'You are being categorised as better than you are'.. Male students' perception of male student mental health

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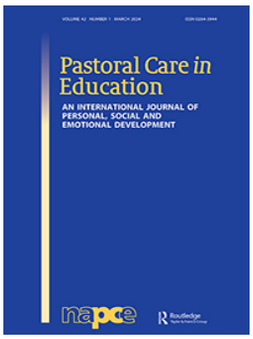

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'You are being categorised as better than you are'.. Male students' perception of male student mental health

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ABSTRACT

The mental health of English university students is an increasing concern and is now often described as a 'crisis'. Most higher education students are at the key age of onset for mental ill-health, and simultaneously face pressures associated with academic attainment, and navigating new social practices. Male students are significantly more likely to take their own lives than females, and yet more research attention has typically been given to female student mental health. We need to better understand the impact of the university environment on male students specifically, and what can be done to better support male students who experience mental ill-health. Through interviews with 16 male UK university students, this paper explores the perceptions of male students about mental ill-health, including potential causes of, and support seeking for male students specifically. Findings centre around three themes: the impacts of the university environment on male mental health, masculinity culture as a potential cause of male student mental ill-health, and barriers to male students seeking and accessing support for mental ill-health. Conclusions have implications for Higher Education Institutes in supporting (male) students with transitions to university, and for university mental health services. Moreover, understanding the specific male student lived experiences may assist in developing effective 'gender sensitive' (rather than gender specific), support.

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1. Introduction

A continued rise of English university students experiencing mental ill-health has been observed (J. Lewis & Bolton, 2023). This is both a public health and policy concern (Hughes & Spanner, 2019). The potential negative consequences on students themselves can be far reaching, including reduced quality of life (Davies et al., 2016), reduced academic attainment or university drop out (J. Lewis & Bolton, 2023; Marsh, 2017), social isolation (Richardson

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et al., 2017), negative social behaviours (Davies et al., 2016), and suicide ideation (Milner et al., 2019). These consequences are more likely if those experiencing difficulties do not seek and gain support for their mental ill-health.

Universities arguably have a duty of care for their students (Universities UK, 2018), despite this not being made legal after a recent debate in parliament (June 2023). Current developments in supporting student mental health have called for a whole university approach to supporting students, including the Stepchage framework (2017), and the university mental health charter (2019). However, university mental health teams are under increased demand from certain students (Hughes & Spanner, 2019), whilst other students, such as male, ethnic minority (Olaniyan, 2021) and international students (Russell et al., 2008) are underutilising these services.

Male students are more likely to underutilise university mental health support services (Dopmeijer et al., 2020). Men disclose (Doherty & O'Doherty, 2010; YouGuv, 2018) and seek support for mental ill-health at lower rates than women (Ellis, 2018; Mental Health Foundation, 2016; Seidler et al., 2016). This holds true for male students who are less likely to *formally* disclose (Thorley, 2017) or confide in friends (Corrigan et al., 2016), due to, for example, concerns of social exclusion (The Priory Group, 2017). In addition, males may view mental health support as being fundamentally feminine (Morison et al., 2014) and have been found to experience feelings of stigma and shame related to support seeking (Elliot & Owens, 2023).

The term 'hegemonic masculinity' (Connell, 1995) was coined to describe the advantage and privilege conferred to males who enact a specific set of dominant male traits. Masculinities research has however highlighted that mental health can be negatively impacted by those adhering to overtly masculine norms (Connell, 1995; Connell & Messerschmidt, 2005). Research has highlighted that where males feel pressure to adopt certain masculine traits, such as being seen as strong and fully self-sufficient, this can result in mental ill-health (Heilman et al., 2017; Seidler et al., 2016; Wong et al., 2017), and a reduction in help seeking for mental ill-health (Yousaf et al., 2015).

Although these gender differences have been identified and studied, only in more recent times has understanding and supporting males, and male students specifically, with their mental health been a focus. Recent research, particularly that of Sagar-Ouriaghli, and the charity Student Minds, has identified male students' experiences of mental ill-health and their needs in help seeking. This work has concluded that a redefining of mental health support seeking to be a part of self-care for male students could change the narrative of help seeking to one of strength rather than weakness (Maggs, 2021; Sagar-Ouriaghli et al., 2020). Clark et al. (2020), additionally highlighted a need for mental health support initiatives to incorporate themes of masculinity to be more attuned to males' needs.

