming of her humanity and helped her feel more comfortable, particularly due to the in-person contact and presence of hospitable gestures such as the offering of water. In contrast, her dialogue with the convenor in the x department is one where bureaucracy was enforced without paying attention to the sensitive nature of the task at hand. The interaction also served to highlight the power dynamics present between students and members of staff in such engagements, which was repeated in the narratives of other participants who were reluctant to request concessions from lecturers, due to a lack of familiarity and identification with them, as well as fear for the consequences which such requests may have for their academic results. Her gesture, which made outlines of the high and enclosed desk in the x department, intimated that even the interior design of the department served as a physical barrier towards meaningful communication.

Furthermore, requests for documentation from her psychologist reinforced the practitioner-patient power imbalance, as she had to request a letter during a time where she had advocated for

herself and her needs in her sessions – making her psychologist's response a determinant for whether her application would be substantial enough. Instead of resolving the anxiety of a late hand-in, the process of receiving an extension resulted in even more stress for an already-intimidated Daisy. The student mental health policy³ introduced by the university does not shed a great deal of clarity for how it ought to be implemented within departments, which may explain the stark difference between the x and y departments' approaches, which are largely shaped by the attitudes and manners of personnel responsible for interacting with students requesting extensions.

Rest as resistance. In the previous theme, the pressure to succeed had negative impacts on the mental health of participants. By extension, the pressure to constantly work did the same to their physical and mental health, as Lesego narrates below:

Lesego: I would wake up with a panic attack because throughout term, there's always something you're supposed to be doing and, sleep? You shouldn't actually be asleep.

By taking “mental health days” off and prioritizing her mental health, Mantshadi resists the burnout which can occur as a result of the lengthy terms in medical school, unforgiving hours during clinical rotations, pressure to perform, as well as psychologically distressing events in the hospital, such as the passing of hospital patients.

Mantshadi: ...There was a point where I put my schoolwork above my mental health and now I'm at point where... mental health is basically above my schoolwork and if I feel like I'm overwhelmed or I actually just need a day off and I need the world to stop, then I will take the day off... Especially since you're gonna to see death. I see death today, tomorrow I'm at school.

Accessing on-campus counselling. Amari's winding journey towards receiving help at the student wellness centre (SW-MHS) after being sexually harassed by a trainer at a nearby gym, revealed the dehumanising role which bureaucracy can have in the face of help-seeking at the university; particularly when enforced without care, or by over-burdened staff members in highly-frequented facilities. She details a journey through three SW-MHS outposts, which resulted in her

³ Section 4.2 of the student mental health policy denotes, “The granting of academic concessions on mental health grounds is subject to the same requirements as for medical/health grounds, whereby adequate supporting documentation from a treating professional should be provided (see guidelines for supporting documentation in Appendix 3).” It should additionally be noted that medical/ health grounds are not necessarily sufficient for the granting of a concession; but also depend on the demands of the academic project or calendar.

being informed of a two-week waiting period, and referred to the third outpost once she protested this wait. During the interview, her demeanour instantly shifts as she recounts her anger at the miscommunication and sense of injustice at the situation, and ultimately finding all the “walk-ins” booked. After being booked for an appointment the next day, Amari attempted to use SWS-MHS’s toll-free line to no avail. The dialogue which she has with herself emphasizes the impact of the broken SWS-MHS system at UCT.

Amari: ... Wellness as well didn't ask me why I was there, didn't ask me what happened, could see I was really upset, none of that; then the toll-free line doesn't work. I was like, I don't blame someone who at that moment would decide, "Shap, I'm over with this life". You don't know why I came. What if I woke up today and I wanted to kill myself and I decided I was gonna give myself a chance, but I got rejected four times?

