MALE UNDERGRADUATE STUDENTS' PERCEPTIONS OF MALE STUDENT MENTAL HEALTH

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Claire Elizabeth Wolstenholme

Candidate Declaration

I hereby declare that I have not been enrolled for another award of the University, or other academic or professional organisation, whilst undertaking my research degree. None of the material contained in the thesis has been used in any other submission for an academic award.

I am aware of and understand the University's policy on plagiarism and certify that this thesis is my own work. The use of all published or other sources of material consulted have been properly and fully acknowledged.

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Name	*Claire Elizabeth Wolstenholme*
Date	*July, 2022*
Award	*EdD*
Faculty	*Social Sciences and Arts*
Director(s) of Studies	*Dr Anne Kellock*

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Abstract

Research has continuously highlighted gender differences in how mental health is experienced, with findings revealing that men are less likely to recognise (Ellis, 2018), disclose, (Doherty and O'Doherty 2010,) or seek support for mental ill-health (Mental Health Foundation, 2016). Potential reasons for this reluctance in men, are equally well theorised, with issues of stigma (Frend 2016), and health services being '*inherently feminised*' (Morison et al, 2014) postulated. Less research exists on overcoming barriers to male help-seeking, particularly in the student population. Undergraduate students are typically at an age of likely onset of common mental ill-health (Kessler et al, 2007), and moreover face a multitude of stressors, such as new independence (Tobin, 2018), coursework pressures (McIntyre et al, 2018), navigating social practices (Richardson et al, 2017), and financial pressures (HEFCE, 2015).

Drawing on 16 interviews with self-identifying male, second year undergraduate students at one north of England university, this thesis explores perceptions of male student mental health, including potential causes of, and support seeking for male students with mental ill-health. A thematic, template analysis was undertaken on the data (King, 2004). Utilising theories of masculinity (Connell, 1995; 2005; Seidler et al; 2017) and gender relations (e.g., Schofield et al, 2000; Olliffe, 2011) this thesis explores identified themes, with quotes utilised to elucidate the findings discussed.

The extent to which the university environment effects mental health is discussed, as well as awareness of, and barriers to support, such as bureaucracy, stigma, and males' perceptions of being viewed as weak. Masculinity culture was a prominent theme throughout the findings. Participant views on whether support should be gender specific are also discussed. Findings showed an overwhelming preference by male undergraduate students for face-to-face support. Participants also emphasised the need for individualised support for (male) students, with no 'one size fits all' approach, supporting gender relation theorists' assertions of the need to move away from a singular understanding of masculine norms. Findings point to a need to change the narrative around male mental health and to view masculinity as a diverse pattern of behaviour which can be individualistic. Evidence is uncovered that males can be harmed by unhelpful judgements and expectations of what masculinity *should* look like, as well as assumptions of innate privilege based on gender.

Findings from this research could have implications for university mental health services, to better understand male mental health, including when, why and how men access support. Moreover, understanding the specific male student lived experiences, could help with more effective 'gender sensitive', (as opposed to gender specific), support for men.

Keywords: mental health, masculinity, males, university, Higher Education

Contents

1 Chapter one: Introduction and policy context

Drawing on 16 interviews with self-identifying male, second year undergraduate students from across diverse courses at a large, post-1992, UK-based, Higher Education Institution (HEI) in the north of England, this thesis explores these male students' perceptions of male student mental health. The focus of this research is to build an understanding of the perceptions of male students of the male student experiences of mental health, including the possible causes of mental ill-health, the impacts of being a university student on mental health, and male students' willingness to declare, and seek support for mental ill-health.

1.1.1 Chapter outline

The chapter begins by briefly outlining the justification for the perceived need for this specific research. A critical reflection on policy related to mental ill-health in male undergraduate university students then follows. Wider Higher Education (HE) policy will firstly be critiqued, before more specific policies of mental health in young people in higher education, and lastly the mental health policy from the university where this research is intended to take place.

This chapter draws on approaches of critical discourse analysis, as outlined in Hyatt (2013), to examine and analyse the production and implementation of policy through the context in which it was produced, as well as the drivers, justifications (or 'warrants') and the continuing consequences (both intentional and unintentional) of said policy over time. In this chapter I draw on Hyatt's approach, in particular, how power is reproduced through policy, looking in some detail at discourse, and how language used in policy can be critiqued.

1.1.2 Introduction

Research has continuously highlighted gender differences in relation to how mental health is experienced, with findings consistently revealing that men are less likely to recognise mental ill-health in themselves and others (Martin et al, 2013; Ellis, 2018), or to disclose, (Doherty and O'Doherty, 2010,) or seek support for mental ill-health (Mental Health Foundation, 2016). The potential reasons for this reluctance on the part of men, is equally well theorised, with issues of stigma (Frend, 2016), mental health literacy (Gorczyinski et al, 2017), and health services being '*inherently feminised*' (Morison et al, 2014) postulated. Less research exists on overcoming barriers to male help-seeking, particularly in the undergraduate student population, although this is beginning to be investigated (Sagar-Ouriaghli et al, 2020).

Undergraduate students are typically at an age of likely onset for common mental ill-health to occur (Jones, 2013; Thorley, 2017), Kessler et al (2007) found that 75% of those with mental ill-health had symptoms by the age of 24, and thus this age group are in need of research attention in relation to mental health. Moreover, university students face a multitude of stressors, such as new levels of independence (Tobin, 2018), high level study (McIntyre et al, 2018), navigating social practices and

potential isolation (Richardson et al, 2017), and financial pressures (HEFCE, 2015; Richardson et al, 2016). Half of school leavers now take up a place at a higher education institute in the UK, bringing the total student population to around 2.3 million (UUK; 2018). Recently, (pre, during & post pandemic) there has been a large increase in the reporting of mental ill-health among UK university students in research and the media (e.g. Krause; 2017, Turner, 2018; Barr, 2020), often referred to as a 'crisis' (Vaughan, 2018; Bewick and Stallman et al, 2018). A report by Universities UK (2018) provides data showing how the number of undergraduate students disclosing mental ill-health has increased year on year, from 8,415 in 2007/8 to 49,265 in 2017/18. It is unclear however, whether this is an increase in mental ill-health, or the reporting of it. Further research looking into the relationship between university environments and student mental health could be useful to promote positive environments in higher education (Hunt and Eisenberg, 2010). Such research is particularly important for those students more susceptible to mental ill-health, such as those of lower socioeconomic backgrounds (Elliot, 2016; McLafferty et al, 2017; Thomas et al, 2017). Black and Minority Ethnic (BAME) students have also been found to be less likely than their white peers to seek treatment for their mental ill-health; perhaps explained in part by higher levels of stigma experienced, particularly in Asian students (Lipson et al, 2018).

The apparent increase of mental ill-health in university students (Universities UK, 2018) has wide reaching implications, including higher rates of drop out (Marsh, 2017), lower rates of academic achievement (Public Health England, 2014, Neves and Hillman, 2017), and increased numbers of individuals taking their own lives (ONS, 2018). Irrespective of these important implications, mental ill-health reduces individuals' quality of life and wellbeing (Davies et al, 2016) and therefore is an area that deserves research attention.

Universities have a 'duty of care' towards their students experiencing mental health difficulties (UUK, 2018), and the UUK Stepchange framework, a policy initiative launched in 2017, was put in place to create a ‘whole university approach’ to support the wellbeing of students and staff. Despite this, university specific mental health support is reportedly under pressure across the country with increasing demand (Thorley, 2017), meaning universities can have long waiting lists for such provisions (HEPI, 2016). Further, a report by Appleby et al (2017), revealed that of those students who took their lives between 2014 and 2015 (around 75), only 12% had been receiving counselling from student support.

Male students in particular are a vulnerable and ‘hard to reach’ population, reportedly experiencing higher levels of stigma than females (Sherriff, 2015), seeking less support (Mental Health Foundation, 2016; Seidler et al, 2016; Ellis, 2018), and being unlikely to disclose mental ill-health to their friends, for fear of being cast out of their social group (The Priory Group, 2017). Gorczyinski et al, (2017) found that mental health literacy in UK university students correlated positively with help-seeking, and that male students had lower levels of mental health literacy than females. Male

students also appear to be particularly vulnerable to mental health self-stigma (Eisenberg et al, 2009; Frend, 2016), which creates a further barrier to seeking support (Murphy and Busuttil, 2015; Wimsatt et al, 2015).

A paucity of research exists in England focussed especially on male students and mental health, particularly utilising qualitative approaches. As Smith et al (2018) attest, for researchers to gain an improved understanding of psychological wellbeing in males, they must focus exclusively on men's mental health. Men's mental health is also relatively under-theorised (McKenzie et al, 2018). Gender relations theory and research (e.g., Connell, 2009; Schofield et al, 2000; Olliffe, 2011,) has illuminated the need to move from a view of a singular understanding of masculine norms and (often) perceived negative behaviours, to instead thinking in terms of variability. Seidler et al (2017) point to the emergence of evidence for multiple forms of masculinities existing in men, created through intersections of intrinsic and socially constructed factors which are then enacted by males through their daily lives, and subject to change. Further research is needed to understand these diverse patterns of masculinities, particularly in the way these impact on perceptions of mental distress in males and if and how they seek support. Findings from such research could have implications for university mental health services, to better understand the mental ill-health of males, including when, why and how they access support. Moreover, understanding the specific male student lived experiences, could help with more effective, 'gender sensitive', (instead of gender specific), support for men. An in-depth discussion of previous research is presented in the literature review chapter (chapter 2).

1.2 Higher Education policy and the potential effects on student mental health

This section critically evaluates higher education policy, in order to contextualise and frame the research, by uncovering some key issues in the sector. The focus is firstly on broader, wide-reaching policies that may affect all students, before addressing specific policies related to mental health for young people (including students). The work of Bourdieu is drawn on, to highlight how the policy technologies discussed can disadvantage particular groups of students, including those from marginalised groups such as lower social classes, whom are already more likely to suffer mental ill-health (Elliot, 2016). Bourdieu's work on education focused on the roles that educational institutions, such as universities play in reproducing social and cultural classification and stratification. Bourdieu argued that education is a form of capital, and academic knowledge has a higher rate of cultural capital than practical knowledge, as academic knowledge is more likely to equate to social privilege (Bourdieu and Passerson, 1977). These theoretical concepts can contribute to researching and understanding education policy, particularly in the context of globalisation and the economisation of education (Rawolle and Lingard, 2008).

HE policy has been through a period of instability, particularly since the economic recession began in 2008 (Charles, Kitagawa and Uyarra, 2018). This chapter focuses on key areas of change in HE policy related to marketization, managerialism

and performativity, and how higher education institutions, including various stakeholders understand and respond to these policy changes. The key areas discussed are increased performativity at university, under the guise of 'choice and quality', the widening participation agenda, and the increase in university fees, including the implications of these policies. The research evidence illustrates that these policies are affecting university students' experiences and mental health, and are likely to continue to do so in the future. The aim here is to explore how these contemporary policies, as well as historical factors, may be contributing to the problem of increased mental ill-health for students.

1.2.1 Notions of 'Choice' and 'quality' in Higher Education

The most recent higher education government white paper; Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice, released in May 2016, illustrates the conservative government ideology, with emphasis on performativity and the marketization of higher education, that decisions should be made based almost exclusively on outcome. Within the title of the paper 'Knowledge Economy', there is a clear message that knowledge is perceived as an economic advantage first and foremost. Brown and Lauder wrote of 'Global knowledge wars', back in 1995, to illustrate how gaining knowledge was considered vital for increasing economic superiority in the global economy, and this appears to have only increased. Although knowledge is of clear importance and central to HEIs, the language used throughout the paper relates to students as 'consumers' with a strong prominence of the notion of student choice. 'Choice' as a selling point of the new policy, is a consistent message throughout the white paper, and the word choice (choose or chosen) is used 177 times in the document. The policy recommends that Universities become more competitive in an attempt to drive up standards, and the word 'quality' is heavily utilised as the desired outcome. For example:

'Competition between providers in any market incentivises them to raise their game, offering consumers a greater choice of more innovative and better-quality products and services at lower cost. Higher education is no exception.' (p8)

The language used implies that increased choice, stronger competition, and differentiation of providers are needed for success, and are necessarily better for the consumer, demonstrating how the neoliberal government agenda has become entrenched. This phrasing is echoed in the Higher Education Act of 2017. A study by Bunce, Baired and Jones (2016) however, demonstrates that the more students viewed themselves as a consumer, the less they viewed themselves as a learner, and moreover this led to a negative impact on their academic performance. The current government rhetoric is one of a meritocracy, that the most able pupils, regardless of background, should and will succeed, when in fact data suggests that the UK has become an ever more unequal society (Oxfam, 2016), and research demonstrates that differentiation within education actually increases inequality (Ayalon and Yogev, 2005; Iannelli, Smyth and Klein, 2015).

The paper goes on to say that HEIs should not be *'Protected from high quality competition'* (p8). This reflects the neo-liberal assumption by government, that HE market competition will increase 'quality' and 'standards' at university, despite this agenda already having arguably failed in relation to the raising of university fees (discussed in some detail below). Moreover, the above statement is dependent on how one measures 'quality' and 'excellent teaching'. Research has shown that quality is a subjective term, and that different stakeholders (including students) view quality in HE differently (Ashwin, 2015). This policy appears to be justified through, as Hyatt (2013) might argue, the 'accountability warrant' as competition between universities is *seen* to improve standards and could be seen then to be *for the public good*. It could also be legitimised as 'Moral Evaluation', in that this competition is ideologically valued and seen as desirable, what Ball (2010) describes as 'hyper rationale'. As Hyatt (2013) goes on to say in his paper, consumerism implies that '*education entails acquiring measurable outcomes… rather than engaging with processes of learning'* (p841).

The white paper is somewhat of a departure from the Dearing report of 1997 where, although quality HE is mentioned, there is an emphasis on learners and learning:

The purpose of education is life-enhancing: it contributes to the whole quality of life…. Some will wish to pursue higher education from time to time to enrich the quality of their lives (The Dearing report, 1997, p74)

There appears to be an increasing shift then in the way that universities are viewed '*from places where primarily happiness and contentment could be pursued, to places where instead satisfaction and economic reward are sought*' (Elwick and Cannizzaro, 2017, 205).

The value of degrees is ever more being measured based on the salary that one can expect upon graduation, instead of the contribution to society that person may make, or the rounding experience that a student may gain from attending university. This point is argued well by Cambridge academics, who, in response to the preceding green paper asserted that universities aims should be '*to help students grow into thoughtful and critical citizens, not just earners and consumers'* (Borysiewicz and White, 2016, p3). Moreover, such outcome driven policy has been shown at the school level to be detrimental to both learners and teachers' perceptions of themselves, and lead to an increase in indicators of mental ill-health, such as increased anxiety (Ball, 2010).

The rationale for this type of hyper-consumerist approach, may well come from global factors, such as the opening up of the HE markets, where countries such as China, where traditionally students would choose UK universities for their prestige, are now becoming more serious contenders in terms of quality of HE provision, meaning that top ranking institutions such as Oxbridge have at times, slipped down the global ratings (TES, 2016).

The white paper mentions mental health only once, with no links made between the policy and the potential impact on mental health, and no specific guidance on how mental ill-health could be prevented or prioritised in HE. The introduction of the Teaching Excellence Framework (TEF) by the government to assess 'excellence' in teaching in UK HEIs and colleges, aims to ensure 'value' for students. However, the pressure that this brings for teaching staff, coupled with the increasing competition and focus on results in HE, means HEIs are becoming less autonomous and more akin to the type of assessment treadmill that schools have endured over recent decades (Franco-Santos and Otley, 2017).

1.2.2 The Widening Participation agenda and its impact

Using a policy trajectory approach (Ball, 1997) to look at change over time, the widening participation (WP) agenda in higher education can be traced back as early as the late nineteenth century when '*serious concerns [were] expressed about 'access' inequalities'* in relation to attending higher Education Institutes (Kettley, 2007, p334). The roots of the WP policy are related to equality and social justice, improving access to HE for under-represented groups, including those from lower socioeconomic backgrounds, and to move from an 'elite' to a 'mass' education system (Bathmaker, 2003). This meaningfully began after the Robbins report of 1963, when UK student numbers nearly doubled, and then again in the late 1980s after the conservative secretary of state called for an increase in student numbers. By 1992 30% of school leavers were in attendance at university (Bathmaker, 2003).

However, debates about WP more recently have focussed more on the divide between 'fair access' and 'wider access' (Morris, 2017) with the former simply meaning not denying access through discrimination (Equality Act, 2010), rather than specifically conducting outreach, or targeting work to reduce the inequalities that exist, through for example university access agreements. Many would argue there is much progress still to be made, for example, Cambridge university has an intake of 56% of students from the most privileged quartile of society, compared to just 3% from the least privileged (Morris, 2017). So, despite the WP agenda being viewed as largely positive, there still exist deep inequalities throughout the HE sector.

When in power in 2003, the labour party white paper: *The Future of Higher Education,* announced the intention to have 50% of 18–30-year-olds attending university by 2010, and although this was not quite achieved, there has been a dramatic increase to nearly 40% of young people attending university by 2013 and 50.2% by 2018. This means that gaining a university degree is no longer for the elite few, instead having become open to a wide range of individuals from diverse backgrounds. Whilst this is encouraging, research has shown that alongside the expansion of students from less privileged backgrounds attending universities, there has been an increase in mental ill-health in the student population (Macaskill, 2012) including a steep rise in students dropping out of university owing to mental ill-health (Marsh, 2017). This is perhaps to be expected as the university population grows to reflect the wider population. More students from the widest range of ability and

background attending university should be celebrated; however, the support in place for these students is currently under increasing strain nationally (Yeung, Weale and Perraudin, 2016), meaning most universities (including pre-covid 19) have had long waiting lists for mental health provision such as counselling services (HEPI, 2016). This has led commentators to question whether the government and universities, in their drive to become competitive and produce economically viable graduates, are prioritising outcomes over wellbeing.

Bourdieu (1977) has argued that universities are examples of institutions of social reproduction. So, despite certain students, such as those from working class backgrounds, gaining entry to university, their *Habitus* Bourdieu would argue, will follow them, making it more difficult for them to fit into the cultural norms associated with university study and life. For example, a great deal of research has looked at the poor attainment outcomes of working-class male pupils at school (for example Demie and Lewis, 2010). If these pupils are then able to access university, they may bring with them a dislike or distrust of education and struggle to navigate the system successfully. A negative experience at university is likely to impact negatively on levels of drop out (McIntosh and Shaw, 2017) as described above. Students may begin then to internalise failure, when it could be argued that the education system is in fact failing these students. In her book; Miseducation: Inequality, education and the working classes, Reay (2017) identifies a culture of stereotyping and negative labelling by middle class pupils towards their working-class peers affirming '*the question of an individual's inherent value can never be disentangled from their class position'* (p1358). Research has consistently shown that low self-value or self-esteem relates to mental ill-health (Mann et al, 2004). This issue is returned to in the analysis chapter (4).

Some students could be further disadvantages by their lives outside of study, such as acting as a carer, or having other family responsibilities which may also impact negatively on their mental health. What is crucial is for student wellbeing to be prioritised and mental health support available to the ever-expanding student population, but how this is funded, is an important and yet unresolved question. A report by the Higher Education Policy Institute (HEPI) in 2016, advised that universities needed to as much as triple the amount of money they spent on support for student mental health. The more recent Stepchange framework outlines that universities should commit to fund services in-line with '*an open and robust evaluation of current student need, existing provision, and reasonable future projections*'. There is good cause to increase spending on student support, as there is empirical evidence that university counselling sessions increase the retention of students at university (Simpson and Ferguson, 2012) which is positive for both the student, and the university financially.

Another implication of the WP agenda is that the increase in numbers of students attending university is leading to a shrinking of the ratio of staff to students, meaning *'the chances of students being known by the academic staff in a department are*

often remote' (Collini, 2018). The fact that staff are less able to give time and attention to any individual student means they are much less likely to focus time on promoting student wellbeing or to spot the signs of students struggling and be able to sign-post to support needed.

1.2.3 Implications of the university fee increase

One of the most signification policy initiatives in higher education happened under the coalition government in 2012, when the maximum fees that institutions could charge increased dramatically from £3,375 to £9,000. The initial introduction of fees was brought in under labour in 1998. However, the fee rise followed the Browne review of 2010, which advised a lifting of the student numbers cap, in order to free up the market, creating further competition between institutions, and enabling 'popular' institutions to recruit more students and grow. The policy driver behind this was that the cost of higher education would be taken away from the government and put onto the student in the form of borrowing. Bourdieu's theoretical constructs help to demonstrate how the fee increase could be viewed as an example of conservative government policy aimed at sustaining and reinforcing social class inequalities, since those more privileged would be least affected.

Universities were expected to charge varying levels of fees, dependent on their ability to attract the higher attaining students, with an average fee rate of £7,500. However, what followed instead was an unintentional outcome of the policy, as universities almost unanimously charged levels around the top end of around £8,500 - £9000 in order to ensure their funding, and to avoid being seen as less well performing, and/or less value for money, resulting in a lack of the differentiation expected (Taylor and McCaig, 2014). In 2015, the government removed the cap on student numbers in order to '*allow greater choice and to help competition to flourish*' (BIS, 2016, p7).

In 2021, the average student graduating in England will have a debt of £45,000 (Clarke, 2021). Despite students not having to pay their fees upfront, and the government rhetoric that the money owed is more of a postgraduate 'income-dependent tax' than a debt, there has been growing concern that students are feeling the weight of the recently increased financial cost of securing a degree (Times Higher Education, 2017). One example by Gani (2016) shows that students are seeking counselling support due to their financial concerns brought on by the higher fee rate. There are potential social justice implications of this further marketization of HE policy, since particular students are more likely to be affected negatively by these policy technologies. For example, the removal of maintenance grants in 2016 means that those from lower social classes were more likely to feel an increase burden of the higher fees, as those least well-off will end up with the highest debts when fees are coupled with living expenses. Maintenance loans have been shown to be insufficient for students to live on, with recent research finding that a high proportion of students (43%) have had to use a bank overdraft to manage financially while

studying (National Student Money Survey, 2017). It is well documented that money worries are linked to mental ill-health (Mind 2013; Pinter, Ayre and Emmott, 2016; and Clarke, 2017), and there has been much research and media reporting on the link between student financial concerns and increased stress, depression and alcohol consumption (see for example: Richardson et al, 2016; Gani, 2016; and Pells, 2017). Moreover, a recent publication by Benson-Egglenton (2018) looked at the relationship between students' mental wellbeing and their financial situation under the current fee system, and found a relationship between mental health and financial wellbeing, with students scoring the lowest on a validated wellbeing measure test being more likely to be those with a bursary support.

The implications of financial worries for students could be far-reaching and are again likely to affect certain students more than others, depending on their backgrounds and what Bourdieu referred to as their social and economic capital. For example, students may choose to live at home to save money, which may not only affect their university experience and relationship with peers (Holdsworth, 2006); but is also dependent on their family being able to accommodate this financially. Students from more deprived backgrounds may need to work long hours to fund their studying, meaning that they may miss university classes in favour of earning. Poorer students may also struggle to focus on their studies due to debt concerns, while middle class students may be partly or fully funded by their parents (West et al, 2015).

Financial concerns are one of a number of issues that today's students may well feel concerned about, given the levels of uncertainty in the current job market, and such global factors as Brexit, and Covid where there has been an overwhelming level of media reporting on the potential catastrophic consequences to universities, the economy and the job market, related to these dual concerns (e.g. Simons, 2018; BBC 2018; Burkholder, and Krauskopf, 2021). These issues are both out of the control of students and ones that are likely to provoke a certain level of anxiety due to the prospects for their long-term employment, including the possibilities to work or study abroad. Indeed, a survey conducted by Quacquarelli (2016), showed that more than half of prospective students surveyed felt that leaving the EU would have a negative impact on their future career prospects.

Above, I have critiqued some aspects of HE policies that have been shown to affect students' experience and, for some, their mental health. For reasons outlined in the introduction to the chapter, university specific factors impacting on mental health may well be more of a problem for male students. The next section looks specifically at mental health policies for young people.

1.2.4 Mental Health provision for young people

The Department for Health (DoH) and the Department for Education (DfE) published: Transforming children and young people's mental health provision: a Green Paper' in December 2017. The paper sets out proposals on how the government will support young people with mental ill-health. In the paper, the government outlined plans to

spend an additional £1.4billion on children and young people's mental health support by 2022. The driver of the policy is likely to be the increased mental ill-health in adults (and children) causing absence at work and economic impacts on the NHS. The aim then was to put mental health provision in place for young people at an early stage to prevent mental ill-health developing or continuing into adulthood and therefore negate the need for additional resources for as many adults in the future. Although early intervention, identification and strategy is generally positive, the policy puts the onus on the institutions of study, namely schools, colleges and universities, and therefore also the accountability if things do not improve.

Although the green paper is addressing mental ill-health for children *and* young people (therefore up to the age of 25) the content is highly focused on school and college aged pupils rather than university students. This is also the main area of funding discussed. Although those aged 18 and over are technically adults, they are classed as young people for the purpose of this paper. It is also arguably in the interest of government to keep these young people healthy, for a variety of social, ethical and moral reasons. In addition, vulnerable young people, such as previously looked after children have an extension in their support age. This issue was highlighted by Universities UK (UUK), who, in their response to the green paper highlight that only 6% of the green paper relates to 16-25-year-olds and state that: *'the policy raises an important question, why effective integration of services is confined to school age rather than 0–25 years*' (UUK, 2018). The government, it could be argued, have potentially missed an opportunity for more joined up working between institutions and sectors to support young people's mental health throughout their educational transitions into young adulthood.

The paper for example states that:

'We want to ensure that all children and young people, no matter where they live, have access to high-quality mental health and wellbeing support linked to their school or college' (p4)

This investment to support school and college age pupils could be crucial in possibly preventing the continuation/development of mental ill-health by university age, there is still a lack of a funding commitment to support those young people who need support whilst at university. Although the paper does outline a proposal for a new national strategic partnership to look at improvements in mental health for 16–25-year-olds, it is unclear what this would look like in practice and any level of funding that would be made available for this.

In late 2017, Universities UK launched the Stepchange campaign to address mental ill-health in HE. This is a 'settings' approach to mental health, meaning the whole institution should be more conducive to good mental health. Although this holistic approach has benefits, it again puts the onus of responsibility onto the university rather than the government. If universities are to take on this whole institute

approach, there would need to be consideration of whether university staff could, or even should be trained to deal with or at least be able to identify mental ill-health in the young people they have contact with. Currently students need to seek help from the correct university service if they have mental ill-health. However, students may feel more comfortable initially discussing concerns with a familiar person, such as their tutor, who, research suggests, often feel under-equipped (Gulliver, 2018) and without training (Margrove, Gustowska and Grove, 2014) to deal with this type of issue. Therefore, if the Stepchange suggestions are to come into force, there may need to be a significant shift, in the way universities attend to mental ill-health in students. Issues raised here are returned to throughout the thesis.

1.2.5 Mental Health policy at the university of Study

This research investigates male students' perceptions of male student mental ill-health at one university. The mental health policy at this university (not named for anonymity reasons) therefore has been reviewed.

Accessing the policy was less straightforward than one would hope, due to problems with the universities website meaning the hyperlink did not work. The policy therefore had to be requested by email, meaning it was not easily accessible. This is of concern, particularly as the policy lists sources of support and guidance for students. It is however encouraging that the university *has* a mental health policy, given that a 2008 survey showed that only 54% of universities had one at this time (UUK, 2018).

The mental health policy at the university of study was published in 2014, prior to the Stepchange movement and therefore will not have been influenced by this. It was also published before the Universities UK policy document: Student mental wellbeing in higher education, good practice guide. There are clear omissions in the university policy compared to the guidance outlined in these policies, such as an emphasis on mental wellness and ways to achieve this including early intervention, and a 'whole university approach' (UUK, 2018) to dealing with mental ill-health.

The policy does not make clear how it was developed or who authored it, and there is no mention that there was any involvement of students in the design, which means this is unlikely to have happened, despite this being viewed as good practice (UUK, 2017). This may be due to the policy being written before guidance emerged. Influences on the policy are not made clear, including what policies would have been drawn on in production. The policy would have likely been influenced by the 2006 UUK/Guild HE framework for policies, however if this is the case, it is not made explicit.

The policy begins with a statement about the university being supportive, non-discriminatory, and welcoming a ‘diverse student body’. The document states that it applies to students experiencing difficulties with their mental health, giving examples of what this may be. The policy also acknowledges that statistics demonstrate that there may be a lack of students disclosing their mental ill-health. However, what

follows is less encouraging for students, instead of suggestions for how to disclose issues, and what support could be put in place, the policy uses more corporate language, for example:

'Students will be required to provide medical evidence in order for support to be put in place'.

'It should be made clear to students that a successful placement is largely dependent upon willingness to disclose in enough time to allow reasonable adjustments to be put in place.'

The emphasis appears to be on putting the onus on the student, which is reasonable to an extent, as the university would need to know there is an issue to provide support. However, this does not link well to the earlier acknowledgement that many students, may struggle to disclose mental ill-health (UUK), and this is particularly the case for male students (Heath et al, 2017). What is lacking is a sensitive discussion on how a student might address this in order to seek support. The university student charter also declares that one of the aims is to identify '*areas of risk to health, so that they can be minimised and managed appropriately'* but again it is not explained *how* this could be done.

The policy indicates that, although there are student services in place for those experiencing difficulties, it is likely in the first instance to be a member of academic staff that students may approach. As outlined above, there are a number of potential issues with this approach, and the policy does not outline if or how these staff are trained to deal with a disclosure of this nature, or to recognise the signs of mental ill-health in a student. Moreover, university teaching staff firstly may not recognise that a student is in distress (Hughes et al, 2018), and furthermore may not feel they have the emotional reserves and real time to engage and support the student (Inge, 2018).

The policy overall seems to be somewhat outdated and lacking in specific details about what support is available for prevention or help for mental ill-health for students. In 2017, Universities UK launched a framework to help universities to develop meaningful and useful polices on mental health. A freedom of information request was made that year to 133 universities across the country asking for a copy, with only 22% providing a policy that met the needs outlined in the guidance (NUS, 2018). It is not known if the university of study was amongst these.

1.3 The research focus: Objectives and research questions

The overall objective of this research is to explore perceptions of mental health in the self-identifying male higher education student population, using in-depth qualitative methods. Although biological sex is referred to throughout this thesis as male or female, there is an acknowledgement that gender is socially constructed, and

therefore is on a spectrum depending on how individuals identify. This research invited self-identifying males to participate.

Research questions (below) have been developed and refined during the process of conducting this thesis:

- What are the perceptions of self-identifying male undergraduate university students regarding male student mental ill-health?
- To what extent do self-identifying male students think the university experience affects mental health and wellbeing?
- What are the perceived facilitators and barriers to male students disclosing and seeking support for mental ill-health?
- What do male students think can be developed to support male students with mental health difficulties?
- What are the implications of this research for policy and practice?

1.4 Summary of chapter

This chapter summarises a brief review of the literature highlighting the specific issues that male students as a population may struggle with in relation to their mental health, as well as the relative gap in qualitative research with male undergraduate students about mental health, and thus a need for this research.

The review of policy highlights several pertinent issues which are likely to impact on students and their mental health. Increased marketization of higher education has taken place, arguably to help the country be more competitive in a global economy, however research does not appear to back up this notion and has instead often showed that a consumerist approach to HE can lead to poorer academic outcomes, less equality, and lower levels of wellbeing in students.

Government policies related to young people and education have placed a surprisingly small emphasis on student wellbeing and mental health, despite this being a growing concern. Mental health support at universities does not appear to have kept pace with the ever-increasing numbers of students attending university from an ever-wider range of backgrounds. Student loan policy changes have dramatically increased the debt that many students will leave university with. A clear link exists between financial concerns and mental ill-health, and this inevitably affects less affluent students' disproportionality.

Undertaking a review of the policy initiatives that have impacted higher education in recent years enabled a further understanding of the importance of the university

environment as a key element impacting on mental health difficulties, which I explore throughout this research.

The next chapter explores theoretical understandings of male mental health and reviews and synthesises previous research in this area, before outlining how the research I undertake contributes to the body of knowledge.

2 Chapter two: Literature Review

2.1 Introduction

This literature review creates a 'research space' (Swales, 1990) through a number of means, firstly outlining why this area of study is highly significant for individuals, the student population, and male students in particular, and therefore why it is of importance to research. Reviewing and synthesising existing literature within this area is undertaken to identify what is and is not yet known in relation to the first four research questions outlined in the previous chapter (page 21), and how sure one can be about the evidence presented. The review also identifies where less research has been conducted, and therefore highlighting any gaps in knowledge to validate the research questions for the study, indicating how the present research may go some way to filling the gaps. This research intersects a number of disciplines, including Education, Psychology, Mental Health, and Sociology, due to the nature of the research area, and therefore in doing the literature review; there was a need to explore literature from across these and other areas**.**

The literature review has been an iterative process (Xiao and Watson, 2017), from an early scoping of the literature to produce the proposal for this thesis, and ongoing throughout, as the wider context has changed and impacted dramatically on student mental health (e.g., the Covid 19 pandemic). In undertaking the literature review, key search terms as well as databases were identified (appendix one). Although the process cannot be described as systematic, an excel spreadsheet was created to save and catalogue literature found (appendix one). Categories were developed based on areas of interest related to the research questions, such as prevalence and help-seeking, and the spreadsheet was colour coded accordingly to reflect the area. Columns recorded details, such as type of document, methodological approach, publication date, country of origin and where the document had been found (e.g., google scholar, database, news article etc). Once key articles were identified and added to the spreadsheet, a snowballing technique was used to look for further relevant research in the area (Greenhalgh and Peacock, 2005). Email alerts on Google Scholar were utilised to keep up to date with newly published research in the area. Key search terms were entered, and updates sent via email whenever research was published matching these terms. Emails were received frequently (roughly twice a week); however, the majority of newly published studies were not relevant. Email updates were reviewed monthly, and any studies thought to be relevant were saved and returned to.

Literature found was synthesised and discussed in relation to knowledge and theory deemed to be of most importance, and relevance to the research study (Maxwell, 2006). The process is imperative to build a picture of what is and is not yet known, identifying gaps in theory, method and the substantive area identified (Eaton, 2018). Assessing the quality of literature was an important process, including reviewing the appropriateness of methodology and methods relative to the aims and research questions (Boote and Beile, 2005).

Owing to a dearth of previous research conducted looking specifically at male student's mental ill-health, or in fact focussed on men's mental health in general, this review examines more broadly the male perspective of mental ill-health in male students and what factors may contribute or worsen the effects of these. This review then synthesises the evidence available related to students, and male students in particular, mental health while at university, the extent to which the university experience influences this, and the support available to them. The review also presents literature about what factors enable male students to both disclose and seek support for mental ill-health.

2.2 Understanding of key terms

Firstly/below, conceptualisations of the terms; wellbeing, mental health and mental ill-health, and help-seeking behaviours are discussed in relation to the literature and how these terms are used throughout the thesis.

2.2.1 Wellbeing

Despite a government body being created, dedicated solely to improving individuals' wellbeing (What works wellbeing, 2022), the term appears to be consistently difficult both to define and measure (Schrank et al, 2013). With its varied use across differing subjects and countries (Simmons and Baldwin, 2021), its multidimensional nature (Huppert and So, 2013), and attempts to define the term, often instead becoming descriptions of components thought to comprise wellbeing (Dodge et al, 2012).

There does however appear to be general consensus that there are two clear (if intertwined) dimensions to wellbeing, namely hedonic and eudaimonic wellbeing (e.g., Carter and Anderson, 2019), with these terms dating back to early Greek philosophers Aristippus and Aristotle respectively (Simmons and Baldwin, 2021). Hedonic wellbeing refers to positive feelings related to pleasure and is present focussed (Amerijckx and Humblet, 2014), where eudaimonic describes being true to oneself (Carter and Anderson, 2019) and achieving personal growth over time (Ryff and Keyes, 1995). Studies suggest that when attempting to measure wellbeing through individuals' conceptions of the term, the eudaimonic dimension was a stronger predictor for self-reported wellbeing (McMahan and Estes, 2011). Modern theorists have tended to include both in understandings and measurement attempts (Carter and Anderson, 2019).

Wellbeing theorists also broadly agree on two conceptual approaches to wellbeing. Objective wellbeing has often been the conceptualisation used by economists or others, whose intention is to measure wellbeing across populations, and includes indicators such as health and education (Sen, 1973). Subjective wellbeing conversely defines how individuals feel about themselves (Diener, 1984). Subjective wellbeing is utilised by researchers when attempting to understand social and emotional wellbeing (Bohnke ad Kohler 2008).

This thesis does not attempt to measure wellbeing in male students; however, it does attempt to understand their perceptions of how the university experience may impact upon male students' mental health and wellbeing. Subjective understandings of wellbeing are therefore assessed to be most pertinent to this research, since it relates to individuals, and their perceptions.