Offering a unique contribution to knowledge, this paper illustrates the perceptions of male student mental health from male students themselves. In particular, the following areas of male student mental ill-health are explored; factors impacting upon male mental health, influences of the university environment, and perceptions of, and barriers to help-seeking.

2. Methodology

This paper draws on semi-structured interviews with 16 male undergraduate university students in 2020–2021. The participants were second year (L5) students at a post-1992 university in the north of England.

2.1. Design and sampling

The desire for rich, experiential data on a topic perceived as sensitive to many, coupled with a social constructivist philosophical stance, has led to the choice of semi-structured interviews (Fahie, 2014). The aim was to understand the unique perspectives of participants and present and reflect male student voices in the findings (Chandler et al., 2015). Data is co-constructed through the dialogue between interviewee and interviewer (Talmy, 2011). Participants were asked for example, about the extent to which they felt being an undergraduate may impact their mental health, what might cause mental ill-health in male undergraduate students, and their views on male students seeking and accessing support for mental ill-health.

Ethical approval was granted by the university. Inclusion criteria were self-identifying male second year undergraduate students within the chosen institution. Second years were identified as being appropriate as to have had sufficient experience of university, yet not undertaking their (often most demanding) final year. Details of the research in advert form were sent to lecturing staff throughout the institution who taught second-year students, requesting to publicize the study to their students through lectures, and on course sites online. Interested students were sent the information sheet, and those who expressed a willingness to take part were responded to with arrangements for the interview to take place at a convenient time for them.

2.2. Data collection

As data collection happened during the COVID-19 pandemic, interviews were conducted online using Zoom. A total of 16 interviews took place between December 2020 and February 2021, lasting around 1 h. Informed consent was collected verbally.

Importantly, data collection was undertaken during the height of the COVID-19 pandemic (the second lockdown). As such, participants'

experiences are likely to have been much affected by this experience and it will likely have affected the discussions of mental health. Although this research was not about the individual participants experiences directly, rather their views on male student mental health more generally, participants did inevitably draw on their own experiences, and therefore the fact that data collection took part during this unprecedented time should be kept in mind when considering findings.

2.3. Reflexivity

As a female researcher, researching male student mental health, there is the potential that participants may have felt less comfortable in discussions related to themes of masculinity and mental health. Despite this, a number of participants commented post-interview on the positive experience they had felt having been given the opportunity to talk and reflect freely on these topics. Moreover, although not asked directly, the majority of participants openly discussed their own experiences with their mental health.

2.4. Analysis

Once transcribed and read several times, a thematic, template analysis (King, 2019) using Nvivo was carried out on transcripts. This involved uploading a small number of transcripts (3) to Nvivo to begin developing a coding template based on these transcripts (King, 2012; Yukhymenko et al., 2014), as well as codes already developed (a priori) from undertaking a literature review and conducting the interviews.

Template development was based on codes created through a level of repetition in the data (within and across transcripts) which are linked and organized hierarchically (Yukhymenko et al., 2014), and thematically under overarching headings (themes) (King, 2012). Once an initial coding template was established, this was then applied to the remaining transcripts, with changes made to codes and themes, including renaming, merging, and arranging into further hierarchies (Ray, 2009). The development of the template is therefore somewhat flexible (Brookes et al., 2015) and iterative, allowing both inductive and deductive coding (Roberts et al., 2019), and with less distinction between, and priority given, to interpretative codes over more descriptive codes (King & Horrocks, 2010; K. Lewis, 2014). The finished template included overarching themes, containing levels of hierarchical codes. A subsection of these is presented and discussed in the findings section.

3. Findings

Sixteen second year, self-identifying male students from a range of courses, took part. Pseudonyms have been used for participants' quotes. Participants were not asked about specific characteristics, such as socio-economic status or ethnicity. They were also not asked whether they had ever experienced mental ill-health. Despite this, ten participants talked about having encountered mental-ill health either presently or previously. The remaining six did not disclose any issues of mental ill-health, or instead stated that they had never experienced mental ill-health. Six interviewees were classed as mature, and two were international students; however, this data is not included in order to further protect participants' identities.

