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Article

# The Effects of Social Identity Incompatibility on Student Mental Health

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**Abstract:** Background: Students from ethnic minority backgrounds have been shown to be more vulnerable to developing mental health disorders compared to White British students. They have also been shown to experience greater social identity incompatibility; however, it is not yet clear if this may explain some of the disparities in mental health. The aim of the current study was to investigate the relationship between social identity incompatibility and non-clinical generalised anxiety, depression and academic distress in students from ethnic minority backgrounds compared to White students. Methods: A total of 526 students from City St George's, University of London, completed the Counselling Centre Assessment of Psychological Symptoms (CCAPS-62) and the student identity scale. Results: Results showed correlations between the measures of mental health and incompatibility across all students. Even though there were no significant group differences in the level of anxiety and depression, we found that the interaction between ethnic group and practical incompatibility predicted academic distress. Conclusions: The results may be specific to the multi-ethnic and cultural nature of this inner London city university, but they highlight the importance of practical incompatibility, in particular, in understanding student mental health across different ethnicities.



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**Keywords:** student mental health; social identity; ethnic background

## 1. Introduction

### 1.1. Student Mental Health and Ethnicity

The understanding and promotion of mental health and emotional wellbeing of university students has recently received a lot of attention as a goal of the Mental Health Charter across universities in the UK. The charter defines mental health as the 'the full spectrum of experiences including both mental health and mental illness'. In comparison, wellbeing also includes physical and social wellbeing, and student wellbeing additionally includes student engagement with academic learning [1]. The charter seeks to support mental health and wellbeing by 'enabling all students to develop skills, confidence and academic self-efficacy and improve performance' [1] as students are more vulnerable to mental health issues than the general population [2,3]. This is believed to be due to the range of stressors uniquely experienced by university students [4,5], including the transition to university and academic distress [6,7], which is defined as a student's concerns related to their academic motivation, confidence, concentration, enjoyment and ability to complete their coursework [7]. Academic distress, in particular, has been found to correlate with anxiety [5] and depression [8].

There is some evidence that university students from ethnic minority backgrounds may be more vulnerable to developing mental health disorders [9] and experiencing decreased academic achievement, known as the attainment gap [10], compared to students from a White ethnic background. Students from ethnic minority backgrounds are also less likely to

access relevant academic and mental health support services [11]. There is some evidence that differences in social identity or the compatibility between ethnic identity and student identity may contribute to academic attainment [10], but it is not clear if this compatibility or the lack thereof is also meaningful with respect to student mental health.

### 1.2. Student Mental Health and Different Aspects of Identity

**Social identity** refers to how we define ourselves based on the perceived membership to social groups. Examples of identity domains include identification with a religious group, ethnic group, gender, occupation and level of education [12–14]. These social identities develop based on a range of socio-cultural factors and beliefs and determine the perceived membership of an individual to a social group [10,15]. Student identity refers to the perceived importance of being a student [10]. Iyer et al. [16] found that transition to university (measured before starting and after two months) had a negative effect on wellbeing, but the ability to identify as a student improved wellbeing. They suggested that the ability to form a student identity is linked with the ability to let go of existing identities (i.e., from secondary school to university) in order to join a new group (university student). Social identity incompatibility is generally defined as the perceived conflict between different individual identity domains [12,13]. Research has also found that student incompatibility is correlated with both increased academic distress scores and higher levels of anxiety and stress [13]. Matschke et al. [17] investigated the links between social class, student identity and the attainment gap. They suggested that for students from a lower social class background, the transition to university may constitute a larger change in social setting, that their group is overall less represented and familiar with the setting, and that families may have negative attitudes with regard to university and education and may not understand the importance of studying for a degree [16,18,19]. All of this may contribute to higher student identity incompatibility. Similar mechanisms may also occur for first-generation university students [20] and students from ethnic minority backgrounds [21].

**Ethnic identity, student identity and aspects of incompatibility.** Ethnic identity is defined as the perceived membership to an ethnic group. In addition to social identity, for students from an ethnic minority background, ethnic identity and the position held as a student from an ethnic minority background, as well as either over-involvement and high pressure or lack of knowledge around higher education from the family [22,23], may also contribute to experiences of identity incompatibility. Frings et al. [10] showed students from an ethnic minority background had similar levels of student identity as non-minority students but a stronger ethnic identity.