Numerous models of wellbeing have been theorized, such as Diener and Ryan (2009) whose tripartite model (of subjective wellbeing) includes two components, affect (both positive and negative) and life satisfaction. Others include Bishops causal networks model (2015), and Ryffs six factor model of psychological wellbeing (1989). Moreover, models of subjective wellbeing pertaining to education, such as Seligman's (2011) PERMA model and McCallum and Prices model of holistic wellbeing (2016) have been posited. These models all include a number of factors, such as relationships, meaning in life, and emotions, which combine to produce a sense of wellbeing in an individual. Despite the plethora of definitions, models, and measurement tools, it seems clear that, although a number of factors are likely to be universally important for wellbeing, each individual will understand and experience wellbeing somewhat differently (Carter and Anderson, 2019). Given the links established between wellbeing and attainment (Gutman and Vorhaus, 2012; Public Health England, 2014; McCallum and Price 2016), educational institutions such as universities, are key stakeholders in promoting the wellbeing of young people in attendance,

Resilience

Resilience, in psychological terms, relates to being able to mentally bounce back from stressors in life (Hartigh and Hill, 2022). However, much like the term wellbeing, there is ongoing debate about whether resilience means to not feel mental distress during a stressful event, or to feel it and recover, and whether resilience is an innate trait, or something one can develop over time (Anderson and Priebe, 2021). It is an important element of wellbeing, being part of many of the definitions or components of wellbeing and is of relevance in the prevention of mental ill-health (Fenwick-Smith et al, 2018). Resilience is not a key focus of this study however, as this thesis was aimed at understanding mental ill-health in males, rather than the prevention of mental ill-health.

2.2.2 Mental health and mental ill-health

The World Health Organisation (WHO) has defined mental health as:

'a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.' (World Health Organisation, 2022).

I would argue however, that mental health is a neutral term, similar to health, but relating to one's psychological and emotional state (although health and mental health are inextricably linked), and that a person can have both good and poor

mental health, just as one can have good and poor physical health. The above definition therefore appears to be more fitting to define *good* mental health.

The decision was made to use the term 'mental ill-health' throughout this thesis, to denote a person's mental health being compromised in some way, instead of 'mental health condition' or other phrase, as an acknowledgement that a person may have poor mental health, without having a medically diagnosed condition. This is particularly the case given the research subjects are males, who are less likely to receive a diagnosis (McManus et al, 2016). Mental ill-health, for the purpose of this thesis then, refers to someone experiencing psychological distress, who may have a mental health condition (whether diagnosed or not). The most common mental health conditions are depression and anxiety (World Health Organisation, 2022).

The relationship between mental health and wellbeing is a key area of interest, particularly to researchers and government bodies working in public mental health. However, this relationship is difficult to assess, given the varied understandings of wellbeing mentioned above, and lack of a validated wellbeing measure (Annual Report of the Chief Medical Officer, 2013). Two perspectives exist in understanding the association, the single continuum implies that mental health and wellness are on similar or overlapping scales, and therefore a focus on improving wellbeing in a population should in turn, reduce levels of mental ill-health in that population (Trent, 1992). NatCen (2013) for example, found a strong association between mental ill-health in men and subjective wellbeing. The dual continuum conversely indicates that one can experience ongoing mental ill-health and still score highly on a measure of subjective wellbeing (Faculty of public health, 2022). Evidence for this model comes from Keyes (2005) for example, who categorised respondents into groups related to mental ill-health and found a group who were both experiencing mental ill-health and moderate levels of mental health.

2.2.3 Help-seeking behaviours

Help-seeking behaviours can be both informal, i.e., seeking support from a friend or relative, or formal, seeking support from a professional (Rickwood et al, 2007). A plethora of models of behaviour change have been developed for, or applied to, understand variations in help-seeking behaviour in individuals (Magaard et al, 2017). Models have also been created specifically to identify why individuals do not seek help (e.g., the cycle of avoidance model, Biddle et al, 2007). Use of models to predict help-seeking behaviour could assist in the design of interventions aimed at improving help-seeking (Eriksson et al, 2018), and for specific groups, such as male students. Although factors such as mental health literacy have been identified to be useful in explaining help-seeking attitudes and intentions, thus far, no model has been universally acknowledged to fully explain the complex nature of help-seeking behaviour (Gulliver et al, 2012; Adams et al, 2022).

Sociological models have included Kadushins' theory about why people go to psychiatrists (1969), the network episode model (Pescosolido and Boyer, 1999) and Andersons behavioural model of health service use. From psychology, the well-known 'Ecological' model by Urie Bronfenbrenner (1977) attempts to encapsulate the complex nature of mental health behaviours by considering different systems at play, interpersonal, social, and environmental (Bronfenbrenner and Cece, 1994). The model has developed over time, culminating in the Process–Person–Context–Time model (PPCT) (Eriksson, 2018). Evidence generated from use of the model depends upon the iteration utilised in the research (Tudge et al, 2009).

Other psychological models include the Health Belief model (Rosenstock, 1966) discussed later in this chapter, and Ajzens' Theory of Planned Behaviour model (1991). This model suggests that help-seeking behaviours are dependent upon three categories: an individual's attitudes, subjective norms, and perceived behavioural control (Ajzen 1991). The model has shown generally positive results in helping to predict formal mental ill-health help-seeking intentions in men, but less in predicting behaviour (Smith et al, 2008). More recently, the PLACES (Publicity, Lay, Acceptable, Convenient, Effective, Self-referral) model (Brown et al, 2022), has been developed to encourage adults and adolescents seeking help with stress and depression, and the COM-B model (Michie et al, 2011), which asserts that a person needs to have; capability, opportunity, and motivation to influence their behaviour, has been applied to understanding male help-seeking specifically (Sagar Ouriaghli et al, 2020).

Rickwood et al's (2014) model of help-seeking pertains specifically to young people and is utilised for online and in-person help-seeking (Pretorius et al, 2019) and is therefore pertinent to this research. The model lays out four processes, awareness of mental ill-health symptoms, and the need for support, expression, or being able to articulate symptoms, availability (including awareness) of support, and willingness to disclose symptoms. Each of these factors are discussed further in this chapter, in relation to mental health literacy and other barriers to male help-seeking.

2.3 Focus on (self-identifying) males: the rationale

This section outlines the justification for a focus on the male experience of mental health within this study. This is done through outlining the implications of male socialisation in the western world, exploring in brief, the history of masculinities, social constructs of the male identity and perceived 'privilege', and in what ways these concepts may be impacting on men's mental health and briefly on their ability to seek support.

In addition to men making up roughly half the population (ONS, 2018), and therefore being worthy of a focus of research attention, there are a number of reasons for a male focus within this research. Firstly, there has been somewhat of a spotlight on women in the western world in recent years, including for example, the highly publicised #metoo campaign (Burke, 2006), the #everydaysexism project (Bates,

2012) and the increase in debate and discussion around feminism in popular media (Grady, 2018). Focusses on gender differences in mental health have often emphasised women's needs, and arguably this has led to less knowledge generation in how males cope with mental ill-health (Smith and Mouzon, 2014; Smith et al, 2016). Not only has this emphasis on women led potentially to a perceived silencing of the male experience (Romensky, 2018), but with ever increasing debates around sexual consent and what is deemed to be sexual assault now highly topical, it seems inevitable that some men (particularly those of university age) may be feeling confused and vulnerable in the new landscape in which they find themselves (Godwin, 2018). Moreover, this could particularly be the case for those of typical undergraduate age (Muehlenhard et al, 2016) and may impact on male mental health.

2.3.1 Masculinity theories

Concurrently, there has been a resurgence of masculinity research and theory, with sociologists (particularly in the western world) attempting to define and understand what it means to be male and masculine (e.g., Pleck, 1981; 1995; Pleck et al, 1993; Pattman, Phoenix and Frosh, 2005, Connell, 1995; 2005 etc.). Attributed to Connell (1995), 'hegemonic masculinity' refers to a privileged and idealised set of male behaviours which enable dominance above other genders. Recent decades have also seen the emergence and use of the term 'toxic masculinity', defined by Creighton and Oliffe in 2010 as '*the most extreme versions of hyper masculine communities of practice… characterised by homophobia and the domination and subjugation of weaker men and women*' (p 414–415). Related to the university setting, there has been an emergence of, and research focus since around 2013, on 'lad culture' in higher education. This has however, predominantly been examined from a female perspective, looking at the effects this has had on women, (e.g.: Phipps and Young, 2013, Phipps and Young, 2015) and/or attempts at *tackling* lad culture (NUS, 2015; Jackson, 2013; Jackson and Sundaram, 2015). Jenney and Exner-Corten (2018) utilised the Netflix series '13 reasons why' to illuminate the emerging implications of the concept of toxic masculinity, identifying how this way of being can become the dominant social norm within a particular context, such as a school or university environment. There has also been a reported rise of 'networked misogyny', described as a particularly visceral online hostility towards females by males (Banet-Weiser and Miltner, 2015).

Although this type of extreme behaviour applies only to a small minority of men, research into masculinities (Connell, 1995; Connell and Messerschmidt, 2005) suggests that when men's behaviour becomes overly associated with common notions of masculine ideals, this can have negative mental health impacts for those identifying as men, such as higher rates of depression and suicide ideation (Milner, shields and King; 2019). Moreover, research suggests this conformity to overtly masculine traits have negative implications for those identifying as women or other genders, from for example, enacting unwanted sexual advances (e.g., Parent,

Gobble and Rochlen, 2018). Stanaland and Gaither (2021) found that when men experienced perceived threats against their masculinity, this resulted in aggressive cognition, particularly where participants were younger (18-29). Phipps and Young (2015) identify how a resurgence of 'lad culture' in neoliberal higher education is linked to sexism and homophobia. Research aimed at men and their mental health then, is potentially beneficial to all genders.

Historically, it is reasoned that western culture has perpetuated the notion of fixed, highly masculine norms, from around the early 20th Century, due to the perceived benefit that this has garnered for society (Haggert, 2014). Creating an expectation on an entire gender to be at once; strong, independent, and to keep emotions in-check, has arguably helped the country to industrialise, imperialise and fight and win wars (Haggert, 2014). In more recent history, the notion that the socialisation of males in this way might have negative consequences, including an impact upon mental health, has started to surface. For example, in 1978, Harrison conducted a review of research to investigate if biological or psychosocial features had the biggest impact on mental ill-health for men, concluding that the latter was the more important. Since then, a plethora of research has highlighted how the adoption of particular masculine traits through societal pressure, such as being unemotional and engaging in risk taking behaviours, can lead to negative mental health implications for men (Micale, 2008; Frend, 2016; Seidler et al, 2016; Wong et al, 2017; Heilman et al, 2017) and in addition, is related to decreased help-seeking for mental ill-health (Jeffries and Grogan, 2012; McCusker, and Galupo, 2011; Yousaf et al., 2015a; Yousaf, et al., 2015b; Wasylkiw and Clairo, 2018).

Research by Heilman et al (2017) looked specifically at men aged 18 – 30 in the UK, US and Mexico and the extent to which males placed importance on conforming to societal pressures of how a man *should be*, such as self-sufficient, tough, and hypersexual. Findings pertaining to UK males showed strong conformity in some areas, for example, 51% agreed that men should act strong even if they feel scared, and 31% agreed that men should figure out their problems without asking for help. Interestingly, even where men did not agree with the narrow masculine norm statements, they felt that the messages they received from society were that they *should* behave in this way. Furthermore, those who did conform strongly to masculine ideation were statistically more likely to report depressive symptoms and engage in suicide ideation. Conversely, research has suggested that other aspects of masculinity, those related to the desire to be healthy and to have autonomy, may lead to men being less depressed and more inclined to seek help (Rice et al, 2020).

Although men's mental health is relatively undertheorized (McKenzie et al., 2018), there has been much more research calling for the need to attend to men's mental health differently to women's in the last 30 years, including a push for male specific mental health support (Macdonald, 2011). This work has however, often failed to account for differences *between* men, or to acknowledge that masculinities can be varied rather than homogenous (Smith, Mouzon and Elliot, 2018; Schofield et al,

2000). Gender relations theory and research (e.g., Connell, 2009; Schofield et al; 2000; Olliffe, 2011, Siedler et al, 2017) has illuminated the need to move away from a view of a singular understanding of masculine norms and (often) perceived negative behaviours, to thinking in terms of variability. Wetherell and Edley (1999) developed typologies of male positioning in relation to hegemonic masculinity, finding three main positions; the 'heroic', which is the most hegemonic including masculine 'ideals', the 'ordinary' position, where there is some separation from typical masculine traits, assuming a more representative 'average' male position, and lastly, the 'rebellious' position, linked to being distinct from, and not affected by the masculine ideals of society. Seidler et al; (2017 and 2020) goes further, pointing to the emergence of evidence for multiple forms of masculinities existing in men, created through intersections of intrinsic and socially constructed factors, which are then enacted by males through their daily lives, and, crucially, subject to change. Further research is needed to understand these diverse patterns of masculinities, particularly in the way these impact on perceptions of mental distress in males, and if and how men seek support. Findings from such research could have implications for university mental health services, to better understand mental ill-health of males, including when, why, and how men access support. Moreover, understanding the specific male student lived experiences, could help with more effective, 'gender sensitive', (instead of gender specific), support for men (Peate, 2013; Siedler, 2017).

Intersectionality, although having its roots in black feminist scholarship (Crenshaw, 1989), may be of importance in relation to participants who could suffer oppressions related to their race, gender identity, sexuality etc., since the term has been described as a 'travelling concept' (Christensen and Jensen, 2012, p109) which could apply to many different lives and identities. Intersectionality is how these aspects come together to shape how a person views and is viewed in the social world in relation specifically to inequalities (Windsong, 2016). Despite men arguably being in a position of privilege over females and other self-identifying genders (Case, Hensley and Anderson, 2014), they may still fall into other categories of disadvantage, such as an ethnic minority or low socio-economic position (Roy and Jones, 2014). Research has shown for example, that student satisfaction, confidence and wellbeing is impacted upon by ethnicity and religion, regardless of class position (Stuart, Lido and Morgan, 2009). Windsong (2016) discusses how intersectionality can be brought into research design and analysis, and the potential challenges to this. Men in more disadvantaged groups, or *marginalised* men (Connell, 1995) are less likely to feel able to live up to the masculinity stereotype, due to being more excluded from some aspects of society, such as higher paying jobs, which can lead to ostracism and an increased risk of mental ill-health for these groups (Robinson, Keating and Robertson, 2011; Samaritans, 2013). Intersectionality will therefore be considered in the methods section and throughout the research process with male participants.

Conversely, those men who are seen to hold the most privileged positions in society (white, middle class etc.) can also be particularly vulnerable to mental ill-health, in part due to the multitude of societal pressures projected onto them from an early age and expected conformity to masculine roles (Gerdes et al, 2017; Wong et al, 2017). These social constructs are argued to increase the likelihood of mental ill-health in men, specifically depression and psychosis, through negative self-reflection and difficulties in processing emotions that are seen to be counter to the masculine norms, such as fear, shame, and vulnerability (Williams, Stephenson, and Keating 2014). Communicating these feelings is not always perceived as socially acceptable for men particularly in the western world, and therefore creates a barrier to seeking professional help (Haggert, 2014; Seidler et al, 2016). Where men are unable to meet social/economic pressures, or where they experience a traumatic event, this is often accompanied with feelings of powerlessness that men may find particularly difficult to deal with, since men are generally less often viewed as in need of support, which in turn can create confusion, isolation, and self-blame (Williams, Stephenson, and Keating, 2014). Due to their perceived privileged position and the societal gendered expectations put upon them, men may struggle more than other groups in understanding and dealing with negative feelings, and gaining support (Barker, 2018). Sagar-Ouriaghli et al (2020) conducted focus groups with male students about support for their mental ill-health and found that notions of a patriarchy were seen by men to invalidate their feelings and need for support.

2.3.2 Men and susceptibility to mental ill-health

There has long been awareness, through an abundance of research, that woman are statistically more likely to be diagnosed with a common mental illness (one woman in five, compared to one man in eight) (Mcmanus et al, 2016), and attempt suicide three times more often, however, men are three times more likely to take their lives (Samaritans, 2018). The difference is cross cultural; globally, rates are 1.8 times higher for males than females (Värnik, 2012), but higher in western societies, and particularly strong in countries with strong masculine cultures, such as the USA (Smith, 2017). This gender difference is also present for the higher education student population (McLafferty et al, 2017; Johnson, 2018). The way in which mental ill-health manifest in males and the ways men express their psychological difficulties however may be leading to misdiagnosis (Martin, Neighbors, and Griffith, 2013) or even punitive measures, (Morison, Trigeorgis, and John, 2014) due in part, to men being more likely to externalize stress and negative feelings than women (Kingerlee et al, 2014; Smith et al, 2016). Men are less likely to recognise or accept symptoms of mental ill-health, such as depression (Ellis, 2018) and may engage in coping strategies such as over-investment in work, in order to conceptualise their feelings as stress rather than anxiety or depression (Johnson et al, 2012), since stress is perceived to be more socially acceptable. Where woman present to healthcare professionals with anxiety and depression, and have the ability and vocabulary to articulate this, men are more likely to avoid health care services (Addis and Mahalik,

2003; Yasgur, 2017) and instead may have dysfunctional coping strategies (Bilsker Fogarty, and Wakefield, 2018).

Men are more inclined (than women) to turn to unhelpful and destructive sources of escape, such as alcohol and substance abuse, and aggressive behaviours, including violence (Wilkins, 2010; Williams, Stephenson, and Keating, 2014; Erentzen, Quinlan, and Mar, 2018), which may mask mental ill-health (Addis, 2008; Smith, Mouzon and Elliot, 2016). Lastly, men are more susceptible to major addiction problems, homelessness, and becoming incarcerated, which can often stem from mental ill-health (Seager and Wilkins, 2014). This indicates then that there may be in fact similar rates of mental ill-health in men and women (Rieker, Bird, and Lang, 2010), but that men do not recognize, discuss, or present to health professionals with the 'correct' symptoms to be diagnosed and receive help (Martin et al, 2013). It seems more probable to postulate that male cases of, for example, depression and anxiety disorders, are being under-diagnosed (O'Brien Hunt and Hart, 2005; Wilkins, 2010; Smith, Mouzon and Elliot, 2016; Smith et al, 2016). Help-seeking in men is discussed in more detail below, and these issues are explored through research questions 1, 3 and 4.

2.4 Mental health and university students

This section rationalises the need to investigate mental health in general, and then in male undergraduate students in particular. It explores from previous research, the reasons that this sample of the population may experience mental ill-health, and why they may need further research attention.

2.4.1 Mental health in young people

Research into mental health is important for a number of reasons; firstly, the number of people who have experienced mental ill-health is estimated to be around 16 million in the UK (NHS, 2014), and therefore affects a large proportion of the population (around 1 in 4). Moreover, research in the area increases our knowledge and understanding, which in turn helps with prevention (Ahmed and Mari, 2014) and keeps up the conversation about mental health, which reduces the social stigma associated with mental ill-health (Abrams, 2017). The area remains vastly underfunded compared to other medical research (Stuart, 2016; Wood, 2017) and compared to the burden and cost to society. Recently estimated by the Mental Health Foundation and the London School of Economics and Political Science (LSE), mental health problems cost the UK economy around £117.9 billion annually, through (amongst others) decreased productivity, inability to work and informal care (McDaid and Park, 2022). This cost may be particularly pertinent for men, through for example, increased criminal activity (Ahmed and Mari, 2014). Research has revealed a lack of adequate investigation, specifically into prevention of ill-health, including mental ill-health in people in the age bracket of 10-24 years (Gore et al, 2011). University undergraduate students are typically of an age of early adulthood where it is most likely for the onset of mental ill-health to occur (Jones, 2013; Thorley, 2017), often; stress and anxiety (Wahed and Hasan, 2016). Kessler et al

(2007) showed that a third of those with mental ill-health had experienced onset by the age of 24. This was further backed up by a literature review conducted in 2012, which confirmed this age of onset, and stressed the importance of early intervention to mediate the negative effects of mental ill-health (De Girolamo et al, 2012). Early onset is particularly evident in mood and anxiety disorders, and is explained, in part, by this period in a young person's life being a critical period of social and psychological development (Patten, 2017). Therefore, this group are in particular need of research attention.

2.4.2 Mental health in the student population

Half of school leavers now take up a place at a higher education institute in the UK, bringing the total student population up to around 2.3 million (UUK, 2018). Particularly in recent times, there has been a large increase in the reporting of mental ill-health among students at university in the UK in the media (e.g., Krause, 2017; Turner, 2018), which is often referred to as a 'crisis' (Vaughan, 2018; Bewick and Stallman, 2018). Indeed, research has shown that the prevalence of mental health and wellbeing difficulties in students is at least in line with that of the general population of a similar age (Macaskill, 2012; Youguv, 2016). It is difficult to know if rates are beginning to overtake those of the general population, as there is a lack of direct data on student's mental health, instead measurements are by proxy of disclosure and mental health service demands (UUK, 2018) which may mean an under-reporting of the true number for men, and this is discussed below. A report by Universities UK, provides data showing how the number of undergraduate students disclosing mental ill-health has increased year on year, from 8,415 in 2007/8 to 49,265 in 2017/18. It is unclear however, whether this is an increase in mental ill-health, or alternatively the reporting of mental ill-health. Mental ill-health contributes to a poorer quality of life (e.g. Davies et al 2016), and for students, can impact negatively on studying and attainment (Hysenbegasi, Hass and Rowland, 2005; Public Health England, 2014; Neves and Hillman, 2017), lead to social isolation (Kosyluk et al, 2016; Holmes and Silvestri, 2016) and an increase in engaging in negative health behaviours, such as increased alcohol consumption (Weitzman, 2004; Davies et al, 2016) and suicide ideation (Downs and Eisenberg, 2012; Eskin et al, 2016). Moreover, the number of students who have dropped out of university due to mental ill-health has reportedly tripled in recent years (Marsh, 2017).

2.4.3 Factors relating to mental health in students

A number of factors can contribute to mental ill-health in students (Xenya, 2018), including loneliness and social isolation (Richardson et al, 2017; McIntyre et al, 2018) the stress of studying and pressure associated with exams (e.g. Unite, 2016; Weale, 2018; EPI, 2018), living away from home, often for the first time (Aldiabat et al, 2014; Tobin, 2018), concerns over finances (HEFCE, 2015; Richardson et al, 2016) and the burden of student debts (Gani, 2016). Research has shown that certain students are more susceptible to mental ill-health, such as those of lower socioeconomic backgrounds (Eisenberg et al, 2007; Elliot, 2016; McLafferty et al,

2017). As discussed in the introduction, the widening participation policy agenda has led to a change in the demographics of the student population, with an increase of young people from more deprived backgrounds (Johnson, 2018; House of Commons Education Committee, 2018) which may play a part in the rise of mental ill-health in students. First developed by Paul Meehl in 1962, in relation specifically to Schizophrenia, the Stress-Diathesis Model offers an explanation for the reason certain individuals may be prone to developing mental ill-health, through a combination of their own predispositions (pre-existing biological and psychological vulnerabilities), and a significant amount of environmental stress. This offers some understanding of why university students may be vulnerable. Further research looking into this relationship in terms of university students would be useful to promote positive environments in higher education (Hunt and Eisenberg, 2010).

2.4.4 Students and suicide

The number of students in higher education in England and Wales who took their lives in the academic year to July 2019 (latest figures available), was 182, with the majority (124) of these being male students (ONS, 2020). This is lower than the general population, but remains a huge concern, as the number is much higher than most previous years examined and is perhaps contrary to what one would expect considering the support that universities claim to have in place to support their students (which is discussed further below). A particularly high number of suicides at Bristol university recently led to the Vice Chancellor calling mental ill-health in students the 'single biggest public health issue' in the higher education sector. Male students had a significantly higher rate of suicide compared with female students, and this is consistent with suicide rates generally, adding to the justification to examine men and mental health in my research. The rates of suicide for undergraduate students are also higher than for post-graduates. Males from marginalised groups, such as ethnic minority or gay men, are at an increased risk of taking their lives (Gough, Robertson and Robinson, 2016). Research questions 1 and 2 explore perceptions of male student's mental health in the context of the university experience to try to understand the influence this is perceived to have.

2.4.5 Covid 19 and mental health of students

The Covid 19 pandemic of 2020, resulted in an impromptu closing of campuses across the country and a subsequent move to online delivery of all teaching and learning. Internationally, research quickly began to emerge on the early impacts of the pandemic on student mental health (e.g Wang et al, 2020). Research, predominantly undertaken through survey method, showed an increased mental health burden on students, including the development of post-traumatic stress disorder in some Chinese students (Chi et al, 2020). Although much of the early research was conducted in China (e.g. Hong et al, 2020), since this was the nation to experience the early brunt of the virus, research from other nations has also been undertaken. For example, Chirikov et al, (2020) used a health questionnaire in the summer period (May-July 2020), found that rates of Generalised Anxiety Disorder

were 1.5 times higher across undergraduate students in the USA and major depressive disorder was 2 times higher. Copeland et al (2021), report some degree of negative effects on mental health and wellness of American college students, particularly in increase in externalising behaviours. This finding may relate more to male students since men are more likely to externalise their negative feelings (as described above). In the UK, the Student Covid Insights survey (SCIS) by the ONS, reported in 2021, that student's mental health had been negatively impacted due to the pandemic, with 63% reporting a decline in their mental health since the Autumn 2020 term (Hamilton, 2021). Moreover, the study showed that loneliness in students was reportedly higher than the adult non-student population, with 26% of students, compared to just 8% of the adult population reporting feeling lonely often or always. A recent report by Chen and Lucock (2022) surveyed UK HEI students about mental health during the pandemic and revealed that over half of those surveyed had experienced anxiety or depression at levels above those necessary for clinical diagnosis.

2.5 Support available for university students

This section reviews support available to students whilst they are at university, looking firstly at university mental health provision, before reviewing data on other sources of support, including family, friends and peers, and health professionals. There is a scarcity of academic literature related to supporting male students while studying at university.

2.5.1 University specific support

University life, including living away from home and having social, health and academic activities all in one setting, can be the catalyst that triggers, or increases mental ill-health in young people (as discussed above), but campuses are also in a unique position to support their students with these issues (Hunt and Eisenberg 2010). Universities have a 'duty of care' towards their students experiencing mental ill-health (UUK 2018), and the UUK Stepchange framework, a policy initiative launched in 2017, was put in place to create a whole university approach to support the wellbeing of students and staff. UUK stated that they wanted to see a 'place based' strategy for supporting the mental health of students. The university mental health charter (Hughes and Spanner, 2019) initiated by Student Minds, aims to provide evidence informed information upon which universities can draw in developing a university-wide approach to mental health. The long-term outcome aimed at is for all universities to adopt the charters principles of good practice and an awards system may be in place to reward universities which demonstrate a whole university approach.

Although this important work has been taking place, the leader of the Office for Students, recently declared that student mental health must be tackled as the key priority for the sector, and that this responsibility should not lie solely with universities, but across the NHS and the government working together to meet the needs of students (Vaughn 2018). Despite this, Sam Gyimah, the Universities

Minister, cautioned in 2018, that higher education providers were in danger of '*failing an entire generation of students'* if they are unable to vastly improve the services available to support students with their mental health needs. Research conducted by the Institute for Public Policy Research (IPPR), revealed that some universities reported three times the number of students accessing their support services, with a 94% increase in demand for counselling services in the past 10 years (Thorley, 2017). The picture is similar for NHS waiting times; a recent (pre-covid) survey showed that 65% of people booking private counselling services did so due to the NHS waiting list being too long (Whyman, 2018). Some universities also reported that 1 in 4 of their students were either receiving or waiting to receive counselling support (Thorley, 2017). The research also showed that there was variation in the ways that universities offered support for students, and that only 28% (less than a third) had created an explicit strategy around student wellbeing and mental health support. With the increasing marketization of higher education, through for example the increases in tuition fees, students may well feel entitled to a better quality of emotional and mental health provision while studying than previously (Bentley, 2018). However university specific mental health and wellbeing support in place for students is reportedly under pressure across the country (Yeung, Weale and Perraudin, 2016), due to increased demand (Broglia, Millings & Barkham, 2018) meaning most universities have long waiting lists for mental health provision such as counselling services (HEPI, 2016). In a 2014 survey by the Equality Challenge Unit (ECU), half of students reporting mental ill-health stated they had received no therapeutic support by their institution of study, and no course assessment modifications.

There does not appear to be a clear picture on the universities offer across the board, and the provision varies by institution. A report for HEFCE in 2015, found that some of the Higher Education Institutes they examined had started to restructure their mental health support to become more holistic, in response to growing demand, and to adapt to students with more intensive support needs. The majority of higher education institutes offer a free, bespoke counselling service to students (Randall and Bewich, 2016); however, waiting times, numbers of sessions available and out of hours support may be variable. Due to demand and concern over sustainability, some universities have started to outsource their mental health support (Bentley 2018). In addition, Mental Health Advisors (MHAs) have been deployed into university settings to complement the existing team (Broglia et al, 2017), MHAs have been reported to be helpful to bridge the gap between the counselling service and the Institution itself in supporting students (Bentley, 2018). Additionally, some universities have peer support groups, such as ones run by the mental health charity Student Minds, and online support, such as Togertherall (previously the Big White Wall), which is anonymous and available 24 hours. Recent research suggests that universities should find ways to increase the social interaction of their students as a means to support wellbeing and positive mental health (Byrom, 2018; Leach, 2018).

In the past, little data was available on the perceived success of university mental health services; potentially due to the difficulties in objectively assessing the outcomes and values of, for example counselling service (HEFCE, 2015). However, there is now emerging evidence of the efficacy of university specific support, for example, research has shown that university counselling sessions increase the retention of students (Simpson and Ferguson, 2012), and that students who receive this type of support scored higher on a measure of wellbeing (Goodwin et al, 2016). Murray et al (2015), looked at the effectiveness of university counselling services in the UK, using the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM), findings showed that 63% of students who had received university counselling had improved on measure scores. Other research has highlighted evidence of counselling services impacting positively on students' attainment, enjoyment, and decision to remain in HE (Wallace, 2012).

HEFCE (2015) highlighted some of the barriers to successful mental health support were a lack of disclosure by students, and a lack of awareness of availability. Similar findings come from Goodwin et al (2016) who emphasised the need to ensure awareness amongst university students of the support resources available to them. More recently, Priestley et al (2021) employed focus groups with students specifically to discuss improvements to university mental health support. Findings aligned with the above, i.e., lack of awareness that support services were available, and fear of stigma, meaning services were not always accessed. Additional findings were that for those who did endeavour to access services, obstacles included difficulties in navigating the system, including bureaucracy of initial assessment forms, delays in availability of support, and the location and opening hours of services, which did not align well with students' availability. Several ideas for overcoming these issues were postulated, including making mental health services available to book online, which would help in system navigation, and making the first step relatively anonymous, overcoming the potential stigma of being seen by peers waiting in public areas for mental health support. Simplifying forms to be completed to access support was also suggested by student participants to support their engagement with the process at an inevitably difficult time.

2.5.2 Family support

There are ongoing debates around parents/carers of students, and whether universities should act 'in loco parentis' for students, or if there should be agreements in place for universities to make parents/carers aware if they believe their son/daughter is struggling (Fazackerley, 2018). As students are 18 years or over, there are data protection and consent policies that universities adhere to. However, research commissioned by Unite Students and HEPI in 2017, where applicants to university were surveyed on their opinions, showed that close to three quarters of respondents would agree for their parent/carer to be contacted about their mental health. There is very little research conducted into student's relationships with their parents while living away from home. A recent study that has

examined this by Bland and Stevenson (2017) however, reports that 87% of students living away while at university communicated with their family at least once a week. The study revealed that emotional support provided by family members during periods of stress with; study, relationships, or a mental health diagnosis, was vital to those who had good family relationships. It also highlighted the family 'capital' that was missing for students without these close family ties. More research was advised into the disadvantage this may cause for those students without close family relationships.

2.5.3 Support from peers

Davies et al (2016) looked at how effective students were at providing support for other students with symptoms of depression, and which factors affected their Mental Health First Aid (MHFA) abilities. The study was quantitative and used online video clips and questionnaires to assess MHFA, using a standardised measure. Results revealed that students across the board scored poorly on MHFA abilities, and for students who were studying none medically relevant degrees, scores were poorer overall, and particularly low where the online film showed a male with depressive symptoms. Of interest was that where the participant was male, on a non-medical course, and the subject of the film clip was male, the scores were lowest. One limitation of the study was that male participants were under-represented; however, the study had an adequate sample size (483 participants were included in analysis) and excellent inter-rater reliability. The use of a film clip (as opposed to a written vignette) was a novel way of exploring reactions and responses, and it is expected this would have higher ecological validity being a more 'real life', engaging example. The study therefore appears to show fairly strong evidence that male students may be particularly ill-equipped to offer effective advice and support to their male peers experiencing mental ill-health. This supports evidence of an earlier study by Patel (2015) which reported that male students were more likely to underestimate mental ill-health experienced by their peers.

2.5.4 GP and other external support

Health professional support for students at university, from a GP for example can be difficult. Some students will not register with a local doctor's surgery when they move away for university, and where they do, it is not always possible for patient records to move with them, due to differences in systems (Thorley, 2017; HEPI, 2017; Johnson, 2018). Furthermore, where students are travelling between university and home, there can be an inconsistency in their medical care and support (Student Minds, 2014; Weale, 2018). This may be particularly problematic where there exists pre-existing mental ill-health. Students have reported a lack of consistency and coordination of records between different mental health services, which has led to frustration and distress, with the implication being them having to repeat experiences and symptoms which they found difficult to do at the time of needing support (Priestly et al, 2021).

2.5.5 Support from academic staff

Another potential source of support to consider is the role of the education professional, in this case university staff members such as tutors and lecturers. However as outlined by Collini (2018), the increasing number of students attending university means that academic staff are less likely to build individual relationships with each student they teach, meaning they will be less able to spot the warning signs of those who are struggling. In addition, a recent quantitative report by Gulliver et al (2018), showed that while most university teaching staff (82%) reported moderate levels of confidence in supporting students emotionally, 60% felt 'underequipped' overall to deal with students' mental ill-health. A qualitative study commissioned by the UK student mental health charity, Student Minds, where 52 academic teaching staff across five universities were interviewed, outlined a lack of clarity amongst participants about their role in terms of pastoral care for their students, as well as a lack of time, support, and training to meet the mental health needs of students (Hughes et al, 2018). Further, research with students uncovered that university teaching staff often were unaware of issues pertaining to student mental health, were not consistently aware of how to sign-post students to support, and moreover were either dismissing or over-reacting to students reports of their mental ill-health (Priestly, 2021).

2.5.6 Sports and exercise for wellness

Research has shown that students themselves can engage in activities that act as preventative measures to developing mental ill-health. For example, a large-scale student survey in 2018, by UKactive and British universities and Colleges Sport (BUCS) focussed on sport and exercise, has shown that students engaging in physical activity through a gym, or participation in sports, improves wellbeing, academic attainment, and social inclusion, therefore recommending that universities raise awareness of these benefits, and ensure opportunities are available for students to be physically active through a variety of means. More recent research has shown similarly that exercise can help improve wellbeing scores for students (e.g Zuo and Yue, 2020), and a study by McGrane et al (2020) looked at the impact of football and psychotherapy on young male's mental health, finding that a combination of both had beneficial outcomes.

Neff (2003a, 2003b, 2009) is credited with the creation of the term self-compassion and subsequent research has shown how self-compassion can improve wellbeing and happiness, and importantly, is also correlated to reduced anxiety and depression. Research has also shown that men tend to score higher on measures of self-compassion than women (Yarnell et al, 2015), despite the fact that masculine norms are associated with lower levels of self-compassion which suggests these constructs being at odds. Research by Wasylkiw and Clairo (2018) and showed that students involved in university sports (intercollegiate athletes) scored higher on a measure of masculinity but also, interestingly, had higher levels of self-compassion. Because self-compassion is associated with positive attitudes towards help-seeking,

this had a mediating effect on these men's conformity to masculine ideals. Self-compassion appears to be an evolving trait that can be developed through for example sports team participation and therefore this area is worthy of further exploration.

2.5.7 Relationships and belonging

Research has highlighted how student's feelings of belonging while at university helped them to engage in their academic study (Thomas et al, 2017). Laidlaw, McLellan, and Ozakinci (2016) looked at student friendships made with peers at university and how these were a source of support for emotional difficulties. The study highlighted that social contact and involvement in university and extra-curricular activities were important for mental wellness. A limitation to note is that the study was conducted in one higher education institution, and geographically was fairly rural and remote and therefore arguably not a 'typical' university context. The research team also found that where students do seek support for mental health problems, their first port of call is most likely to be their peers, which, as described above, may not always lead to useful intervention. This finding was supported by Spencer et al (2016) who found that men may be more inclined to seek informal support from their social network than professional help. Conversely, other research (e.g. CALM, 2016; Patrick and Robertson, 2016) has shown that men are less likely than women to talk to friends about mental health difficulties that they experience. This contradictory evidence will be explored further within the present research. More generally, the effects, both positive and negative of the university environment will be explored through research question 2.