Themes identified were:

Theme 1. The university environment, including codes:
- Code 1: Balance, structure, routine
- Code 2: Socialisation vs social isolation

Theme 2: Causes of mental ill-health for male students, including codes:
- Code 1: Masculinity culture:
  - Subcode 1: Pressures and expectations on men
    - Subcode 1.1 Concrete and Abstract pressures
- Code 2: Perceptions of patriarchy and privilege

Theme 3: Mental health support, including codes:
- Code 1: Barriers to seeking support:
  - Subcode 1: Discomfort in disclosure
    - Subcode 1.1: Gender ideology
- Code 2: Access barriers
- Code 3: Gender sensitive support

The analysis was based around three overarching themes which are discussed here.

Theme 1: The University environment: was created to understand male students' perceptions of the influence of being a student on male student mental health. Participants were asked about the extent to which they felt the university environment impacted upon mental health. Discussions centred around two areas which have been described with the following codes: Balance, structure, routine, and socialisation vs social isolation.

3.1. Code 1: balance, structure, routine

The student experience is often seen as a rite of passage, with the social aspects valued sometimes to the same extent as gaining the degree, and this was

reflected in how interviewees talked about some of their experiences. However, for some male participants, this had led to a feeling of pressure to be having a good time and to live a particular lifestyle. This pressure could lead to them either making choices that were later regretted, or the feeling of missing out, both of which were said to negatively impact on their mental health:

> I'd miss a night out, and I'd overthink, and I'd think maybe I was missing out on something. And then obviously balancing that with uni, that was probably most challenging . . . this pressure that I was missing out on the student experience. (Ethan)

> Balance, like academia, as well as social life can also disrupt your mental health because plenty of times I felt so guilty for not getting around to something and then just not doing it because I'm just feeling so guilty about it. And it's just that cycle of like a negative feedback loop. (Alex)

Participants stressed the importance of creating structure to their lives and routines in their days, to support their mental health, and how a lack of structure and routine could lead to poorer mental health:

> If you have one day staying up to, you know five in the morning, getting four hours sleep, and then the next day you sleep in 14 hours, it's kind of like that instability is one of the most damaging things . . . . And it's such a cliché thing to talk about, you know, do your exercise, hobbies, whatever, but I think it's got some merit to it. (David)

For many students, university is the first experience of independent living, alongside this, the difference in accountability levels from compulsory to non-compulsory education is considerable. These changes bring freedom in relation to how to spend one's time, which for some was felt to be difficult to navigate:

> 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 . . . It's your problem to deal with. (Lewis)

This lack of immediate consequences for students was said to potentially lead to behaviour changes, resulting in unwanted outcomes in both academic life and mental health:

> I think especially uni, people think 'oh I've got freedom, I can do whatever I want, stay up until 4 am 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)

Code 2, socialisation vs social isolation was created to highlight the importance of relationships to interviewees. One of the main aspects of university life that was said by participants to contribute to mental ill-health was being unable to form close bonds with peers:

> Not making friends . . . Not having someone to talk to, if you have moved away, you've not got your family, and then you've not got any close friends, someone to support you, or even just chat, then you're gonna feel quite lonely. (Joe)

Where friendships were made, this was helpful to participants' sense of well-being, belonging, and enjoyment of the university experience. However, for some participants, the lack of depth in these newly formed relationships meant that feelings of isolation and loneliness remained:

> Personally speaking, the first sort of experiencing independence and being away from your family, and 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 . . . I was surrounded by so many people, and I was so social, it still felt extremely lonely being at university. (Jacob)

Theme 1 captures the impacts that the university experience can have on male students' mental health, according to participants with this lived experience. Being an undergraduate is a distinctive experience, involving a large amount of change, freedom, and independence, coupled with the perceived competing pressures and expectations of being a student. Navigating this without previously relied upon structures, routines and accountability can quickly lead to undesirable outcomes for some students. Moreover, the capacity to form close connections in a new environment can be variable, and without these relationships, students can experience loneliness and isolation.