Ethnic identity intersects with other key aspects of a student's background, including socio-economic and first-generation status, which may further contribute to higher levels of overall ethnic identity and incompatibility between different social roles. Frings et al. [10] defined two aspects of incompatibility between students and ethnic identity: identity incompatibility and practical incompatibility.

**Identity incompatibility** is defined as the conflict between identity-related aspects (i.e., differences in moral values and experiences between identities). **Practical incompatibility** is defined as behavioural or resource-based norms stemming from conflict between an individual's identity domains. These may include students with additional caring and family responsibilities or students having to prioritise paid work over studying [24], resulting in a lack of time and energy associated with having to combine work or family responsibilities with study [25]. Frings et al. [10] showed that university students from Black, Asian and ethnic minority backgrounds experience high levels of both practical and identity incompatibility. Grozev and Easterbrook [25] found that students holding a part-time job while studying reported increased practical and identity incompatibility compared to non-working students. The study found that practical incompatibility was strongest during assessment periods due to the increased time and resources needed to

prepare for and complete assessments. They also showed that students with good strategies became more resilient learners [25,26].

### The Current Study

Even though research has looked at the effects of identity incompatibility, previous research mostly focused on understanding the relationship between incompatibility and the attainment gap. However, there is little research on the relationships between practical and identity incompatibility on mental health and academic distress in students from different ethnic backgrounds. Whilst it is clear that education providers must seek to support the health and wellbeing of student populations to foster optimal educational and mental health outcomes [27], the current study may give more clarity about who needs to be targeted with support and how.

This research aims to investigate the relationships between student and ethnic identity as well as practical and identity incompatibility, mental health (non-clinical generalised anxiety and depression) and academic distress of students studying in an inner London city university. More specifically, this research aims to investigate if the two subtypes of incompatibility (identity and practical) are linked to the mental health and academic distress scores of students from ethnic minority and non-ethnic minority backgrounds.

We expected to replicate the findings that students from ethnic minority backgrounds experience increased levels of depression, anxiety and academic distress. We also expected this group to show increased ethnic but reduced student identity and higher levels of practical and identity incompatibility compared to White students. We hypothesised that in ethnic minority students, there will be a positive relationship between ethnic identity and levels of depression, anxiety and academic distress. We expected that across groups, practical and identity incompatibility would be associated with higher levels of depression, anxiety and academic distress, whereas student identity would show the reverse trend.

## 2. Materials and Methods

### 2.1. Participants

The final sample consisted of 576 participants (M age = 20.5, SD = 3.81, age range = 18–44). Participants were recruited from City St George's, University of London. We advertised the study to the entire university, but participants were mostly from the School of Health and Psychological Sciences. See Table 1 for demographic details. This study used data collected over three cohort years: 2021–2022 (cohort 1; N = 255), 2022–2023 (cohort 2; N = 119) and 2023–2024 (cohort 3; N = 202). A total of 30.9% identified as 'White' (N = 178), 41.8% identified as 'Asian' or 'British-Asian' (N = 241), 7.6% identified as 'Black' (N = 44), 7.8% identified as multiple ethnicities (N = 45) and 11.3% identified as 'other' (N = 68). For the purpose of the current data analysis, ethnicity was categorised into three groups: White, Asian and Black, multiple and other (BM&O).

**Table 1.** Demographic information by ethnic group.

Ethnicity	Age		Gender					
	Mean	SD	Female		Male		Nonconforming	
			Percent	N	Percent	N	Percent	N
White	21.34	5.17	88.2	157	7.3	13	3.4	6
Asian	19.33	2.46	94.6	228	5.0	12	0.4	1
BM&O	19.71	3.33	87.3	137	11.5	18	1.3	2
<b>Total</b>	<b>20.05</b>	<b>3.81</b>	<b>90.6</b>	<b>522</b>	<b>7.5</b>	<b>43</b>	<b>1.6</b>	<b>9</b>

BM&O = Black, multiple and other. Please note that we also had two students selecting 'prefer not to say' in response to gender, which has not been included in this table.

A total of 246 participants were excluded from the final sample: 230 participants due to incomplete responses and 16 participants due to not providing their ethnic background (selected 'prefer not to say').

## 2.2. Design

This study is part of a longitudinal student mental health research project that aims to better understand the determinants of wellbeing and mental health in the student population (e.g., see [28,29]). For the current study, alongside questions about demographics, we included the Counselling Centre Assessment of Psychological Symptoms (CCAPS-62) [30] questionnaire and the questions developed by Frings et al. [10] to measure identity and incompatibility.