Amari then relays the narrative of her engagement with the psychologist the following day and how her foreign identity influenced their interaction, driving the psychologist towards unhelpful platitudes as a result of this similarity between them. Her dialogue with the psychologist exposes the danger present in the stereotypes applied to black foreigners at UCT, which, in encouraging a robust work-ethic, can simultaneously invalidate the feelings and mental states of students. This can have a detrimental effect on their mental health. In this case, it was not Amari who viewed perseverance and grit as the most tangible solution, but her psychologist (McGee & Stovall, 2015).

Amari: ... So he'd be like, "Don't let this consume you, don't think about it too much", and I'm like, it's not my choice but I understand what he was saying. And then I got mad because I grew up and was raised in South Africa but I am Ugandan, and so I don't know where he's from, I think he was trying to like... "Listen, it's rough out here. You need to work extra hard in society because we're not from here".

...Are you saying I must put my emotions away because I'm foreign and I need to work hard, and I don't have time to be sad?

When Amari subsequently enquires about a test exemption, the psychologist is unable to answer her queries about the implication of being granted one, citing a differentiation between his own department and academic ones. Her own lack of insight, and concern about her academic scholarship is largely a consequence of her positionality as a first-year at UCT. However, her query is met with thinly-veiled hostility from the psychologist, who then questions her intentions.

Amari: ... And then he goes, "Wait, are you worried about the form, or are you worried about getting better?" And I was like, "What?! What do you mean?" ... "Do you honestly think I just came here because I want to not write a test?"

Support and Silencing. Participants' accounts of their responses to mental health difficulties, as well as their engagements with different departments, psychologists and loved ones, often revealed recurrent instances of silencing; whereby departmental culture, psychologists and peers prevented these young black women from speaking up about their experiences and struggles with mental health. Parents sometimes buffered these experiences with their support. Nakia, Amari and Nosipho detail accounts.

Nakia: And I guess even being in that male environment you're like, "Gosh, I'm such a pussy",.... It's so toxic and you start thinking that way. And because nobody speaks about mental health in my department - it's so mum - you feel like such an outlier, so you're not gonna speak about it either 'cause you assume that you're alone.

Within UCT's engineering faculty, silence around mental health resulted in Nakia remaining silent on her own mental health struggles in fear of being perceived as an exception to the norm in an environment where, as a young black woman, she already is. This silence appears deeply attached to faculty atmosphere, which adopts dispositions that are white, male and middle-class (Cornell et al., 2016; Liccardo, 2018). Even when referring to her experiences within a male-dominated environment, Nakia quotes terminology that regards mental health challenges as effeminate. Critically engaging with her own intersectional identity as a young black woman, and resisting the discourses which surround her, Nakia notes how damaging such discourse is to her own psyche, particularly when she internalises it, which can result in isolation and feelings of inferiority (McGee & Stovall, 2015).

Nakia: But I don't think I would have been open to that idea if I didn't have parents who were liberal. I think that's most black parents, with mental health it's like, "Get over yourself, we were, like, killed for being black, can you stop?" [Laughs]. But my mum's in HR and she's very switched on when it comes to mental health; she knows depression is a real thing, she knows that it's not a myth [pause] My dad's coming around to the idea slowly. So, they were willing to pay for sessions and everything, they were just like, "Anything to help you get through".

Although Nakia went on to see a psychologist, it is obvious from her and other participants' narratives that black students are significantly impacted by their parents' responses to their mental health challenges. Micro and macro contexts shaped their narratives, and access to emotional support and financial resources shaped participants' responses in ways which highlighted the effect of class and the importance of social support. Her thoughts around black parents being dismissive of mental health issues play into a broader denial discourses around mental health issues. This discourse is racialised by parents' explanations, such as comparing these issues to the historical physical danger of being black in racially oppressive societies like apartheid society or certain conditions as "white diseases". It also revealed the generational gap which participants saw as being present between their own and their parents' understandings of mental health, typified here by Nosipho:

Nosipho: They have this misconception that it's a thing which came with millennials.