3.2. Theme 2: causes of mental ill-health for male students

To understand perspectives of mental health and mental ill-health for male students as a distinct group, participants were asked about what might affect male students' mental health. Code 1: Masculinity culture captures the overwhelming response from participants of a culture of masculinity that they felt existed, both within their higher education institute, and more widely across society:

> It's like social norms, like you can't show weakness as a guy. (Lewis)

> 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. (Robert)

Sub code 1: Pressures and expectations Participants discussed how they felt intrinsic and social pressures and expectations placed on them to adhere to an often-narrow set of socially accepted male norms. This often meant appearing stoic, strong, and not showing vulnerability:

> The independent figure . . . the male person is not supposed to look weak I guess, not look like they need help, that they can just manage things on their own . . . and not show that vulnerability, I guess that can be harder for men. (Amir)

Subcode: 1.1 Abstract and concrete. These pressures were categorised as either abstract or concrete. Abstract pressures related to expectations of *how* to

behave and live as a male student, which were felt to contribute to mental ill-health:

> When you've got the stressors of being a student, the uncertainty of being a student, mixed in with all these male representations of what you should be, and all these male stereotypes that you know you should, but cannot be, then that … I just think it's a unique set of mental health issues that develop from that. (Mark)

Furthermore, these same abstract pressures and expectations could then prohibit males from seeking support for mental ill-health (discussed further in theme 3):

> As men, like a lot of us are expected to you know, the toxic masculinity kind of thing, be like this unwavering, emotionless kind of thing. And so, a lot of males, if they believe that to an extent, then they won't reach out and say,' 'Hey, I'm suffering, I need to speak to somebody' … They'll blame themselves. (Alex)

The more concrete pressures discussed were around perceived measures of success, such as a person's career and ability to financially support a family:

> I think men recognise how society views them … if you have not got a use then you don't exist. (Nick)

> There's a lot of pressure placed on young men… sort of to be able to provide in a certain sense… whether its financial, academic or social, there's always a pressing issue. (Sam)

3.3. Code 2: perceptions of patriarchy and privilege

Some participants expressed frustration at dealing with the societal perception that their gender has enabled them an advantage in life, and therefore they should not require help and support. It was felt by some that because they were perceived to be the most privileged population in society, they were therefore not 'permitted' to struggle with mental health:

> It comes to males, and 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. (Lewis)

> Being a man, you have to be a man, you cannot reach out … you're supposed to do things on your own. (Amir)

There was some upset expressed that men as a group were understood to have not had to deal with any form of oppression, even where this was not the case:

> It's really frustrating as well because I have been discriminated against because of my religion, directly and very maliciously. So, they're just like … excluding me when I have a very valid opinion. (Lewis)

For some, this created further pressure to conform to a set of expectations as a male:

> You are being categorised as better than you are, that is quite hard to live up to, it's not nearly as hard as racism, but it's your own unique experience. (Liam)

In addition, a small number of interviewees described how they faced a level of persecution and/or silencing due to their gender, sexuality and race:

> I think specifically males get a lot of discriminations for no reason … 'Oh, you're not really allowed to have an opinion, because you are a cis white male' … There's a lot of 'fuck all men' and all that shit, it's kind of toxic, honestly. (Lewis)

Theme 2 highlights the most pressing concern related to mental health for male students was a culture of masculine ideologies perceived to be projected onto them from society. These masculine ideals involved pressure to behave in specific and often narrow ways in order to conform to expectations of how to be a male. Participants felt that they were somewhat denied permission to struggle, show vulnerability or need support, for fear of being negatively judged by others. For some, this was exacerbated through the narrative of white male privilege, pervasive in recent times, which had led them to feel they were necessarily more fortunate in life, and thus not need to seek help.

3.4. Theme 3: mental health support

Participants were asked about when and how male students might talk about mental ill-health and the barriers and facilitators they felt existed in seeking support.

3.5. Code 1. Barriers to seeking support. Sub code 1: discomfort in disclosure

Participants talked about perceived and actual difficulties with both formal and informal disclosure of mental ill-health symptoms for male students:

> Certainly, in my case, if I'm not feeling so good, I'll just hide it or I'll just deal with it in my own way, sort of just get on with things. (Sam)

Participants described difficulties in confiding in friends about how they were feeling, deeming this behaviour as not socially acceptable for men, in the way that they felt it was for women:

> The biggest contributing factor is, as a man, it's very hard to talk about this sort of thing, especially with other men, there's this whole masculine thing, I've been through a lot of counselling, I know about this, but it doesn't change the culture around it. (Liam)

Some male student friendships were described as being more surface level, meaning they did not feel able to be vulnerable within them, and if they were to talk about mental ill-health, they would risk negative reactions or ostracism:

> Most males, one comes forward and tries to be vulnerable and to talk about it, they get a weird look, or laughed at like 'what's he talking about?' Females are more understanding and empathetic with each other. (Amir)

Even where male student friendships were perceived to be deeper, some participants talked about needing to avoid burdening others:

> It's more of a case of a lot of guys don't want to bother anybody. You don't want to be in the way of somebody, so they will say 'oh its fine'. (Nick)

Although many participants in the study had disclosed their own symptoms to mental health professionals, they described a prevalent culture that views this behaviour as directly in opposition with the masculine ideal:

> I think one of the natural aspects of being a man kind of can't coexist with the idea of looking for support. (David)

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

This leads to subcode 1.1: gender ideology, which was described as a barrier to seeking support, as participants felt both self-stigma and social stigma associated with mental ill-health and help-seeking in males:

> I've heard my friends say it to each other and then just think we're not allowed to; we're not allowed to be sad. We're not allowed to have issues, because we're men. (Robert)

> Ultimately for a lot of people, it's a sign of weakness, when actually it's really, really just not, but it can be where your brain goes first. (Liam)

As the quotes suggest, the stigma experienced led to the belief that seeking support as a man could be viewed as shameful and indicated weakness.

3.6. Code 2: access barriers

Participants discussed the bureaucracy often involved in gaining support, through for example university support services. Issues such as completing paperwork and having to disclose to multiple people before accessing a counsellor or therapist were listed as obstacles that might deter those who were willing to disclose to a professional:

> 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)

> I think people would have been put-off by all the questionnaires … I think that probably makes it inaccessible to some people… 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 doing. (Owen)

As the above quotes suggest, this administrative work, although not onerous to a well person, can be challenging for someone suffering with mental ill-health.

3.7. Code 3: gender sensitive support

Gaining access to one-to-one, face-to-face support was viewed as important and expected, with this being preferred to online support by nearly all participants. Whether university mental health support should be 'gender specific' was discussed. Proponents emphasized disparities in suicide rates and gendered differences in the experience of mental ill-health:

> I think they need to focus on the genders in different ways, I think women are quite good with mental health, more than men… they need to have an aim at men, because male suicide is one of the biggest killers of men. (Nick)

Others felt that student mental health should be treated the same regardless of gender. Overall, it was acknowledged that an individualised approach would work best for male students, with gender-sensitive methods included, such as being able to choose the gender of a therapist and, including wider typologies of masculinity in support discourse:

> One of the trickiest things about any institution trying to offer support for mental health is it is very much an individual thing. Something that is helpful to one person might be damaging to another person. (Robert)

Moreover, university support staff being mindful of nuances in males' experiences of mental ill-health, such as male specific pressures, perceived expectations, and difficulties in seeking support:

> 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… knowing that there are differences and that is alright, different people need different support. (Robert)

Theme 3 reveals how male students felt disadvantaged in that discussions of emotions were not felt to be compatible with a male identity. This then became a barrier to seeking support for mental ill-health, for fear of how this might be perceived and the associated stigma. In addition, the paperwork and emotional labour involved in accessing support were highlighted as a hurdle for

participants. An awareness and sensitivity to the male specific and varied support needs was thought to be beneficial in supporting male students with their mental ill-health.

The three themes presented, give some insight into what male students feel are the key issues facing them and their peers in relation to mental ill-health, including their perceptions of barriers and potential facilitators to help-seeking.

4. Discussion

Theme 1, the university environment, relates to aspects of being a student which may impact upon mental health. In alignment with Hardy (2003), and Yorke and Longden (2007), participants discussed how the relative freedom they encountered, including a lack of accountability, coupled with a desire to have a 'student experience', made balancing social and academic life challenging. Research by Aldiabat et al. (2014), on transitions from school to higher education, has focussed on the impacts this can have on student mental health. Participants for example found that where they had a lack of structure, routine and daily healthy habits, they could easily fall into potentially damaging patterns of behaviour. Other research has demonstrated how students developing their skills in time management can decrease levels of anxiety and increase academic attainment (Adams & Blair, 2019; Kearns & Gardiner, 2007). In order to develop these skills, universities could implement or improve transition to university information and guidance, as suggested by Van der Meer et al. (2010).