## 2.3. Measures

The Counselling Centre Assessment of Psychological Symptoms (CCAPS-62) was used to measure mental health [30]. The CCAPS was specifically designed to evaluate student mental health and the effectiveness of counselling. It is a 62-item instrument with eight subscales (depression, GAD, social anxiety, academic concerns, family distress, hostility, substance abuse and a summed distress index) related to psychological symptoms or distress in university students (see [28] for details). Here, we were specifically interested in the three subscales: (1) depression (questions examining, e.g., disassociation, lack of enthusiasm, unwanted thoughts and tearfulness), (2) generalised anxiety (questions assessing, e.g., racing thoughts, sleep difficulties, tension, racing heart and panic attacks or fear of panic attack) and (3) academic distress (questions assessing, e.g., academic confidence, motivation, enjoyment, concentration and ability to keep up with their schoolwork). Participants responded on a 5-point Likert scale ranging from 0 ('not at all like me') to 4 ('extremely like me'). The average scores were used to represent each subscale. Elevated cut points were previously defined as 1.92 for depression, 1.89 for anxiety and 2.4 for academic distress [30].

Questions developed by Frings et al. [10] were used to measure identity and incompatibility. The scale comprised 14 items, with participants responding on a 7-point Likert scale ranging from 0 ('not at all like me') to 7 ('very much like me'). Four domains were derived from this scale: ethnic identity (i.e., how strong someone identifies as being a member of their ethnicity; example question: 'The fact that I am a member of my ethnic group is an important part of my identity'), student identity (i.e., whether a person identifies with being a university student; example question: 'The fact that I am a university student is likely to be an important part of my identity'), identity incompatibility (i.e., the conflict between student identity and other identity-related aspects; example question: 'My family background is incompatible with university life') and practical incompatibility (i.e., behavioural or resource-based norms stemming from conflict between an individual's identity domains, example question: 'It is difficult to balance the practical demands of being a member of my ethnic group and being a university student'). The mean scores for these domains ranged from 1 to 7.

## 2.4. Procedure

Participants were recruited through a university call conducted via email, campus news and social media. Questionnaires were presented online using the Qualtrics XM software (<https://www.qualtrics.com/>). All participants were enrolled as current university students in an undergraduate or postgraduate program at City St George's, University of London. All participants gave informed consent prior to participation. First-year psychology undergraduate students were granted 30 minutes' worth of the required course credits for the first-year research methods module, and all students were included in a prize draw for some Amazon vouchers. This study was approved by the Psychology Department's ethics committee at City St George's, University of London (ETH2324-1125, ETH2223-0582 and ETH2122-0731).

### 2.5. Data Analysis

Data were analysed using IBM SPSS Statistics (Version 29) analytics software. Firstly, differences in demographic characteristics were compared between ethnic groups. Secondly, group differences in depression, anxiety, academic distress, identity and incompatibility were analysed with univariate ANOVAs, controlling for age and gender to ensure that any ethnic group effects would not be better accounted for by these variables.

We also included a question asking for 'household income when participants were in secondary school' (from GBP 0–10 k to more than GBP 100 k) as a measure of social economic status (SES). However, 398 students responded with either N/A or preferred not to say, so only 178 participants were included. We ran the above ANOVAs for this subgroup and included SES as an additional variable.

Next, we used Pearson's correlations to understand the relationship between student identity, ethnic identity, practical and ethnic incompatibility, and mental health (non-clinical generalised anxiety and depression) as well as academic distress scores between the different ethnic groups. Finally, an additional set of univariate ANOVAs was conducted to investigate the interaction between ethnic group and incompatibility on mental health scores. We applied Bonferroni correction to control for type 1 error when calculating multiple correlations. The adjusted significant  $p$ -value was 0.004.

### 3. Results

Table 2 summarises the means (SD) for the different variables of interest across the three ethnic groups.