Stigma against the language of mental and emotional health was frequently found amongst participants. This stigma encourages self-concealment, which in turn makes black students reluctant to expose themselves to available mental health services (Anderson, 2018). Nosipho, in her own narrative of her mental health experiences at UCT, details how she found herself self-concealing using false-positivity, even in therapy sessions, in order to maintain a façade that she was okay. Her psychologist's prying resulted in a breakthrough in her mental health journey:

Nosipho: "I notice that when I ask you if you're okay all you talk about is the school side of things or some other aspect of your life, but you never tell me how you are?"

Participants frequently expressed their difficulties in academic terms, such as, "I felt completely battered and it was a stupid little test" (Nakia), signifying that students may be more willing to frame various types of difficulties in terms of academic life in order to avoid stigma (Joyce & Wiebezahl, 2011). With the support of her therapist, Nosipho was able to overcome her own silence, and ultimately receive a diagnosis of clinical depression, which brought her great relief. Amari's experience with her therapist, during which she was silenced, stands in contrast:

Amari: And then I started crying, he's like, "Why are you crying?" I'm like, "You're cutting me off, you're not allowing me to speak", then he's like, "I'm sorry, carry on", and I'm like, "No, I don't feel like talking anymore" [laughs] I was just like wow, what an experience, never coming back...

She subsequently terminated their therapeutic relationship and turned to music and religion to make sense of, and heal from, her ordeal. For all of the participants in the study, the intersection of racism and sexism was a lived reality, viewed through the lens of their mental health and help-seeking experiences which were impacted upon by racial, gender and cultural norms (Crenshaw, 1986).

While seven of the eight participants were able to navigate their way out of silence around their mental health ordeals, there is much that is not said, about the mental health of black students at UCT. It becomes pertinent to ask why there is so much silence around this topic and its effects at UCT, and what the implications are of this silence for individual black students and the broader student community. Where are the silenced, why have they been silent, and how have they been silenced?

Summary and Conclusion

Universities in South Africa are not shielded from issues of rising global mental health, but the manners in which this trend occurs differs in SA, affecting certain groups and people differently from others. University students are not insulated from negative mental health experiences. The role of context, identity and inequality in shaping mental health experiences cannot be emphasised enough: and research which ignore these factors risks isolating people with mental health difficulties from their situations. In the case of black people, it also risks repeating the historical pathologizing of black people in psychology and psychiatry. This research and its themes, which expanded on the impacts of racialisation on the mental health of black students, through microaggressions in the university, hostile departmental climates and difficult engagements with staff highlighted the relationship between social context and the psyche. Through detailing the responses which black students engage with when facing mental challenges, the influence of self-perception, family attitudes and responses, socioeconomic backgrounds and identity was revealed. This research advocated for a critical-intersectional understanding of mental health challenges and responses and offered students a platform to narrate their experiences of mental health difficulties, validate these experiences, and highlight points of tension between university systems, structures and students. This could provide universities with more information in order to improve the structures and services affecting or utilised by students, particularly structurally marginalised students; and to rethink their own

responses to the challenges which black students faced, which may include further transformation and collective empowerment.

This study was limited by the difficulty of recruiting black male and gender-non-binary participants, and students with a broader range of class and sexual identities, thus underrepresented these groups in the sample. However, this limitation was a strength when analysing the narratives presented in a way which did not essentialise womanhood. Further research could take into account particular challenges to black female students' mental health, such as safety concerns on campus and broader SA.

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*Appendix A***Interview schedule**

1. How would you define student mental health and well-being?
2. When did you first become aware of your own mental health or mental difficulties?
3. Tell me about coming to the University of Cape Town (UCT)
4. What does being a black student at UCT mean to you?
5. Do your other identities, such as your gendered identities, sexual identities, national identities or economic identities, affect your experience at UCT? How so?
6. What do you think of, and how do you feel about, your mental health at the University of Cape Town?
7. Tell me a story about your mental health while at the University of Cape Town
8. How did you respond to this occurrence during that time?