Participants highlighted their susceptibility to isolation and loneliness (Dickinson, 2019; McIntyre et al., 2018) given their new environment, and for many, leaving home. There was concern about forming friendships to sustain wellbeing. Research has long emphasized the importance of relationships for individuals' wellbeing (McKenzie et al., 2018). Moreover, research consistently shows that loneliness can contribute to mental ill-health in the general population (Beutel et al., 2017; Goodfellow et al., 2022), and for students (Laidlaw et al., 2016; McIntyre et al., 2018; Richardson et al., 2017). It is important to note here that participants may have experienced greater isolation given that the research was undertaken during a period of COVID-19 lockdown, as has been demonstrated by Griffiths et al. (2021), and Hamilton (2021). However, participants were clear that forming friendships was important to their sense of belonging, which in turn promotes mental health (Laidlaw et al., 2016), and in addition, Thomas et al. (2017) and H. Williams and Roberts (2022), has linked belonging to engagement in academic activities. Therefore, universities finding ways for male students specifically to foster relationships would be beneficial.

Findings highlight that for these male students, the perceived expectation to fit a narrow set of masculine ideals was the largest contributor to potential mental ill-health. This finding supports previous research describing a culture of masculine norms understood to be the expected way for males to behave (e.g.

Heilman et al.), and the impacts this belief can have on male mental health (e.g. Seidler et al., 2016). Masculinity theorists such as Connell (1995) and Connell and Messerschmidt (2005) have described the negative mental health implications for males whose behaviours are strongly aligned to overtly masculine standards. Participants expressed pressures felt in relation to both their tangible achievements and their general ways of being as men, which strongly supports research by YouGuv (2018), which highlighted that young males felt they were expected to be the 'breadwinner' in their family and that they should 'man up' when faced with a difficulty. Having ones worth tied to the embodiment of masculinity was felt to be a general societal issue for males, rather than being university specific, however this pressure along with the pressures of student life was seen as a unique contributor to stress for male students.

Further substantiating a newly emerging body of evidence (Robb & Ruxton, 2017; Sagar-Ouriaghli et al., 2020), a small number of participants felt there were societal assumptions of power and privilege placed upon them as males, which meant they would not need support for mental ill-health. These participants felt they were expected to be thriving and unlikely to struggle due to a belief that they had not and would not face any oppressions in life being white and male. Robb and Ruxton (2017), had similarly found that young men (18–30) felt disadvantaged to some degree due to the higher expectations to succeed as men. The assumption that men do not need support for emotional difficulties can lead to feeling confused and isolated for those males who do require support, as outlined by Williams et al. (2014). Notions of patriarchy were also felt to have led to some participants feeling their views generally were unwelcome by society, which left them feeling excluded and discriminated against because of their race and gender identity (Robb & Ruxton, 2017; Sagar-Ouriaghli et al., 2020). This is an area in need of further understanding and research.

Participants described difficulties in discussing mental health with their friends for a number of reasons, including fear of judgement, friends not understanding or dismissing symptoms, and not wanting to bother or burden friends with their problems. These findings are supported in the literature by Patrick and Robertson (2016) and The Priory Group (2017), whose work has shown that males may be reluctant to disclose for fear of exclusion from their social groups. Research by Davies et al. (2016) has illustrated how males are often ill-prepared to support peers with mental health issues, and Patel (2015) showed that male students were likely to underestimate the severity of mental ill-health. Fear of judgment or stigma was related to gender ideology for men, coming from the view that it is not socially acceptable or aligned with being masculine to talk about emotions (Ellis, 2018; Lindstrom et al., 2021). These internalised feelings may worsen mental ill-health, alongside making help-seeking less likely in male students (Priestley et al., 2021). In order to attempt to equip male students with the confidence to discuss mental ill-health and seek support, there appears to

be the need to change the narrative around help-seeking for (male) students, to involve gaining strength and success, rather than a sign of weakness or failure. Sagar-Ouriaghli et al. (2020), wrote about the need for a widening of the meaning of masculinities, so that seeking support as a male can be regarded as an act of self-care and be normalised.

For students who had made the decision to seek support, small but significant access barriers, such as bureaucracy in the form of paperwork, and navigating to the correct source of support, felt harder to overcome due to the vulnerability of needing support. Research suggests that men tend to attempt to deal with mental ill-health alone, often waiting until crisis point to seek support (Seidler et al., 2016), and therefore, by the point of accessing support, are in considerable distress, which makes bureaucratic issues feel harder to deal with. Although there may be little that university support services can do to streamline access, making students aware of the processes involved in accessing support may well be helpful to equip students with this knowledge going into support seeking.