**Table 2.** Means (SD) for mental health, academic distress, identity and incompatibility scores by ethnic group.

	White	Asian	BM&O	Total
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
CCAPS academic distress	1.70 (0.72)	1.93 (0.73)	1.80 (0.73)	1.82 (0.74)
CCAPS depression	1.16 (0.68)	1.25 (0.71)	1.12 (0.68)	1.19 (0.69)
CCAPS generalised anxiety	1.05 (0.72)	0.98 (0.68)	0.91 (0.70)	0.98 (0.70)
Ethnic identity	3.04 (1.73)	4.82 (1.56)	4.82 (1.61)	4.27 (1.82)
Student identity	4.38 (1.44)	4.40 (1.39)	4.48 (1.61)	4.42 (1.42)
Practical incompatibility	1.58 (1.05)	2.94 (1.57)	2.68 (1.66)	2.45 (1.57)
Identity incompatibility	1.67 (0.95)	1.82 (1.02)	1.87 (1.15)	1.78 (1.04)

BM&O = Black, multiple, and other. Please note that the CCAPS mean scores were below the elevated (clinical) cut-off points.

#### 3.1. Depression, Anxiety, Academic Distress and Ethnicity

ANOVAs showed that depression ( $F(2, 574) = 2.24, p = 0.11; \eta^2: 0.008$ ) and anxiety ( $F(2, 574) = 1.87, p = 0.15; \eta^2: 0.007$ ) did not differ between ethnicities. In contrast, academic distress ( $F(2, 574) = 3.54, p = 0.03; \eta^2: 0.01$ ) differed between groups. For academic distress only, age was also a significant covariate ( $p = 0.003$ ), which indicates that the younger the age, the higher the levels of academic distress. Post hoc  $t$ -tests (Bonferroni corrected) showed that Asian students showed higher levels of academic distress compared to White students (see Table 2).

#### 3.2. Identity Domains and Ethnicity

ANOVAs showed that ethnic identity ( $F(2, 574) = 64.4, p < 0.001; \eta^2: 0.18$ ) and practical incompatibility ( $F(2, 574) = 43.17, p < 0.001; \eta^2: 0.13$ ) differed between the ethnic groups. This was not the case for student identity ( $F(2, 574) = 0.273, p = 0.76; \eta^2: 0.001$ ) and identity incompatibility ( $F(2, 574) = 1.85, p = 0.16; \eta^2: 0.006$ ). Post hoc  $t$ -tests (Bonferroni corrected) showed that both Asian and BM&O students showed significantly higher ethnic identity and practical incompatibility scores than the White students (see Table 2). Furthermore, gender was associated with student and ethnic ID ( $p < 0.03$ ), with

females experiencing higher levels. This was not the case for practical incompatibility and identity incompatibility. For identity incompatibility only, in the subgroup analysis including SES, SES was a significant covariate ( $p = 0.05$ ), with lower SES being associated with higher levels of identity incompatibility.

#### Associations Between Depression, Anxiety, Academic Distress and Identity Domains

We used Pearson correlations to understand associations between student identity, ethnic identity, practical incompatibility and identity incompatibility and depression, anxiety and academic distress (see Table 3). As expected, there was a positive relationship between higher levels of depression, anxiety and academic distress and higher levels of practical and identity incompatibility. There was also a positive relationship between higher levels of anxiety and increased student identity. The relationship between ethnic identity and anxiety, depression and academic distress and between student identity and depression as well as academic distress was not significant.

**Table 3.** Correlations between measures of mental health and identity and incompatibility.

Pearson's r	Academic Distress	Depression	GAD	Student Identity	Ethnic Identity	Practical Incomp	Identity Incomp
Academic distress	-	<b>0.572 **</b>	<b>0.406 **</b>	-0.058	0.73	<b>0.251 **</b>	<b>0.227 **</b>
Depression	<b>0.572 **</b>	-	<b>0.691 **</b>	0.028	0.015	<b>0.224 **</b>	<b>0.258 **</b>
GAD	<b>0.406 **</b>	<b>0.691 **</b>	-	<b>0.111 **</b>	0.040	<b>0.125 **</b>	<b>0.191 **</b>
Student identity	-0.058	0.028	<b>0.111 **</b>	-	<b>0.303 **</b>	<b>0.159 **</b>	0.091 *
Ethnic identity	0.073	0.015	0.040	<b>0.303 **</b>	-	<b>0.462 **</b>	<b>0.139 **</b>
Practical incomp	<b>0.251 **</b>	<b>0.224 **</b>	<b>0.125 **</b>	<b>0.159 **</b>	<b>0.462 **</b>	-	<b>0.581 **</b>
Identity incomp	<b>0.227 **</b>	<b>0.258 **</b>	<b>0.191 **</b>	0.091 *	<b>0.139 **</b>	<b>0.581 **</b>	-

\*\*  $p < 0.001$  in bold; \*  $p < 0.050$ . Bonferroni corrected  $p$ -value is 0.004. GAD = generalised anxiety disorder; Incomp = incompatibility.