2.5.8 Online support for students

During the Covid 19 pandemic, which began in the UK in 2020, student mental health support had to be adapted to predominantly online to meet the needs of students in an unprecedented time. Universities re-opened in September 2020, with some moving to fully online delivery, and some welcoming students back to campus but with controlled and restricted measures in place. Most institutions opted for a blend of online and in-person teaching (UUK, 2021). This research is undertaken within this context of unparalleled disruption to student life, and as such explored how university support was perceived by the group under study to be meeting the mental health needs arising.

Online support can take various forms, such as apps, forums, and websites, and can be utilised in differing ways, from information seeking to more interactive support. Prior to the pandemic, research has explored how students might engage with various online mental health support and the perceived usefulness of this (Lattie et al, 2020). A study by Horgan and Sweeney (2010), for example, found that, while a large percentage of students (68%) expressed willingness to use the internet for support with potential mental health needs, 79% preferred face-to-face. Levin et al (2017), conversely uncovered a low level of interest among students for use of online self-help, with the preference being informal support from friends/family. Other

studies exploring university student use of online mental health services including apps, have shown that students report an interest in using these, but that actual utilization has been low (e.g., Dunbar et al, 2018; Melcher et al, 2020).

The big white wall (now Togetherall[1]) has been widely used by students; however little research has investigated its effectiveness for the student population. A 2009 review of Togetherall (Ritchie, 2009), claims that 95% of users (student and non-student) had seen an improvement of one or more areas related to their wellbeing, however the research used no comparator group and therefore these results should be interpreted with caution. The research does however highlight some key areas that participants appreciated, such as the anonymous nature of Togetherall being a fundamental strength to enable articulation of distress. Those utilising Togetherall are currently, predominantly female, and therefore examining male specific participation may be particularly important to understand the perceived benefits for this population.

A systematic review of research into how young people and young adults utilise online forums for support around mental ill-health was conducted in 2020 by Hanley et al. The review found several themes present across the literature about how young people used online forums for mental health support, such as alongside other forms of support and as a standalone means of support. Forums were seen to provide both informational and 'informotional' (where information and emotional support are combined) support to young people. Similarly, to the Togetherall review, this study highlighted how anonymity was perceived to be a key benefit, enabling users of forums to share personal issues in a way they would not have otherwise felt able, due to fear of judgment. Cautions identified by the review were around expectation management for users as well as ensuring the online safety of users and technical challenges.

Research has also emerged during the pandemic to explore online mental health use and perceptions of this. A study by Kings College London began in summer 2020 to examine student's feelings towards online learning during the pandemic, including implications on wellbeing. The relative value of online versus face-to-face support is explored with participants during this research.

2.6 Help-seeking in men

Perceptions of barriers and facilitators to seeking support will be explored as one of the main research questions in this study. This section therefore discusses the difficulties that males and male students may have in disclosing and seeking support for mental ill-health.

As discussed above in 2.2, a variety of models exist to understand variations in help-seeking behaviour. The health belief mode (HBM) (Rosenstock, 1966), although developed for physical health initially, has subsequently been employed to help

[1] Togetherall is a clinically managed, online community designed to improve mental health

identify reasons why specific groups, such as men are reluctant to seek support for mental ill-health (e.g. Henshaw and Freedman-Doan, 2009; O'Conner et al, 2014). This theory is related to an individual's recognition, and perception of severity of their mental ill-health, as well as their perceptions of the value of seeking help, and importantly, perceived barriers to seeking support. Research highlights several barriers related to the health belief model, and Rickwood et al's (2014) model, that appear to be more prevalent for males, these are looked at in some detail below.

2.6.1 Potential barriers to seeking support for males

There is evidence of reduced help-seeking behaviours in males from as early as age six (Benenson and Koulnazarian, 2008), these behaviours can over time become ingrained in adulthood for help-seeking, including engaging in psychotherapy (Himmelstein and Sanchez, 2014). A literature review conducted by Ellis in 2018, identified several reasons for reduced help-seeking in men, such as avoidance, negative perceptions of health care professionals, and not recognising or acknowledging symptoms of mental ill-health. The main reason identified was gender ideology, with help-seeking being seen as a sign of weaknesses and therefore being a last resort. As alluded to above, where men do seek support, there is evidence that the way they express mental ill-health, or the way health professionals perceive and understand these, can lead to many cases being misdiagnosed (Wilkins and Kemple, 2011; Martin, Neighbors and Griffith, 2013). Diagnosis of mental ill-health is imperative, as this leads to access to treatment such as medication and support services and therapy, therefore a large proportion of men may not be able to access the help required.

Disclosure

Males are less likely to declare mental ill-health (Doherty and O'Doherty, 2010; YouGuv, 2016) or seek support for mental ill-health (Wylie et al, 2012; Mental Health Foundation, 2016; Seidler et al, 2016; Ellis, 2018). Data from the academic year 2015/16, revealed that male first year students were less likely to disclose mental ill-health to the university compared to females (1.4% compared to 2.5%) (Thorley, 2017). This is important, as disclosure is related to help-seeking (Romanson, 2018; Dopmeijer et al, 2020). Research has also highlighted that male students are unlikely to disclose mental ill-health to their friends (Corrigan et al, 2016), for reasons such as fear of being cast out of their social group (The Priory Group, 2017).

(Lack of) Mental health literacy

Mental health literacy is the ability to recognise mental health symptoms, and the awareness of and ability to seek out support (Jorm, 2000). Awareness of symptoms and the need for help is part of the health belief model, and one of the four processes of Rickwood et als (2014) model of help-seeking. Research has found males have lower levels of mental health literacy than women. (Kutcher et al, 2016, Cole and Davidson, 2019; Lynch et al, 2016). Lower levels of mental health literacy in men are associated with lower levels of help-seeking (Swami, 2012; Frederick, 2020; Clark et al, 2020). Gorczyinski et al (2017) investigated mental health literacy

in UK university students and found that this correlated positively with help-seeking for students, and importantly, that male students had lower levels of mental health literacy than females. Sagar-Ouriaghli et al (2020) found that male students in their study identified a difficulty in knowing when they needed to seek support for their mental health, and how to get the support required, emphasising a need for improved mental health literacy in male students. Seyi-Oderinde (2021) argues that MHL should not be done 'to' male students, but should be a reflexive and participatory approach, particularly in relation to knowledge around male mental health help-seeking. The approach suggested is one of problematising and critiquing long established and dominant beliefs around structures and ideologies related to males, such as dominance and privilege, which may be preventing males from engaging in help-seeking behaviour where this may be beneficial.

Stigma

Stigma is a key area of interest in relation to potential barriers to support for mental health, particularly in males since there is a strong correlation to decreased likelihood of help-seeking (Pedersen and Paves, 2014; Clement et al, 2015). Research has revealed that male students experience higher levels of stigma than females (Sherriff, 2015) and seek less treatment than females (Lipson et al 2018). Black and other students of colour have been found to be less likely than their white peers to seek treatment for mental ill-health (Miranda et al, 2015); this was explained in part by higher levels of stigma experienced by students of colour, and particularly in Asian students (Lipson et al, 2018). Stigma can be explored in relation to self-stigma (negative views around one's own mental health) and social stigma (negative perceptions of others with mental ill-health). Krishcner et al (2019) looked at the use of an interactive online intervention for reducing both self and public stigma associated with mental ill-health in college students. The research randomly allocated students to either the intervention group, who received the online intervention consisting of information and avatar-based roleplay around mental health of peers, or the control group. Measures were used pre and post intervention to assess participants' perception of self-stigma and stigmatization of others. Although using only a relatively small number of participants (n=85), results showed a reduction in public help-seeking stigma for mental ill-health, however self-stigma beliefs, relative to seeking help did not improve. This research suggests that self-stigma may be more ingrained and difficult to change. Male students appear to be particularly vulnerable to mental health self-stigma (Eisenberg et al, 2009; Frend, 2016), which creates a further barrier for them to seeking support (Murphy and Busuttil, 2015; Wimsatt et al, 2015).

A qualitative investigation into undergraduate student's perceptions of mental health, mental wellbeing, and help-seeking behaviour, used interviews to explore participant's experiences, comparing students studying medical degrees with other students (Laidlaw, McLellan, and Ozakinci, 2016). Findings showed that medical students described a public stigma related to seeking support for mental wellbeing

problems, and that the course of study did not affect how students conceptualised the issues of mental ill-health and wellness. Although the research did not focus specifically on men, it uncovers some useful findings that one would expect to be particularly true for men, such as the perceived stigma of acknowledging mental ill-health, and a fear of this being viewed as a weakness to others. Specific to male university students with mental ill-health, research found that these students compare themselves with others in society who they perceived to not have mental ill-health, which led to feelings of separation and inequality (Frend, 2016).

Feminised mental health services

Where men can recognise and articulate mental ill-health and seek help, there remain potential barriers in place to gaining effective support. In 2014, Seager and Wilkins stated that *'it is still often overlooked that gender inequalities affect men as well as women'* (p 404). Other researchers at the time, highlighted the need for research into the male experience of mental ill-health, and of mental health services, which have been claimed to be *'inherently feminised*' (Morison, Trigeorgis and John, 2014). Health services are arguably well equipped to cater for women's needs, particularly their mental health needs, but have not kept pace with the needs of men. For example, mental health professionals, such as clinical psychologists and therapists, are much more likely to be women (Bradley, 2013; Barry, Liddon and Seager, 2018).

Health services are often open 9-5, when statistically more men than woman will be working, as overall women make up the majority of those working part time. In addition, psychotherapeutic approaches, such as cognitive behavioural therapy, rely on communicating one's feelings and emotions which (for reasons related to gender norms outlined above) may be off-putting for some men, particularly if they conform to the dominant masculine norms that suggest showing or discussing emotions as a weakness (Morison, Trigeorgis and John, 2014). This seems to suggest the need for further training for psychological health professionals to address male specific needs, and the therapeutic relationship with male clients to ensure a 'gender sensitive provision' (Kingerlee et al, 2014; Williams, Stephenson, and Keating, 2014). This argument builds on previous work by Good and Brookes (2005) and Wilkins (2010) who have suggested that services need to progress based on the probability that men may well encounter mental ill-health and need a similar level of gender specific care and support as is already offered to women. With the exception of opening hours, the above may also be factors affecting university mental health services, meaning male students may be less receptive to using them; this will be explored as part of my research project through research questions 3 and 4.

2.6.2 Overcoming barriers to seeking support

There is a paucity of research showing how male students as a specific group can overcome barriers to seeking mental health support, such as lack of acceptance from peers and adhering to traditional masculine ideals, however research exists for males more widely. Lynch et al (2016) for example, found that ways to address

barriers were for health services to be available and well-advertised, and education provided to young men regarding mental health support. Specifically, attention should be given to the ways that males seek support and with whom they are comfortable talking. Ellis (2018) also found that if men knew someone in their social circle who had accessed professional support, they were more likely to access support themselves. Being encouraged by family or friends to seek support was also helpful. These findings reinforce the need for social ties as they have a key role in helping prevent or deal with mental ill-health in men. Sagar-Ouriaghli et al, (2020) pointed towards a need for a redefining of masculine ideals to include the viewing of support seeking as a form of standard self-care for male students to engage with. Similarly, Clark et al (2020) found that initiatives to improve mental health support for men should incorporate themes of masculinity. Disclosure and help-seeking are a key part of my research, specifically in research questions 3 and 4.

2.7 The gap/niche identified and methodological implications

This section summarises the literature, before outlining the gap in the research area and how my planned research should add to the existing knowledge base.

Coined by John Swales in 1990, the term 'research space' refers to establishing how new research will both fit into and add to the existing literature of a field. Below, I follow the argumentation pattern by outlining, in some detail, the existing research niche, what is lacking in the niche, and then how the proposed research could fill this gap.

It is clear from reviewing the literature, that males are more likely to experience difficulties in dealing with, acknowledging, and seeking support for mental ill-health, and are particularly vulnerable to taking their own lives. Existing theory and research around masculinities and gender relations, goes some way to explaining why this may be the case for men more than women. Research also reveals that university can be a particularly stressful time for students and is coupled with the time of life when the onset of mental ill-health is more likely to occur. Life at university, including the potential for isolation, stress and money concerns may lead to, or exacerbate mental ill-health. There appears to be a number of potential barriers that may make it difficult for male students to seek support, and a lack of research into specific support available or tailored for male students who are struggling with their mental health.

As outlined in this review, there have been numerous studies around males, masculinities and male student's behaviour, e.g., 'lad culture' whilst studying in Higher education. However, mental health in males remains a relatively under-researched area generally (Daubney, 2015), moreover, studies that examine mental health in students, often appear to have a female participant over-representation (Woodall et al, 2010; Ibrahim et al, 2013). As Smith et al (2018) attest, for

researchers to gain an improved understanding of psychological wellbeing in males, they must focus exclusively on men's mental health.

Previous studies have often focussed heavily on medical students' participants (e.g. Davies et al, 2016; Sanchez et al, 2016; Sahota, 2020) and often have an over-representation of quantitative methods. Medical students are perhaps more likely to be chosen as participants for student mental health research due to their perceived perfectionist personality types (e.g., Bansal et al, 2020), and the high stress levels involved in this area of study. Furthermore much of the extant work focussed on male students has tended to come mainly from the USA, looking at college experiences (e.g.; Watkins et al, 2007; Beiter, 2015; Rubin, Evans, and Wilkinson, 2016; and Rafal, Gatto and DeBate, 2018), and counselling services (Kraft, 2011) or from Australia, for example studies on prevalence (Stallman and Shochet, 2009; Lovell et al, 2015) support (McAllister et al, 2014; Ohan and Chiera, 2018) and help-seeking (Li, Denson, and Dorstyn, 2018) and therefore may not be generalizable to the Uk higher education context. A gap appears in the existing literature of research conducted with male students about their experiences of being a male in higher education, and their perceptions and experiences of mental ill-health for themselves and other male students.

Further qualitative studies on male mental health are important, firstly they have the potential to illuminate the lived experiences of participants (Birch and Miller, 2000; Silverman, 2013) and from reviewing the literature, there is a need for further qualitative research into the male experience of mental health (Frend, 2016). It appears that very few studies have examined the male university student experience specifically in relation to mental health or have utilised qualitative methods to do this. This appears then to be a somewhat under explored area. There is a need therefore to explore mental health from a male student perspective. Further research into the male experience would be important, as being able to better understand the mental health concerns of males, including when, why and how they access support may provide important learning to understand the specific male student lived experiences, and help with more effective support for men.

This thesis aims to extend the knowledge in this area by exploring with male students in a UK university context, what their perceptions are of mental ill-health in men, and how this relates to their views of themselves as men within university and wider society. This research investigates what this means for men, how they *experience* mental ill-health and if, why, and how they seek support. Navigating the university experience as a male, including the social pressures, dealing with workload, money issues, living away from home etc, and if/how intersectionality may affect their feelings and behaviours.

2.8 Summary of chapter

This chapter has synthesised some of the key theory, debates, and literature in relation to mental ill-health in students, in males, and male undergraduate students

in particular. This review was not exhaustive, with areas relating most strongly to the research questions covered. Further, recent research is discussed in the analysis chapter.

The next chapter will explore the methodology, including the methods employed to carry out the research to address the gap and research questions outlined here.

3 Chapter three: Methodology

3.1 Introduction

3.1.1 Research aims

My research aims to understand male undergraduate students' perspectives on mental health in the same population to which they belong. This chapter offers a justification of the choice of methods and methodology for my study, before outlining how the research was undertaken. Throughout, my reflections on my role as researcher and the potential impacts of positionality on this study are considered.

3.1.2 Research questions

Research questions have been identified and are restated below in order to help frame the rationale for the methodology and method for research, in relation to how well the research questions can be answered using my chosen approaches.

- What are the perceptions of self-identifying male undergraduate university students regarding male student mental ill-health?
- To what extent do self-identifying male students think that the university experience affects mental health and wellbeing?
- What are the perceived facilitators and barriers to male students disclosing and seeking support for mental ill-health?
- What do male students think can be developed to support (male) students with mental health difficulties?
- What are the implications of this research for policy and practice?

To answer these research questions, my research was conducted, using qualitative methods of semi-structured interviews with 16 male undergraduate students in their second year of study at a university in the north of England.

3.2 Critical justification of methodology and method

This section outlines the methodological assumptions underpinning my choice of method.

3.2.1 Methodological underpinnings

The choice of methodology was influenced by several factors, predominantly the way that I, as a researcher, view the world, the nature of reality and my perceptions of truth and knowledge (Patton, 2002). Ontology relates to the nature of truth and reality and raises questions such as *'what is worth knowing'?* (Koro-Ljungber, 2008, 429) and *what is truth?* (Scotland, 2012). This links with, and leads to, epistemological questions about how we can know truth, i.e., how do we know what we know? (Cohen et al, 2007). Knowledge around a given subject is generated through research, and values are placed on this knowledge through critique of

methodology and methods. Ontological and epistemological assumptions guide how one believes we should study the world - our methodological intentions, which then influences research design and leads to our choice of methods (Scotland, 2012). Historically, research has been somewhat polarised by, on one side, a scientific paradigm with an objective search for truth, and a focus on empiricism (Crotty, 1998), compared with interpretivism, with a relativist ontology, followed by those in pursuit of a more subjective truth, favouring experiential knowledge (Guba and Lincoln, 1994). This divide has been bridged to some extent with the emergence of post-positivist methods such as critical realism (Bhaskar, 1975) and the popularity of mixed methods research (Creswell, 2013) (particularly in education research).

My own positionality led me to both the choice of topic area and methodology. Being reflexive around positionality means adopting an ontological belief that we as researchers are not objective observers (Dean, 2017), but part and parcel of the research process (Goodson and Sikes, 2003). Instead, data is reflexively constructed between participant and researcher (Moore, 2007), since we are a part of the world we study (Charmaz, 2006). We must therefore reflect on the influence that the researcher has on the research process, including issues of power and the wider relationship between researcher and participant (Dean, 2017). All aspects of a researcher's background, innate traits and their position, values and beliefs affects every aspect of research, from the choice of topic and method to the analysis (SRA, 2003, Foot and Gau-Bartell, 2011), as Wellington et al (2008) put it; there is a *'crucial, interactive relationship'* (p20). My own background and interest in Psychology, particularly mental health and wellness, and a professional interest and experience in education research, has influenced the area of study. My political and social stance being left leaning, and my work as a social researcher has often related to areas of social justice. I feel the area under study fits well with these interests, as well as my experience, and the current state of knowledge, understanding and acceptance of issues of male mental health. Owing to my profession being in research, and utilising predominantly qualitative techniques or mixed methods, I am experienced in the interview method; this combined with my philosophical stance being social constructivist has influenced my choice of method. I am interested in lived experiences and perceptions, which means attempting to uncover in-depth accounts (Cresswell, 2012), in order to explore and analyse these perceptions from the individual's descriptions (Merriam, 2015).

3.2.2 Choice of methods

My research is about male student's perspectives on mental health, as shown in the research questions posited. This however could be ascertained through a variety of means, if one wanted to measure this, one could use a survey method and gain some useful insight on a relatively large scale (Cohen et al., 2007). Data would be quantifiable, and findings could be seen as generalizable to other populations (external validity), depending on the robustness of the sampling strategy and the sample size (Creswell, 2013). However, what is often more difficult to discover

through survey methods, is why respondents feel the way they feel (Blaxter, et al, 2006). Questionnaires are often viewed as a positivistic way of measuring human behaviour and believed by some to be objective, in comparison to qualitative approaches (Thomas, 2009). However, it is not possible to eliminate subjectivity in research (Janesick, 2000), including in the design of survey questions, it is impossible to know for example how each respondent is interpreting questions (Burns, 2000). Moreover, surveys force a choice from pre-designed answers, when in reality; respondents may have a much more nuanced answer to a given question, varying by context and mood (McGuirk and O'Neill, 2016). Participants may choose middle or neutral responses in scale questions, making it difficult for researchers to make firm proclamations from the data (Krosnick and Presser, 2010). There is a lack of certainty about whether the participant really feels their response lies in the middle, or if dependent factors make them unable to choose either end of the scale (Slovic, 1995).

My research has examined the literature in relation to masculinity theories and potential impacts upon perceptions of mental health in males. An experimental approach to understanding this could be through a measure of masculinity. Using a pre-validated tool, one could attempt to assess *how* male participants scores of 'masculinity' on a scale related to their 'levels' of mental health and wellness. This however would not be an appropriate method to answer my research questions (Perc et al., 2015). Firstly, my research is not investigating individual participant's mental health, rather their *perceptions* of male mental health. Additionally, this approach would not enable me to understand in what ways male students feel different contextual factors, such as the university experience (see RQ 2), may impact on mental health (Collingridge and Gantt, 2008; Majid et al., 2017). Indeed, one of the key benefits of qualitative research is investigating the *particulars* (Eisner, 1998). This method would also mean asking participants to complete psychometric style tests to measure their 'levels' of both masculinity and mental health, which does not fit with my approaches to research, ontological assumptions, and beliefs about ethical research practices.

Qualitative research methods, such as the interview, conversely are well-suited to researching sensitive topic areas (Connolly & Reilly, 2007, Fahie, 2014). An interview is a more naturalistic approach, which allows for clarity of answers through prompts and probes to broaden ones understanding of the area under study (Rubin & Rubin, 2005, Alshenqeeti, 2014). Meanings are interpreted and analysed based on the context within which they are created (Rubin and Rubin, 2005, Creswell and Creswell, 2018). The social constructivist paradigm chosen, guides the use of semi-structured interviews, enabling a co-construction of data through guided conversations (Matteson & Lincoln, 2009, Creswell and Poth, 2018), where the researcher is an integral tool for data generation (Paisley and Reeves, 2001, Creswell and Creswell, 2018), but also for participants to raise issues that may not have been theorised in the design of the schedule, as they are allowed the

opportunity to use '*their own voice and express their own thoughts and feelings'* (Berg, 2007: p96). Despite this, one should not presume that interviewing allows '*unhindered and unmediated access to the experiences of the interviewee'* (Brinkmann, 2016: p521). The interviewer will necessarily have a great influence in what is discussed, one must remember that data is co-constructed and locally accomplished (Talmy, 2011). Therefore, there is an inevitability of influence in the interview situation. Owing to cultural understandings of what an interview *looks like*, it can also be viewed as a staged form of social practice (Brinkmann, 2016). Researchers it is argued, need to focus on data as jointly produced, constructed through interaction of interviewer and participant (Rapley, 2001), positionality is of key importance, as Lather (1993) argued, engaging in self-reflexivity *'bring ethics and epistemology together'* (p686).

Semi-structured interviews were preferred in order to give a voice to male students on their experiences, and to explore the area in a more in-depth way than other methods would allow (Cresswell, 2007). The interview schedule of questions was created based on my literature research, the theories related to social class and social justice, theories of masculinities, and my own understandings. However, I also wanted a degree of openness in my methods to allow for participants to share experiences that were not anticipated, making semi-structured interview an ideal method of data collection.

The qualitative approach chosen will inevitably have brought bias into the sample of participants, which should be acknowledged. Those who volunteered to take part are likely to have specific personality traits, such as being willing to talk about their feelings in an area that is perceived as sensitive and still somewhat stigmatised. An anonymous survey method would potentially not have this type of bias. Despite this, owing to the recruitment methods making clear that the study was about male *perceptions* rather than individual *experiences,* the homogeneity of the sample may be less than anticipated.

3.2.3 Areas of consideration for chosen methods

Returning to my positionality here, I feel being a female, researching male students and having a dual role as researcher and EdD student is worthy of some critical reflection. These reflections are considered in terms of the similarities and differences between researcher and participant, including potential power dynamics at play and how this may be viewed by the participants (Emery, 2014). As this research investigates (self-identifying) male students' experiences, myself being (and identifying as) female, may have impacted upon how participants relate to me and what they felt prepared or unprepared to talk about, as Drever (1995) asserts that individuals' willingness to talk, depends on how they view the interviewer. I aimed to reflect the voices of the male participants in my research (Bourke, 2014) as far as possible, although choosing areas and quotes to include still involved a huge level of subjectivity, based on my own positionality. My innate biases may influence what I have prioritised in the data, creating cultural or confirmation biases (Pirkey,

2015). Although this cannot be fully overcome, I am used to acting (as far as possible) impartially and independently in my role (as education researcher) and have sought to prioritise giving 'a voice' to the participants in the design of the research, and regardless of the nature of the data uncovered (Corden and Sainsbury, 2006). This is where peer-debriefing can be helpful, to critically assess claims made through an external person questioning the processes, assumptions and interpretations made by the researcher (Janesick, 2015). This was undertaken with a male peer and is described in the method of analysis section below.

In my research, it could be argued that I am an insider researcher in that participants are (made) aware of my role as member of university staff, and there is the potential for this to affect the power dynamics of interviewer and interviewee (Ferguson et al, 2004), for example, influencing what they feel they can say to me as a member of staff within the institution in which they study. This could also be an ethical consideration in ensuring, during recruitment, students did not feel under any pressure to take part in the research (Ferguson et al, 2004). The BSA (2017), recommend careful consideration for university staff (pertaining more to lecturing staff) of their ethical practice when undertaking research with students. The emergence of the term's 'insider' and 'outsider' research around the 1960s (Flores, 2018) led to some theorising and debate around the potential benefits and drawbacks to each for obtaining useful and 'truthful' data (e.g Dwyer and Buckle, 2009). I am not directly involved with student participant's studies, there is therefore somewhat of a middle ground in insider/outsider research, as is argued by Flores (2018). I am not quite either insider or outsider, which might be beneficial, as it gives enough trust and confidence of participants in the researcher in terms of ethical practices and professionality. My tacit understanding of the university context means I have a level of understanding of what is being discussed that a true outsider may not have. Conversely there is a degree of detachment, meaning participants may have felt able to talk freely and critically about their experiences at the university in a way that they would not have had, speaking to someone with whom they had a student/tutor relationship for example (Ferguson et al, 2004).

3.2.4 Critical appraisal of ethics frameworks and relevant ethical issues

This section critiques ethical frameworks and outlines ethical practices pertinent to this research.

Review of ethical guidelines & frameworks

Ethical standards and frameworks are of prime importance and help a researcher to reflect upon issues specific to their own research (Sikes and Piper, 2010), however these can only go so far. Ethical review boards have been widely criticised in the literature for being restrictive, overly bureaucratic and focussed on compliance and box ticking, more than provoking deep engagement with ethical thoughtfulness (Head, 2018). It is argued for example by Velardo and Elliot (2018) that review committees can engender conceptualising ethical processes as a 'one-off', which is completed prior to the research taking place, instead of an ongoing process of

reflection and practice. Moreover, research in the social world is often complex, context dependent and involving individuals and topic areas that cannot ever be fully covered by a set of principles (Head, 2018). The researcher must be acutely aware of, and sensitive to, the individual needs of their participants, as well as their own well-being (McGarry, 2010), and to act within an ethical and moral framework that means their research is carried out in a way that both causes no harm, and, where possible, is of some benefit to those taking part (SRA, 2003; Creswell, 2013; Head, 2018).

National ethical guidelines and frameworks outline principles for sociology and educational researchers to adhere to. Guidelines from the Social Research Association (SRA) created in 2003, could be seen as somewhat outdated, and do not include the new GDPR laws in place since May 2018. The guidelines are however comprehensive, with notable areas, such as considerations of reducing burden on participants. The British Sociological Associations (BSA) statement of ethical practice, published in 2017 (and therefore also missing GDPR rules), is informed by generic guidance from the Academy of Social Sciences. The document covers a range of areas, including researcher safety, confidentiality, and data storage, however not in any great detail. Issues around power disparities are lightly touched upon, advising for example research relationships be *'built on trust and integrity*'. The Economic and Social Research Council outline their 6 core principles for ethical social research on their website (ESRC, 2019). The principles are important and well-grounded in ethics literature; however, these points lack detail and leave room for interpretation. For example, stating that participation should be voluntary 'wherever possible', without examples of where this may not be possible and why, and stating the '*rights of individuals should be protected,*' without elaboration of meaning. There is however acknowledgement of the context specific nature of ethics in practice, and an encouragement for researchers to share good practice. The British Educational Research Association (BERA) published up to date ethical guidelines in 2018, pertaining specifically to educational research. These are quite extensive and useful to reflect upon before endeavouring to obtain ethical approval for an education study. These frameworks, as well as university guidelines, were reviewed when considering ethical issues that may have arisen in my study.

3.2.5 Reflections on specific ethical practices for the research

Ethical considerations were thought through extremely thoroughly prior to the undertaking of fieldwork. This is an expectation before undertaking any research, however, owing to the particularly sensitive nature of the topic under study; it was considered especially important in my research (Mitchell & Irvine, 2008, Fahie, 2014). Conducting ethical qualitative research, particularly when researching a sensitive topic, may mean going further than adhering to the standard frameworks for ethics, to consider the nuanced and individual levels of positionality, including power dynamics, reflexivity and confidentiality on an individual basis (Kupper, Lingard and Levison, 2008). Looking firstly at confidentiality and anonymity, Bassey

argued in 1999, that educational researchers have '*a moral duty to respect the privacy and dignity of those whom they research*' (p33). In my research, levels of anonymity are considered carefully, and were ultimately negotiated with participants on an individual basis. Although the institution to which participants belong as students will not be named, it is likely to be identifiable through description (northern, post 92 university) and the fact that I am employed at the institution. Participants were made aware of this. Although pseudonyms are used, there is some participant demographic information described, to provide context on individuals, e.g., course, year of study etc. This detail could compromise the anonymity of participants, based on their individual circumstances, as Surmiak (2017) has highlighted, pseudonyms do not go far enough to protect participants. Therefore, each individual interviewee was asked if they were happy with their course and year of study being stated.

An acknowledgement must be made of the potential for the discussion to lead to emotional distress for participants (Cohn and Lyons, 2003, Hess, 2006, Allmark et al, 2009). A key aspect of this research, as clearly stated in all fieldwork tools e.g., advertisement, information sheet etc (appendices three to five), is that questions would not pertain to the individual participant's mental health, and that no questions would be directed as such. This research aimed to explore the perceptions, thoughts, observations, and feelings of male students about mental health in male students generally. Despite this being made clear, interviewees did disclose mental ill-health of their own volition, potentially eliciting upset. The discussion itself also had the potential to cause some negative emotions, particularly as there is a high prevalence of mental ill-health among young people (Jones, 2013; Thorley, 2017), and therefore interviewees are likely to know of someone with mental ill-health. Efforts were made to ensure that participants felt comfortable throughout the research process (Griffin et al, 2003), through observation of behaviour and if needed, participants would have been asked if they wished to stop the interview process if they appeared to be becoming upset. Furthermore, debriefing of participants happened at the end of each interview, including a debriefing document signposting participants to organisations where they could obtain support if needed (appendix six), including details of university specific support available.

How far the above-mentioned measures can allow one to be confident that the respondent felt their participation was completely voluntary, they could withdraw at any time, and did not experience any harm or level of discomfort, that could be considered unacceptable solely for the pursuit of research data, is difficult to fully know (Allmark, 2009). For example, there is the potential for some participants to experience a degree of anxiety in taking part in an interview, alongside subjectivity for researchers assessing at what level this becomes uncomfortable. The interviewer may find it difficult to be fully aware of levels of discomfort experienced by the interviewee and how to spot them (Fahie, 2014), for example knowing what is 'normal' for each participant. However, as participants have self-determination, there is some responsibility on the part of the individual to ensure they alert the researcher

to any issues they experience, so that this can be dealt with (Draucker et al, 2009). Indeed, some researchers have argued that ethics regulations are 'too protectionist' (Helgeland, 2005) and that it may be patronising to presume that participants must always be protected from 'harm' (Faulkner, 2005).

There were potential positive implications for participants in taking part in this research. Participants may have benefitted from having an opportunity to reflect on, and discuss issues in a 'safe space', that they may not have had the opportunity to do previously, as there is evidence suggesting there can be therapeutic benefits for participants taking part in an interview (Seibold, 2000, Murray, 2003).This may be particularly the case for males, whom research shows, are less likely than females to talk about mental health to their peers (CALM, 2016; Patrick and Robertson, 2016). An interview experience may also be beneficial in that participants views, experiences and perceptions can be shared and listened to in a non-judgemental environment, which in turn may encourage participants, and anyone they may disclose their interview experience to, to talk about mental health more and reduce stigma and self-criticism (Abrams, 2017). Participants were also contributing to knowledge in an under-researched area, which it is hoped, will help towards improving understandings around the experiences of males and mental health, and the specific support that could be provided for this group. It is expected that participation could be a step towards breaking down the stigma that still surrounds mental health in men (Abrams, 2017).

Finally, positionality was likely to be more pertinent in conducting face-to-face interviews, than a method that would create more 'distance' between researcher and participant, such as a survey (Coghlan and Brydon-Miller, 2014). The participant must meet the previously unknown researcher and engage in a conversation, being asked questions about a highly sensitive topic. It was important therefore to draw on my own personal experiences, and supporting friends with mental ill-health, to enhance empathy building. My prior experience of interviewing a wide range of individuals will have influenced my behaviour in the interview situation (Elmir et al, 2011; Stewart, 2017), and should have helped to put interviewees at ease and build rapport. Owing to the topic area, participants simply knowing I am interested in mental health and men's perspectives, may have removed any perceived stigma as they knew they could speak openly about feelings, and I would be extremely unlikely to react negatively due to my interest and understanding of the area.

3.3 Piloting the study

3.3.1 Rationale for pilot

Prior to conducting the main study, I undertook a short pilot study by interviewing two male students. Piloting is important to alert the researcher to potential issues with their methods and/or approaches (Mikulski, 2017). The primary aim of my pilot study was to inform the design of the main study (Jariath et al, 2000) through for example, testing out the method of semi-structured interviewing, including the interview

schedule (Van Teijlingen and Hundley, 2002; Kim, 2010). I also wanted to assess the levels of interest in the research, and therefore the ease or difficulty of recruitment, and to consider my recruitment methods (Van Teijlingen and Hundley, 2001). The pilot was beneficial in that it gave an indication of the data I would be likely to collect in the main study and enabled me to reflect on the level of detail obtained through interview questions, and the appropriateness of these questions, giving the opportunity for revisions where needed (Kim, 2010). Finally, the data for the pilot study was analysed in some depth, which greatly helped to inform the analysis method for the main study (Van Teijlingen and Hundley, 2001).

For the pilot study, I conducted two interviews, one with a male undergraduate student, and one with a male postgraduate student, both enrolled at the university where the research took place. *Two* interviewees were recruited in order to test the interview schedule on more than one individual, and to test the timing, clarity and comprehension of the questions (Hassan et al, 2006). A post-graduate student was recruited, despite this not being the level under study, as the pilot took place after most undergraduates had left for the end of the semester. This did not feel problematic for the pilot, since the aim was not to collect usable data, but test tools and approaches.

3.3.2 Undertaking the pilot: lessons learnt

Pilot interviews conducted both lasted for around one hour and were guided by the schedule and how much the interviewees had to say. Data collected was found to be sufficiently rich in detail (Mason, 2018). After the interviews, participants were reminded that the study was a pilot and asked to briefly reflect on how they felt the interview had been conducted in relation to the appropriateness and clarity of the questions asked, the length of time taken, and the coverage of the topic. This is a similar process to that of cognitive testing, which was originally designed to assess survey questions (Tourangeau,1984) for content validity. There is a relatively small amount of literature on conducting pilot studies within qualitative research (Mikuska, 2017), however this 'pre-piloting' the schedule questions is a useful process in qualitative methods, as it allows participants to evaluate the questions (Harding, 2013). Participant's feedback can then be used to redraft and refine questions as necessary.

One example of this is a realisation after an interview that I should have prompted more where particular areas of interest were discussed by participants. For example, one interviewee brought up masculinity, which is a key area of interest for me, and therefore I should have used further prompts to obtain more of his thoughts on this, for example:

> *Q. Do you feel there is a perceived stigma for males in particular to disclose their feelings around this area?*

A…I see guys walking around in groups and putting on a façade and wanting to look like they are masculine and tough or whatever, and I see that, more than I see people who are willing to be vulnerable, so I can only speak on what I've actually experienced.

Reflecting back, I missed an opportunity here to probe further about masculinities and whether he felt there was a culture of this at the university, and perhaps question how far being perceived as masculine was linked to mental health. This was a surprise to me, as I am an experienced interviewer, however it highlights that piloting is extremely helpful, as there is always more to learn. This made me reflect further on really listening to the participants and following up key areas that may emerge (Mikuska, 2017).