Appendix B

Informed Consent Form

UNIVERSITY OF CAPE TOWN**DEPARTMENT OF PSYCHOLOGY***Black students' experiences of mental health at the University of Cape Town***1. Research Invitation and Purpose**

You are invited to take part in this study on the subjective experiences of mental health amongst Black students at the University of Cape Town. I am an honours research student at the University of Cape Town's Department of Psychology

2. Procedures

- Should you decide to take part in this research study, I will interview you about your mental health experiences and experiences at the University of Cape Town. By interviewing you I would like to know more about your understanding of mental health, your experiences, your identity at UCT and any aspects about mental health and/or the university which you would like to discuss.
- This interview should be around an hour in length, however, you are free to speak for a shorter or longer stretch of time
- Participation in this study is voluntary, and you are free to terminate the interview at any time without any negative consequences

3. Risks, Discomforts and Inconveniences

- This study poses a minimal risk of harm to you.
- Opening up about your experiences dealing with mental health struggles and recovery at the University of Cape Town may prove difficult for you as this is a sensitive subject. It may also be an emotionally tasking exercise. However, you are free to decline to answer any questions which you do not wish to.
- Should you wish to speak to a counsellor after the interview, please refer to the details of the Student Wellness Service, and other referral services, on the referral list.
- Giving up an hour of your time for the purposes of the interview might be an inconvenience of this study.

4. Benefits

- This project offers you the opportunity to give voice to your experiences around mental health at the University of Cape Town, as well as your opinions of the institution and mental health itself. This may raise awareness about mental health in the UCT community and inform transformation efforts within it.

5. Privacy and Confidentiality

- Interviews will take place in a private room or setting
- Any information you share with the interviewer is strictly confidential. You will remain anonymous throughout the research process.
- You have the right to request that any information you have shared be removed from the study, and the information will subsequently be removed.
- A tape recorder or cellphone will be used to record the interview, and you have the right to request that it be switched off at any time, or to indicate your device preference
- Nobody besides myself and my university supervisor will have access to or listen to the interview recordings
- Transcribed data from the interviews will remove and/ or disguise any identifying data

6. Contact details

Should you have any questions about the study, please contact Mokgadi Marishane on 065 995 5488 or mokgadi.marishane@gmail.com. Alternatively, or in conjunction, you may contact Dr Shose Kessi at the Department of Psychology, University of Cape Town (UCT) on 021 650 4606 or shose.kessi@uct.ac.za. **If you have any** complaints about the study or concerns about your rights as a research participant, you can contact [Rosalind Adams in the same department on 021 650 3417 or \[rosalind.adams@uct.ac.za\]\(mailto:rosalind.adams@uct.ac.za\).](#)

7. Signatures

{Subject's name} _____ has been informed of the nature and purpose of the procedures detailed above, including any risks involved in participation. They have been given time to ask any questions and these questions have been answered to the best of the investigator's ability. A signed copy of this consent form will be made available to the subject.

Investigator's Signature

Date

I have been informed about this research study and understand its purpose, possible benefits, risks, and discomforts. I agree to take part in this research as a subject. I know that I am free to withdraw this consent and leave this project at any point, and that doing so will not cause me any penalty or loss of benefits that I would otherwise be entitled to enjoy.

Subject's Signature

I consent to the interview component of this research being audio-recorded, and know that I am free to withdraw this consent at any point, resulting in a pause or discontinuation of the audio-recording (thus speaking “off the record”) or of the interview

Subject's Signature

I acknowledge that the researcher may breach the confidentiality agreement outlined above should I threaten harm to myself or others during our interactions. This breach will solely be for the purpose of accessing swift help.