#### 3.3. Interaction Between Identity Domains and Depression, Anxiety and Academic Distress

Three ANOVAs were used to test for interactions between ethnic group and identity factors that differed significantly between groups (ethnic identity and practical incompatibility) on depression, anxiety and academic distress.

The interaction between practical incompatibility and ethnic group was significant for academic distress ( $F(2, 574) = 3.02, p = 0.049; \eta^2: 0.011$ ) but not for depression ( $F(2, 574) = 2.08, p = 0.13; \eta^2: 0.007$ ) and anxiety ( $F(2, 574) = 0.69, p = 0.5; \eta^2: 0.002$ ). Post hoc  $t$ -tests (Bonferroni corrected) for each ethnic group showed that for Asian students, practical incompatibility was significantly associated with academic distress ( $F(1, 240) = 33.12, p < 0.001, \eta^2: 0.12$ ). In contrast, practical incompatibility did not predict academic distress in White or BMO students. The interaction between ethnic identity and ethnic group was also not significant for depression, anxiety or academic distress.

## 4. Discussion

We investigated the relationship between ethnicity and different social identity domains, including student and ethnic identity and practical and identity incompatibility, on mental health (non-clinical generalised anxiety and depression) and academic distress of students from minority and non-minority backgrounds studying at an inner London city university in the UK. We found that students from Asian and BM&O backgrounds showed higher levels of practical incompatibility (i.e., students facing competing demands from two or more domains of their life) and ethnic identity compared to White students. Interestingly, even though there were no significant differences in anxiety and depression scores between students from minority and non-minority backgrounds, higher practical and identity incompatibility predicted higher levels of depression, anxiety and academic distress in all students. In addition, academic distress was overall higher in Asian compared to White and BM&O students, and higher practical incompatibility predicted higher levels

of academic distress in this group as well. This finding highlights the importance of taking into account practical and identity incompatibility when considering effective ways of teaching and developing students' confidence, academic self-efficacy and mental wellbeing.

#### *4.1. Depression, Anxiety, Academic Distress and Ethnicity*

The literature suggests that university students from ethnic minority backgrounds might be more vulnerable to developing mental health disorders compared to students from the non-minority group [9,31–33]. However, our results from a multi-ethnic and cultural inner London university showed no significant difference in mental health scores for depression and anxiety between the group of White students and students from ethnic minority backgrounds. One possible explanation for these findings is the improvement of mental health literacy among young people from different backgrounds over recent years [34]. Improved mental health literacy has been shown to correlate with improved mental health [34], and recent studies suggest that mental health literacy in young people is not significantly related to ethnicity [35]. In addition, most participants in our study were psychology students and thus may present with increased mental health literacy compared to students from other subjects [36], which may also explain our results. Finally, it is also important to consider that approximately 60% of our sample identified as being from an ethnic minority background in the UK; therefore, students from these backgrounds actually constitute the majority of the local student body rather than White students, as found in other national higher education institutions [37]. Not being from a minority group at university could further reduce stigma and distress and could explain an increased sense of belonging. This may have also been reflected in the lack of differences in anxiety and depression and the lack of interactions between ethnic identity and ethnic group for depression and anxiety. The fact that non-White students constitute the majority of the student body at our university and that students see many other students from similar ethnic backgrounds may also explain why we did not find differences between ethnic groups in terms of student identity. Both results are in line with Iyer et al.'s [16] findings that students' ability to develop a student identity was associated with better wellbeing. However, we found that Asian students showed significantly higher levels of academic distress compared to White and BM&O students.