Another area of reflection is who the two pilot participants were (Mason, 2018), and how far they are perceived to be 'typical male students'. It is of course impossible to define what a 'typical' student or male student may look like. The two students recruited were both studying social science/education related degrees. One in particular had a clearly demonstrated understanding of issues of mental health, using for example the word 'catastrophizing' during the interview, which is a common term used in therapeutic and counselling studies. It could be argued therefore, that the participants had knowledge and understanding of their own and other's mental health that one may not expect to find in the 'average' undergraduate student. This may have been my own preconceived notion of the 'average' student and in fact the majority of students may indeed be well-versed in issues of mental health, however the literature review conducted did not support this (e.g., Gorczyinski et al, 2017).

In addition to their course of study, is the fact that the two interviewees were in the minority as male students on their courses, which is likely to have an impact on how these students may perceive male mental health, being surrounded by predominantly female peers. This was indeed discussed in the pilot by one interviewee as a key factor in relation to feelings of competition.

Q. Is there anything that you think would be more likely to cause this for male undergraduate students?

A. Difficult for me, the fact that my course has been so overwhelmed by girls, but I think, say for example, a sports science degree down at the other campus which is populated by guys and everyone wants to do that physiotherapist role… the competition there, things are quite intense, but I think for me as a boy with such a big population of girls, I haven't been so kind of competitive I suppose, I've seen it as an opportunity for me, especially in mental health, to go on and stand out from the crowd… so I kind of use that to my advantage.

This is in interesting experience from a male perspective, seeing the positive implications of a female dominated course. The pilot uncovered for me, the need to

interview students from a variety of courses, to gain differing perspectives. But also, to capture their contexts and how their course experience and peers may relate to their experience of university and perceptions of mental health more widely.

Although not articulated by participants, the location of data collection may have felt somewhat awkward and/or formal from the interviewee's perspective and did so to some extent from my perspective. The pilot interviews were conducted in a small meeting room in the building within which my office is located in the university. Although this was agreed in communication with participants, it would have been hard for participants to have suggested a different (non-public) location, given they would not have easy access to room bookings as I do as a member of staff. Although participants agreed to the location, they had to travel to and from the setting and may not have been familiar with the building prior to the interview, which could have caused a degree of anxiety. This location was decided upon for practical reasons, however it could have been intimidating, being viewed as 'my space' and not theirs (Herzog, 2012). Moreover, we were, by necessity sat facing each other over a table in a small meeting room, which gives the feeling of a more formal interview, associated for example with a job interview.

Owing to the above, and the desire for a more relaxed and naturalistic interview, for the main study, where possible, I had intended to conduct the interviews whilst walking (Kusenbach, 2003; Evans and Jones, 2011; Kinney, 2017; Spicksley, 2018), with other options available for any participant with reduced mobility. The location of the walk was to be either around the university campus, or in a park or other natural green space nearby. Walking interviews provide a number of benefits particularly in relation to addressing possible power imbalances (Kinney, 2017). The location(s) may be seen as more neutral and travel can be directed by interviewees (Kusenbach, 2003), walking, and talking has been shown to facilitate a more natural flow to the conversation, empowering interviewees (King and Woodruff; 2017) and means there is less eye contact needed. Walking interviews can also add spatial specificity (Evans and Jones, 2011; Spicksley, 2018), when walking in locations relevant to the conversation such as the campus. Ethical considerations include the potential of being overheard when discussing a sensitive topic (Spicksley, 2018), however giving a choice of location would help. Additionally, note taking and tape recording may become more difficult. In actuality, walking interviews were not possible due to Covid 19 restrictions at the time of data collection, however, this method could be used in future studies.

3.3.3 Analysis of the pilot

Interviews were transcribed onto word documents initially. Writing up the interviews highlighted an area of the literature I decided to explore further in the main study, namely issues of social class. From one transcript:

> *My expectations of uni were really strange, I thought it was a really alien place…I don't know what I imagined, somewhere that I couldn't make any*

connections to… I think it's because my mum and dad never went … so I think as I've been brought up unconsciously, they might have mentioned about uni being kind of not achievable I suppose.

This extract of interview alludes to the idea of university being out of reach for the participant, owing to his background and class. I feel again this area could have been probed further during this interview.

Once transcribed, the word documents were uploaded onto Nvivo (12) where I analysed the data using a thematic, template analysis (TA) approach (discussed in detail in the analysis method section below). The main concern in trialling the use of template analysis for the pilot, was that I was unable to fully measure the usage of the template, and how this may evolve over the process of application to further interviews in a larger study. The utility of TA is to build up a template based on a small number of transcripts and then apply this template to the rest of your interview data (Brookes et al, 2015), updating it as you do. However, in this pilot I wanted to trial this approach as far as possible by creating an initial template from the two pilot interviews. Because the template is never viewed as 'complete' but ever evolving (King, 2004), this early stage is helpful in early development. Thus, in order to test template analysis as an approach on this small scale a mini version of template analysis was undertaken, which was to create my template by coding interview one first and then applying my template to analysis of interview two, making changes to codes and themes as I did this.

For example, one theme that emerged strongly throughout the coding process was: 'Difference'. This started as a child node but became a parent node or 'theme' due to the amount and variety of interview data coded to it throughout the transcripts. 'Difference' was created to capture where the interviewee(s) made statements that suggested in both subtle, and more overt ways, that they were not like other students. This theme was present across the transcripts where participants spoke about the university experience for *other* students, specifically male students, and mental health. To illustrate this, one of the key points of interest coming from the analysis was where the two pilot interviewees discussed gender stereotypes and behaviours that could be identified as 'hyper-masculine' in their male peers, and the potentially negative implications associated with these:

Q. Do you feel there is a perceived stigma for males in particular to disclose their feelings around this area?

A….I see guys walking around in groups and putting on a façade and wanting to look like you know they're like they are masculine and tough or whatever and I see that more than I see people who are willing to be vulnerable, so I can only speak on what I've actually experienced. (Pilot Interviewee one)

However, there was an underlying assumption that they themselves did not fit into these stereotypes or behaviours, suggesting they viewed themselves as different to a 'typical' male student:

> *A. …I am only speaking on behalf of me who is more of an open person, and maybe there are more people out there like me, and maybe I'm being a bit too harsh on guys in general.* (Pilot Interviewee one)
>
> *Q. What do you find most challenging about university?*
>
> *A. There's always been the stigma, that boys don't cry, that if they're struggling, they have to, excuse the expression; 'grow a pair, and man up and deal with it', those are the expressions that I absolutely hate to be honest, because it's not manly to be strong…* (Pilot Interviewee two)

Here the interviewees appear to have somewhat positioned themselves outside of the 'usual' gender norms of being closed off to one's feelings or stoic, however stating that other male students may act or feel that way. This provides further evidence to that presented by Wetherell and Edley, (1999) regarding the theory of the 'rebellious' position adopted by some males in society to distance themselves from hegemonic masculinity. Although prevalent in the pilot, this theme was not uncovered in the main study.

3.3.4 Summary of pilot

Conducting a pilot proved extremely helpful for an in-depth reflection on undertaking the research, including the schedule to be used, and my own interviewing techniques, particularly related to listening carefully to participants, and the need to probe areas of interest more deeply. The pilot study also highlighted the potential to review more literature around social class and male university student experiences. It encouraged me to re-examine demographics of participants and recruitment methods for the study. Lastly it made me consider the location and style of interview, and how this could be more innovative and naturalistic.

3.4 Methods of data collection

This section describes the methods used for data collection, including designing the interview schedule, sampling participants, and conducting interviews. Ethical practices adhered to are also described.

Semi-structured Interviews were carried out with 16, second year male undergraduate students, with and without lived experience of mental health difficulties, from across different courses within a north England university. Interviews took place from the 14th of December 2020 to the 9th of February 2021.

3.4.1 Sampling and recruitment

It is important to emphasise this study was looking to understand male students' perceptions of male students' mental health, and therefore recruitment of participants

was not aimed at male students who had mental ill-health (this was not an inclusion criteria) nor were participants asked about their own mental health experiences unless brought up by them, but instead asked about their perceptions of male students and mental health more generally.

Second year undergraduate students were selected as this was thought to allow students to reflect on their experience of university being roughly halfway through (for the majority of courses), thinking about how their first year had gone in relation to their expectations versus reality, and to look ahead to their final year and the future. It was also felt that the interview process may be helpful for students to reflect on these types of issues prior to going into their second year. While students in other years and indeed postgraduate student experiences are of interest, this study aims to understand the experience of undergraduates in second year which has shown to be a time associated with higher stress levels (Macaskill, 2018). Finally, third year students were discounted to reduce burden on participants during their potentially most demanding year. Second year students are also however, according to research, more likely to suffer a 'slump' with difficulties in their motivation engagement and attendance (Thompson et al, 2013).

Sampling and recruitment took place during a time of unprecedented Covid 19 related restrictions in England i.e., December 2020 - February 2021, and therefore recruitment was challenging. During the period of recruitment, the vast majority of students were not able to attend the university campus, with the exception of some restricted activity (e.g., pre-booked library sessions) and the public had been asked to stay home, with the exception of 'essential travel'. The more traditional approaches to recruitment for a study of this type, such as advertising on university screens, attending lectures to promote the study, or leaflets left in key student areas, were no longer practicable.

Participants were recruited through a convenience sampling approach (Maxwell, 2005). The intent was to promote the research across the university as far as possible to ensure that eligible participants could take part from a variety of courses, cultures and backgrounds, although there was little control over this given the nature of the recruitment approach. Although not intended to be generalizable, a varied sample perhaps provides a more diverse understanding. As the literature shows (e.g., Davies et al, 2016; Sahota, 2020), research with students about mental health has historically relied on medical or psychology student participants who may well have a different perspective given their course of study.

An email with an online link to the study advertisement (appendix five) was sent to course leaders across the university in December 2020, asking for them to promote the study to their undergraduate students, where possible, through presenting the advert during lectures/seminars and/or adding the advert to the blackboard course site. The request was also to send the study information to other staff in the department, including module leaders and lecturing staff more widely to do the

same. This resulted in 6 potential participants getting in touch via email with interest in the study. Participants were emailed back with the information sheet which they were asked to read and if happy with the contents, to reply with convenient times for the interview to happen. This led to 3 interviews taking place in December 2020.

Due to the fairly low level of responses, it was felt by January 2021 that a wider recruitment strategy was needed. Several of the student's union representatives were contacted asking if they could share the advert with student reps to share more widely. The university communications team, the student communications teams, the university IT department, student wellbeing services, and the press office were also contacted with similar requests for study promotion in whatever ways were possible. In addition, a sample of around 350 teaching staff form across the university departments were contacted with a request to share the advert with any L5 male students they taught. The sampling of these staff was a mixture of purposive (i.e., selecting those who were module or course leaders, or specifically had information about undergraduate teaching in their biographies) and random, i.e., contacting at least 3 teaching staff per course to ensure that a range of staff were contacted within the time constraints of collecting and collating this information. In addition, students were likely to have a number of staff per module or course and therefore to avoid overwhelming staff and students, the numbers of staff contacted were somewhat restricted. The approach led to a snowball effect, where willing staff forwarded the request on to colleagues whom were teaching L5 within their department. The outcome was a further 30 eligible potential participants emailing to request either further information or to take part. This in itself was an interesting and useful finding, as I had anticipated more difficulty in recruitment. Research has shown males are less likely to take part in research about mental health (Ibrahim et al, 2013, Daubney, 2015).

All students who enquired about the research were emailed back, thanking them for their email and interest in the research, and providing them with an electronic copy of the information sheet. Those students who responded outlining they were satisfied with the purpose of the study and agreeing to an interview, were then replied to asking for convenient times for the interview to happen over zoom.

Achieved sample

In total, 36 eligible students sent an initial email expressing their interest in the research. Interviews were conducted with 16 of these students, with and without lived experience of mental health difficulties. On two occasions interviews were arranged but did not take place, as the participant cancelled the day before or on the day. The remaining participants, who showed interest but did not take part, did not reply, either after receiving the information sheet, or after being asked for their availability to do the interview. Due to the large number of interested and eligible students, the students who did not reply after being sent further information, were not pursued for interview, and were only contacted again to be sent the debrief form after data collection was completed as explained below.

3.4.2 Covid-19 methodological considerations

The Covid 19 virus directly impacted on both practical data collection, and inevitably participant views of university life and mental health. The timing of data collection meant second year undergraduate students involved in the study (and indeed, across the country), had experienced a profound disruption to their student experience. Firstly, in 2019, the students first year, two periods of industrial action involving 8 days of university staff strike action in October/November 2019, followed by 14 days spanning February and March 2020 (the latter being the joint longest higher education staff strike in history) took place. This was closely followed by the nationwide closure of HEI campuses, and an unplanned move to online delivery of all teaching and learning due to the Covid19 pandemic in late March 2020. Campus closures continued for the academic year and where then re-opened at the university under study in September 2020, but with a blend of online and in person teaching, and a strict policy for limited and socially distanced time on campus. In January 2021, another England wide lockdown came into force and continued for the duration of data collection of this study. These additional stressors impacted on the data that resulted from the interviews; especially due to the focus of this research being mental health. Given their unique experience of being at university at this unique time, this research offered students an opportunity to reflect on, and discuss the impacts that these recent events have had.

3.4.3 Interview schedule design

I operationalised my research questions into interview questions to form a semi-structured schedule (appendix two) which was piloted (see details on pilot study above). I gained ethical approval through outlining the proposed study, describing the ethical guidelines to be adhered to (outlined in detail below), and creating tools which would be used in the study, such as a participant information sheet and a consent form (appendix three and four). The interview schedule was refined initially based on the pilot interviews, and then further based on continued reviewing of the literature where additional questions were added. Questions were also added or amended to the schedule to address the pandemic, for example, when asking students to reflect on their university experience, the question was amended to ask participants to reflect on both their pre and, and post Covid university experience, to ascertain the differences and the extent to which the pandemic was felt to have impacted on their experience.

3.4.4 Conducting the interviews

The interviews lasted between 43 minutes and just under an hour and a half, with an average time of one hour. Interviews took place online, due to strict government guidelines that individuals could not meet indoors or travel to meet people outdoors during the data collection period. In order to decrease anxiety about an interview and to increase engagement with the research, I had intended (where appropriate) to use walking interviews (Kinney, 2017), on campus or a nearby park/gardens (with other options available for those with reduced mobility), however, as stated above this was

not possible given the Covid 19 restrictions. The use of zoom for interviews in this research is reflected on below.

Ethical practices

University ethical approval was granted before data collection took place (appendix thirteen). Ensuring awareness of participant's rights, and informed consent is crucial (BERA, 2019). Prior to the interviews, potential ethical scenarios that may occur during the interviews were thought through, along with what action could be taken to support the interviewee or myself as interviewer. For example, if the interviewee were to become visibly angry or upset, or if the interviewee discloses something they may not have told anyone before. Phrases that could be used were created so that these were available if needed during a potentially upsetting or anxiety provoking interview. For example:

'This area is one that clearly resonates with you on a personal level.'

'Do you feel that you want to continue, or would you rather leave it there?'

Although the list was not exhaustive, it did provide helpful prompts and a greater awareness of the potential sensitivity of the interviews before data collection began.

Participants were sent an information sheet detailing the rationale for the study and outlining the ethical protocols to be followed, including their rights as participants and what will, and could in the future, happen to the data collected. Participants were asked if they wished to participate again before arrangements were made. Prior to the interview, participants were given a hard copy of the information sheet and consent form. The aims of the study were reiterated verbally, and participants were asked if they understood the rationale for the interview, and if they had any questions about the research process. Once participants confirmed they understood and any questions addressed, they were then asked to read and sign the consent form, if they were satisfied with the conditions outlined, including that the interview would be digitally recorded. Participants were told that they did not have to answer any particular question(s), without giving a reason, and may stop the interview at any time. They were reminded that they could also withdraw their data up to two weeks after the interview. Before the recorder was turned on, participants were asked verbally if they were happy to have the conversation recorded, and it was explained that I will be the only person who will listen to the audio recording.

When undertaking data collection, during the pre-amble I discussed with the interviewees what level of personal demographic detail they would feel comfortable being revealed in any writing up of data. Giving a detailed account of individuals taking part, particularly in studies with in-depth interviews, is helpful in a research study, as it provides the reader with contextual understanding of participants, as well as a level of deeper understanding of the individuals giving their story (Sutton and Austin, 2015), and helps with transferability of data (see more below). However, it is important to ensure that participants feel comfortable and confident in the level of

anonymity assured (Head, 2018). Participants were happy to have their course identified and did not highlight any areas of concern regarding their being identifiable in this research.

Data collected was stored both digitally and transcribed on a word document on a secure drive on a password protected computer at the university.

Following the data collection period, I decided to send the debrief form (appendix six) to all students who had got in touch about the research, regardless of whether they had been interviewed or not. In the email to these students, I explained that the information in the debrief form may be of interest to them. The debrief form contained, not just organisation which would provide support, but also organisations focussed on student wellbeing more generally and a link to a podcast funded by Student Minds which is hosted by and created for male university students where episodes focus on common areas that may affect male student mental health and wellbeing.

Reflections on data collection

Use of online methods

As outlined above, I had intended to conduct interviews face-to-face as long as participants felt comfortable with this. Face-to-face was preferable due to the well-documented benefits, such as paralinguistic and facial cues, personalisation, and clarity of meaning (Block and Erskine, 2012). The data collected feels sufficiently rich, and I felt able to build a rapport with participants during the online calls. Nearly all participants chose to have their camera on, which helped with non-verbal cues (Irvine et al, 2013). However, there were issues with the online interviews that could not be overcome, and certainly impacted to an extent on the data collected. Firstly, there is an inevitable lack of complete eye contact with online communication, and eye contact is a positive social signal, important to communication (Kleinke, 1986). However, recent research suggests that physical presence is not necessary for psychophysiological responses to eye contact (Hietanan et al, 2020). More importantly, there was a slight time lag on the connection, meaning that at certain times interviewer and interviewee would speak at the same time, which broke up the flow of the interview. In order to overcome this, I needed to practice pausing for slightly longer then felt natural before asking prompts or questions to ensure that participants had fully finished what they wanted to say.

Interest in the area of male mental health

Although impossible to know the number of potential participants who took part as a percentage of those who viewed the advert, the fact that there were 36 who expressed interest from across differing courses and background, shows at least some willingness of male undergraduate students to talk about mental health with someone they do not know. A number of participants expressed their gratitude following the interview at being able to reflect on and talk about these topics and

themselves and be listened to. It is both gratifying to hear that participant felt that they personally benefited from the interview, and contributes towards the findings, since, for many men, their chances to talk in this way may well have previously been limited, and therefore their expression of appreciation points towards their desire for this type of communication. Moreover, both staff who were asked to promote the study, and those eligible students who asked to take part, commented on the importance of this type of research and often asserted their desire to help in any way they could. Thus, highlighting a wider desire across members of the university, to further the research, discussion and understanding of male mental health.

3.5 Methods of Analysis

3.5.1 Choosing an approach to analysis

In order to locate the most appropriate analysis approach, I spent some time reviewing qualitative analysis methods commonly used for the type of data I had collected, i.e., semi-structured interviews with a purposive sample of participants. I wanted an approach that would be suitable for around 15-20 interviews. I also wanted to ensure my method of analysis fit with my area of study, one that is of a sensitive nature. Another important consideration was choosing an approach that enables the research questions to be answered as well as possible through the analysis process. Lastly, but of no less importance, I wanted to choose an approach that fitted with my theoretical and epistemological stance. Given my research takes a constructivist approach, and therefore acknowledges my position in the research process (Long and Johnson, 2000), it was important to reflect on how best to ensure representation of my participants' voices and achieve a level of trustworthiness (Morse and Richards, 2002; Bengtsson, 2016), whilst staying true to the epistemological position that the data was somewhat co-constructed (Chandler, Antsy and Ross, 2015). My belief is that data does not simply *emerge* from the transcripts, but is co-created during the interview process, and then during analysis is inevitably influenced by the researcher's previous knowledge, understanding and experience, along with their personal interpretations and assumptions of the data (Wolcott, 2010).

3.5.2 Template Analysis

Template analysis is a relatively new analysis approach (Waring and Wainwright, 2008), designed as a method for hierarchical coding (King, 2019), which is a thematic coding method that fits in well with computer aided qualitative analysis. As the name suggests, the key feature of the approach is the development of a template of codes/nodes and themes, based initially on a sample of data collected (Yukhymenko et al, 2014; King, 2012). This template is then applied to the remaining data, where refinements to the template occur based on its perceived usefulness (Crabtree and Miller, 1999). This allows for a continuous comparison approach between the theoretical template and the 'new' data being coded (Ray, 2009). There is potential to go back and change codes and themes, even those created 'a priori' if

these appear not to fit as application of the template continues (Gibbs, 2012b; Yukhymenko et al, 2014). The template development is iterative and therefore, as noted by King (2004), is not a distinct process from the application of the template. Themes are based on a number of codes which link together under this overarching heading and should be created based on some degree of repetition, either within or between texts (King, 2012). Themes may overlap to some degree but should be sufficiently distinctive. Codes are organised in a hierarchical way under themes, allowing differing levels of analysis of data (Yukhymenko et al, 2014).

Although still fairly new, template analysis has been utilised in a number of fields previously, predominantly business management research (Waring and Wainwright; 2008, King, 2012) however it is also being utilised more recently in other fields including psychology and sports science (Brookes et al, 2015), and health (e.g: Howard et al, 2008). There appears to be a limited amount of application of template analysis to education research, with few examples of where this has been used being; Ray (2009), Minaar (2013), Lewis (2014) and Yukhymenko et al, (2014).

Template analysis has predominantly been used on data from individual interviewees and has typically been applied to around 10-30 interviews (King, 2004), which fits well with the number of participants in my research. Template analysis is suited to a relatively large qualitative dataset, as it is a method which lends itself well to reducing and creating meaningful summaries of large and or complex datasets, through creation of a framework or 'template' to enable a richer understanding of the area under study (Ray, 2009). This differs from Interpretive Phenomenological Analysis (IPA) for example which is usually undertaken on around 6 in-depth interviews (Cresswell and Poth, 2018). One potential limitation of template analysis is that beyond 30 interviews the template can become difficult to manage (Gibbs, 2012), and a better suited analysis strategy then would perhaps be framework analysis (Gale et al, 2013).

Template analysis has less of a distinction between descriptive and interpretative codes (King and Horrocks, 2010; Lewis, 2014), and in fact, there is less of a hierarchy where interpretative coding is seen to be necessarily superior (Gibbs, 2012b), as is often the case in methodology literature. Once analysis is complete and writing begins, template analysis offers more flexibility in that it was designed to enable selectivity of the codes that are important to the research questions, as opposed to writing about each individual code or theme identified, which the reader may find tedious and/or uninformative to the topic under study (Gibbs, 2012).

Unlike discourse analysis, template analysis is used to interpret the content of participants' talk, as opposed to the language or discourse used (Brookes and King, 2014). It also differs from narrative analysis, which primarily aims to foregrounding participants stories (Parcell and Baker, 2017), and phenomenology (Husserl, 1970), such as IPA (Smith, 1996) which strongly focuses on individuals *lived* experiences of a particular phenomenon (Smith et al, 2009), and is particularly involved with

hermeneutics, interpreting participants interpretations and understandings of their own experiences (Smith and Osborn, 2015; Eatough and Smith, 2017). The rationale for avoiding these methods is that I deliberately avoided asking participants about their own experiences of mental health, for ethical, moral, and practical reasons. Although template analysis has a degree of structure in the analysis process, it is also a flexible approach (Brookes et al, 2015) and is a less prescriptive method of coding than for example, grounded theory (Strauss and Corbin, 1990; Charmez, 2006), which is highly meticulous in method (Waring and Wainwright, 2008; Tie, Birks and Francis, 2019), often requiring one to analyse data until 'saturation' is reached with coding and theory generation, meaning that the researcher may need to keep going back to the field to collect more data (Thomson, 2011; Bradbury-Jones et al, 2017). Another appeal of template analysis is that the approach aims to create codes both 'bottom up' and 'top down', (Roberts, 2019) which is the way I intended to approach my analysis (described in more detail below).

Theoretically, template analysis has been said to fit with a range of epistemological approaches, from realist to social constructivist (King, 2012). The approach fits with a constructivist stance, taking into consideration the position of the researcher and the social context in which the research takes place. Brookes and King (2014) argue that for those using template analysis with this underpinning belief, there will be '*more focus on researcher reflexivity'* (p6).

A potential limitation of the approach is that once the template is applied to the larger dataset, researchers run the risk of missing coding data which does not appear to fit into the template (Ray, 2009). In order to overcome this, the researcher must pay close attention to the manifestation of new notions or concepts within the data which may mean creation of new codes and an alteration of the template. Owing to the development of early codes prior to coding starting, there is the dilemma faced by the researcher about how detailed this first template development should be (King, 2004). A balance needs to be achieved depending on the topic under study to ensure that the development of a-priori codes does not lead to an overlooking of other important issues later (Ray, 2009). However, a real benefit of this aspect of template analysis is that it allows continuous comparisons to be made between theoretical frameworks and the real-life experiences of the participants (Ray, 2009), for my data, this was theory related to masculinity culture and drawing on the work of Bourdieu related to education institutions and their role in social class reproduction.

3.5.3 Thematic analysis

I used a thematic analysis approach within template analysis. Thematic analysis; putting meanings from text into themes (Boyatzis, 1998; Holloway and Tordes, 2003), was employed to facilitate template analysis. This is a method of which I am well versed, having used this on numerous data sets previously with success. Although there has been criticism of thematic analysis as being unsystematic, simplistic (Brookes et al, 2015; Denzin 2016), and lacking in theoretical development (Lawless and Chen, 2018), it is incredibly widely utilised by researchers conducting

qualitative studies across disciplines (Castleberry and Nolan, 2018; Braun and Clarke, 2019). There is good reason for its popularity, as it enables researchers to easily code, understand and find meaning in qualitative data (Nowell et al, 2017). Thematic analysis was described by Braun and Clarke (2006, pg 4), as the '*foundational method for qualitative analysis'* due to its wide utilisation and more importantly, the flexibility inherent in the method. Maguire and Delahunt (2017) argue that, owing to thematic analysis not being linked to any one epistemological stance, it is a method or process that is undertaken *within* a theoretical analysis approach, and therefore can be used alongside one's theoretical standing.

Thematic analysis has further been criticised for its lack of rigour (Nowell et al, 2017; Roberts et al, 2019) due to researchers underreporting of the stages undertaken to get to the conclusions drawn (Roberts et al, 2019), therefore researchers have, over time, attempted to give clarity to the steps and '*core set of procedures'* (Bryman, 2016: 587) developed to show the processes of thematic analysis and provide more rigour to the method. When conducting thematic analysis, a researcher should articulate their approach to theme development with clarity, showing their processes and outlining to the reader the approaches taken to reduce levels of bias, including the choice of quotations selected to substantiate themes (Saldaña, 2015; Miles et al., 2019). In order to demonstrate trustworthiness to the reader, thematic data analysis should, according to Nowell et al, (2017, p2) be

'Conducted in a precise, consistent, and exhaustive manner through recording, systematizing, and disclosing the methods of analysis with enough detail to enable the reader to determine whether the process is credible'.

Braun and Clarke (2006), describe a six-phase approach to template analysis which includes familiarisation, coding, searching for themes, reviewing, defining and naming, and then writing up. Ensuring a *'thick description'* of data (Stewart et al., 2017, p10), presented with contextual information and thorough descriptions and justifications of processes of data analysis, can enable what has been termed a '*fallibilistic*' approach, where enough information is presented for a reader to make a judgement of their belief in the data (Ormston et al, 2013, p7).

As far as is possible, qualitative analysis should demonstrate rigour, through dependability and trustworthiness, as well as minimising bias (Kincheloe and Berry, 2004; Seale, 1999; Seale and Silverman, 1997). This may include measures of inter-rater reliability, member checking, audit trail, triangulation etc. Although, Creswell and Creswell (2018) advocate the use of 'member checking' claims made from interview data, the helpfulness of this has been disputed in terms of the perceived privilege held by the participant in making these checks, and the understanding needed for the sociological language likely to be employed in analysis and presentation of findings (Skeggs, 1994, Mason, 2018). Strategies that may be more helpful are the researcher themselves 'sense checking' their transcripts and codes to ensure a lack of misunderstandings or errors, and 'peer-debriefing' where another

person critically assess the researcher's claims by questioning the processes, assumptions and interpretations made by the researcher (Janesick, 2015). This is helpful in answering the question: would someone else come to the same conclusion I have with this data?

3.5.4 Use of Nvivo

The choice to utilise Computer Aided Qualitative Data Analysis Software (CAQDAS) namely Nvivo, was made due to its utility in supporting my analysis approach. Nvivo is a useful tool for organizing data, and hierarchical coding (Kaefer et al, 2015), and is particularly good at handling large data sets (Bergin, 2011) It can be used for inductive and deductive approaches to coding frame development, and is a useful tool for the iterative process of code development and refinement used in thematic and template analysis (Kaefer et al, 2015). Nvivo is also valued by academics as being particularly useful with illustrating rigour, robustness and trustworthiness in one's analysis (Richards, 2002; Ryan, 2009; Kaefer et al, 2015) through documenting code development as it happens by including in Nvivo a description of codes (Richards, 2015). Criticisms levelled at Nvivo include losing the context of interview data when one looks deeply into a particular code across datasets (Elliot, 2018) which is somewhat valid, and I have certainly experienced this to an extent with past projects. However, this is arguably problematic with any form of thematic data analysis (Bryman, 2016). What Nvivo allows is the ability to regain context, through clicking to return to source data and re-familiarising oneself with an individual interview (Elliot, 2018).

Another common critique is that CAQDAS restrains a researcher in their creativity of coding and will inhibit exploration and interpretation (Kaefer et al, 2015). However, Nvivo allows researchers to create, change, move, delete and merge codes within a project as they move through their stages of analysis, which actually serves to support an evolving analysis. Some of the more complex features of Nvivo allow a great deal of creativity in analysis and presentation of this analysis, such as using modeler for visual explanation (Jackson and Bazeley, 2019). Moreover, as argued by MacMillan and Koenig (2004), the outcome of analysis is based on the researcher's skill of using the software, and the analysis will be as intuitive as one makes it, regardless of the use of software (Leech and Onwuegbuzie, 2011). A more practical criticism of CAQDAS, is that it can be tempting to create multiple layers of nodes (child nodes) which could become difficult to keep track of (Richars, 2015).

3.6 Critical evaluation of the quality of the research

Appraising qualitative research often means using different measures of quality than in quantitative research (Kupper, Lingard and Levison, 2008). Trustworthiness for example, is given more credence, through ensuring reliability and appropriateness of all aspects of research, instead of more quantitative notions of validity and generalisability (Maguire, 2018). Reliability, it is argued for qualitative researchers can be demonstrated through ensuring that one's methods are *'Thorough, careful, honest and accurate'* (Mason, 2018, p36). This can be achieved through

transparency of data collection and analysis techniques and being systematic when testing one's own assumptions throughout the research process (Mason, 2018). Even where this is very much interpretation, rigour comes from being able to illustrate how and why you have come to make your assumptions and claims (Maher et al, 2018). Although qualitative researchers are generally less concerned with generalisability, there is often an attempt at *transferability,* where the researcher may reflect on their ability to make transfer claims, i.e., can I assume that my findings for example are relevant to other male students in other Universities? (Coe et al, 2017). Kupper, Lingard and Levison (2008), argue that ultimately it is down to the reader to assess if findings from one study are relevant to their research/are of interest. What is important is to ensure that enough contextual information is provided to ensure the reader can make this decision (Sutton and Austin, 2015).

Validity is traditionally assessed through considering if what is being measured is what was meant to be measured (Mason, 2018), i.e., does the method chosen and the data collected allow you to answer the research questions? (There are however many 'types' of validity described in methods literature). My research questions were constructed around understanding participant's beliefs and perceptions about mental health in male students, the university experience and support available, therefore interviewing current male students who are living the university experience at the time of interview meant that I could obtain their current perceptions from their unique experiences. Thus, the data I have collected represents these individuals' views based on their particular context. Validity in qualitative research, can, it is argued by Denzin and Lincoln (2011), be obtained through the process of authentication in data analysis, and involves reflecting on whether one feels their interpretations of the findings are secure enough to be used to build on the knowledge base of the area, influence future research and even policy.

A popular method of attempting to gain validity in qualitative designs, and case study methods particularly, is through triangulation (e.g., Lincoln and Guba, 1985; Yin, 2014), originally conceived by Webb et al (1966) and building on early ideas of Campbell and Fiske (1959). This involves using a variety of methods of data collection, such as observation and interview, or conducting research with two or more 'stakeholders' about the issue under study. This enables comparisons across individuals to look at experiences from varied perspectives (Patton, 1999). For example, in my research I could have interviewed staff in the university wellbeing support team, perhaps counsellors working with male students. However, for this research I intended the focus to be on male students and not to detract from this. I wanted the male student 'voice' to be the focus of the findings. Additionally, qualitative researchers have been warned to exercise caution in how triangulation is interpreted and utilised, researching a phenomenon from a variety of views does not necessarily lead to a corroborative account, since individual actors will have differing experiences and ways of interpreting the issue or experience (Mason, 2018). One option could therefore be to use multiple methods with my participants, and this will

be considered for the main study, for example, a short survey which could also aide in recruitment. My research attempts to corroborate findings with previous literature, look at divergences (Creswell and Poth, 2018) and identifying limitations of the study as well as what questions it raises for further inquiry into the area (Wolccott, 1994).

Assessing the quality of my research, means reflecting on the quality of the data collected, as well as my choice of method and the justifications for this (Maguire, 2018). Firstly, to ensure the 'worth' and relevance of the research (Mays and Pope, 2000), the previous knowledge and understanding in the area was reviewed through a critical literature and policy review to understand what is and is not yet known and why my research, with its particular approach is necessary to create further knowledge (Maguire, 2018). Throughout the research journey I have also reflected on my own positionality and the effects this may have had on the research (Mays and Pope, 2000; Dean, 2017).

As described above, much methodology literature details how to ensure rigour and reliability in thematic analysis (Braun and Clarke, 2006; Stewart et al, 2017, etc.) However Lawless and Chen (2019) contend that perhaps this does not go far enough in ensuring criticality in thematic research, instead stating that the method itself must be critiqued in the descriptions. For example, extrapolation from individual accounts to wider structural and contextual issues, such as notions of social power dynamics and intersectionality (Lawless and Chen, 2019). This is particularly interesting with my research which attempts to give a male perspective on the topic of mental health, with clear links to gender equality and social justice. Male views are perceived by society as dominant, normative and powerful, and Pini and Pease (2013), and Macleod (2007) have argued that work around men and masculinities has thus far failed to interrogate male privilege. There has been less impetus to develop gender sensitive methods of research for researching men and masculinities (Schwalbe and Wolkomir, 2003; Curato, 2010). Pini and Pease (2013) argue that whenever researchers look to research men specifically, that attention must be given to exemplifications of masculinity in the research process. However, in mental health research, at least from findings in this research, it could be argued that males are potentially the gender more likely to be socially marginalised.

3.6.1 Conducting the analysis

Here I describe the processes of the analysis. Steps taken are illustrated through signposting to images in the appendices.

Data preparation

A participant grid was created to note down characteristics of the interviewees, (appendix seven). All interviews were transcribed verbatim into word documents. I felt that it was important to transcribe word for word, including for example repetitions and abbreviations, as this helps to contextualise text, and remind me of the interviewee and how they expressed themselves (Gibbs, 2012a). This method is also thought to improve rigour (Atkinson and Hammersley, 2007). I did however choose

to omit pauses (unless very pronounced) and verbal ticks such as 'um' and 'er', as on a practical level, this would have taken a great deal of time and is felt to be of less importance if one is not conducting a linguistic or discourse analysis (Gibbs, 2012a). Instead, I used memos [notes to myself] during transcription to capture, from recording onto paper, anything that felt important in the way the interviewees were expressing themselves, such as if they begin to talk more loudly or faster for emphasis. This way of recording speech is what Owen (1984) called 'forcefulness' in thematic data analysis and was one of his three criteria for analysing discourse (as well as repetition and reoccurrence). 'Memoing' was also utilised to capture early thoughts about sentences or paragraphs of text that felt particularly pertinent to the study (Cresswell and Poth, 2018), to try to synthesise ideas about these snippets of texts (Miles et al, 2019). This was done electronically, using the comment function on word. Transcription is argued to be the first stage of analysis (Bird, 2005), and certainly feels this way, as it is the first, 'not in the field' opportunity to begin to reflect on data. Other researchers, however, argue that analysis actually begins the moment that data collection begins (Stake, 1995).