Subject's Signature

Counselling services

Student Wellness at the University of Cape Town

Description of this service

“We are a student counselling service, offering predominantly short-term counselling and psychotherapy, with the aim of ensuring that whatever personal, emotional or psychological problems you experience, the impact of these on your academic studies are kept to a minimum and your capacity for achievement is optimised. Please note that we experience high demand for the service, particularly from April until after the June examination and again from September / October until after the end of year examination. During these times, students trying to access psychotherapy from Student Wellness Services, may need to be placed on a waiting list. Should you have access to medical aid and/ or financial resources, we would like to encourage you to access psychotherapy from a private practitioner.”

Web page (where an appointment may be booked online)

<http://www.dsa.uct.ac.za/student-wellness/counseling-services/overview>

Tel: +27 (0)21 650 1017

LifeLine Western Cape

Description of this service

Life Line is a non-profit organisation that offers free counselling and a telephonic counselling service for all ages and struggles one may be faced with which runs from 09:30 to 22:00. You may whatsapp or whatsapp call them between 10:00 and 14:00 on 063 709 2620. Face to face counselling can be booked on 021 461 1111. The cost of the call is the only charge and you may contact the researcher to utilise their phone or one which they can access, or for a reimbursement of the cost of the call. 021 461 1113 can be utilised to access telephone counselling. Located on 56 Roeland street, Cape Town City Centre, this location can be accessed using the Hiddingh

Jammie shuttle and a quick walk or Uber; which can be organised for differently-abled participants.

South African Depression and Anxiety Group (SADAG)

SADAG offers free telephonic counselling sessions from Monday to Sunday between 08:00 and 20:00. Main foci of this group include dealing with mental illnesses and alleviating the stigma around it through a 16-line counselling and referral call centre. It also had a 24-hour helpline for urgent cases.

Other

Please contact the interviewer, or anyone you feel comfortable contacting under the “contact details” section regarding alternative counselling options which can be made available to you. This will run on a case-by-case basis and a referral to a psychologist or counsellor can be made.

*Appendix C***Draft for Poster - Wording only**

Research study on Mental Health at the University of Cape Town

Hi There!

My name is Mokgadi Marishane and I am an Honours student in the Department of Psychology. I am currently conducting a qualitative research study on the mental health experiences of black students within the University of Cape Town.

Those interested in participating in this study will be asked to do the following;

- Take part in one individual interview which ought to last about an hour. This interview will be focus on individual experiences of mental health and experiences within the context of UCT, and the role which racial, as well as other identities such as gendered, sexual and class identities, influence these experiences. The information collected in this interview will be kept strictly confidential, and the identities of participants will be hidden throughout the transcription and writing process of the research.
- These interviews will take place in the Department of Psychology or the Baxter's Maharajah café, whichever is more convenient for you
- Refreshments will be provided

Anyone interested in participating in this research ought to:

- Be a student currently registered at UCT, or registered at UCT within the past 6 months
- Be aged 18 – 35 years
- Identify as Black

If you are you a Black student at UCT who would be interested in participating in this study, which hopes to shift narratives around mental health at the University of Cape Town, please drop me an e-mail at Mokgadi.marishane@gmail.com or send a WhatsApp to 082 885 4358.

I would really appreciate your collaboration on this important topic,

And look forward to hearing from you

Mokgadi Marishane

University of Cape Town Department of Psychology

*Appendix D***Transcription Information**

- ... The use of ellipsis indicates that part of the participants' original speech has been omitted from the quoted extract.
- Underlined Words that have been underlined were emphasised in the participant's original speech.
- [] The use of square brackets indicates additional information, such as laughter or non-verbal gestures.

Appendix E
Ethical clearance letter

UNIVERSITY OF CAPE TOWN



Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

09 September 2019

Mokgadi Marishane
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Mokgadi

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Black students' mental health at UCT: A critical narrative enquiry*. The reference number is PSY2019-049.

I wish you all the best for your study.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lauren Wild'.

Lauren Wild (PhD)
Associate Professor
Chair: Ethics Review Committee

University of Cape Town
ΨPSYCHOLOGY DEPARTMENT
Upper Campus
Rondebosch