#### *4.2. Identity Domains and Ethnicity*

Ethnic identity and practical incompatibility differed between the ethnic groups. Specifically, Asian and BM&O students showed significantly higher ethnic identity and practical incompatibility scores than the White students. All groups showed the same level of student identity and identity incompatibility. The current results are in line with the findings from Frings et al. [10], which also showed that students from ethnic minority backgrounds reported increased ethnic identity and practical incompatibility. However, our groups did not differ in identity compatibility as explained above. In addition, student and ethnic identity scores were higher for females. This was not the case for practical incompatibility and identity incompatibility. A higher student identity would be in line with research showing more academic engagement of female students [38]. As discussed above, not being from a minority group at university and the large majority of students being females might have contributed to our finding of higher student and ethnic identity scores as well. However, Frings et al. [10] did not find an effect of gender. Some of the findings might be explained by sample composition. Whereas our sample largely included students in psychology and health sciences, participants in the Frings et al. [10] study included students from a range of social science, media and drama subject areas. Our findings might thus not be representative of females in other degrees. Frings and colleagues also compared BAME and non-BAME students at an inner London city university. In 2018/19 there were some differences in ethnic composition, which may account for some differences in findings regarding student and ethnic identity in females. At City St George's, University of London, the student body constituted, among others, Asian: 26.2%, Black:

8.4% and White: 36.3% [37] (current study: Asian: 41.8%, Black: 7.6% and White: 30.9%). The student body at Southbank University, in contrast, comprised, among others, Asian: 21%, Black: 33% and White: 29%. City St George's, University of London, has relatively more students with an Asian background, whereas Southbank University has more Black students, which could explain some of the differences observed in ethnic identity. In addition, within these broad categories, there is a huge diversity within groups, which may lead to significant differences within group categories across different institutions. Future studies should recruit across different geographies, universities and degrees to further examine how different sexes, genders and ethnicities relate to different identities.

#### *4.3. Associations Between Depression, Anxiety, Academic Distress and Identity Domains*

We found that increased practical and identity incompatibility were related to anxiety, depression and academic distress. Classic effect size measures ( $r$  effect sizes: small  $\geq 0.10$ , medium  $\geq 0.30$  and large  $\geq 0.50$ ) show that the effect sizes of these associations range from small to medium, with the largest effect size correlations between academic distress, depression and practical and identity incompatibility. A possible explanation would be that higher incompatibility may lead to a higher number of students feeling distressed and depressed through helplessness and worries around their academic motivation, confidence and ability to complete their university degrees well. Interestingly, Matschke et al. [17] showed that increased incompatibility was correlated with reduced self-reported academic performance and increased university dropout rates, which may relate to our findings of higher levels of academic distress and depression in students scoring higher on practical and identity incompatibility. Matschke et al. [17] also found a link between social class and identity incompatibility, which we also found in our subgroup analysis using parents' household income when students were in secondary school. In contrast, Frings et al. [10] only found an effect of social class and student identity. These differences might be explained by the way SES was measured. Frings et al. [10] asked participants to indicate their social class, whereas Matschke et al. [17] asked about participants' social class but also about the highest level of parents' education, and the current study asked about household income. Alternatively, differences between our study and Frings et al. [10] could be due to differences in sample composition. Both inner London city universities have a diverse student population with students from a widening participation background. This would explain why we did not find a link between SES and student identity but not why this was not the case for Frings et al. [10]. But again, within these broad categories, there is a huge diversity within groups, which may have led to significant differences within group categories across the different institutions. Therefore, future studies are needed to further disentangle the contribution of social class and ethnic background [39] to student identity, identity incompatibility and mental health. In the current study, SES was not related to levels of anxiety, depression or academic distress. Furthermore, practical incompatibility specifically predicted academic distress in Asian but not White and BM&O students. This novel finding is probably not surprising, given that higher scores of practical incompatibility suggest that students experience greater competing demands from two or more domains or roles of their lives. It is, however, less clear why we found the strongest effects in students from an Asian background. One possible explanation would be that Asian students show stronger associations between identity incompatibility and academic distress because they are more likely to have to work to be able to pay for university expenses or to live at home with caring responsibilities in addition to the family having high expectations for the students [22,23]. It is important to note that our BM&O group was relatively small and that we included Black, multiple and other ethnicities in this heterogeneous group, which may not have the same experiences. As such, the findings will need to be replicated in larger samples and separate groups. Future studies will need to disentangle these different effects, but this study shows the need to consider practical incompatibility and the consequences of competing demands that a student may face.

Our findings suggest that there might be a greater need to explicitly acknowledge how the different roles and responsibilities of students from different ethnic backgrounds can impact their wellbeing, mental health and experiences of academic distress in educational settings. We extended Frings et al.'s findings by showing that even though the ethnic groups did not differ in their depression and anxiety scores, we found a relationship between practical and identity incompatibility and academic distress, depression and anxiety in students. Importantly, practical incompatibility predicted increased levels of academic distress, especially in students with an Asian background.

