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Research Paper

Mental Health Challenges and Help-Seeking Behaviours in Indian Male College Students: A Mixed Method Approach

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ABSTRACT

This study explores the mental health challenges and help-seeking behaviours of Indian male college students, a group shaped by social expectations, stigma, and cultural ideals of masculinity. Using a sequential explanatory mixed-methods design, data were collected from 157 male students aged 18–25 in Mumbai and Navi Mumbai. The General Health Questionnaire-12 (GHQ-12) revealed that depression (24.8%), obsessive-compulsive tendencies (24.2%), and loneliness (20.4%) were the most prevelent. Thematic analysis of semi-structured interviews highlighted internalised stigma, emotional suppression, and reluctance to seek professional help due to cultural norms around masculinity and feared judgement. Despite recognising the value of professional services, formal help-seeking was limited due to fear of judgement and societal expectations of self-reliance. The study concludes that Indian male student's mental health is shaped by psychological and sociocultural pressures, emphasising the need for gender-sensitive, stigma reducing and culturally relevant interventions and create safe spaces for emotional expression.

Keywords: *Indian Male Students, Mental Health, Masculinity, Stigma, Help-Seeking Behavior, Mixed Methods*

Birth of a son in many Indian households is usually celebrated as a promise of future stability. A son, people say, would carry the burden on his shoulders, would provide for the family, and eventually become the emotional and financial backbone of the family. But this reassurance, the often unspoken yet spoken expectations, eventually leads to lifelong expectations, which begin at birth but increase over time. From early childhood, Indian men are groomed to be protectors and providers, not just of resources but of stoicism. They are taught to suppress rather than to feel, cope rather than speak, and equate strength with silence. While this conditioning may be functional, it comes with a cost of mental health.

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Mental Health Challenges and Help-Seeking Behaviours in Indian Male College Students: A Mixed Method Approach

Mental health, in India, is still an emerging notion that is hampered due to stigma, limited acknowledgment and access to care. This problem is particularly urgent in young males, who constitute a significant part of the Indian population, the youth of which is 356 million people aged 10-24 (Chaddha, 2018). Adolescence and early adulthood are high-risk stages where mental illnesses can appear and develop, and societal expectations, such as emotional suppression, resilience and self-sustenance, are high. These expectations do not leave enough space for emotional expression and showcase help-seeking as a weakness. This struggle reinforces a generational cycle of suppressing real emotions and unhealthy coping mechanisms.

Among the male college students of India, the prevailing mental health issues include depression, anxiety, obsessive-compulsive symptoms, substance abuse, suicidal ideation and loneliness. Research showcases that over 33% experience serious anxiety and 37% report higher levels of depression (Deb et al., 2015; Singhal & Gupta, 2020). Yet, awareness and literacy about mental health remain low, and societal and cultural norms discourage men from addressing mental issues or seeking help. Many individuals misinterpret their symptoms or perceive them as personal imperfections rather than treatable conditions.

Help-seeking behavior refers to the process of seeking assistance for emotional distress, shaped by social, psychological and cultural factors. For Indian male students, barriers include stigma, low emotional competence, stereotypical gender norms, and lack of accessible and youth-friendly mental health services (Rickwood et al., 2005; Muni, 2023). The fact that cultural norms equate being vulnerable with weakness is one of the contributing factors to self-stigma. Words such as “kamzor” (weak) or “namard” (not man enough) shame men in India from expressing their emotions and seeking psychological help. Consequently, male college students tend to suffer in silence without seeking help regardless of pressures they go through academically, economically, and socially. Though female students tend to be more encouraged to show their emotions, young men simply are taught to maintain a stoic front—hence leading to underreporting, late diagnosis, and improper treatment of the condition.