The next phase of analysis was checking the transcripts against the recordings for accuracy (Gibbs, 2012a; Bazeley, 2013) and then reading and re-reading the transcripts (Agar, 1980; Gibbs, 2012a). This is an important stage, to familiarise oneself with the data gathered, and reflect on meanings within the data, making key notes or memos (Bazeley, 2013). Lastly the transcripts were uploaded onto Nvivo.

Creating the template

The initial 'template' or coding frame developed, came from a mixture of the interview schedule questions (informed by my research questions), and the initial readings of the transcripts (Gibbs, 2012a). These initial codes were necessarily fairly descriptive at this stage, given their purpose: to categorise large amounts of data to make further coding easier. Descriptive codes also help to put the data into one's own words to clarify understanding (Gibbs, 2012b). These 'higher level codes' are known in Nvivo terms as 'parent nodes' (appendix nine) and may become themes. This process allows for large amounts of data to be coded quickly across transcripts to organise data prior to a deeper engagement and categorisation taking place by coding *within* these parent nodes. Once the interviews had been coded fully in this 'top level' way, I then opened each overarching parent node on Nvivo which shows all data coded to this node across the transcripts. I coded within each node, which involved a much deeper engagement with the data (Yukhymenko et al, 2014) and interpreting meanings from what the interviewees were saying, leading to developing more sophisticated child nodes which attempted to synthesise what the interviewees were saying with an explanatory word or few words [appendix ten for visual example of coding within a code]. This process was time consuming, thought provoking and involved a certain amount of agonising over code development. Thinking through which codes fit into which and when a code should be changed from a child node to a 'parent' or hierarchical code for example, involves a deep level of concentration

and emersion in the data (Roberts et al, 2019). This process was probably the most enjoyable yet anxiety provoking stage of qualitative research for me.

As alluded to above, a combination of both inductive and deductive thematic coding was used (Roberts et al, 2019), as some codes were already, necessarily in mind prior to analysis, the 'a priori' codes (King, 2004), due to; my personal interest, the literature review, my previous knowledge and understanding of the area, and development of the semi-structure interview schedule centred around specific questions relating to my particular research questions. Braun and Clarke (2012) have argued that a purely inductive approach is never possible to achieve, since a researcher is unable to come to the analysis with no biases or preconceived notions. Our positionality affects all aspects of design, data collection and analysis, therefore we can never have a 'tabula rosa' or 'blank sheet' approach. It is important to acknowledge any assumptions that I as a researcher bring to the analysis in order for a reader to assess its trustworthiness (Nowell, 2017).

For example, one node that was felt to be both inductive and deductive was 'masculinity culture' (appendix eleven for node descriptor). During transcription, I made a rough note to myself about the use of the word 'masculinity' by interviewees. This instantly jumped out at me, since a large part of my literature review was about masculinity culture and the potential effects of this on male mental health. This, therefore, could be viewed as being deductive, since one could argue I was somewhat 'on the lookout' for this type of language. However, I would argue that it is also inductive to some extent, since the words masculine/masculinity was (deliberately) not used in the interview schedule, including prompts, and therefore was brought up independently by the interviewees.

The code description box in Nvivo was utilised in the analysis to keep a record for each code created including the type of code, i.e. inductive or deductive, where it came from e.g: the interview schedule, initial reading of transcripts etc., and when it was created, e.g. on first read through etc. I also included in the description, what type of text I had/intended to code here, for example with the code 'context' I would want to code text related to background information about the interviewee (appendix twelve for an example of this). This was important in the use of Nvivo and for template analysis because it enabled me to quickly remember and keep track of my codes as well as my thinking at the time of creating them (King, 2004; Kaefer et al, 2015), additionally it prevented me from coding text to the wrong node due to forgetting the *aim* of that node. In the next chapter I present the coding template in tables including a column which describes where the codes have come form, i.e., if they were already in mind from the literature review and interview schedule, or that I created on analysing the data. The process of coding is shown in appendix eight which is a modified version of a diagram developed by Roberts et al, (2019). The template developed is shown in the next chapter broken down into separate tables and illustrating the levels of coding from parent nodes to child nodes.

3.6.2 Evaluation of analysis approach

Here I critique and evaluate the usefulness of the approaches taken to analysis, namely thematic template analysis using Nvivo. I utilise examples of codes and themes identified with quotes given to illuminate how these were developed. Lastly, I look in brief at how the analysis approach led to some early insights into my research questions.

Template analysis can be assessed as being a successful approach to analysing my data. I felt that the approach, although one I had not used before, was one that I could employ without excessive difficulty, due to its flexibility and strong linkage with both thematic analysis and use of Nvivo. For example, when interviewed by Gibbs (2012b), about template analysis, King suggests having the name of the theme and then an index of where it has been used to code the data, this is clearly much easier to do in Nvivo (as described above) than using index cards by hand. Template analysis did however prove to be time consuming. This was possibly the way I employed it in a meticulous way, ensuring to describe each of my codes (as discussed above). However, creating a template or codebook is generally known to be a protracted endeavour (Decuir-Gunby, Marshall, and Mcculloch, 2011). The process became slightly faster after initially coding around half the interviews, when the application of the template to the rest of the data happened, as much of the data could be coded to the pre-existing nodes and the process became checking the validity of these, refining where necessary and sometimes creating new codes or merging/splitting existing codes (King, 2004).

Template analysis was found to be a useful approach in that it allowed me to code both inductively and deductively. Owing to the exploration of masculinities theories in the literature review, the manifestations of this concept in the data was of great significance to the analysis. The distinctive use of a-priori themes in template analysis was therefore of value to this analysis (Crabtree and Miller, 1999).

The flexibility of template analysis, (King, 2012), meaning codes can be moved between hierarchies or changed completely, similarly to creating a codebook (Boyatzis, 1998), was extremely helpful in conducting my analysis. For example, a theme that emerged strongly across some transcripts was participants highlighting their difficulties in finding productive day to day routines at university and balancing coursework with social activities. This became the code ‘balance, structure, routine’, and was originally a parent node, however it became a child node under the parent node ‘university environment’ after I considered that this struggle was quite specific to university students.

Template analysis was also helpful in that, when it came to writing up the analysis and discussion, it allowed me to choose the codes/themes that were most pertained to write about (Gibbs, 2012), which gave the freedom to create many codes (code in detail), without feeling the need to write about every code created. This however can also be a criticism, as even on a small amount of data, the template became quite

large which can start to feel somewhat overwhelming. A fairly large number of codes created can lead to a lack of clarity (Ray, 2009) undermining the purpose of template analysis, which is to bring meaning to larger data sets.

In order to add rigour, to my analysis, I employed the tactic of 'peer debriefing' (Lincoln and Guba, 1985) with a critical friend who has a PhD in psychology. This person was chosen as Psychology expertise was sufficiently different from my own subject specialism of sociology and education, but with plenty of overlap given my study area of mental health in education. I did this by sharing with them sections of the template, i.e., a small number of nodes, along with some of the coded data within them to ensure that my assumptions were reasonable. This was helpful as it allowed me to feel that given the data I had collected, I had made interpretations that another person felt they may also have made (Janesick, 2015).

3.7 Summary of chapter

This chapter gives a thorough description of the rationale and justification for the methodology and methods employed throughout the thesis, along with critical reflections on their effectiveness in undertaking this research.

The next chapter will present the data collected and analysed, including presenting the template constructed and a discussion of the themes and codes crated within this.

4 Chapter Four: Data and Analysis

4.1 Introduction

This chapter presents the themes and codes developed through the template analysis process, describing how the codes were created. Findings, including illustrative quotes, are discussed thematically in relation to the literature and theories presented from the introduction and literature review. New research is presented where this offers to illuminate and provide further understanding of the implications of unanticipated findings.

The research questions explored throughout this research are restated below:

- What are the perceptions of self-identifying male undergraduate university students regarding male student mental ill-health?
- To what extent do self-identifying male students think that the university experience affects mental health and wellbeing?
- What are the perceived facilitators and barriers to male students disclosing and seeking support for mental ill-health?
- What do male students think can be developed to support male students with mental health difficulties?
- What are the implications of this research for policy and practice?

4.1.1 Participant demographic data

Participants were studying a variety of courses across the university as can be seen in the table below. Six were mature, using the definition of anyone who was not of school leaving age, i.e., 18/19, meaning some mature students were only 1-2 years older than the 'average' student. International students made up 2 of the 16 participants. Participants were not asked about their ethnicity or socio-economic backgrounds during interviews. As stated previously, participants were also not asked directly about their own mental health, however 10 participants openly talked about their own current or previous mental ill-health. Issues of mental ill-health discussed were predominantly anxiety and depression. Six participants either stated that they had not experienced mental ill-health or did not choose to disclose this during the interview.

Table 1 Participant demographic data

Interviewee Pseudonym	Course	Disclosed mental ill-health
Aamir	Business and financial management	-

Mark	Product design & engineering	Yes
Liam	Media	-
Sam	Business and Enterprise	Yes
Nathan	Sports Coaching	-
Ali	Human Biology	-
Owen	Sports technology	Yes
Nick	Politics and Mandarin	-
Joseph	Biology	Yes
David	Politics	Yes
Ethan	Politics	Yes
Jacob	Computing	Yes
Robert	Politics	Yes
Joe	Aerospace	-
Alex	Nursing	Yes
Lewis	Cyber security and forensics	Yes

4.2 Overarching template themes

The four overarching themes or 'Parent nodes' of the template are shown in table 3 below. The column labelled 'Interviewees' refers to the number of transcripts coded to the particular theme or node. This helps to demonstrate the breadth of discussion of the nodes across the interviewees.

Table 2 Overarching themes identified

Parent node name	Interviewees
1. Context and individual university experience	16
2. Student mental health	16
3. Male students' mental health	16
4. Mental health support	16

Throughout the chapter, each of these themes are presented in logical order to mimic the flow of the interviews. For each theme, the 'parent nodes' and 'child nodes' (codes) created are presented in a table, followed by a discussion of the codes of particular interest to this study. Prior to this, as context setting, a brief introduction to the participants is given.

4.3 Contextual information and participants own university experience

4.3.1 Context

Participants were asked a small number of questions about their motivations for their chosen course and their choice of university. The discussion forms part of the first overarching theme 'context' shown in table 4 below in blue. The parent nodes identified are shown below in purple and discussed briefly beneath the table. Tables throughout show how the nodes were created, i.e., whether these were somewhat a-prioiri because they were asked to each interviewee, or whether they were created during the template analysis process based on what interviewees had discussed.

Table 3 Parent and child nodes related to the theme: Context

Type of code	Code names	No: of Interviewees	Created from
Overarching theme	**1a. Context**	**16**	**Asked about consistently**
Parent node	Choice of course	13	Asked about consistently
Child node	Family	3	Participants
Child node	Future career	2	Participants
Child node	Interest & ability	10	Participants
Parent node	Choice of university	16	Asked about consistently
Child node	Clearing	1	Participants
Child node	Convenience	7	Participants
Child node	Course	3	Participants
Child node	Friendly city	6	Participants

Choice of course and institution

Interviewee's choice of course was predominantly influenced by their interest and ability in the subject, with a few participants describing an influence of family members, and only two making an explicit link to a future career in relation to their decision making.

The choice of university was mostly due to convenience, for example ease of travel, having friends already located in the area, or choosing the university that had accepted them. Similarly, interviewees were attracted to the city in which the university was based due to its location and perceived friendliness.

4.3.2 Participants own university experiences.

To build up a picture of each participant's individual experience of their time at university, the next set of questions asked were about their experiences of university to date. The questions were fairly open, but with specific prompts used to elucidate how participants felt about key areas of interest for this research. These areas of exploration were based on the literature in relation to student experience and links to mental health, such as settling in, socialising, coursework and studying, finances, and the effects of Covid 19 on their experiences. Participants were also asked across the board about their expectations of university and how these had matched up with the reality experienced, and about any impacts of social media on their experience. 'Parent nodes' (in purple) are therefore all reflective of the questions asked, the development of child nodes was more mixed, with these mainly being developed based on issues brought up by participants themselves and then coded as shown below.

Table 4 Parent and child nodes related to the theme: Individuals university experience

Type of code	Code names	No: of Interviewees	Created from
Overarching Theme	**1b. Individuals university experience**	**16**	**Asked about consistently**
Parent node	Covid:	16	Asked about consistently
Child node	Flexible	2	Participants
Child node	Free pass	6	Participants
Child node	Isolating	7	Participants
Child node	Lack of structure	5	Participants
Child node	Lack of support	5	Participants
Child node	Restricted	5	Participants
Child node	Self-reflection	3	Participants
Parent node	Expectations vs reality	12	Asked about consistently
Parent node	Finances and debt:	13	Asked about consistently
Child node	Current finance:	10	Asked about consistently
Child node level 2	Comparison to non-students	2	Participants
Child node level 2	Social class	5	Participants
Child node	Debt	6	Asked about consistently
Child node	Future jobs	3	Asked about consistently

Parent node	Friends and social	16	Asked about consistently
Parent node	The course:	12	Asked about consistently
Child node	Pressure	4	Participants
Child node	Tutors	6	Participants
Parent node	Social Media:	14	Asked about consistently
Child node	Compare and Despair	11	Participants
Child node	Positives/support	10	Asked about consistently
Child node	Social Exclusion	3	Participants
Parent node	Keeping well	8	Participants

Due to restrictions on space/wordcount, these codes are not explored in in-depth here, however participants experiences are drawn on throughout this and other sections of the analysis chapter. Below I explore the codes related to the parent nodes 'Expectations vs reality', 'The course', 'Finances and debt', and lastly 'Social media', including the child nodes shown in the table above. Covid is not explored in depth here, however the effects covid had on participants is discussed in codes throughout the analysis.

Expectations vs reality

Participants were asked about their experience of university, and to what extent this had met their prior expectations. The covid 19 pandemic had inevitably impacted to a large extent on the second year for these participants, as summed up by Lewis below:

> *Second years there's been a lot less rock'n'roll and a lot more, you know, deadly pandemic…* (Lewis)

However, the first year had been mostly unaffected, and participants had mixed experiences of this time, with most participants reporting their first year had met or exceeded their expectations due to settling in well, enjoying their course and making new social connections:

> *First year, pre covid, I had no problem settling in, enjoying everything, learning, workshops practical experience…* (Joe)

> *The access to people and classes as well you know, societies and stuff like that. Brilliant the first year.* (Owen)

This links to literature identified around feelings of belonging (Thomas et al, 2017), and relationships being important to mental wellbeing at university (Laidlaw, McLellan, and Ozakinci, 2016).

A smaller number described a more mixed experience:

> *Halls are kind of weird, because it's like, if you get good people in your flat then its fine, but if you clash with anyone, you are kind of stuck with them for the rest of the year, I kind of clashed with a couple of my housemates in first year, so I was a bit anxious to go into the kitchen, other than that it's kind of like living on your own for the first time, it's like, it's really easy to fall out of your routine, when you're on your own.* (Lewis)

> *You're just mainly told, oh university is fantastic. It's great, you'll have a great time and so on. But yeah, what people don't understand is… Well, so what people normally don't mention about university is that it can be hard mentally.* (Sam)

Reasons for a less positive experience were predominantly related to a lack of social interactions and feeling isolated, which are discussed in detail below. In brief, this relates to literature from Richardson et al, (2017), and McIntyre et al, (2018) who have highlighted the negative effects on student mental health caused by loneliness and social isolation. The pandemic had also inevitably negatively impacted upon second year experiences, in-line with Covid 19 research, which has demonstrated a link between increased student loneliness (Hamilton, 2021), and a negative impact on student mental health ONS (2021).

The Course

Periods of strike and the pandemic had affected students' experience of study, and participants reflected on their satisfaction with the course delivery and support given by the university. Opinions were varied in relation to the teaching and support received:

> *The lecturers they're all first class, to be honest, I don't think we've had a bad lecture, and they're all willing to go that extra mile. Even now I can drop one of them an email and they're always happy to have a zoom call or whatever, and sometimes even in personal time as well which is really nice. (*Owen)

> *I do feel quite let down, but what I was happy about in second year was that I have had some in-person teaching, and there was an effort made by the university to do that…But there's just been a real lack of support for everyone. And that's one thing I'm really disappointed about.* (Sam)

The national student survey (Office for Students, 2021) highlighted a drop in student satisfaction during the Covid 19 pandemic, across all measures, including course satisfaction, with the biggest drops related to learning resources and community which are inevitably most likely to have been impacted by the pandemic.

Most participants did not go into detail about their experiences with coursework, except to say that this had been going fairly well:

> *Well, from my own experience, I think there is a certain level of, of anxiety that surrounds any sort of study. It comes with deadlines. And it comes with*

> *looking at a piece of work and thinking 'I'm completely incapable of understanding this' for a brief moment until you get your head around it... And it can make you realise 'Actually, I'm way more capable than I thought I was'. And that can be really good for your mental health.* (Robert)

Where studying had been problematic, this had often been due to struggling to gain a balance between study and other activities (Hardy, 2003; Yorke and Longden, 2007; Van Der Meer et al, 2010), and this issue is discussed in detail below. It is of interest that coursework was not discussed by many interviewees as a key cause of mental ill-health, since the demands of university coursework were found to be the primary cause of stress reported by undergraduate students in a 2016 YouGuv survey. Although stress does not necessarily lead to mental ill-health, it can lead to psychological symptoms (Harkness and Hayden, 2020), particularly where individuals struggle to cope well with stressors.

Finance and debt

Interviewees were asked about finances in relation to both their day-to-day finance, and their perceptions of their future finances, including student debt where applicable, and codes were created as such. Research and reporting of students feeling concerned about finance and burdened with debt are well documented, as outlined in the introduction chapter (HEFCE, 2015; Richardson et al, 2016; Gani, 2016). These concerns were shared to differing degrees by participants.

Future finance

Participants discussed how they felt about life after university in regard to finance and career prospects. Awareness of the economy and a fear of a lack of graduate jobs made participants raise concerns that gaining a degree was a gamble that may not pay off:

> *I think the main thing that the undergraduates are worried about is the overall economy and worried about being able to get a job in that field when we graduate, cause we're paying a lot of money for this degree…they are just worried, how am I going to pay the debt off? How am I going to pay student overdraft? That sort of thing.* (Nick)

> *I'm putting myself in student debt, but am I even going to use this degree? Is this the right step, or will this be a mistake that I'm not going to be able to escape from for 30 years because of debt?* (Mark)

When asked about debt from student loans, interviewees did not go into depth when discussing this, possibly because this was not something they felt they could do anything about, or even perhaps fully comprehend whilst still studying:

> *The debt is, I don't think about it a lot because it's not affecting me at the moment.* (Joeseph)

> *I think especially now, with covid, there's a lot of scepticism about what it is there's going to be, like, a job out there when I leave university… I'm coming out with I don't know how much debt I'm coming out with, a lot.* (Ethan)

There was acknowledgement that the combination of debt and uncertainty over future job prospects added pressure to students. This concern over the cost of university, coming for most from university course fees as well as living costs, was discussed in the introduction in relation to the increase in student fees introduced in 2012, and disproportionality affects those from less affluent backgrounds (West et al, 2015).

Current finances

Comparison to non-students

Research from Universities UK and Neon (2018) revealed through survey and focus groups, that undergraduate students were more anxious about their day to day living cost than the impact of high tuition fees.

When discussing their finances, a small number of participants made a comparison to their peers who had entered employment instead of higher education:

> *I had a lot of friends who went straight from GCSE onto a 4-year apprenticeships and now they're on like 40, 50 grand a year working in a plumbing job or an electrician.* (Liam)

> *Sometimes you look at your friends who didn't go to uni and they have got houses and you think 'why can't I have that?' I'm not earning anything, I'm just getting into debt.* (Joe)

Despite these concerns, interestingly, when participants were asked what might cause mental ill-health in students (discussed below), daily finances were rarely brought up as a key factor.

Social class

Despite theories about social, economic, and cultural capital (Bourdieu and Passerson, 1977) and findings from the pilot interviews suggesting social class may impact upon expectations of fitting in at university, participants did not appear to feel adversely affected by their socioeconomic backgrounds in this way. This may be a sign of the widening participation agenda having, over time, changed the university 'space' to be more culturally working class, especially in post-92 universities such as where the interviews took place. Moreover, interviewees who described themselves as working class, felt that they potentially actually had fewer financial concerns than those from more affluent backgrounds, owing to being able to utilise the full amount of student loan:

> *So I'm in a position where my loan is very accommodating, for me coming from a family with like, quite a low income background. So, I have a max loan,*

so that's very accommodating in terms of my rent, my day-to-day food and stuff. (Lewis)

These interviewees sometimes expressed sympathy towards those whose families were financially better off, as these students was not able to access a grant, and their parents were not necessarily supporting them financially either:

Finance wise, not so much. I'm quite lucky, I come from a very low-income family. So, I get a lot of financial support, so individually I'm pretty okay, financially…. I think the whole student loan system is a very flawed system. And assuming that because people have high earning parents, that the parents are going to support them, it just absolutely isn't the case. (Jacob)

Participants from lower socioeconomic groups also did not tend to talk about struggling to fit in due to being unable to conform to the social norms historically associated with attending university as suggested by Bourdieu and Passerson, 1977).

Social media

As stated above, social media use (in relation to how this may impact upon student mental health) was asked about consistently across the interviews. Interviewees did not tend to bring up social media spontaneously when first asked about factors impacting mental health, however, they appeared quite animated and certain in their answers when this was prompted.

Compare and despair

Most felt that social media, particularly social networking sites, could be detrimental to student wellbeing, due to what I have coded as the child node: 'Compare Despair ' where individuals experienced feeling low after viewing their peer's social media feed which inevitably projects a positive lifestyle:

It can become even more isolating when you see other people doing stuff on social media and you're just in your yard sat there. (Ali)

As the famed quote by Roosevelt attests 'comparison is the thief of joy', and despite interviewees having a pronounced awareness that social media posts are often an inaccurate and positively skewed picture of a person's life, they still felt this had or would create negative feelings when students compared others' lives to their own:

Everybody who posts on social media doesn't post the bad parts of their lives, they don't post the, you know, the down days, people only post the best parts of their day. And then everybody else looks at that and goes, 'oh, my God, everybody else has got their shit together so much more than I have'. (Robert)

It's very easy to look at somebody else's life, and see elements you wish were in your own, I think it's unfair that people compare their lives so drastically with

> *others, it's not a very healthy thing to do, but I also think its ingrained in us now.* (Liam)

One interviewee speculated a direct link between use of social media and mental ill-health:

> *I bet there's a correlation between time spent on social media and mental health, as in like the longer time you spend on social media, the worse your mental health is.* (Owen)

Positives/support

Students could however also see the potential for some benefits of social media use in students (once prompted), coded here as the child node: 'support' through for example, positive mental health messages and campaigns, communicating and connecting with others more easily, and reading about relatable mental ill-health experienced and/or overcome by others.

Research findings are mixed in relation to social media and the extent to which this may negatively or positively impact on young people's mental health. Conclusive evidence is difficult to achieve, different platforms may impact individuals in different ways and time spent on social media is a key factor. Research has often been conducted with adolescents. Advocates, the media, and blog posts have tended to warn against a link between social media use and mental ill-health in young people (Barr, 2020), related to a fear of missing out, social comparison and low self-esteem. Indeed, research with adolescents has shown that young people themselves can view social media as a threat to their wellbeing (O'Reilly et al, 2018). However recent larger scale and longitudinal academic research has reported a lack of any strong evidence for negative mental health impacts (e.g: Berryman et al, 2018). A longitudinal study conducted by Coyne et al (2020) for example showed no link between the use of social networking sites and increased depression and anxiety in adolescents. Research has also shown the benefits of social media to promote positive mental health through community building and mental health information seeking (O'Reilly et al, 2019). Further research with student populations may be useful to understand ways to optimise the use of social media for its benefits, whilst mitigating against the potential negative consequences.

4.3.3 Summary

This section provided details on the participants rationales for their choice of course and university, and a brief discussion of their university experiences. As expected, there was a mix of experiences, with Covid 19 having had a significant impact on the second year. Generally, participants felt that university had met or exceeded their expectations. Where students had felt positive about their experience, this had been linked to making friends and having positive experiences on their course. For those who reported difficulties, this had been in relation to feeling isolated and for some, concerns over the cost-benefit of studying, including debts accrued and concerns for

the future in relation to their job prospects. Those attending university from self-identified working-class backgrounds did not appear to experience this as a barrier to fitting in or managing their finances as a student. Social media was viewed as both a source of distress and a potential tool for mental health support.

4.4 Causes of mental ill-health for students.

Participants were asked for their views on the potential causes of mental ill-health for undergraduate students in general, they did however also draw upon their own experiences of being male undergraduates. Not all codes are discussed or discussed in detail here due to wordcount.

Interviewees were specifically asked about the following areas: the potential impact of the university environment on mental health, mental health literacy, and resilience. Therefore, these parent nodes (in purple) were a-priori codes which were asked across interviews. The child nodes created in cream were based on the participants discussing specific areas spontaneously related to these parent nodes.

The nodes and codes discussed in this section are 'The university environment', including the child nodes: 'Balance, structure and routine' and 'Socialisation vs social isolation',

Table 5 Parent and child nodes related to theme: Student mental health

Type of code	Code Names	No: of Interviewees	Created from
Overarching theme	**2 Student mental health:**	**16**	**Asked about consistently**
Parent node	University Environment:	11	Asked about consistently
Child node	Balance, structure, routine	9	Participants
Child node	Socialisation vs Social Isolation	11	Participants
Parent node	Mental Health literacy	14	Asked about consistently
Parent node	Resilience	8	Asked about consistently

4.4.1 The university environment

It is difficult to fully assess the degree to which the university environment impacts on student's mental health, since interviewees could only speculate on how life might be had they chosen not to go to university. Some interviewees commented that they did not think there was anything specific to university that would impact negatively on mental health, compared to employment as an alternative. For example, explaining how coursework pressure could be comparable to work pressures:

> *I think those things affect everybody you know, deadlines, work difficulties, those are the things that affect everybody's mental health. I don't think there's anything specific about university.* (Robert)

One interviewee felt that university was a somewhat protective environment with a 'community of people' with a shared experience which would make opening-up about problems easier.

> *Whereas if you're in like, a general population, the non-university population, if you've got like say a mental health problem, or you're struggling, there isn't really anywhere you can go, especially if you've not got a big friendship group.* (Nick)

Others noted the feelings of futility that came in their first year knowing that their work would not count towards gaining a degree.

The tangible aspects brought up consistently across interviews relating to the university environment and how this could affect student mental health centred around two key themes: social relationships and finding a balance and structure to daily life as a student, these were identified as child nodes and are discussed below.

Socialisation vs social isolation

Transitioning to university, has been noted in research on student's mental health as a potential catalyst for the onset of mental ill-health (e.g., Aldiabat, 2014; Tobin, 2018). There were clear concerns expressed by participants about the need to 'fit in' with peers and to make friends, as well as the fear of not doing so. The node 'Socialisation vs social isolation' was created to capture this. Although many participants described their first year as a positive experience, attributed predominantly to making new friends, and taking part in clubs and societies, as well as the teaching and learning experiences, others had keenly felt the pressures and expectations to forge new connections and were aware that not doing so could lead to isolation. For some, this worry was borne out in their first-year experiences:

> *Being away from your family, and being away from what you know, is a big hit. And I found it very, very hard to adapt. And it took a very big toll on my mental health...It's like, when you're not living with your family. It's like a very lonely feeling*. (Jacob)

> *My first year was extremely hard to feel comfortable in, it was probably one of the hardest years of my life, coming to a new country, the cultural shock mostly, having to make friends in general was very hard, I'm not a very extroverted person.* (Amir)

> *I think moving away to university, like it was a big change, and it did impact my mental health, in that obviously the pressure of making friends, the pressure to go out, but also balance like work life, like uni life.* (Ethan)

These reports are understandable and somewhat unsurprising, given that experiencing isolation and loneliness is well evidenced as a potential cause of or exacerbating factor in mental ill-health in students (see Richardson et al, 2017; McIntyre et al, 2018). Conversely feelings of belonging have been shown to increase academic engagement (Thomas et al, 2017), and social connectedness to promote positive mental wellbeing (Laidlaw, McLellan, and Ozakinci, 2016). The Covid 19 pandemic had predictably, and in accord with the Covid impact research (Tinsley, 2020; Hamilton, 2021; Frampton and Smithies, 2021), further increased feelings of isolation for some participants:

> *The isolation is a concern, it really does weigh down on you, especially during the full lockdown, that was a nightmare for a lot of us, me personally I was living by myself in a studio, couldn't see my family, any of my friends … nobody to talk to, you can sometimes go complete days without actually saying a word and suddenly realising, shit I should probably say something and just use my voice.* (Liam)

> *I think the social isolation, for me, like, some days, I feel like, I'm getting more and more socially inept, because I'm not really seeing anybody and like, just becoming a hermit, that kind of thing…I have to remind myself, it wouldn't be like this if this wasn't the circumstances. But sometimes obviously, it's more difficult to right myself, and on other days it really gets to me and it's like, 'Oh, God, I'm a hermit, I deserve this social isolation' kind of thing.* (Lewis)

Findings here also align with recent qualitative research conducted with students during the period of Covid 19 lockdown about their learning spaces, which uncovered feelings of disconnectedness and loneliness in participants (Griffiths, Dickinson, and Fletcher, 2021). Although the circumstances leading to the feelings described above were extraordinary (i.e., the pandemic), the link demonstrated between high levels of isolation and loneliness and the potential resulting mental ill-health, is important to keep in mind for students as a population, since literature suggests that students are a group susceptible to loneliness even in 'ordinary' times (McIntyre, 2018; Wonkhe, 2019).

Balance, structure, and routine

The struggle to balance social and academic life emerged from many participants as a potential problematic area for sustaining good mental health. Interviewees talked about the competing pressures of wanting to have what they considered *'the university experience'*, whilst also keeping up with the demands of attendance and coursework:

> *University life is, is stressful. It's made stressful because we've got so many opportunities, socially, with sport societies to sort of balance with an education that costs you money, so not getting the result you want...I don't know how great my marks will be because I'm by no means a model student. My*

attendance was awful. I very much capitalised on first year not being assessed, or well not counting towards my final grade. (Ali)

The mates I did have were pressuring me but maybe there was also this pressure to just go out and live the university experience which is obviously going out. Yeah, but then I had like loads of assignments due, in some cases I was submitting it literally, like, when I'd come back from a night out and had like four hours sleep and submitting it on a hangover. (Ethan)

Research into experiences at HEIs has found that many students struggle to organise their time between study and their non-academic lives (Yorke and Longden, 2007) which can cause problems with sleep as well as increased stress (Hardy, 2003).

Participants appeared to have a good understanding of the importance of forming routine and structure in their days for positive mental health, often however having learnt from their initial experiences of being in their first year, where they had been unable to form productive routines, and felt this had impacted negatively on their mental health:

Oh I've got freedom, I can do whatever I want, stay up until 4am every night, and then all of a sudden you're like nocturnal, and you're not eating properly and you're not going to any of your classes and you're like oh shit, my mental health has gone down. (Lewis)

Yeah, just the first time I did [my first year] I went way too, sort of, over the top with independence, way too much going out, definitely not enough attention to studying. So definitely I got it wrong the first time around, I couldn't find that balance. (Jacob)

A sleep pattern is a really, really big thing, especially in the halls….like, regular waking up time, that has always been quite sporadic for myself….a lot of my peers have also struggled with their sleeping patterns and like, especially first year, like, feeling quite low and like… and not keeping active and not getting enough sunlight and stuff, like I never really appreciated how important Vitamin D was to like my general wellbeing and stuff. And so like, getting more, like spending more regular time in the sun's like really helps with, like, the maintenance of like emotions and stuff. (Lewis)

Research into motivation and productivity has shown the importance of individuals having a structure to their daily life for reducing stress and procrastination (Vodanovich, and Seib,1997; Wood and Quinn, 2005). Studies specific to higher education students have also shown that effective time management in students, both lowers anxiety and can lead to higher academic performance (Kearns and Gardiner, 2007; Adams and Blair 2019). Studies have therefore highlighted the potential need for universities to work on transition support for students and

information provided for understanding the differing learning environment (Van der Meer et al, 2010). I would argue that this information needs to go further and focus on healthy habits for physical and mental health as well as academic productivity.

The lack of self-regulation for these students often stemmed from the sudden absence of accountability experienced as an undergraduate student. As alluded to in some of the above quotes, and mentioned by other participants, the relative freedom of university was appealing, but also led to difficulties with keeping to a schedule and keeping pace with the course of study. As literature such as Aldiabat, (2014) has highlighted, the transition from school to university can be challenging for students and impact upon mental health. Moreover, university is a unique time where individuals are expected to engage in high levels of independent study, whilst not being obligated to attend lectures, or complete work, and inactivity and absences can potentially go unnoticed for weeks or months at a time. Although consequences for non-completion or poor completion of coursework can be hugely detrimental, i.e., not passing, and ultimately not gaining a degree, this can often seem distant and not as closely related to day-to-day activities as would be in the working world (Van der Meer et al, 2010). The lack of accountability was difficult for some to manage:

> *There are not consequences, like in high school, you miss a class you get after school detention, at Uni if you miss a class if you don't show up for like six months and then show up, they don't care, they are like 'oh, who are you?' It's your problem to deal with and nobody else is going to deal with it if you don't show up to stuff.* (Lewis)

> *So I don't think anyone goes to university expecting it's going to be like, like to have the bad times…I thought it would be sick, going out all the time, and in some respects, it's sort of in-line with that, like I've been able to have mates, I've been able to do what I like…I never really thought I would sort of have the downs at university, which came, I couldn't really comprehend that I'd be trying to balance doing uni work, and like going out.* (Ethan)

This was particularly pronounced due to the pandemic which began when the interviewees were nearing the end of their first academic year. All students were given a 'free pass' to progress to their second year, which some interviewees felt was not conducive to learning, as it further cut off accountability or the need to study, given that any pressure to pass had been removed. Comments were made by participants that there were some students in the second year who could not handle the course and normally would not have progressed. Additionally, as postulated by Taylor and Watson (2021), as learning moved to fully online when lockdown restrictions increased (in participants second year), there was likely to be less impetus to attend lectures or seminars, as attendance expectations were lowered further. It is unclear if other universities had taken a similar approach, but research undertaken during the pandemic, such as the Student Covid Insights survey (SCIS) by the ONS, reported that 29% of students were dissatisfied with their academic

experience in Autumn term 2020 (Tinsley, 2020). Further research by Student Minds reported a finding of 82% of student respondents surveyed saying that the pandemic had negatively impacted their academic experience (Frampton and Smithies, 2021).

4.4.2 Summary

As is repeatedly noted in research pertaining to student mental health, the 'move' to university, both geographically and mentally and emotionally was considered by students to have a large impact. Covid 19 had further significantly increased feelings of isolation for some students. Adjusting to a new routine alongside new people and the removal, to some degree, of a usual support network was often difficult for students to adapt to, and for some appeared to trigger or worsen their mental ill-health. Getting used to a level of freedom in lifestyle and work output rarely experienced before impacted on some participants ability to form productive and healthy routines and manage the demands of their course alongside social endeavours.

4.5 Causes of mental ill-health for male students.

Participants were asked about any issues they felt may affect male student's mental health particularly. The question was open, without the use of consistent prompts, and therefore codes created and discussed below were created based on what participants had brought up themselves in response to the question. The codes created all fit under the parent node of: 'Masculinity culture' and this along with the child nodes (show below) are discussed in this section.

Table 6 Parent and child nodes related to theme: Male student mental health

Type of code	Code Names	No: of Interviewees	Created from
Overarching theme	**3 Male students' mental health:**	**16**	**Asked about consistently**
Parent node	Masculinity culture:	14	Participants
Child node	Pressures and expectations on men:	8	Participants
Child node level 2	Concrete	4	Participants
Child node level 2	Abstract	6	Participants
Child node	Identity, gender, and race	6	Participants

4.5.1 Masculinity culture

In accordance with research by Heilman, et al (2017), most participants described a masculine culture of norms that they felt some degree of expectation to fit into themselves, and predicted this was also experienced by other male students, and indeed other males in general:

> *There is certainly, I don't want to use the cliché term, but you know, toxic masculinity and men have got to be men. You know, men don't talk about their feelings, and men have got to look like they're fitting in with our friends and having a certain manliness or whatever the hell that is. And I think that's true in most educational workspaces, not necessarily just university.* (Robert)

Language often typically used to describe being male and being masculine played a large part in enforcing these norms:

> *The term 'man-up', that sort of thing is a big problem, because both men and women use that term, it's a barrier for men's mental health.* (Nick)

> *There's still the inset thing as a kid of 'be a man, grow up, your being like a girl, you big girls' blouse' all these phrases that indent into the very core of who you are, so obviously if they get repeated by yourself, so that plays a massive impact.'* (Mark)

Aspects of what a man *should* be, appeared then to be being internalised and accepted almost as a set of unwritten rules that guide behaviour and experience. The node 'masculinity culture' was created to encompass these feelings. This finding supports Gerdes et al, (2017) and Wong et al (2017), who point to the expectations placed on men to conform to the masculine norms of their society. The quotes above suggest experience of negative impacts on mental health coming from these perceived masculine standards, which aligns with masculinities theorists (Connell, 1995; Connell and Messerschmidt, 2005) who suggests that when men's behaviour becomes overly associated with common notions of masculine ideals, this can have negative mental health impacts for those identifying as men. Moreover, as alluded to by Nick in the quote above, societal pressure to conform to certain stereotyped masculine traits is related to reduced help-seeking for mental ill-health, as shown by a plethora of past research (Jeffries and Grogan, 2012; McCusker, and Galupo, 2011; Yousaf et al., 2015; Yousaf, et al., 2015; Wasylkiw and Clairo, 2018).