Corroborating with findings from Horgan and Sweeney (2010), participants had a strong preference for face-to-face support compared to online. There was less agreement however, on how support could or should be tailored to their gender. Those who felt male-specific support might be needed had cited suicide statistics as a case for this, supporting Seidler et al (2016). Gender relations and masculinity theorists have outlined the case for understanding that masculinities are varied, and therefore we must move away from a traditional view of singular masculine identities (Connell, 1995; Schofield et al., 2000; Seidler et al., 2016). Indeed, participants had different perspectives on the support needs for males. Having an individualised approach to support male students was discussed, with an acknowledgement that this may be difficult for institutions to achieve. Gender sensitive provision has been discussed in recent research by Sagar-Ouriaghli et al (2021), who found that multiple intervention strategies meant that individuals could be engaged in the support that suited them best. Providing gender-sensitive support may be a way forward, which might include understandings of male lived experiences of mental ill-health, allowing a choice of gender in therapists, and encompassing a broad understanding of masculine identities (Clark et al., 2020; J. Williams et al., 2014).

4.1. Strengths and limitations

Despite the current emphasis on student mental health (e.g. Barr, 2020), and the recent spotlight on and attempt to normalise men's mental ill-health (e.g. Andys man club, Student minds, 2020), qualitative research into male student mental health is somewhat limited, and therefore this research offers timely insights into their perceptions of the causes of mental ill-health, as well as barriers and preferences related to support. Along with causing individual suffering, mental

ill-health can lead to many negative consequences, such as poor academic performance, drop out and even suicide, therefore support and interventions should be key priorities for the higher education sector. Findings are of importance to understand the unique experiences of male students, in order to provide support for these individuals. Future research, with a larger sample size, could enable comparisons based on cultural characteristics of participants, exploring issues of intersectionality.

This research, although fairly small scale and taking place in one university setting, offers a degree of naturalistic generalisability (Stake, 1995), as illustrated by the strong link to previous research findings discussed. It is also probable that findings here have strong transferability to male students in similar higher education settings (Coe et al., 2017). This research aimed to have a high degree of trustworthiness, through transparency and appropriateness of methods employed, as well as the validity of claims made. Quotes have been used to illustrate points and offer interpretative richness through the lived experiences of male participants (Smith, 2017).

A degree of selection bias likely exists in the sampled population, i.e. those male students who are somewhat comfortable talking about the perceived sensitive topic of mental health. Despite this, it is encouraging to see a willingness to discuss mental health by male participants, indeed several interviewees gave their appreciation of the interview as a (very rare) opportunity to talk in-depth about emotions and mental health.

The data could have been supplemented through additional interviews with staff working in the university support services team, to understand their perspectives and experience of supporting male students with mental ill-health. Further research could also look at specific groups of male students, such as ethnically minority males' experiences of, or perceptions of university mental health support services.

5. Conclusion

This paper offers insights into a growing and important area of research, the perceptions of male students around male student mental health. Findings indicate the potential causes of mental ill-health for male students. Factors specific to the university, include loneliness and isolation, and a difficulty establishing balance, structure, and routine. To address these issues, HEIs could provide transition to university guidance for students in order to support students in developing healthy habits and routines. In order to facilitate male peer bonding, the development of groups such as Talk Clubs at universities would be recommended. Factors identified specific to being male, include cultural pressures and expectations on men, notions of masculine ideals and experience of perceptions of privilege.

This research also offers an understanding of male students' experiences of mental ill-health, and barriers to support seeking, including difficulties communicating mental ill-health to others, self and social stigma experience, mental ill-health being viewed as a weakness, and barriers to accessing support such as bureaucracy. Universities need to further develop creative means of promoting positive messages around male mental ill-health help seeking, including male role model talking heads, peer mentors and lecturers acting as verbal signposters.

Lastly, the support preferences of males were explored, uncovering the desire for ease of access to support, for support to be in-person, one to one and face to face, and for gender-sensitive support, emphasising individual needs. University mental health support services could, therefore, provide students with key information on the processes involved in accessing support, wherever possible offer in person and face to face support, and ensure training is provided on male-specific therapeutic approaches and/or person-centred approaches.

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