#### *4.4. Practical Implications*

Overall, our findings underscore that practical and identity incompatibility are particularly important concepts to consider when designing teaching and mental health and wellbeing strategies for students. Interestingly, Grozev and Easterbrook [25] asked their participants about strategies to reduce these incompatibilities. These included both practical (i.e., work flexibility) and cognitive strategies (i.e., clear priorities and being able to compartmentalise), but students also discussed that the values of hard work can make them more resilient learners. In the context of the current study, this suggests that strategies implemented at university should include strategies to better cope with competing demands as well as resilience training and allowances for flexibility, which will enable students to fulfil their different roles. In addition, our study also shows that strategies need to consider culturally specific demands and issues [25,40].

This study supports the recent report by the Office for Students, which recognised the importance of universities responding to the changing lifestyle choices of working students and students with caring responsibilities [41]. In line with this is the community of practice (CoP) approach to learning [42] and the suggestion that learning has to be considered as part of the lived experience of students [43]. Masika and Jones [43] successfully used an intervention based on the CoP approach to increase student engagement and sense of belonging of first-year Business Management students. Based on our results, future studies should consider the transition to university and cultural aspects that lead to higher practical and identity incompatibility within a CoP approach. A further suggestion to improve the compatibility of perceived identities of university students is to support students with the transition into higher education and consider culturally specific interventions for students from ethnic minority backgrounds as well as first-generation students. This may be supported by promoting community and social integration, undertaken via the establishment of peer support mentoring groups within universities, as research is generally conclusive on the positive effect of peer support mentoring groups on university students' general wellbeing [44,45] as well as compatibility rates and integration into higher education. Wazni et al. [46] also used a CoP approach to engage graduate students from health sciences and specifically recommended peer mentoring to help international students that faced additional challenges like adjusting to a new academic culture and finding new social support and friendships. This suggests that a similar approach may also be beneficial for first-year students and students from diverse backgrounds.

#### *4.5. Limitations*

The current study is one of the first to link social identity and practical incompatibility in conjunction with mental health in a large number of students with different ethnic backgrounds; however, there are several limitations that also need to be considered. A key limitation is the generalisability of our findings, given that our sample consisted mostly of females, many of whom studied psychology at a multicultural inner London city university. These results cannot be generalised to other populations, and further investigations are needed across different universities, degrees, regions, sexes and genders. In addition, future studies should also include gender identity and how this intersects with social identity and the ethnic group. Due to the smaller sample size, the self-identified 'Black', 'multiple' and 'other' ethnic groups were combined into one 'Black, multiple and other' group for

significance in group analysis. This is a limitation, as these combined sub-groups may have different relationships with the dependent variables. Therefore, future research would benefit from investigating these ethnic groups independently of each other. One final limitation is that, in this study, we were only able to include a subsample in the analysis of SES using a question on household income when in secondary school. We found an effect of socio-economic status on identity incompatibility in our subsample, but it will be important to further explore this, as both socio-economic status and ethnic background often intersect in many areas and are not mutually exclusive [47]. Therefore, further studies are needed to disentangle the contribution of socio-economic variables and ethnic background to this relationship. However, it is clear that to optimally support the mental health of students, universities need to consider social identities and practical incompatibilities.

## 5. Conclusions

In conclusion, the current study extends previous work by showing the association of practical and identity incompatibility with levels of anxiety, depression and academic distress in students from different ethnic backgrounds. In contrast to other studies, we did not find a difference between groups in levels of anxiety and depression, but our results suggest that the mismatch between different social identities may have an impact on levels of depression, anxiety and academic distress, which needs to be taken into account. In line with the mental health charter, we need to consider social identity and incompatibility as part of the university strategy on how to best enable students to develop skills, confidence and academic self-efficacy and improve academic performance. Thus, our results point to the importance of universities considering levels of practical incompatibility and cultural differences as part of their response to changing lifestyle choices of working students and students with caring responsibilities. This may include strategies that support students to better cope with the competing demands and the flexibility to fulfil the different roles, as well as strategies that increase the sense of belonging to university, especially at the point of transition into university. Peer support groups and community of practice approaches have already been successfully used in this context [41].

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