Pressure and expectations on men

As part of this masculine culture of norms, was a feeling of pressure to 'fit in' and to act in ways consistent with expectations of 'typical' masculinity, which participants described in negative terms as being detrimental, or potentially detrimental to men's mental health. The word 'pressure' was used on multiple occasions throughout interviews, and in reference to differing aspects of being a male student. Pressures experienced appeared to emanate predominantly from society at large, and/or an individual's family expectations:

> *There's a lot of pressure placed on young men, especially by my family to be the best that you possibly can be, and it's very, very old fashioned, but sort of to be able to provide in a certain sense, there's that pressure, whether its financial, academic or social, there's always a pressing issue, and you feel like you need to be striving towards something, I guess, like I have this undying restlessness that leaves me feeling never satisfied.* (Liam)

Pressure experienced from society and family was similarly reported in the 'Man box' study by Heilman et al, (2017), who found that young men feel social and familial pressures to conform to a sometimes narrow and stereotypical set of 'rules' of masculinity.

Concrete and abstract pressures

Pressure for male participants was described in both concrete and abstract terms, hence the name of this child node. Concrete examples were the need to succeed on their course, obtain a 'good job' in the future and make money, for example:

> *If a man is not useful then he's not really worth anything to society...you need to be useful, whereas women don't get that pressure, they get other pressures.* (Nick)

More abstractly, interviewees talked about their ways of being, behaving, and being viewed by others, and the demands on these 'ways of being', appeared to be internalised to differing degrees by these male students:

> *I think mostly being like the main figure in a family, or in a friend's group, being a man, …because you're a man, you're supposed to do things on your own, when in reality it can be really scary.* (Amir)

> *Like social pressures, the pressure to fit in and make friends…And I think part of it has to do with like, obviously, the way we look and the way people see us, and it's not something that you go talk to people about, like you don't say, I get down because of the way people see me, it's a hidden sort of aspects, I think, it's a lot of pressure.* (Ethan)

These pressures were experienced as judgment, stigma (discussed later) expectations, and a lack of emotional outlet. Findings here support the outcomes from a survey of UK adults conducted by YouGov in 2018 focussed on societal views of masculinity. Key findings were that 61% of 18–24-year-olds still felt that societal expectations were for men to 'man up' if faced with a challenge, and more than 54% of male 18–24-year-olds reported feeling that they would be expected by society to be the 'breadwinner' of a family. In addition, research conducted as part of a wider international study by Robb et al (2017), found that 18–30-year-old males had described a sense of disadvantage associated with being male given the perceived high expectations placed upon them as men.

Identity, gender, and race

In direct alignment with research conducted with male students about mental health by Sagar-Ouriaghli et al (2020), as reported in the literature review chapter, a minority of participants reported feeling excluded, judged, and dismissed based on their race and gender. Being white and male, and therefore often being automatically viewed as the most privileged group in society, these participants had experienced negative assumptions about their (lack of) potential for physical or emotion struggles, and their need for support, as well as abusive language being used against their gender:

> *I think specifically males get a lot of discriminations for no reason, which is like really weird to say considering it has always been like females who get discrimination, typically, with like, pay gap and stuff, but I feel like more so than ever, actually it circles back to the social media thing. There's a lot of 'fuck all men' and all that shit, it's kind of toxic, honestly… everyone's like, 'Oh Cis white males are the majority, don't really need help'. But in reality, they are the most likely to commit suicide and stuff, it's really weird…., 'Oh, you're not really allowed to have an opinion, because you are a cis white male' it's really frustrating as well because I have been discriminated against because of my religion as well. Directly and very maliciously. So, they're just like…excluding me when I have a very valid opinion.* (Lewis)

> *A lot of us white males of our age are trying to show that we are not our previous generations, we are not part of that class that would discriminate that would go against things, treat people like shit just because they wanted to…but you are being categorised as better than you are, that is quite hard to live up to, it's not nearly as hard as being put down and it's not nearly as hard as racism, but it's your own unique experience because of what I am and what people see me as… I don't feel privileged, I have never gotten a job because of what I look like, I've been turned down for plenty of jobs all over, I have never gotten something for what I look like.* (Liam)

Notions of patriarchy and privilege and the negative backlash apparently experienced here also supports earlier findings by Robb et al (2017), whose research similarly showed that a small number of young UK males described resentment at perceived discrimination toward themselves based on being young and a male.

4.5.2 Summary

Interestingly, and in agreement with masculinities theories, interviewees tended to focus their discussion of the causes of mental ill-health for *male* students around an enduring perception of what it means to be masculine. The problematic aspects of masculinity described, were often the narrower, more extreme, and stereotyped definitions, which participants felt were still strongly manifested into society and impacted on their perceptions of themselves and how they were being viewed and

judged by others. For some, this was further perpetuated by a societal view of the male privileged position and thus expectations of a lack of any struggle led to feelings of exclusion.

4.6 Mental health support

A large number of codes were developed in relation to support for mental ill-health for male students, and therefore these have been broken down further into sections by parent nodes. The table below presents the parent nodes created within the overarching theme of 'Mental health support'.

Table 7 Prent nodes related to theme: Mental health support

Types of code	Code names	No: of Interviewees	Created from:
Overarching theme	**4 Mental health support**	**16**	**Asked about consistently**
Parent node	Disclosure on UCAS	16	Asked about consistently
Parent node	Awareness of support:	16	Asked about consistently
Parent node	Barriers to seeking support:	16	Asked about consistently
Parent node	Barriers to accessing support	9	Asked about consistently
Parent node	Overcoming barriers	16	Asked about consistently

4.6.1 Disclosure and awareness of support for mental health

The first section discusses the codes 'awareness of support' and 'disclosing (mental ill-health) on a (university application) UCAS form'. These codes were asked about specifically across interviews. Awareness and disclosure are important, as HEFCE (2015), and Goodwin et al (2016) have highlighted, the key barriers to successful mental health support for students was a lack of disclosure, and a lack of awareness of support at university.

Table 8 Parent and child nodes related to theme: Awareness and disclosure

Types of code	Code names	No: of Interviewees	Created from:
Theme	**Awareness and disclosure**	**16**	**Asked about consistently**
Parent node	Disclosure on UCAS:	16	Asked about Consistently
Child node	no	1	Asked about Consistently
Child node	Unsure	6	Asked about Consistently
Child node	yes	9	Asked about Consistently
Parent node	Awareness of support:	16	Asked about Consistently
Child node	No	6	Asked about Consistently
Child node	would find out	3	Asked about Consistently
Child node	Yes	7	Asked about Consistently

Disclosure on UCAS

Thorley (2017) reported that male students were less likely to disclose mental ill-health to their university than females. This in turn is related to a reduction in help-seeking (Romanson, 2018; Dopmeijer et al, 2020). Participants were asked if they thought it would be beneficial for someone who had been diagnosed with mental ill-health, to disclose this on their UCAS form when applying to university. Reactions to this question were mixed. Although a very slight majority (n=9) said they felt it would be beneficial, due to the university being able to make allowances and provide additional support, most interviewees expressed some level of caution. In addition, when asked the follow up question, do you think students, and male students in particular, *would* disclose if they were in this position? Participants were much less sure, with most saying they thought it was unlikely that students, (particularly male students) would disclose:

> *I think it would be helpful to disclose it. I also think that the likelihood of finding people willing to disclose it, is fairly small. And I'm saying that because I didn't disclose it, I never said 'yeah, I suffer from anxiety, depression'.* (Robert)

> *I think it's, it's a very uncomfortable question to ask, that sort of worries a lot of people….so people may think, 'Oh, you know, if I tick this, are they're going to think less of me? Is there going to be less chance they're going to give me the course?'.* (Jacob)

As the above second quote illustrates, male students were often highly sceptical about how the information would be used. Some students feared the information would be used against them, including refused entry, or being somehow singled out as different and given support that they may not be ready to accept. Participants also had fears that once the information was on record, it would be held within a system indefinitely.

One interviewee had experienced anxiety and depression and had not disclosed this at the time of applying, reflecting that he could not understand why it was relevant to the university. However, at the time of interview, the participant felt that disclosure was something students probably should do, as it would enable access to support, and that the UCAS form should be much clearer about why the information was being gathered, and exactly what would happen to the information, to alleviate students' fears:

> *If that initial point where they asked you in your application about mental health was explained better, and it was just to say, rather than just go: 'do you have mental health problems?' very bluntly, if it was to say: 'just to make students aware, this is this, this is how we offer support. If you do have any mental health issues that you'd like to have with or that you need support with, here's the contact information for this, and here's how we're gonna handle it'.* (Robert)

UCAS have reported a large increase of prospective students disclosing mental ill-health on their application, a huge 450% up over the last decade (UCAS, 2021). Although there is information available to students about their rights when disclosing, such as a blog post by Student Minds which outlines what happens if students do disclose, students would need to seek out this information themselves. UCAS have called for institutions to reassure their prospective students that disclosing will not be detrimental to them (McIntyre, 2012), however as findings from my participants suggest, this information may be better presented on the UCAS form itself (or directly linked from this) rather than students having to research the consequences of disclosing themselves, alongside the potential for different HEIs having different levels of information and communication available on this.

Awareness of mental health support

All participants who disclosed during the interview that they had suffered with mental ill-health (n= 10) had sought support in some form, whether from the university support services, their GP or services outside of the university. When asked if they knew where to access support from *within* the university specifically for mental health, were they to need it, only 7 of the 16 participants answered yes, however a further 3 were confident that they would easily find out. The remaining 6 said they were not aware of where to access this type of support:

> *I'm sure that there is a percentage of university students that don't even know that these things exist.* (David)

> *I think it should be more signposted... I didn't even know it existed. Like, probably just knowing that there is somewhere other than the doctors that I can go to for this, and you don't have to pay for.* (Ethan)

Previous research, for example from Lynch et al (2016) emphasised that mental health services need to be well-advertised, and education given to young males about the support in order to reduce this barrier to male support seeking. Despite this, opinions were somewhat polarised in terms of how much promotion is done or should be done by the university to create awareness for mental health support. For example, those who had never suffered with mental ill-health, acknowledged that they may not be aware of messages around support, as it was not something they would pay attention to. For others, this perception bias may have played out in reverse:

> *I think it is [well promoted] at [university name] I don't know if I've just noticed if more because it's something that I've used. Like when you get a car and then you see that car everywhere.* (Lewis)

Generally, however, interviewees felt that flyers and emails were too generic and easy to disregard, and that increased promotion, especially tailored towards men, with messages such as 'its ok to not be ok' were needed:

Universities being more proactive about encouraging counselling and psychotherapy for men my age, early twenties, late teens, that is imperative to catching something and nip it in the bud… I'd say the first semester is vitally important, services should be prominently displayed, 'if you're struggling you can come to us', … I don't think the message is strong enough, I don't think there is enough importance placed on It, because as soon as you get that message, you can skim read an email, and go that's good, I am aware of it now, but you don't actually pay attention to it, some people won't even look at it. (Liam)

This ties in with the health belief model (Rosenstock, 1966), Rickwood et als (2014) model, and research on mental health literacy (Kutcher et al, 2016, Cole and Davidson, 2019; Lynch et al, 2016), all indicating that where individuals are aware of their own support needs, and aware of the support available, they are more likely to seek support. Therefore, more could be done to increase awareness and normalise help-seeking for male students.

It is encouraging that those participants who needed support accessed this, suggesting good levels of this area of mental health literacy (Kutcher et al, 2016,) in these male students, in line with findings from Gorczyinski et al (2017), which suggest that higher levels of mental health literacy correlated positively with support seeking. However, the barriers to help-seeking for men discussed by participants, which may delay or put men off from accessing support are discussed below.

4.6.2 Barriers to seeking support

It is well understood in research that males are less likely than females to seek support for mental ill-health (Wyllie et al, 2012; Mental Health Foundation, 2016; Seidler et al, 2016; Ellis, 2018), for reasons such as perceived stigma and having poorer mental health literacy. Barriers to *seeking* support were discussed in some detail by participants, and there was an attempt during interviews to understand these barriers, where they were coming from, and the effects these had. Barriers were identified and coded as shown in the below table. Each of these is discussed in this section, starting with 'Hard for men to talk', 'Friends playing down mental ill-health' and 'Stigma'.

Table 9 Parent and child nodes related to theme: Barriers to support seeking

Type of code	Code names	No: of Interviewees	Created from:
Theme	**Barriers to seeking support:**	**16**	**Asked about consistently**
Parent node	Male MH Stigma:	15	Asked about consistently
Child node	Social Stigma	11	Participants
Child node	Self-Stigma	6	Participants
Parent node	Lack of education or awareness	6	Participants
Parent node	Hard for men to talk	12	Participants
Parent node	Friends play-down MH issue	7	Participants

Hard for men to talk

Expression, or the ability to articulate mental health symptoms is a key factor in Rickwood et als (2014) model of help-seeking behaviours. Ellis (2018) identified gender ideology as the biggest barrier for men in articulating and therefore seeking mental health support, and this appears to be the case for the participants in this study. As discussed above, the notions of what it means to be male, including self-sufficiency, and a pressure to succeed, were still deeply felt by many interviewees. As such, when asked about barriers, the simple concept that 'men just don't talk about this' was a common response (and became a child node), whether in relation to their own struggle to communicate, or their perception of males in general not being able to do this:

> *Men have a history of not talking about things or not being able to talk about things in the way I'm doing with you at the moment. So, I think that is certainly a hindrance to men at university is sort of ignoring mental health really.* (Sam)

> *I think still people have this kind of reservation about kind of stoicism and being kind of privately, you know, strong and kind of keeping people's problems to ourselves. I feel like, you know, maybe this is just a generalisation, but I feel like girls are much more likely to kind of have a kind of group conversation.* (David)

> *We can talk about things now, but it's just that feeling of undermining your masculinity if you do open up about certain things.* (Ali)

For participants who had sought professional help, there was a compulsion to keep this action private from people in their life:

> *I would go to counselling and talk to somebody about it, but I wouldn't tell a soul that I was doing it, it always felt like a shameful kind of secret kept to myself for years.* (Liam)

> *If you think of yourself as a cool popular person, you're not gonna want to tell your mates that, because you think they're just gonna leave you and not support you and maybe they will do.* (Joe)

This correlates with literature which suggests that males are unlikely to disclose mental ill-health to friends for fear of being ostracised from a social group (CALM, 2016; Patrick and Robertson, 2016; The priory group, 2017). Despite this, when asked what could help another male student, perhaps a friend suffering with their mental ill-health, participants overwhelmingly said that individuals *should* talk about their problems, whether to friends, family, a medical professional, or a counselling service:

> *Talking about it is probably the best thing because when you talk about something afterwards, it doesn't matter who you talk to it, like it feels better to let it out, because most of the time, I think especially in men's mental health,*

it's not talking about like the problems that builds up but just like talking about it to someone, it's sort of like sort of like a release, I think. (Ethan)

I wish everyone could open up to everyone, I think that would make society a little better, and not having to supress these feelings and having to face it on your own, that can be really scary, yeah, I wish men could be as open with each other as women are. I think that's the first step to getting better, being able to talk about it. (Amir)

Interviewees also suggested listening and talking as a way to support a friend with their mental ill-health, as well as advising them to seek professional support. There appears to be contrasting norms between what men know to be helpful strategies, i.e.: talking and seeking support, and what men think is socially acceptable for themselves to do, i.e., deal with the problem alone and not show signs of needing help.

Friends playing down mental ill-health

Strongly related to the last code explored around difficulties in discussing mental ill-health, is the actual, or perceived understanding that friends, particularly male friends will lack understanding and consideration and therefore trivialise the issue. Corrigan et al (2016) reported that male students are unlikely to disclose mental ill-health to their friends, and the below may go some way to further understanding this:

I might not want to speak to one of my friends about not feeling so good because they might just say, 'Oh well, it'll be fine', they might be dismissive, or just not understand the problem. (Sam)

When their mate goes 'I'm a bit depressed' you know, they go 'we've all been sad, like get over it'… A man is not going to say to a woman that he's got mental health problems, because she's just going to go 'I don't care', most people don't want to know when it comes to guys. (Nick)

You know what guys are like, everything is available to be bantered. I mean there is no safe place for anything. (Ali)

Most males, one comes forward and tries to be vulnerable and to talk about it, they get a weird look, you know, they usually stay quiet or get laughed at like 'what's he talking about'? (Amir)

As discussed in the literature, research has shown that male students are not often well equipped to provide mental health first aid to their peers (Davies et al, 2016), and were likely to underestimate the severity of the issue (Patel, 2015). Where men did consider discussing mental ill-health with someone, it was often emphasised that this would be restricted to one very close and trusted friend only.

4.6.2.1 Stigma

A plethora of past research has highlighted stigma as being one of the key barriers to male help-seeking (Clement et al, 2015; Sherriff, 2015; Frend, 2016), and the stigma surrounding male mental health is still prevalent in the minds of the interviewees in this research. Terms such as 'weakness' 'shame' and (avoiding) 'vulnerability' were widely used in relation to support seeking for males, as well as the need for men to be, or appear to be strong. The node 'stigma' was further broken down into child nodes: self-stigma and (perceived) social stigma, based on the literature and what the participants discussed in relation to the stigma they felt.

Self-stigma and social stigma

As discussed in the literature review chapter, social stigma is negative views towards those with mental ill-health, and self-stigma is felling negative towards one's own mental ill-health. There appeared to be more perceived social stigma (i.e., participants feeling that others would judge them or other males negatively for having mental ill-health), than self-stigma expressed by participants, although this was hard to disentangle:

> *I feel like it's unfair… the social aspect of having to kill your feelings basically, I can't ask for help without being judged, or be able to talk it out with someone, I think it's kind of unfair towards the men.* (Amir)

> *There is that fear of being labelled I think for men. For example, if you are diagnosed with something you have to carry that around, it's always there, you are this thing, you are this mental health condition or disorder.* (Sam)

As the quotes illustrate, the perception of social stigma comes from the judgement and related labelling associated with male mental ill-health disclosure and help-seeking. Recent qualitative research with young people with lived experience of mental health by Lindstrom et al (2021), reported that male participants in the study had experienced social stigma due to societal views of masculinity. Experiencing stigma had led to feelings of shame and an inability to talk about their mental ill-health experiences.

Owing to participants talking about men in general, as well as about themselves, it was not always easy to identify where self-stigma around male mental health was being experienced. The below quotes are examples of where self-stigma appears to be at play:

> *You have to be a man, you cannot reach out, ask someone, it might just be my pride talking, but you cannot reach out and ask for help on certain things because you're a man, you're supposed to do things on your own.* (Amir)

> *I think a lot of people are aware that you can get mental health support at university, but I don't think a lot of people are willing to do it, because of the whole feeling weak and feeling like you're less than you actually are, actually*

asking for help and I think that is off-putting for a lot of people, a lot of men my age, so you can be aware of the help, but it doesn't matter that you're aware of the help, it matters that you're ok with it. (Liam)

Honestly, I feel like [a male] would have to be up to a point where it became difficult to ignore before they [asked for help]. Let me see what they can do solo and if it got to the point where they were like, ok I 100% can't do this solo… so it would have to be like by necessity. (Ali)

Whether perceived to be external, or self-imposed, the feelings of stigma were still prevalent in the minds of most interviewees as a factor which they believed would make support seeking more difficult for male students. This aligns with recent findings from Priestly et al (2021) where a fear of stigma was given as a reason for student participants not accessing university support services.

4.6.3 Barriers to accessing support

As with barriers to seeking support, barriers to accessing support were also identified, coded and are discussed below.

Table 10 Parent nodes related to theme: Barriers to accessing support

Type of code	Name of code	No: of interviewees	Created from
Theme	**Barriers to accessing support:**	**9**	**Asked about consistently**
Parent node	Hard to access or lack of funding	6	Participants
Parent node	Feminised support	2	Participants
Parent node	Bureaucracy	6	Participants

As stated above, the participants in my study who had (openly) experienced mental ill-health, had all sought support in various forms, despite the barriers discussed above. These interviewees were able to reflect upon the help-seeking experience, and this uncovered further potential barriers to accessing the support available.

Bureaucracy

The node 'bureaucracy' was created to encapsulate issues related to completing forms, the need to disclose to multiple individuals, and waiting times related to help-seeking. The quotes below illustrates some of the frustrations and the off-putting nature of these issues:

I know where to go, but the university tend to make it a quiet complex system. Like a pain in the arse, so I just don't bother… it's just bureaucratic, so it's like, you've got to sign up here, fill about five forms in, then they'll call you then there's another form, fill that out, then sort out a date to maybe talk to you, if they do, and there is a big waiting line anyway because, obviously students at the moment aren't doing brilliant. (Nick)

> *I've gone through the NHS before and CAHMS, it's taken me about 6 months to get an appointment, I'm sitting there gradually getting worse, that's how you lose people, that's how you lose lives, whenever somebody reaches out for help and they have to wait half a year, two years before even started.* (Liam)

Bureaucratic issues such as long waiting lists, were highlighted as barriers in the recent YouGuv study (2021). These factors were not only unexpected for some participants, but also drew upon emotional energy at a time when individuals energy reserves and were likely to be low, and therefore participants felt could impact upon the motivation needed to pursue support:

> *When you're in that position you're already vulnerable, because you're not in a good mental state, and by opening yourself up, you're becoming more vulnerable. So that's why it takes so much.* (Owen)

> *You are trying to better yourself, there's only so much effort you've got, there's only so much motivation, and if you've got to click a load of links and read loads of documents, you're not going to do it, you are gonna lose all motivation so, I think it really important for it to be easy.* (Joe)

These barriers align again with the recent work of Priestly et al (2021), who found that students in their research, listed these bureaucratic factors as obstacles when trying to access the support available.

Feminized support

Although only raised as a potential issue by two participants, services appearing to be intrinsically feminized was a further barrier which was introduced in the literature review (e.g. Morison, Trigeorgis and John, 2014).

> *They are treating male mental health as if it were female mental health, but they are providing all this support of women and people around them and all these support factors that would be great for someone of a feminine mind, so not specifically female, but feminine, that would be the solution…whereas the masculine way of dealing with something, as a male I can tell you, it is incredibly therapeutic, just destroying something or creating something are too very helpful things in male perspective, from a masculine perspective, they are much better outlets giving us something to do rather than something to talk about.* (Mark)

Though tentative, this finding seems to offer support for the theory postulated by Kingerlee et al (2014), and Williams, Stephenson, and Keating (2014) that men may experience mental ill-health differently to women and need different types of support. Therefore, those working in psychological therapies need to give further consideration to address the specific support needs of males. The need for gender sensitive support is explored in further detail in the next section.

4.6.4 Overcoming barriers to seeking and accessing support

The last section looks at male participants views on what could help male students in seeking and accessing support for mental ill-health whilst at university. The parent nodes: 'Support preferences for males', 'Sports and social activity' and 'Lecturers as sign-posters' are discussed.

Table 11 Parent and child nodes related to theme: Overcoming barriers to support.

Types of code	Code names	No: of Interviewees	Created from:
Theme	**Overcoming barriers to support:**	**16**	**Asked about consistently**
Parent node	Support preferences for males:	16	Asked about consistently
Child node	Face-to-face vs online	14	Asked about consistently
Child node	Gender sensitive support	13	Asked about consistently
Parent node	Lecturers as sign-posters	7	Participants
Parent node	Promotion	14	Asked about consistently
Parent node	Sports and social	5	Participants

Support preferences for males

Preference for face-to-face support

Particularly given the circumstances of when data collection occurred, i.e., during the period of national lockdown, when face-to-face support had been severely restricted, it was of interest to ask participants about their support preferences in terms of online and telephone vs face-to-face support. Participants, perhaps surprisingly, due to the stigma of support seeking, and the consensus that 'men can't talk' generally (see above), wanted to be able to talk to someone face-to-face if accessing support. Interviewees commented on the importance of being face-to-face with someone, to form a connection and a degree of trust to be open about their experiences:

> *I can't see anybody being you know, really kind of really badly depressed and just wanting to speak over a zoom call, I think it's almost the comfort of another body being there.* (David)

> *I think it makes a massive difference, I am not as good on phone calls as I am on zoom or face-to-face… you need that connection, you are not going to disclose everything that hurts to someone you have never seen before, and you can't actually look in their eyes.* (Joe)

> *Online isn't anywhere near as good as in-person It's just like, it feels more fulfilling to go in, person, like, you have to get up and go out of the house to the appointment because somebody is expecting you to be there*. (Lewis)

Results here correlate with Horgan and Sweeney (2010), who found that the majority of students (79%) preferred face-to-face support. Nevertheless, some of the interviewees could see the utility of online support, especially if face-to-face were to be restricted again in the future:

> *I think there's definitely a massive opportunity to develop online resources. I think if there's any kind of time to do it, you know, now's the time to kind of test out what works and what doesn't.* (David)

> *I think giving an anonymous option for these types of help I think would eliminate the gender expectation, and a male would be just as likely to go in as a female, I think that would be kind of nice.* (Amir)

Despite the quote above from Amir, when participants talked about their experience of help-seeking, anonymity did not come up as part of their preferences, indeed the main factor of importance to participants was access to a professional to talk to. One participant for example described his experience of attempting to gain mental health support from the university, and being directed to 'The big White Wall' website (now 'Togetherall') which left him feeling not only frustrated, but also questioning if his mental ill-health was 'bad enough' to be offered counselling support:

> *I was quite dismissive of the big white wall, because I just wanted to see a real person... I was frustrated that I couldn't sort of instantly get counselling, or have something in the works to get an appointment at a later point... I find it quite hard because, what goes on to me is, 'is that really bad enough to…?' So, obviously I'm not in a crisis where I might call Samaritans and say, 'Oh, I'm thinking of doing this'… So, whilst I'm not there, I'm also not fine as well. So, there's still this uncomfortable middle ground of, like, well, it's not an emergency, so, what help is there?* (Sam)

This participant raised the importance of students being offered an individual to speak to rather than being restricted to online support:

> *There needs to be some kind of assessment in place where I think they speak to a person quite early on about things, rather than just having the distance or 'go to the white wall… Because in a literal way someone's caring about you, rather than just, I guess, a university as a business.* (Sam)

This may be of particular importance for males, who, once deciding to seek support appear from the findings, to show a clear preference and expectation for one-to-one discussion of their issues. The quote above also highlights the importance of the university being a centre for pastoral care, rather than simply a learning institution (Elwick and Cannizzaro, 2017), emphasising the need perhaps for a whole university approach to support student's needs (UUK, Step change, 2018), and linking to the discussion in the introduction chapter of what pertains to 'quality' in higher education. University mental health services have seen increased demand both pre (Broglia,

Millings & Barkham, 2018) and post covid 19 (NUS, 2020), and therefore expectations of immediate face-to-face support are unlikely to be fulfilled in the near future. However, services such as peer to peer support or an adaptation on listening rooms (Heron, 2018) may be an alternative for a smaller financial output from the university than would be required to increase the counselling service, but still enabling face-to-face interaction for those needing to talk.

Gender sensitive support.

There was some consideration and discussion around the extent to which promotion, outreach work and support for mental health should be tailored to men specifically, and in what ways this could be done:

> *Well, it's strange, because I would personally say that we shouldn't gender it. but you know, the point being that males and females act differently, you know, when they have it, surely that dictates that the support that comes after should be different.* (David)

> *Because there is this disparity in gender with mental health in terms of the suicide rates and stuff, so long as there is a disparity in gender, I guess it needs to be addressed.* (Lewis)

> *So I think they need to focus on the genders in different ways, I think women are quite good with mental health, more than men, talk about it… they need to have an aim at men, because male suicide is one of the biggest killers of men, and it should be something that really worries people that just doesn't, if we said hundreds of women are killing themselves each year we'd be saying 'oh we should probably fix that', but then its men it like, it's just what men do, so it should be something the Uni tries to focus on.* (Nick)

The consensus appeared to be that some level of promotion and gender specific support would be appropriate, given the different ways the genders may experience and respond to mental ill-health. Male students overall emphasised the need for individualised support for (male) students, with no one size fits all, supporting gender relation theorists' assertions of the need to move away from a singular understanding of masculine norms (Connell, 2009; Schofield et al; 2000; Olliffe, 2011, Siedler et al, 2016):

> *I think it depends, obviously, every male or every student, their experiences are different. Whatever they're going through in terms of mental health could be different… One of the trickiest things about any institution trying to offer support for mental health is it is very much an individual thing.* (Ethan)

Moreover, understanding the specific male student lived experiences could help with more effective, 'gender sensitive', (as opposed to gender specific), support for men (Kingerlee et al, 2014, Williams, Stephenson, and Keating, 2014). Gender sensitive support could include integrating broader notions of masculinity into dialogue (Clarke

et al, 2020), and individuals being able to choose to see a male or female counsellor, which a number of participants mentioned as being important to them:

> *The lady I did counselling with, she said 'oh you know we can do this session, and, here's all the other people that you could do this sort of counselling with and if you'd be more comfortable with a man, or if you would feel more comfortable with someone older someone younger'. There was a lot of 'you can pick who you're getting this help from, it's not just take the first one that comes to you'. I think that could help a male specifically is being able to pick and choose who they can get help from.* (Jacob)

Additionally, support service staff generally being aware of and sensitive to the types of issues that may affect males specifically, for example those related to the pressures experienced related to gender ideology, and males' potential hesitations or difficulties in coming forward:

> *This whole thing of bravado and toxic masculinity has got a lot to answer for and somebody who understands the differences would probably be much more beneficial than somebody who blanket diagnosis everything in the same vein and doesn't consider gender, that would make a difference, knowing that there are differences and that is alright, different people need different support.* (Robert)

> *I think maybe there needs to be more of a focus on helping men, at the university, also, just in general in terms of mental health. That it's okay to not be okay, and it's okay to ask for help.* (Sam)

The views of these participants appear to support research conducted by Sagar-Ouriaghli et al, (2020) who uncovered a requirement for societal views of masculine traits to be widened and re-articulated to ensure that support seeking is a normalised part of self-care and wellbeing for males.

Types of support offered to men by the university may also need to be more diverse than is currently available, along with the way this support is framed. For example, participants suggested opportunities for men to get together and socialise in ways that would help them to bond, with or without being explicitly related to mental health:

> *I think men would if it was a literally go get drunk with the lads. Because men don't want to go sit in a circle, say my name is x and I'm X, they want to have a drink, have a chat, watch a movie, play pool, bond and talk than just be a certain activity.* (Nick)

> *Maybe making like a space. I'm not sure maybe more something male oriented, where it's like this is a place like guys talk about their problems, like hearing other guys like hearing my friend tell me about his issues, you know what he went through kind of made it easy for me to open up to him about my stuff.* (Ali)

This ties in with research by Byrom (2018), and Leach (2018), recommending universities improve the social interaction opportunities as a method of supporting students' mental health and wellbeing. Furthermore, as is argued by Morison, Trigeorgis and John (2014), mental health support such as therapy is based on individuals being able to articulate feelings, which as highlighted above, men may find problematic due to conformity to male gender ideology. Therefore, creation of a less formal group could be beneficial to men. The quote form Ali also backs up the work of Ellis (2018) whose findings showed that where men had a social contact who had accessed professional support, they were more likely to seek support themselves.

The need for gender-sensitive mental health provision was emphasised in recent research report by Sagar-Ouriaghli (2021), who found that out of three interventions aimed at improving male help-seeking, the informal drop in (Mancave) was significantly more engaging for male students who identified strongly with traditional masculine norms. The interventions based on a psycho-educational, or psycho-strength approaches were more engaging to those males who reported fewer stigmatising beliefs around mental health. This research underscores the need for more variety of provision for males differing needs.

Sport and social activity

There exists an abundance of research on the benefits of exercise including sports on mental health, including numerous studies related specifically to students (BUCS, 2018; Zuo and Yue, 2020; McGrane et al, 2020). Research has even shown that taking part in university sports club is associated with higher levels of self-compassion, which correlates positively with help-seeking (Wasylkiw and Clairo, 2018). A small number of interviewees talked about the benefits they had experienced from activities such as running, yoga and group sports, but also ways that mental health and sports had been, or could be combined for further benefits to male students:

> *It was a running group for mental health. So like, it wasn't exactly counselling, that's a good way of incorporating like sport and social activity, so like, they will then, as a passive result of that, learn more about mental health by talking to people and through that way, they can then become more aware of their own mental health through the understanding of others mental health. It's called MindFit, yeah, it's just getting your mind fitter as well.* (Alex)

> *One of the biggest things to address would be bringing it up in terms of sports societies, because that's where a lot of these feelings and 'anti-bringing it up' sentiment comes, I think a lot of that comes through sport because its still, the people who enrol in the football team rugby team, there's already a culture around that, especially with men, you don't feel comfortable talking about that, so if you were to incorporate mental health into something like sports at Universities, I think that would make a big difference in taking out a chunk of*

that toxic opinion that it's not ok to talk about… hearing it from someone that you admire, I think is one of the best ways to go about it, that you get as many people as possible to listen to you. (Liam)

We always talk about sport being a big benefit for mental health. So yeah, I'd try to approach my mates through that… So that's an entry method as well. And the Uni can't force anything… but I don't know, advertise a bit more social sport. (Ali)

In addition to the clear mental health benefits, both from the physical activity itself and the social and emotional potential, sports societies also provide students with routine and accountability, which, as discussed earlier can be further beneficial for student's mental health.

Lecturers as sign-posters:

The literature review explored the possibility of support provided from academic staff, with results generally highlighting a lack of available staff time (Collini, 2018; Hughes et al, 2018) and/or training to support students this way (Gulliver et al, 2018). Participants did not tend to discuss the idea that their academic staff be the ones to provide mental health support, but instead suggested that these staff members be the one to make students aware of support. Just under half the participants emphasised the possibility of their teaching staff specifically highlighting what support was available and when/why it might be beneficial. Rather than generic emails, flyers, and posters highlighting the support, which were often ignored, participants said it would be more impactful coming from a trusted and respected person to feel like 'part of your learning':

If you're going through a hard time, hearing the words 'if you're going through a hard time' like literally just flicks the switch… 'here's how you can get help', instead of just these automated emails, they don't feel personal, whereas a teacher telling you that 'this is here' is a lot more personal, there's a lot more thought. It makes you listen more than just this automated email, right? I think so. (Jacob)

You can't really expect to reach out to students about things like that over email, incorporating it into class time would be more beneficial, coming from a person in a position of authority to tell you about it in a lecture, or a seminar. (Liam)

If you're in a classroom with a tutor who says 'is everything alright?' That's it, that's everything. (Robert)

Having a trusted and respected individual bring up the fact that students *may* struggle with mental health, made interviewees feel that this made mental ill-health appear more accepted, and that seeking support therefore was also more normalised:

I think the more it's normalised and the more people are led to understand that everyone's going to go through this at some point. This is what it's here for, ask for the help whenever you need it, that's no problem. (Robert)

I'd prefer it from someone, because in my mind, that someone else who could also be suffering like this, so it helps them and they're recommending it, I'd be more inclined to think, it could help me. (Joeseph)

Unfortunately, research from Priestly (2021), highlighted that teaching staff were not only unaware of what mental ill-health issues were likely to arise in students, but also how to sign-post student to support available. The findings here then appear to show the need for a consistent approach across university staff to highlight at a class level, firstly that student mental ill-health can be common, even in males, and secondly the support that is available, the potential benefits and how to access this. If teaching staff were able to deliver this message across subject it seems it would go some way in raising awareness of and helping to normalise support seeking. The approach would fit in somewhat with the UUK step change (2018) campaign for a whole institution approach to mental health, with the need for only minimal time input, and no specific training for university lecturing staff.

4.6.5 Summary

There was a mixed awareness of the support available amongst participants, as well as a speculation that male student may not be aware of where they could access this help. Encouragingly however, support in various forms, had been sought by participants who vocalised that they had felt they needed it. Participants tended to support prospective students' disclosure of mental health diagnoses to institutions of study but had concerns which they felt were likely to be shared by other students. Disclosure could be made more appealing with simple yet precise information about why this was being asked about and what would and would not happen to students' data. Participants discussed numerous barriers both to seeking and then accessing support. There was a contrast in interviewees expressing the need for men to discuss their feelings more and a desire to be more open and concurrently expressing a deep-seated fear of being able to discuss with friends' emotions associated with mental ill-health, due in part, to the perception of social stigma which felt prevalent to most interviewees.

Accessing of support brought unexpected barriers. Participants talked about having to disclose to multiple people, when telling one person may have been difficult enough. Having to complete forms with personal questions about how they were feeling also proved to be off-putting to interviewees, alongside the delay of being able to speak to an individual who could provide some support. Participants strongly felt that speaking to a qualified individual was required for those who had got to the point of seeking support, and therefore being signposted to online support provoked concern about whether their mental ill-health was 'bad enough' to warrant help being sought. The notion that men may need a different method of support was raised,

leading to speculation that support offered was currently better tailored to females than males.

Participants expressed a strong preference for support being face-to-face rather than online, citing the need to form a connection in order to disclose and describe intimate feelings, linking to the research by Horgan and Sweeney (2010). The extent to which support should be targeted to males or made gender specific was debated and this issue is not straight forward. Some participants felt that support should not be gendered, however there was acknowledgement that men were likely to have different support needs to women based on how men experience, understand and express mental health difficulties, as shown in research by Martin et al (2013) and Ellis (2018). It was suggested that support could in addition be facilitated by the university through other forms, such as encouragement of sports and other social activities, particularly aimed at the wants and needs of male students.

Lastly the notion of lecturers highlighting to their students' what support is available, why they might need it, and how they could access it, was said to bring a human touch to promotion of this type of support. Flyers, emails and other promotion materials were viewed by participants as easy to miss and ignore, and instead having a respected individual discuss the issue, would normalise support seeking and ensure that students were more fully aware of what and how they could access support.

4.6.6 Summary of chapter

This chapter has presented data and discussed some of the key findings most relevant to the research questions in relation to previous research findings. The next chapter offers a concluding discussion on the findings outlined in this chapter as well as recommendations for different stakeholders.

5 Chapter five: Conclusion and discussion

5.1 Introduction

This chapter restates the aims and importance of this research, before outlining the contributions to knowledge made by the thesis. The key findings are stated and discussed in relation to their impact and importance, including how they contribute to, or further build upon knowledge and theory in the area. Findings are then concluded and discussed in relation to each of the research questions. Limitations of the research are identified and discussed, and I reflect on my own professional learning. The potential implications of the findings for policy, practice and future research are explored, before recommendations are made.

5.1.1 Revisiting the aims

This research aimed to understand the male student perspective on male student mental health, to contribute to existing evidence, building up a further understanding of male student lived experiences and perceptions of factors specifically affecting the mental health of this group. Findings are important to better identify male students' perspectives on possible causes of mental ill-health in the male student population, the ways they are affected by this and what helps or hinders their disclosure and help-seeking.

5.2 Summary of findings and implications by RQ

5.2.1 RQ1. What are the perceptions of self-identifying male undergraduate university students regarding male student mental ill-health?

Almost all participants talked about mental ill-health in males being likely to develop due to **a culture of expectations to conform to a somewhat narrow set of behaviours associated with being masculine**. This adds further evidence to literature from Gerdes et al (2017), and Wong et al, (2017). Participants were aware that these expectations were at once outdated and unhelpful, yet still felt susceptible to pressures that they believed were not applicable to females. Being worthy or valid as a man appeared to be related, for some, to external features of success, such as obtaining a good career or being the 'breadwinner' of the family. A minority of interviewees also felt that their gender, alongside their race, left them in a position of exclusion and judgement from others due to the perception of privilege now widely associated with being a white male. Williams, Stephenson, and Keating, (2014) as explained in the literature review, had similarly found that men being viewed as a group not requiring support due to their gender, led to feelings of isolation and confusion. This is an area that is likely to need further research as it is appears to be a current and ongoing issue for males.

Findings illustrate how **male students perceived it to be harder for men to discuss issues related to their mental health than women**, backing up previous research from for example Thorley (2017), and The Priory Group (2017).

Discussions of sigma highlight the perceived differences in the experience of dealing with mental ill-health as a male compared to a female, including what is viewed as 'acceptable' behaviour for males compared to females. Having conversations about struggling in one's life for example, were viewed by the interviewees as being something that was much more socially acceptable to females. This corroborates literature from Eisenberg et al (2009) and Frend (2016), that males are more likely to experience self-stigma than females.

5.2.2 RQ2. To what extent do self-identifying male students think that the university experience affects mental health and wellbeing?

There appears to be a balance between mental ill-health being perceived as something that a student already has, rather than something that develops *due to* the university experience. **There was no clear consensus about the extent to which the university environment itself was likely to cause or exacerbate mental ill-health** compared to life outside of university. This is somewhat expected as outlined in the literature review, reporting of mental ill-health in the student population is about in-line with that of a similar age not in higher education (Macaskill, 2012; YouGuv, 2016). However, there were university specific factors discussed by participants which were linked to problems with mental health developing for students.

Interviewee's own reflections on their time as an undergraduate shed some light on how the university experience can both positively and negatively affect mental health for students and the ways that this might happen. For example, from either forming a group of social connections which facilitated feelings of wellbeing, in line with research from Thomas et al, (2017), or finding this more difficult. Findings reveal that where interviewees experiences of university had not met their expectations, this was often related to **a lack of social connectedness, highlighting the importance of relationships for students' mental health** (Richardson et al, 2017; McIntyre et al, 2018). A large factor in feelings of reduced wellbeing and mental ill-health for male participants was feelings of loneliness and separation from family. This became further pronounced for some when the national lockdown took effect, backing up the work of Griffiths, Dickinson, and Fletcher (2021).

Similarly, participants who had found their course interesting, and the right level of challenge was a positive factor, compared to feelings of anxiety around completing coursework, as reported by some interviewees (Unite, 2016). **Interviewees also reported their difficulties in balancing their academic workload with their social activities**, and for some, engaging in unhealthy behaviours to the extent that this interfered with their daily activities (Yorke and Longden, 2007; Hardy, 2003). More research here with students about the best ways to overcome this may be helpful for future undergraduates.

Participants voiced an awareness of the perceived **risk posed through choosing to gain a degree and the debt that would accumulate with this**, coupled with

concerns about the economy and uncertainty over future career prospects. This is perhaps to be expected given the policy changes related to widening participation and increase in student loans and debt (Clarke, 2021), and links to earlier research from for example HEFCE (2015), and Richardson et al (2016) discussed in chapter one. The extent to which these issues affected participants mental health however is unclear, as this was not raised as a key concern when interviewees were asked about potential causes of mental ill-health. **Participants also did not report feeling at a disadvantage based on their relative lack of affluence compared to their peers**, in direct contrast with the theories of Bourdieu (Bourdieu and Passerson, 1977).

The student experience of **social media was seen as a mixed blessing**. Generally, participants seemed to be aware of the pitfalls associated with making comparisons to others, but despite this, were not immune to low feelings after viewing others' lives presented through the lens of social networks (Barr, 2020). Social media was asked about as part of the interview schedule, however this area did not come up spontaneously from participants when they were asked about potential causes of mental ill-health. Social media then does not appear to be a major cause for concern for students, as was found to be the case with adolescents by Coyne et al (2020).

5.2.3 RQ3. What are the perceived facilitators and barriers to male students disclosing and seeking support for mental ill-health?

There were **clear anxieties voiced about formally disclosing previously diagnosed mental ill-health to the university,** in accord with Thorley (2017). **Participants expressed the importance and helpfulness of disclosure of mental ill-health**, at the same time acknowledging their strong hesitancy to be able to do this themselves in practice. Participants felt that disclosing mental ill-health to their institution of study was a useful and practical step to take, and yet often had not done so themselves, and felt that other male students would be unlikely to. This is of concern; students should feel safe to disclose, and subsequently receive appropriate support if and when needed. Research has consistently highlighted the need for disclosure in order to gain mental health support (Romanson, 2018; Dopmeijer et al, 2020). Apprehensions raised were predominantly about how the information would be stored and used by the institutions. Given students can see the benefits of disclosure, work needs to be done to ensure they can do this in as stress-free a way as possible. One possible solution to this would be either HEIs, or UCAS providing clear and easy to understand information about exactly why the data is being asked for, how and where it is stored, and what will and will not happen to the student based on the information received.

Being able to articulate struggles with mental health to others was raised as a key barrier to male students coping with and accessing support for mental ill-health (Rickwood et al, 2014; Patrick and Robertson, 2016; The priory group, 2017). **Fear of shame, judgment, and exclusion, and being viewed as less than masculine,**

held men back from having conversations about their feelings with friends (Ellis, 2018) in the way they suspected their female peers would find easier. This directly corroborates findings from Williams, Stephenson, and Keating (2014), Haggert (2014), and Seidler et al, (2016). There were also real and imagined fears that friends would not be supportive if participants were to have these conversations, which correlates with research by Patel in 2015, who similarly found that males were likely to underestimate mental ill-health in their friends, and Davies et al (2016), who found male students to be unprepared to support their peers.

Despite this, there was a clear agreement amongst most interviewees that talking (both to friends or professionals) was likely to be helpful to overcoming mental ill-health, and there was a desire for males to be able to do this. **Work to further remove the stigma for male help-seeking was discussed as important, such as the promotion of male help-seeking from other men who have experienced this.** Participants believed this approach would help to further reduce sigma and encourage men to be open about mental ill-health experienced.

There was a mix of awareness from interviewees about where and how to access support from within the university, as well as the degree to which this was and should be promoted by the institution. Generally higher awareness is likely to lead to higher levels of help-seeking for those willing (Lynch et al, 2016), and therefore HEIs ensuring there are effective means of advertising these services is of importance. Specific ways of promoting university support services, particularly to males, are discussed below.

Despite these barriers, most participants were able to openly talk during the interview about mental ill-health they had experienced**. Interviewees who had felt they needed to, had also sought support for mental ill-health in differing ways,** which meant disclosing to at least one other individual. Although they had often not shared this information with friends or family. Recent research by Rice et al, (2020) indicated that some aspects of masculinity, such as autonomy and the desire to be healthy, actually helped men to seek support when they felt they needed it, which may go some way to explaining why the interviewees in my study felt able to do this.

5.2.4 RQ4. What do male students think can be developed to support male students with mental health difficulties?

Male participants expressed some opposing views about the amount of mental health support promotion needed and the degree to which support could or should be gender specific. There was acknowledgement that **male students are individual and will have some individual support needs,** and therefore it may well not be within the power of institutions to provide fully individualised support. Despite this, a number of areas were highlighted as areas that may help to support male students with mental ill-health in general.

A finding that emerged strongly across the interviewees was the **potential benefit of university teaching staff, raising the awareness of their students about the possible need for mental health support and what is available.** Participants felt that teaching staff, acting as role models, and raising issues of the potential for mental ill-health in students, as part of their usual teaching input, would help to normalise the need for support. This was described as being a potentially much more effective and impactful way of getting the information across than the less personal approaches often used by universities such as emails or posters. Teaching staff were viewed as knowledgeable and respected, and therefore this type of information was more likely to be heard and respected when spoken by these individuals and therefore helping to legitimize and validate experiences of mental ill-health and support seeking. It does not appear from the literature that this has been put into place as a whole university approach, however this could be undertaken by universities without a great deal of additional cost or burden to teaching staff. Staff would not be expected to provide advice or guidance to individual students or to identify signs of mental ill-health in their students, but simply to present information to all. This approach could add to an integrated and 'whole university approach' to addressing mental health needs (Step change, 2017).

For those willing to seek support, the need to **make the process of accessing support as clear and straightforward as possible** is apparent from this research. Interviewees raised factors that they were unaware would be a part of the process, that they had found off-putting. Specific issues were having to disclose to multiple people, being directed to online support, long waiting lists, and completing forms asking for sensitive personal information. Given universities have experienced increasing demand for support services (Broglia, Millings & Barkham, 2018; NUS, 2020), it may not be possible to implement some of the desired practices, such as reducing waiting lists. However, **universities could work on raising awareness and expectation management, to make male students more aware of the processes involved in seeking help through the university support service**. Education and information on what will happen when accessing support, would at least prepare male students for the process and possibly prevent unexpected support practices and processes becoming barriers.

Face-to-face support was preferred by most students if they were to receive one to one support. The need to interact with someone in-person appeared to be more important than a desire for anonymity (Horgan and Sweeney 2010). One interviewee described his support appointments moving online during covid 19, and how this had led to a large decrease in the benefits he was deriving from this. This finding is of importance, as there may well be a prevailing belief that male students, due to experiencing difficulties in disclosing and seeking support, would prefer services to be less personal and more anonymous. Indeed, past research has found that students have appreciated the anonymity of online services (Ritchie, 2009 and Hanley et al, 2020) however my findings highlight a need to rethink this assumption.

Participants were unsure of the need for, or likelihood of, gender specific support being made available. There was an awareness however of men's needs sometimes being heterogeneous in themselves, as well as being different to those of women, and that the high male suicide rate perhaps indicated that support should be more tailored (Seidler et al 2017). **Support services could offer gender sensitive support, including awareness of, and training in how men may present, articulate, and understand their mental health, their difficulties in coming forward, and potential negative feelings associated with help-seeking.** These actions would align with both gender relations theorists (Connell, 2009; Schofield et al; 2000; Olliffe, 2011; Seidler et al, 2017): as well as past research (Kingerlee et al, 2014, Williams, Stephenson, and Keating, 2014), and more recent research highlighting a need for wider notions of masculine traits to be acknowledged and discussed (Clarke et al, 2020; Sagar-Ouriaghli et al, 2020). **Participants felt that being able to choose the gender of a therapist/counsellor was helpful and appreciated**, acknowledging that different genders and individuals may relate better to the same or opposite gender.

Lastly, interviewees felt that **the university could facilitate informal support for male students (to possibly help to prevent mental ill-health) through opportunities for male specific groups or sports associations**. Social relationships are important for wellness, and participants identified that although they wanted a social group, it could be difficult for this to happen organically for males. Facilitation of social interactions therefore would help, these could be male specific clubs, societies, or sports groups, helping to prevent mental ill-health in male students through male socialising and bonding opportunities. Similar results were found from Sagar-Ouriaghli (2021), who emphasised the need for different types of provision options for males.

5.2.5 RQ5. What are the implications of this research for policy and practice?

Further to the findings outlined above, the university (within which this research took place) mental health policy was reviewed as part of this thesis. The review uncovered that the policy was not easily accessible, clear or potentially helpful for students in understanding and navigating the support systems in place. This is of concern as the policy should be the foundation of the university approaches to provision of pastoral care of their students. Interviewees were not asked specifically about the mental health policy, for example if they were aware of, or had examined this. The university mental health policy was not mentioned by any participants.

How HEIs deal with student mental health in their policies and practices is important at policy and local level, particularly given the consistent rise in mental ill-health reported in students (UCAS, 2002). Evidence has been growing indicating that male students may need more support and information to understand their own mental health, and to seek and access support for mental ill-health (Swami, 2012; Frederick, 2020; Clark et al, 2020). Findings reported here are relevant to HEIs, students, and

to HE and government bodies. Preventing the development of mental ill-health in males and supporting those who develop mental ill-health is beneficial to the wider population. If universities are better equipped to tackle male student mental ill-health, this may enable these men to have better wellbeing throughout their lives, relieving themselves and society of the cost burden that mental ill-health can lead to, such as alcoholism, violence, suicide etc (Ahmed and Mari, 2014; McDaid and Park, 2022).

Findings outlined here could be used to inform improvements in university mental health services to become more in-line with male student's needs, and recommendations are outlined towards the end of this chapter. Findings highlight how support services in university could better consider the ways male students may conceptualise mental ill-health and help-seeking and their needs in relation to obtaining support for this. Findings of this research will be shared in a short executive summary with the university support services team (in the institution the research took place) with the intention to discuss any practical applications of this research for supporting male students.

5.3 Discussion of key findings and implications

The research uncovers that some participants had felt that both their academic performance and their health, including mental health, had suffered in their first year, from struggling to find a balanced and healthy lifestyle as an undergraduate. This builds on existing research by Hardy (2003), and Yorke and Longden (2007). **Students' difficulties navigating the university environment were said to have impacted on their ability to form healthy routines, structures, and habits, which for some, contributed to, or exacerbated mental ill-health.** Lack of self-care knowledge and limited accountability appeared to have been at play for students, particularly in their first year of university while adjusting to a new way of life. It appears then that lack of information, guidance, and support about transition to university, and time management could be problematic. As suggested by Van der Meer et al (2010), HEIs supporting a smoother transition could be useful for students to be aware of and begin to form healthier habits and practices earlier in their university journeys.

Feelings of isolation, coupled with a fear of lack of peer bonding were also real concerns for some participants who had found that the transition to university caused a sense of loneliness and lack of belonging. This was likely pronounced in this study due to the impact of Covid 19 on participants second year (in alignment with Covid research e.g., Tinsley, 2020; Hamilton, 2021; Frampton and Smithies, 2021). Because research has consistently highlighted the importance of relationships and feelings of belonging as being beneficial to mental health (Laidlaw, McLellan, and Ozakinci, 2016) this is important to uncover, as it highlights a real concern for male students. Isolation and loneliness are both likely to cause or worsen mental ill-health for students (McIntyre, 2018; Wonkhe 2019), and therefore ways to support male students with forming relationships as students could be explored further in order to reduce this issue.

This thesis provides evidence that this generation of male undergraduate students felt that their **mental health and wellbeing (and that of other male undergraduates) is intrinsically linked to the expectations and pressures that they feel are placed upon them by society to conform to a particular set of masculine traits.** Further substantiating research by Heilman et al, (2017), Gerdes et al, (2017) and Wong et al (2017), amongst others. Returning to intersectionality, participants identified issues that were particularly pertinent to themselves, and other males, around the **unique set of pressures they felt as young male students**, which were inextricably tied to constructs of masculinity, including a sometimes-deep-seated **compulsion to adhere to a particular typology of masculine norm**. This research therefore adds credence to ongoing research into this area, linking male mental ill-health to conformity to gender ideals such as being strong, stoic and dealing with problems alone (Milner, Shields and King; 2019). It also supports masculinities theorists (Connell, 1995; Connell and Messerschmidt, 2005), that masculinities can be 'configurations of practice' (Connell and Messerschmidt, 2005, 836) related to specific settings, in this case, the university as an institution, can be viewed as a socio-cultural setting in which gender relations are understood and embodied by male students.

Despite student participants being aware of and articulating the stereotyped and somewhat outdated nature of these masculine norms, even stating them to be 'ridiculous', there existed a prevailing belief that **their behaviours, and the behaviours of other males, needed to align with a perceived expectation of 'manliness' in order to meet societal expectations**. These expectations weighed heavily on some participants and were received and reproduced through societal use of language (e.g., the common use of terms such as 'man up'), and for some, family expectations to be successful. Pressures and expectations were expressed as issues that may contribute to mental ill-health in the male student population, again supporting findings by Heilman et al, (2017). Findings here are of importance as they add to the body of evidence outlined previously regarding men feeling an expectation to conform to particular ways of being, which research suggests (Micale, 2008; Frend, 2016; Seidler et al, 2016; Wong et al, 2017; Heilman et al, 2017) can then impact negatively on their own wellbeing and potentially that of others around them (e.g., Parent, Gobble, and Rochlen; 2018). Since the pressure to conform appears to be a key issue brought up by male participants in this study as being negatively impactful for male student mental health, it stands to reason that universities and other bodies must work to tackle this problem. University campaigns related to mental health could emphasise differences in and between men, rather than targeting support at hegemonic masculinities. Support offered could also highlight a more tailored approach to men from different backgrounds, ethnicities etc, building on the work of Siedler et al (2017).

A small amount of evidence was also uncovered which adds to a body of emerging research (see Robb et al, 2017) that some **young males are experiencing a**

backlash and apparent silencing of their views, due to their race, and gender identity. This is part of a wider ongoing UK societal debate and discussion around privilege and patriarchy and cannot be discussed in depth here based on the limited findings. However, perhaps in the same way that men have recently been called upon to challenge sexist comments and behaviours towards women, women could be encouraged to act as advocates challenging stereotypes and unhelpful language directed towards men. Further developing an understanding that males can be harmed by specific judgements and expectations of what masculinity *should* look like, as well as assumptions of innate privilege based on gender. Future research into the views of young males as to the prevalence and impact of this behaviour may be timely and important.

Participants felt that **a male struggling with mental ill-health would be viewed as a weakness and possibly shameful** in a way that would not be the case for females, supporting Sherriff (2015) assertions that males feel stigma more than females. These notions were shared across participants, regardless of their course of study or whether they were home or international students, although a larger study may well pick up differences here. Stigma was experienced in relation to fear of judgment and being negatively labelled and was recognised as being an influential factor in men not talking about or attempting to access support for mental ill-health. This adds evidence to research from Pedersen and Paves, (2014), Clement et al, (2015), and more recently the work of Priestly et al (2021) and Lindstrom et al (2021). There is growing evidence for the efficacy of university support in helping students with mental ill-health (e.g., Murray et al, 2015; Goodwin et al, 2016), and therefore the prevailing stigma can be viewed as a significant barrier to improving male student mental health. Despite this, and in contrast to the research in relation to barriers to male help-seeking, **participants in this study had tended to seek out support when needed**. Views on the factors which had facilitated this are discussed below.

In alignment with gender relations theorists (Connell, 2009; Schofield et al; 2000; Olliffe, 2011, Seidler et al 2017) findings also emphasised the importance of individual differences in males in terms of what support may be appropriate and helpful, pointing to a need to change the narrative around male mental health. Research into differences in mental health needs between genders has led to an understanding that males have different needs to females, but not always allowing for the diversity of needs between males (Smith, Mouzon, and Elliot, 2016). This research adds credence to the growing evidence that society must view masculinities as diverse patterns of behaviours which are individualistic, rather than being homogenous, with the understanding that not all males will understand and experience mental ill-health in a similar way, adding evidence to the work of Seidler at al (2017), who argues this as well as highlighting the potential opportunity of utilising person-centred approaches to support males with their mental ill-health. Person centred approaches (or client centred) were developed by Karl Rogers in the

1940s to focus on the individuals unique, or phenomenological, perspective to ascertain how they view the world, and what and how they perceive could be improved. This type of support would help to focus on and cater to men's differing and unique experiences and ways of being (Connell and Messerschmidt, 2005). Although a large amount of work has been done in recent years targeted at men attempting to normalise needing support (e.g., Campaign Against Living Miserably, Andys man club etc), more/continued work is needed in this area. This work could also go further, with the promotion of varied ways of being masculine with *no one size fits all* approach, as suggested by Peate (2013) and Seidler at al (2017).

The literature outlined some conflicting evidence in relation to male peer support with mental health. Participants in my research felt that **it was not socially acceptable to discuss mental ill-health with friends, or that male friends would not be useful advocates or sources of support for individuals who did disclose**. This finding is in contrast to research by Spencer et al (2016), who found that male students were more likely to seek informal peer support than formal support. My research shows the opposite, that even where interviewees had sought professional support, they would not always reveal that they had done this to friends, aligning with the research of CALM (2016), and Patrick and Robertson (2016). Participants recognised the value of talking through their negative emotions or experiences for their mental health, and therefore it is of concern that they often felt they could not do this with close friends, who were likely to be their predominant source of interaction whilst at university. Informal groups or sports/exercise groups which were linked to mental health and wellbeing were discussed as one way to address this barrier.

For students to overcome barriers to seeking support, **there is a desire for the support offered to be easy to access, face-to-face, and gender sensitive**.

5.4 Strengths and limitations of the research

This research aimed to understand the unique perspective of male university students in relation to male student mental health. Through the use of qualitative semi-structured interviews and analysis, this research has uncovered the viewpoint of this population, albeit on a small scale, revealing insights into how male students feel about the mental health of males, how the university environment may impact upon male student mental health, and perceptions and experiences of their help-seeking.

5.4.1 Transparency, rigour, and trustworthiness

The aim throughout this research was to offer transparency to the reader in relation to the methods undertaken in collecting and analysing data, including the creation of codes/themes and the evidence presented to illustrate claims made. The methodology was therefore necessarily detailed to give the reader a clear understanding of the rationale for and justification of methodology and method. The analysis attempts to explain how codes were created and uses illustrative quotes throughout to provide a 'voice' of participants on the themes discussed. The

methodology section outlines in some detail the procedures undertaken through thematic analysis in Nvivo to create the template, along with the iterative processes of changes made as the analysis progresses.

5.4.2 Generalisability

This research offers in-depth insights from a fairly under researched group about a timely and important topic. Student mental health is consistently emphasised in media, political forums, and research as needing further research and action to reduce the impacts for student's wellbeing, academic attainment, dropout rates, and in some rarer but significant occasions, suicide. This research goes some way to uncovering the potential triggers of mental ill-health in the male student population, why males may struggle to find and access help, and what they think could help to overcome these struggles. This was a small-scale piece of research conducted in one HEI setting in England and utilising a purposive sampling strategy. However, there is no reason to assume findings here would be institution specific, this study may well have transferability to other settings where findings resonate with readers, as the aim throughout has been to have 'interpretive richness' (Smith, 2017 p142). As outlined in chapter 3, it is likely that the individuals willing to take part in this research may have been more inclined to have open conversations about mental health where other male students may not. However, the research offers naturalistic generalisability (Stake, 1995) as evidenced by the strong relation of findings to the previous research and literature, outlined throughout the analysis and conclusion. Moreover, through providing a detailed approach to the methods employed, and illustrations of participants feelings and experiences through numerous quotations.

5.4.3 Impacts of Covid 19

The research was impeded to an extent by the restrictions in place resulting from the Covid 19 pandemic, meaning that face-to-face interviews were not possible. The desire to conduct naturalistic walking interviews had to be put aside in favour of interviews online. On reflection this was perhaps both negative and positive, as participants were likely to have had more free time to take part, were used to online interactions and were able to take part with ease from their own living space, rather than the possibly more daunting reality of meeting face-to-face on campus. I would like to explore the use of walking interviews in future research. Moreover, since this research was conducted during the Covid 19 pandemic, it offers up additional insights into how male students coped with the implications of being second year students during a time of national lockdown and the resulting effects on their wellbeing and mental health.

5.4.4 Unexplored areas

Although this research focussed on mental ill-health in male students, it would have been interesting and useful to have asked participants more directly about any perceived benefits to mental health of being a male undergraduate. This was not asked about consistently and would be of interest to focus on for future research in this area as it may help to identify protective factors for male students.

This research aimed to give voice to male students as a group, and therefore the focus was solely on this population. However, this research could have benefitted from the inclusion of views of other individuals, for example staff based in university support services. This group could offer a unique perspective on their perceptions of supporting male undergraduate students, including male specific support needs, and the types of issues males tend to seek support for. Data from university support staff could have contributed to a triangulation of findings to assess any areas of overlap or incompatibility to identify what is perceived to be working well or not for male students. This would help to identify if there were differences in opinions and understandings between these populations around aspects of support for male students. These insights may have also sharpened specific findings and recommendations.

A larger data set would have enabled comparisons in findings based on participants demographic data, for example the courses they studied, whether they were international or non-international students, their ethnicity or their socio-economic background.

5.4.5 Positionality, reflexivity, and personal/professional learning

As stated throughout this thesis, my own experience of, interest in and preconceived ideas about mental health will have impacted upon the way the study was designed, and conducted, including the interpretations made from the data. Reflecting on the process, I feel that prior to data collection, I may have overestimated male students' reluctance to be open with their experiences in interview, particularly to a female researcher. The interviews were felt to have a flow and sincerity, with participants often disclosing struggles they had encountered, and at times expressing gratitude for being able to talk about and reflect on their experiences in a way that they would otherwise rarely have had the opportunity to do.

The study aimed to understand experiences and causes of mental health for male students specifically. Prior to data collection, I had not envisioned finding that some of the views around expectations for males (e.g. to be strong, stoic, invulnerable etc,) were still strongly prevalent. I had presumed that this generation's university aged students may have viewed these ideas as outdated. It was therefore somewhat surprising to find that across the majority of interviewees, these notions were still felt to be pertinent and restricting for male students.

5.5 Contributions to knowledge

As identified in the literature review, there has been limited research on male undergraduate student mental health, with research often focussing on women's mental health. Research with students has tended to have a medical student over-representation and often utilising quantitative approaches. Limited amounts of research have begun to emerge in the last few years with male students specifically, namely around help-seeking and their views on ways to overcome barriers to help-seeking (Sagar-Ouriaghli et al, 2020, and 2021).

5.5.1 Contributions to understandings of male student mental health

This research builds on a steadily growing area: male specific mental health needs and broader understandings of masculinity. This research has uncovered male student participants perspectives on the following areas:

Causes of mental ill-health for male students (potential and actual):

- Pressures to conform to masculine ideals
- Loneliness and isolation
- Inability to establish healthy routines

This work has clearly outlined how male students (in this study) feel that pressure and expectations to act in accord with stereotypical notions of masculinities is impacting negatively upon their mental health. Male students felt pressure from family, peers, and society at large, in relation to mental ill-health and support seeking. Other factors brought up by participants that were specific to being students at university, were isolation and possible loneliness that could occur form moving away from family and friends and perhaps struggling to establish a new network of peers.

Experiences of male students of mental ill-health:

- Fear of formal disclosure to university (UCAS)
- Fear of informal disclosures to friends and family
- Stigma experienced, both self and social
- Mental ill-health viewed as a weakness
- Able to seek support and disclose to support services
- Experience some barriers to accessing support

This work has uncovered that male students think disclosure of mental ill-health to the university is important, and yet are unlikely to do this themselves. Providing clear information on what happens to mental health data requested, could go some way to ensuring disclosures happen. Male students feel that they cannot rely on their peers to discuss feelings of mental ill-health. Although some participants discussed being able to confide in one close friend, the general discussion was that peer groups, and specifically male friendship groups would not be understanding or supportive to mental ill-health discussed. Feelings of self and social stigma as well as a perception that mental ill-health would be viewed as a weakness were cited as barriers to open discussion.

This research does, however, provide clear evidence that male students can and do seek support for mental ill-health, but that they may experience specific barriers to engagement, such as disclosing to multiple people, waiting lists and referral to online support.

Support preferences for male students:

- Straightforward access to support
- One to one, in-person support
- Gender sensitive support, emphasis on individual needs.
- Need for social opportunities appealing to male students
- Signposting to support by teaching staff

As stated above, the male participants in this study had sought support for mental ill-health. Where this had happened, participants were able to give suggestions for improvements of support services. Providing key information to males on seeking support, such as information on the process to be followed, and offering male sensitive support where possible, was felt to likely encourage males to continue to engage with the process. Participants were clear on the need for face-to-face, one to one talking support and appreciated the ability to choose the gender of the support staff member. Lastly participants felt that the university could offer more support through facilitation of social opportunities for males that may or may not be mental health specific, and for lecturing staff to alert students to the mental health services available to them, normalising the need to seek this type of support.

Impacts of Covid 19 on male students:

- Feelings of loneliness and isolation
- Removal of accountability and daily routine/structure.

Lastly this research was undertaken during an unprecedented time of national lockdown due to the Covid 19 pandemic, and therefore gives some unique insights into how male undergraduates experienced this period. Although not asked about in any detail, the key findings were that participants found Covid 19 restrictions contributed to, or for some, increased feelings of loneliness and isolation, and removed structure and accountability, which could in turn impact negatively on mental health.

5.5.2 Practical contributions

This research has uncovered university specific issues, pertinent to male students and their mental health which may be overcome with information giving and signposting by universities. For example, providing (more) information to students on ways to better transition to university, how to develop healthy habits and routines as a new student and ways to create social connections. This type of knowledge could enable male students to prevent isolation and loneliness and falling into unhealthy habits. Universities could also ensure that mental health help-seeking is normalised as much as possible for males and females, through as suggested by participants, teaching staff routinely reminding their students that support can sometimes be needed by anyone and how to access this.

Findings could help to inform practical ways that universities can ensure that male students in particular feel empowered and supported in disclosing and seeking support for mental health related issues. Male students could be better informed of

mental health support available, how to access this support, and what will happen once they have engaged. Access to this type of information could be crucial in overcoming some of the barriers highlighted by males in this research. Further campaigns targeted at male mental health, acknowledging differences between men, and using male role models could be put into place by universities.

Universities could co-construct a mental health policy with students focussing on issues that students feel are important and ensure that all students are aware of and have access to the policy, this could further enhance the message that support can be needed by any student.

Findings here also suggest that universities could ensure that their support services have staff trained in the specific needs of males and how to offer gender sensitive support.

5.5.3 Methodological contributions

The contribution made by this research is through qualitative data collection with male undergraduate students from a variety of courses, to bring understanding of their perception of male student mental health, including views on potential causes of mental ill-health in this population and barriers and facilitators to seeking support. This research also explores participants own experiences of university, as well as their views on male undergraduates more generally. This allows insights from interviewees direct experiences of their own lives and their perceptions about their peers, as well as their more speculative views on male undergraduates as a population. This is useful as these individuals represent a (albeit small) sample of the next generation of males. This research utilises template analysis in a subject area yet unexplored with this approach which adds to the evidence base thus far in relation to this analysis approach in sociology and education. There has long been critique of a lack of transparency in qualitative analysis, particularly using CAQDAS (MacMillan and Koenig, 2004; Thompson, 2002). The research contributes to the current state of knowledge and debate in that it involved an under-researched area and describes the utilisation of template analysis on this topic within education research. The research therefore will also add to the slowly growing body of literature about male mental health from the perspective of males themselves, using qualitative methods.

Additionally, this research has found that male students are willing to have open conversations about mental health, including their own mental health (despite this not being the focus here) with a female researcher. It is impossible to know if findings would have been more or less rich had the research been undertaken by a male researcher, however, several participants reflected on the interview as a cathartic process of reflection of their lived experience of mental ill-health or simply their undergraduate student journey thus far. It is important for researchers to be aware that young men can be willing and even keen to talk about mental health, and to contribute to research in this area. This type of research helps to break down the apparently still prevalent stigmas surrounding males and mental health. Building up a

body of research in this area should help to highlight to society that men do experience mental ill-health and are able to seek support for this despite barriers.

5.6 Recommendations

Below are recommendations listed for different stakeholders. Cost implications can often impede work in the area of mental health, and this has been kept in mind. Therefore, suggestions of education and information to raise awareness and act as a demystifying tool are suggested. It appears that some of the key barriers faced by male students could be lessened with information giving, or clearer and more explanatory information so that (male) students can decide to act and enter situations better informed of what they may expect.

UCAS:

- Present clearly displayed information on or linked to a UCAS form, about what will and will not happen to student mental health disclosure data. This could enable prospective (male) students to be better informed and empowered to make a disclosure decision.

Higher Education Institutions:

- Update or create a clear and easy to understand university mental health policy, engaging in co-production where possible, with a representative group of students. Focus on positive language and messages around students' potential to need mental health support.
- Provide transition to university information for first year students, using where possible co-production with students, particularly those with lived experience of mental ill-health. Information could include what to expect from university life, information on time management, self-care knowledge and mental health literacy and first aid information. This may better enable male undergraduate students to support themselves and their peers.
- Facilitate or organise groups to enable male bonding and discussions of wellness. Groups could be sports and exercise related, such as the example of 'mindfit', which combines running and talking about mental wellness, or other activities aimed at men such as creative or leisure pursuits.
- To reduce the stigma associated with male mental health, universities to start/continue to promote positive messages around male mental health help-seeking. Emphasize in messages that mental ill-health can happen to anyone at any time and use prominent males who have struggled with mental ill-health to exemplify this. Current or previous male students could act as peer mentors to share their own mental ill-health experiences through for example video vignettes, face-to-face discussions, or through a listening support service such as a modification on listening rooms.
- Lecturers across university departments to raise awareness of mental ill-health in students and available university support services during teaching

inputs. This may legitimize feelings of mental ill-health and empower male students to disclose and seek support.

- Provide students with information about the processes involved in accessing university mental health support. Information should explain how students can seek support and then what individuals will or may be asked about, including the need to disclose, who to, the types of paperwork to be completed, likely waiting time and the outcomes/support likely to be offered. This may help to ensure that male students are not put off by unexpected barriers related to bureaucracy at a time when they may be at their most vulnerable.

University mental health support services:

- Offer one to one, face-to-face support wherever possible.
- Ensure students have a choice of gender of any counsellor/therapist
- Enable staff to be trained in and to offer 'gender sensitive' provision wherever possible. Firstly, through an awareness that males seeking support may not behave, think, or want the same types of support as females, or indeed other males. The support offered should be based on an understanding and sensitivity towards the way that males might experience negative feelings associated with mental ill-health such as shame, stigma, and vulnerability, and addressing these as part of support offered. Person-centred counselling could be considered. Lastly, ensuring that discussions take into account broader understandings of masculinities.
- Service advertising to include positive messages about support seeking for all, to normalise this as part of self-care for all genders. This could help to further reduce the stigma for males.
- Wherever possible, reduce support seeking bureaucracy.

Researchers:

- Further explore and give time and research attention to male student mental health as an area equally important to female specific mental health.
- Research into perceived benefits to mental health of being a male student, to identify protective features.
- Identify if and how university mental health support services offer gender sensitive provision to students. It may be possible to identify areas of best practice already happening in some institutions which could be used as models for other HEIs.

Government bodies or Office for students:

- Make it compulsory for all universities to have a mental health policy.
- Ensure funding for mental health provision includes supporting universities.
- Create campaigns to encourage males to seek support, targeting the diverse experiences and understandings of men.

5.7 Summary

This thesis provides insights into the lived experiences of males of typical university age, how this populations discuss and conceptualise male mental health and support seeking. This is useful as these individuals represent a (albeit small) sample of the next generation of males. Findings suggest that universities are public spheres where negative connotations of masculinities appear to be embedded and sustained and where male students still feel pressure to appear unemotional and remain quiet about mental ill-health experienced, due to a prevailing feeling that males are expected to prescribe to a narrow form of masculinity and fear of stigma. However, in a private sphere (in this case, the interview setting) male students were able to vocalise their displeasure of the dominant masculine culture which does not allow males opportunities to reflect on or voice their emotional wellbeing. Findings point to a need to change the narrative around male mental ill-health and support, and to view masculinity as a diverse pattern of behaviours which may often be somewhat individualistic in males. Universities could do more to support male students with mental ill-health and ensure support services are able to meet their needs. Even a small reduction in mental ill-health in the male population could lead to savings to the UK economy due to the cost and burden to society of mental ill-health. More importantly, better support would lead to a more positive university, and possibly life experience for males.

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Appendices

Appendix one: Key search terms and database screenshot

Search terms:

Men, Male, Masculinities

Mental health,

Male students', University Student, University, Higher Education, Undergraduates

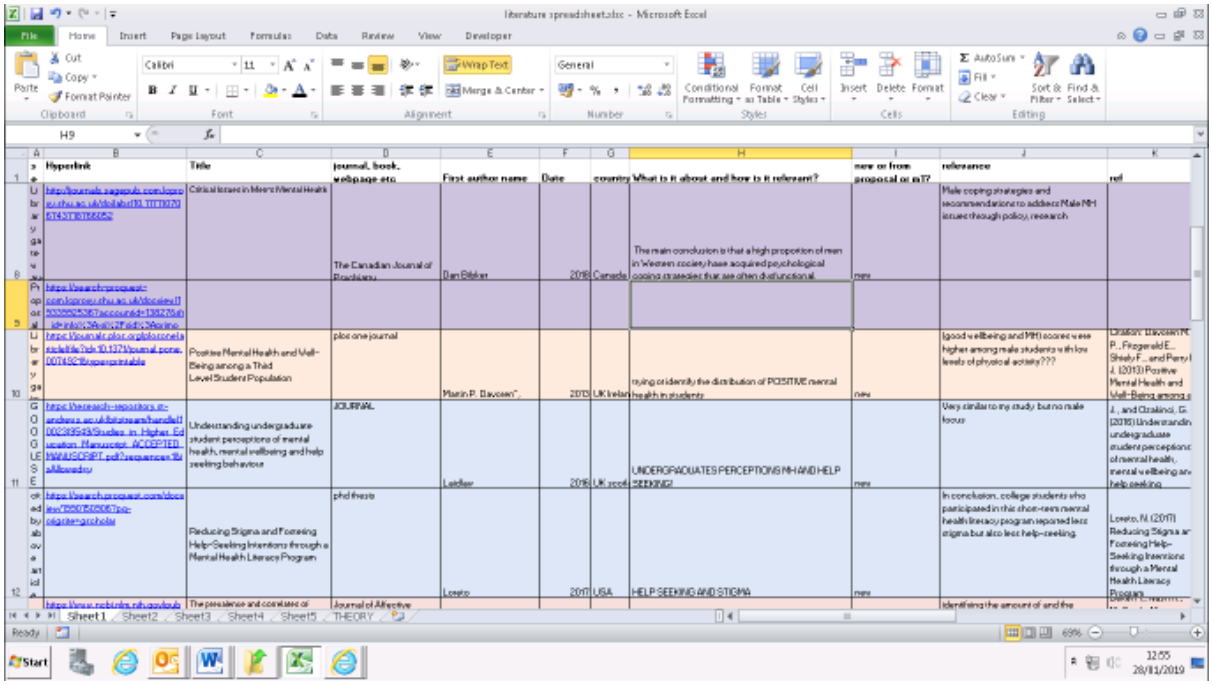
Mental health (ill-health), psychological distress, anxiety, depression, wellness/wellbeing, experience

Databases searched

- ProQuest - ERIC
- APA
- AAIA
- British Education Index
- PsychArticles
- PUBmed
- Social care online
- Sociological abstracts

Databases Searches were conducted initially with search terms as above and then filters applied such as searching for the last ten years to find the most recent research conducted.

Excel literature database screenshot:



Appendix two: Interview Schedule

Interview Schedule

[Check interviewee has read the information sheet and retained a copy and has a consent form]

Blurb: The interview is being conducted as part of data collection for a doctorate in education (EdD).
The purpose of the interview is to find out your thoughts and opinions about mental health for male undergraduate students.
The interview will take around an hour dependant on how much you have to say. You will not at any point be asked about your own mental health or history with mental health concerns, although you may disclose this if you choose.
Your data will be stored securely and anonymised. If you feel that anything you say or your identity will be identifiable in any way we can discuss if you would like this data to not be used or fully anonymised and the best way to do this.
You will be given a pseudonym in any and all reporting.
You are free to withdraw from the interview at any time or chose not to answer any questions that you do not wish to answer. You may also request to withdraw your data up to 2 weeks after the interview, without any explanation by contacting me (details on information sheet).
The interview was planned prior to the situation with Covid 19, I have made some changes and additions to question to take in to account the change in situation for many students.

Do you understand the purpose of the interview and your right to withdraw? Are you still happy to proceed with the interview?

Are you happy for me to tape record the conversation?

Do you have any questions before we start the interview? Please feel free to ask any questions about the research at any time during the interview.

Please could you complete the consent form. [Check consent form and proceed if complete]

Context and ice breaker questions:

I would like to ask you firstly a little about yourself and your University experience thus far including your decision to study at University.

1. Please can you tell me a bit about yourself as a student?

Prompts: What course are you studying? Are you living at home or in other accommodation? etc.

2. Why did you decide to come to University?

Prompts: How and why did you choose this university? Why this course? Where there other considerations?

3. Reflecting back on your experience so far, how have you found your time at University?
   To what extent do you think the Covid 19 situation has affected your University experience?
   Prompts: How different has it been for you? Is there anything that has been better or worse as a result? How has it affected relationships? How has it affected your learning?

Probes: Pre-Covid - Did you feel settled? How did you experience the course? Friendships, finance, family. What activities did/do you do outside of study? What do you enjoy? What (if anything) do you find most challenging about University? Why do you think this is?

4. What did you expect University to be like? Has the experience so far met those expectations?

Probe: In what ways has/hasn't it? How much of this is related to Covid 19? Did the Strikes impact upon your experience? In what ways? Can you give me any examples? How did this make you feel?

Mental health issues and the University experience

The next questions are about mental health and the University experience [Ask before and after Covid]

5. What (if anything) do you think could cause poor mental health (e.g feelings of anxiety or low mood/depression) for undergraduate Students? Why do you think this?

Prompts: Isolation/loneliness, stress of the course, financial worries etc.

6. Is there anything that you think would be more likely to cause this for male undergraduate students?

Probe: Do you think this would be any different for female undergraduates? why/why not?

7. How far do you think the experience of being an Undergraduate student affects mental health and wellbeing?

Probe: Can you explain why you feel this way? What factors (if any) do you think would be different/important for female students compared to male students? What do you think would be different for males who were a similar age and not students?

-Mental health literacy - heard of it? Being knowledgeable about mental health and wellness, ability to recognise signs of poor MH and awareness of support. Is that important for students? Do you think the uni should provide information to students?

-Resilience is a word used sometimes in relation to young people or university life. is it helpful? why/why not? what does it mean to you? does it apply more to males/females?

Does social media influence student mental health? does it have a positive or negative influence? Any influence on males? Does it make it harder or easier to discuss mental health issues?

Is there enough focus on male students' mental health at university? why/why not?
Do you think male and female students have equal ability to look after their mental health

Disclosure of mental health issues

The next set of questions relate to disclosure of mental health concerns both formally and informally.

8. Do you think that someone who had been diagnosed with a mental health problem (such as depression, anxiety, obsessive compulsive disorder etc) before coming to University should tell the University when they apply (disclose the mental health concern)?

Probe: Why/why not? If so how do you think this might help or hinder them?

9. Do you think someone in this position is likely to do this?

Probe: Why/why not? Any differences between female and male students? Why do you think this is?

10. Do you think that if a student was diagnosed with a mental illness during their time at University they should disclose this to the university?

Probe: Why/ why not? Who could they disclose this to? why? What do you think would happen as a result? Do you think other male undergraduates in this position would think the same? Why?/why not? Any differences for female undergraduates?

11. Do you feel that male students would talk about how they were feeling if they had low mood or anxiety?

Probe: why/why not? Who do you think they would talk to?

12. Do you feel there is a perceived stigma for males in particular to disclose their feelings around this area?

Probe: Why/why not? Is this any different for female students? Why/why not?

Support for mental health issues

The last set of questions is about seeking support and the support that is available for mental health and wellbeing for students and male students in particular.

13. What do you think could help someone who was struggling with a mental health concern?

Prompts: Talking to friends/family, University counselling service In what ways might this changed due to covid 19? Any different before/after - anything better or worse before or after?

14. What do you think you would do if someone you knew was struggling with a mental health problem?

Prompt: How would you know? Would you talk to them? Would you try to help them find support? Similarly to previous questions, in what ways might this be affected due to covid 19?

Mental health first aid? providing support to friends or peers - how important do you think that is? should students be given information to be able to provide support to each other? who should provide that?

15. If you felt that you needed support due to persistent low mood or feelings of anxiety, would you know who/where you could get support for this at University? If yes - how did you come to hear about this support?

Probe: What about outside of University? If yes - how did you come to hear about this support?

16. Do you think that other students (particularly male students) would know where they could get support at/ University or outside of University?

17. What do you think about the awareness in general of support for mental health and wellbeing available at the university for students?

Probe: Do you think the University could do more to make students aware of how and where to get support for mental health issues? Why do you think this?

18. Do you think that the support (including ease of access) available for male undergraduate students is any different than for female students?

Probe: why do you think that?

19. Do you feel you know about the quality of the services provided by the university for mental health concerns? If so can you tell me what you think about the service(s) offered?

20. Do you feel that services are well equipped for male students in particular?
    Probe: Why do you think this?

21. In what ways do you think the Covid 19 situation may have impacted on how students may access support?
    prompts: any easier or harder? why do you think that? Implications of support that might be online rather than face to face (if applicable)

22. Is there anything else that you would like to discuss in relation to mental health and wellbeing?

Thank you very much for your time. Do you have any further questions about the research or your data?

[Give debriefing sheet - remind about data withdrawal]

Appendix three: Participant Information Sheet

Participant Information Sheet

Male undergraduate students' perceptions of mental health, mental ill-health and wellness.

Background of the project

I am undertaking a project investigating mental health in male undergraduate students as part of a Doctorate in Education (EdD). As well as undertaking an EdD I am also employed as a research fellow at [name of] University working in the Centre for Development and Education in Research (CDARE).

Aims of the project and methodology

This project aims to develop a better understanding of male undergraduate student's perceptions of mental health concerns within the context of studying at a University. This will be done through semi-structured interviews with male students.

Participation

Why have I been asked to take part?

Although this research is looking at mental health in males, **I am not specifically recruiting male students who have a mental health concern**, but instead I want to interview male students about mental health in males. You are invited to take part in an interview as a male student studying at University. You will not be asked to disclose any mental health concerns during the interview, however you are free to discuss anything you wish.

Do I have to take part?

Participation is voluntary and you may withdraw from the research at any time, including during the interview and/or withdrawing your data for up to a period of two weeks after the interview has taken place by contacting me (details below). During the interview you do not have to answer any particular questions if you do not want to, and you may stop the interview at any point without giving a reason. Your participation will be discussed prior to the interview starting and you will be debriefed after the interview has finished.

What will participation involve?

The interview will take place between **December 2020 and March 2021.** Owing to the Covid 19 situation, face to face interviews may not be possible/preferable. There are a number of ways you can take part in an interview. This could be a walking interview - with social distance, beginning at campus, in a room on campus, **over the phone, or by zoom** depending on your preference and convenience. The interview is expected to last **around an hour**, but will be guided by how much you want to say. During the interview you will be asked about topics around mental health and University life for male students, such as; studying, relationships stress and help seeking and potential sources of support. You will have the opportunity to ask questions about the research prior to, during and after the interview. With your permission, the interview will be recorded and transcribed by myself. I will be the only person to listen to the recording.

What are the potential benefits of me taking part?

You may benefit from having an opportunity to reflect on, and discuss issues in a 'safe space' that you may not have had the opportunity to do previously. Research has shown that there can be therapeutic benefits for participants taking part in an interview (Murray 2003). You will also be

contributing to knowledge in an under-researched area which may help towards improving understandings around the particular experiences of males and mental health, and the specific support that could be provided for this group. It is hoped that taking part is also a step towards breaking down the stigma that can still surround mental health in men.

What are the potential risks of me taking part?

Owing to the topic area being of a sensitive nature, there is the potential that the discussion may illicit some emotions. As stated above you may stop the interview at any time if you do not wish to continue. You will be debriefed after the interview and given the details of charities and other agencies that could provide support including details of university specific support available.

Ethical considerations

The study has been approved by [name of] University's ethical process and will be conducted in line with the university ethics procedures, which are consistent with British Educational Research Association and British Sociological Association guidelines.

How will my data be stored and used?

Your data will be stored on a secure and encrypted drive at [name of] University on a password protected computer. The digital recording will be transcribed onto a word document ensuring that you are not identifiable in the transcript. The recording will be stored securely on password protected computers, and will be held in compliance

with the General Data Protection Regulation (GDPR), and deleted after the completion of the EdD (expected in 2023). The anonymised interview transcript will be kept for up to 10 years on the University server in accordance with University procedures. The anonymised transcript may be used in an appendix and may be viewed by my supervisors and other staff involved in the module assessment and grade verification.

Your data will be used in the EdD thesis, any quotes used will not be identifiable to yourself and will be presented with a pseudonym. Anonymised data may also be used in future publications including journal articles and conference presentations.
Confidentiality and right to withdraw

Prior to the interview, you will be asked to complete a consent form to confirm you have understood the project, the aim of the interview, and your rights as a participant.
If a walking interview takes place, it may be apparent to others that you are being interviewed, the direction of travel can be directed by you, but it is important to be aware that you may for example see someone you know whilst the interview is taking place.
If there are any details disclosed which may make you identifiable, this will be discussed with you to ensure you are happy with this, or if you are not, then I will take appropriate action to ensure these details are not part of the write up and you remain completely anonymous.
Data protection: Legal basis for research

Legal basis for research for studies Statement: The University undertakes research as part of its function for the community under its legal status. Data protection allows us to use personal data for research with appropriate safeguards in place under the legal basis of public tasks that are in the public interest. A full statement of your rights can be found at https://www.xxx.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research. However, all University research is reviewed to ensure that participants are treated appropriately and their rights respected. This study was approved by UREC with Converis number ER 21911035. Further information at: https://www.xxx.ac.uk/research/ethics-integrity-and-practice.

I will comply with the UK General Data Protection Regulation (GDPR) and in accordance with the university Data Protection Policy Statement: https://www.xxx.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research

You should contact the Data Protection Officer if:

- you have a query about how your data is used by the University
- you would like to report a data security breach (e.g. if you think your personal data has been lost or disclosed inappropriately)
- you would like to complain about how the student researcher has used your personal data DPO@xxx.ac.uk

You should contact the Head of Research Ethics (Professor Ann Macaskill) if:

- you have concerns with how the research was undertaken or how you were treated a.macaskill@xxx.ac.uk

Postal address: [name of] University, XXXXX XXXXX XXXX

Contact details

Please feel free to get in touch about this research at any time.

Researcher:
Claire Wolstenholme. c.e.wolstenholme@xxx.ac.uk 0114 225 XXXX

Supervisors:
Dr Anne Kellock (director of studies): A.kellock@xxx.ac.uk
Dr Elizabeth Freeman dself@exchange.xxx.ac.uk

Appendix four: Participant consent form

Participant Consent Form

Male undergraduate students' perceptions of mental health, mental ill-health and wellness.

Please answer the following questions by ticking the response that applies

YES **NO**

1. I have read the Information Sheet for this study and have had details of the study explained to me.	☐	☐
2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.	☐	☐
3. I understand that I am free to withdraw from the study including withdrawing my data up to 14 days after today, without giving a reason for my withdrawal, or to decline to answer any particular questions in the study without giving any reason and without consequence.	☐	☐
4. I understand that the interview will be recorded but that the information I provide will be anonymous and confidential? (Please see information sheet for further details of this)	☐	☐
5. I wish to participate in the study under the conditions set out in the Information Sheet.	☐	☐
6. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for the purpose of assessment and future educational conference presentations and/or publications.	☐	☐

Participant's Signature: _____ Date: _____

Participant's Name (Printed): _____

Researcher's Name: Claire Wolstenholme

Researcher's Signature: _____

Researcher's contact details:
[Name of] University, Address of university Tel no: XXXX
c.e.wolstenholme@xxx.ac.uk

Supervisors contact details:
Anne Kellock A.kellock@xxx.ac.uk
Please keep your copy of the consent form and the information sheet together.

Appendix five: Participant advertisement

Male second year undergraduate students wanted for research into mental health in male students.

As part of a doctorate in Education (EdD), I am interviewing second year, male undergraduate students on their **perceptions of mental health and wellbeing in male students.**

The interview can take place anytime over the next 3 months: Dec 2020-March 2021. It would last around **an hour** and can be:

face to face (on the University campus)

by phone

Online (e.g. zoom)

Depending on your preference and potential current government restrictions

Although I am interested in mental health in males, **I am not looking specifically to only interview male students who have a mental health concern,** but instead I want to interview male students about mental health in males studying at university and issues around this.

The research will be exploring perceptions of mental health and how this may affect identity for men, how the University context may impact on mental health and wellbeing in men, as well as perceptions of help seeking within the University context (and wider) and any support that is or could be made available to male students.

Students will not be asked to disclose a mental health problem during the interview but may share as much as they want.

If you would be interested in taking part please contact me:

Claire Wolstenholme (Research Fellow in Centre for Education and Development in Research -CDARE)

c.e.wolstenholme@xxx.ac.uk

0114 225 XXXX

By getting in touch **you are under no obligation to take part**. I will send you an information sheet with further details and you can decide if you would like to take part, and if so a convenient time and place for the interview.

This study was approved by University Research Ethics Committee with Converis number: ER21911035.

Appendix six: Participant debrief form

Participant debriefing form

Thank you very much for your participation in this research.

If you would like to discuss any aspects of the research, please feel free to get in touch with me: Claire Wolstenholme c.e.wolstenholme@xxx.ac.uk

If you are struggling with poor mental health, you can contact your GP or access support through [Name of] University: Student wellbeing service. Alternatively you can access University support through [University help.] The University can offer support such as a free counselling service.

You may be interested in the podcast Changing MENtality which is presented by and for male University students through Student Minds

Below are other sources of information and support related to mental health and wellbeing:

- **Samaritans**, open 24 hours a day, on **08457 90 90 90**
- **Mind**, open Monday to Friday, 9am-6pm on **0300 123 3393**
- **Togetherall** (previously the big white wall) Available 24/7, Togetherall is a safe online community of people who are anxious, down or not coping, who support and help each other by sharing what's troubling them, guided by trained professionals
- **Young Minds** offers information to young people about mental health and emotional wellbeing
- **Students Against Depression**, a website by students, for students.
- **HopeLine** runs a confidential advice helpline if you are a young person at risk of suicide or are worried about a young person at risk of suicide. Mon-Fri 10-5pmand 7pm-10pm. Weekends 2pm-5pm on **0800 068 41 41**
- **HeadMeds** - a straight-talking website on mental health medication
- **Student Minds** supports students across the UK to bring about positive change on their campuses through campaigning and facilitating peer

support programmes. To join the community or launch a student group contact the charity on hello@studentminds.org.ukn

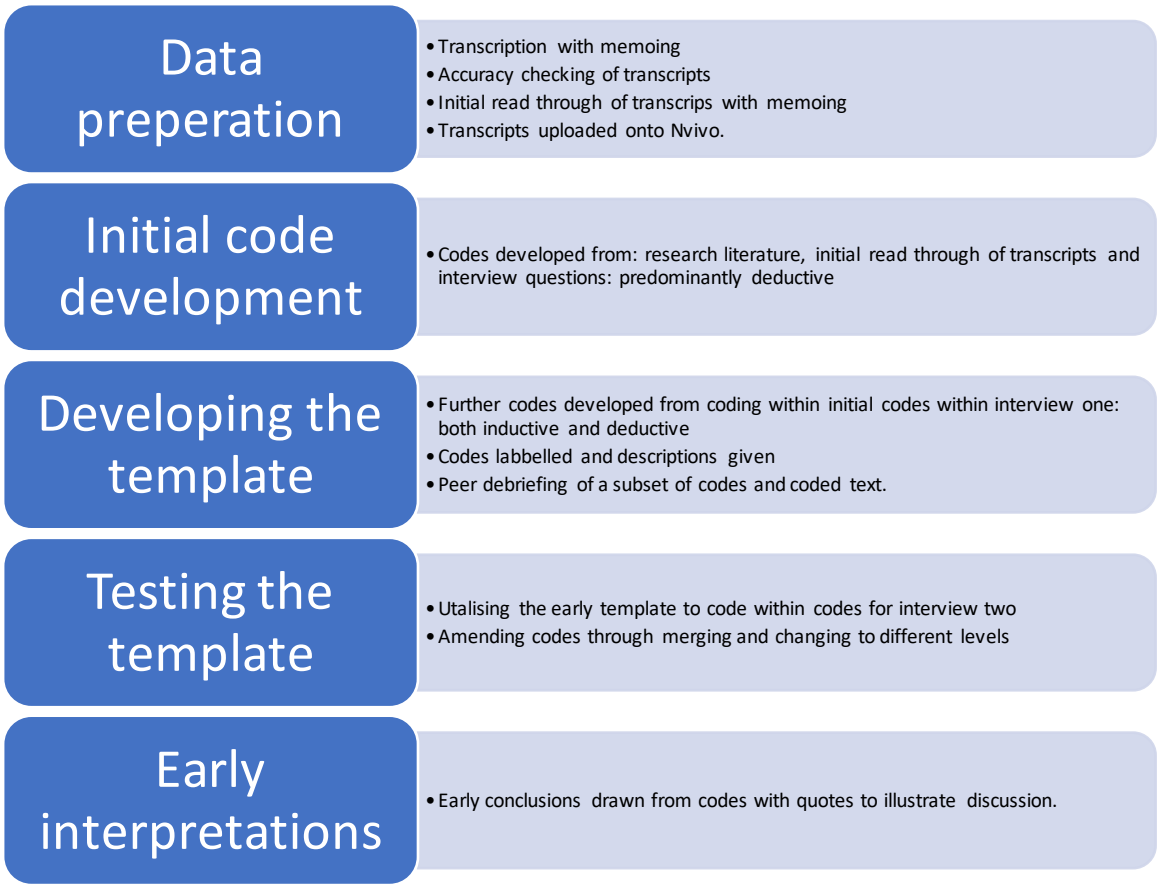
Appendix seven: Participant demographic table

Participant	Pseudonym	Length of interview	Date of interview	Course	Disclosed ill-mental health
One	Aamir	47 minutes	14/12/20	Business and financial management	-
Two	Mark	1 hour, 27 minutes	17/12/20	Product design & engineering	Yes
Three	Liam	1 hour, 3 minutes	18/12/20	Media	-
Four	Sam	1 hour, 20 minutes	21/01/21	Business and Enterprise	Yes
Five	Nathan	56 minutes	21/01/21	Sports Coaching	-
Six	Ali	46 minutes	22/01/21	Human Biology	-

Seven	Owen	1 hour, 20 minutes	22/01/21	Sports technology	Yes
Eight	Nick	55 minutes	26/01/21	Politics and Mandarin	-
Nine	Joseph	1 hour, 8 minutes	26/01/21	Biology	Yes
Ten	David	43 minutes	26/01/21	Politics	Yes
Eleven	Ethan	54 minutes	27/01/21	Politics	Yes
Twelve	Jacob	1 hour, 7 minutes	27/01/21	Computing	Yes
Thirteen	Robert	57 minutes	28/01/21	Politics	Yes
Fourteen	Joe	50 minutes	05/02/21	Aerospace	-
Fifteen	Alex	53 minutes	05/02/21	Nursing	Yes

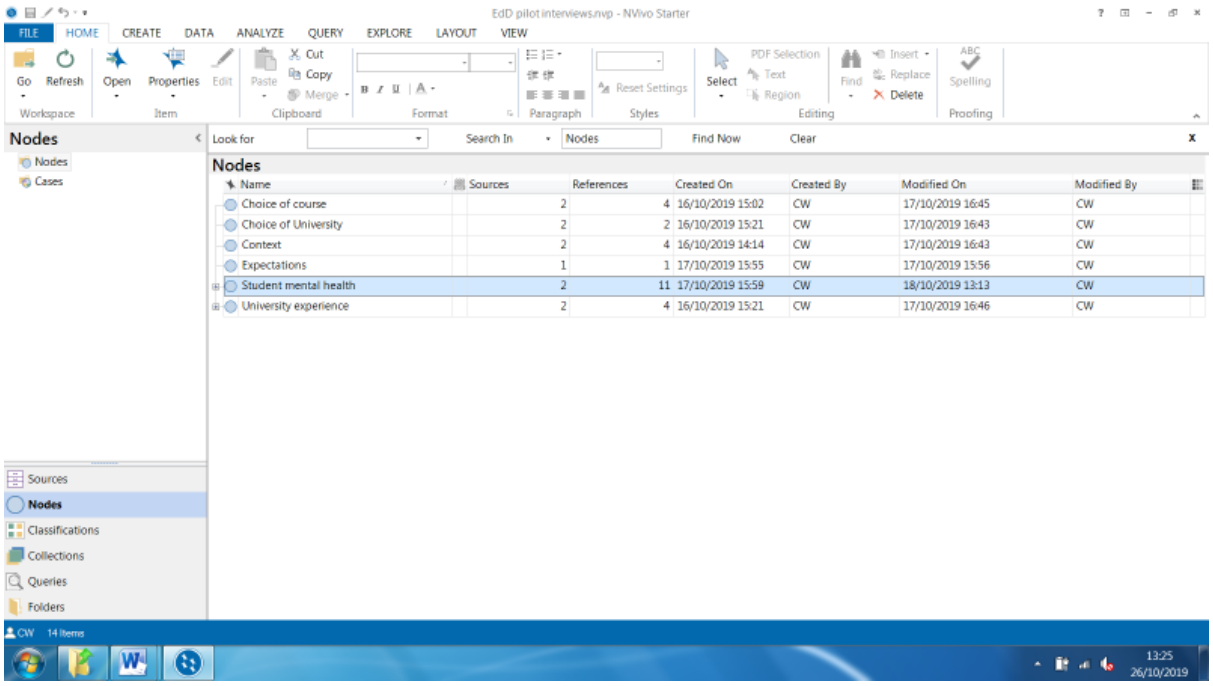
Sixteen	Lewis	52 minutes	09/02/21	Cyber security and forensics	Yes

Appendix eight: Coding process diagram



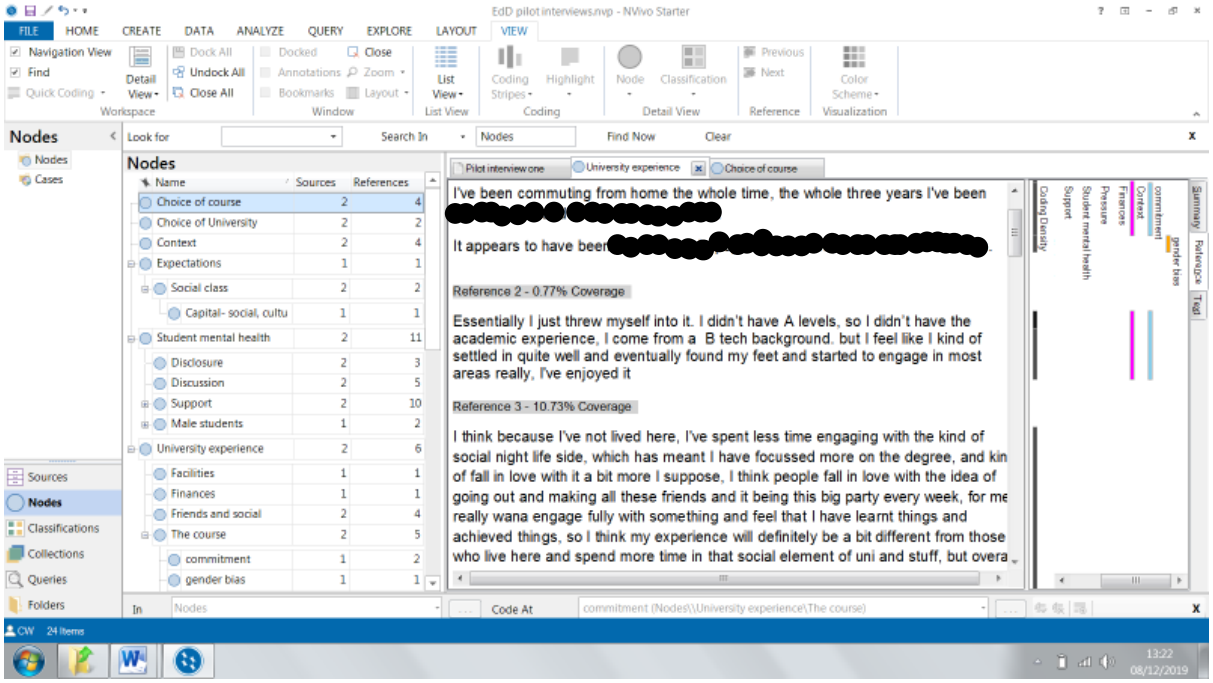
Modified version of Roberts et al, (2019) diagram.

Appendix nine: Early parent nodes in Nvivo



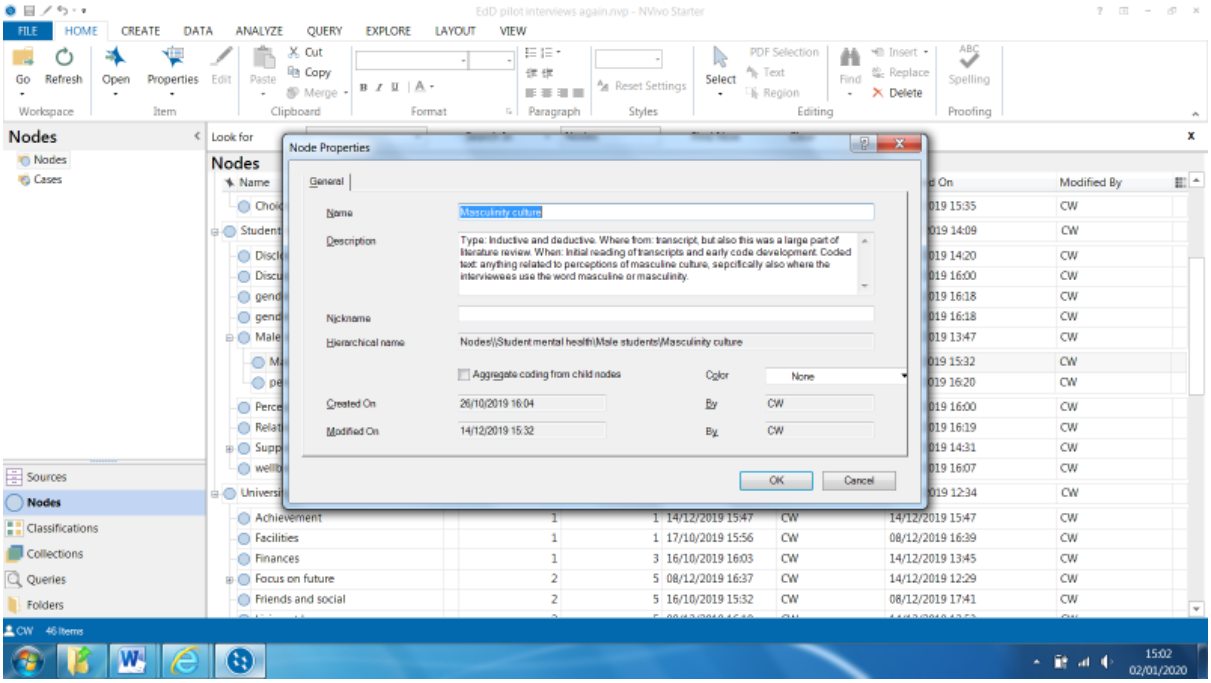
Appendix ten: Coding process

Example of the coding process - coding within the node 'University Experience'



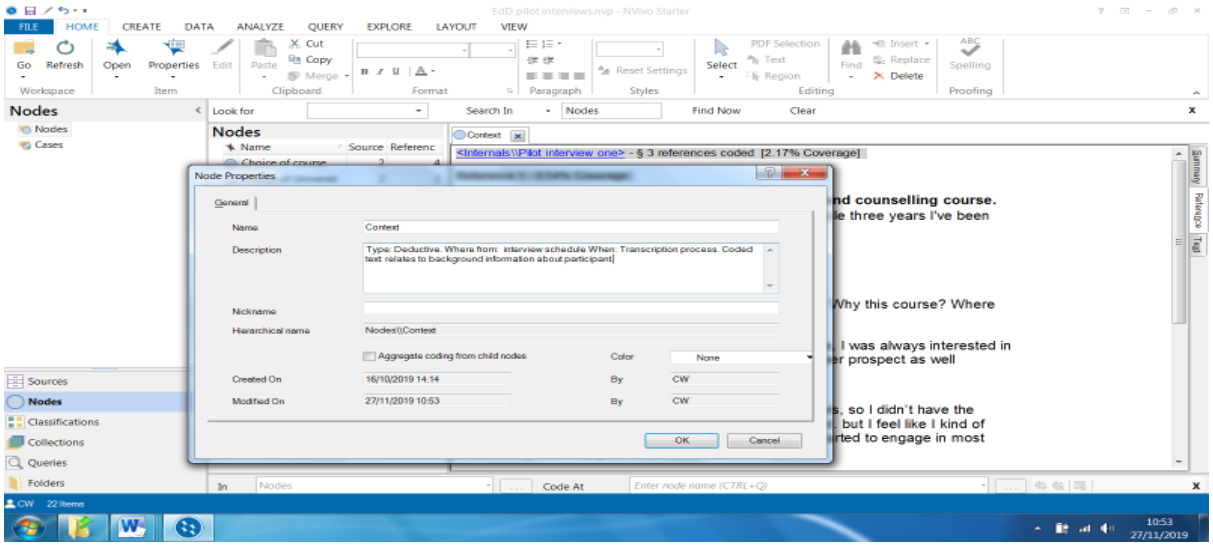
*Redacted for privacy

Appendix eleven: Example of a node that is both inductive and deductive



Appendix twelve: Screenshot of node descriptions in Nvivo

Screenshot of 'context' node descriptor



Appendix thirteen: Ethics form from Converis.

Male undergraduate students' perceptions of mental health in the male student population

Ethics Review ID: ER21911035
Workflow Status: Approved with Advisory Comments
Type of Ethics Review Template: All other research with human participants

Primary Researcher / Principal Investigator

- Claire Wolstenholme

(Faculty of Social Sciences and Humanities)

Converis Project Application:
Q1. Is this project ii) Doctoral research

Director of Studies

- Anne Kellock

(Faculty of Social Sciences and Humanities)

P9 - Adherence to university Policy and Procedures

Primary Researcher / PI Sign-off:
I can confirm that I have read the [Name of] University Research Ethics Policy and Procedures: true
I can confirm that I agree to abide by its principles and that I have no personal or commercial conflicts of interest relating to this project.: true
Date of PI Sign-off: 14/04/2020

Director of Studies Sign-off:
I confirm that this research will conform to the principles outlined in the [Name of] University Research Ethics policy: true
I can confirm that this application is accurate to the best of my knowledge: true
Director of Studies' Comments: This is a valuable study grounded in literature and a well thought through approach, reflecting Claire's strong ethical stance. It adheres to University policy.

Upload:
Date of submission and supervisor sign-off: 17/04/2020

Director of Studies Sign-off

- Anne Kellock