Findings indicate that perceived stigma, poor mental health awareness, and gender norms prevent Indian male students from seeking help (Muni, 2023; Mendu & Vijayan, 2024). In our opinion, the necessity to emphasize this issue was enhanced by the COVID-19 pandemic, the increased academic pressure, and the changing gender dynamics. Nevertheless, there is a huge gap in gender-specific research that focuses on this area of mental health. This absence has caused the lack of targeted interventions that address the help-seeking patterns among men and understand the reason behind why men may avoid seeking help.

Specifically addressing male students in Mumbai, this study aims to examine the impact of social expectations, internalised stigma and gendered norms on mental health and help-seeking. The aim is to inform culturally sensitive, gender-specific interventions that would allow empowering young men to seek help without the fear of being judged or feeling ashamed. Men’s mental health is not a matter that can be deferred for convenience; it is an important concern that requires immediate and sustained attention. Unless we constructively address these issues, society will keep reinforcing a generational cycle of suppressing real emotions and unhealthy coping mechanisms.

REVIEW OF LITERATURE

The psychological and mental wellbeing of Indian male college students has become a subject of growing academic concern as the prevalence of psychological distress and the continued low rates of professional help-seeking have been on a rise. It is due to the socio - cultural norms, academic pressure, emotional suppression, and institutional barriers that this area of mental health requires gender-specific research and interventions.

A cross-sectional survey study done in nine states of India counting 8,542 university students revealed that 33.6% experienced depression on moderate to severe levels, 23.2 % on anxiety on moderate to severe levels, and 18.8 % on lifetime suicidal ideation (Cherian et al., 2024). Academic stress (61.9%), parental expectations, and other serious life events, including financial setbacks, or losses due to bereavement became key factors of stress. While gender differences are not the focus of this study, it is in line with the study concluded by other researchers that men tend to have severe emotional distress accompanied by under-reporting of symptoms which can be attributed to social conditioning.

This interpretation is supported with gender-specific data. A study conducted by Behera et al. (2021) demonstrated that 502 students in professional courses reported that male students showed stronger distress: 46 cases of moderate and 24 cases of severe psychological distress in 197 males (Behera et al., 2021).Correspondingly, Karmakar and Behera (2017) discovered that 44.12% of male undergraduate students were depressed moderately in contrast with 39.13% of females, though the statistical gender difference was not significant overall (Karmakar & Behera, 2017). These imply that women report more anxiety, men often display intense depressive symptoms but fewer expression of vulnerability.

A study conducted by Wasil et al. (2021) targeted 141 low- and middle-income Indian college students (mean age 19.47; 65% female) and examined their personal experience through an open-ended survey. The main themes that emerged from their study were academic stress and social isolation. Male students were predominately struggling with expressing themselves emotionally and establishing supportive relationships with peers in a culture that discouraged.

Academic anxiety and loneliness are strongly interlinked amongst male students. Gul (2017) stated a correlation coefficient of $r = .76$ between loneliness and academic anxiety in male students, showcasing that greater academic stress is strongly linked with emotional seclusion. Similarly, Bhagchandani (2017) reported loneliness to be negatively linked with psychological and emotional well-being ($r = -.54$); however, gender mean differences were not significant enough; this reveals that emotional isolation diminishes well-being in male students (Bhagchandani, 2017).

Substance abuse as a maladaptive coping technique has greater prevalence amongst male college students. A report by Sahu et al. (2022) stated a prevalence of 40.3% substance use amongst Indian male medical students, with significant data showcasing males using tobacco approximately ten times more and alcohol five times more often in comparison to females (Sahu et al., 2022). Gupta et al. (2013) found identical trends amongst male students in Chandigarh—57.4% reported substance use in the past month—with burnout, distress and peer pressure were recognized as crucial motivators (Gupta et al., 2013).

The symptoms of obsessive-compulsive spectrum are also relatively prevalent among male students in India. Jaisoorya et. al. (2017) found that 9.9% of male undergraduates had

subliminal OCD symptoms, while Sulkowshi et al. (2011) linked OCSD symptoms with academic impairment and high anxiety in college students. The compulsive tendencies among male students may be the results of perfection and emotional control, while preventing them from seeking help.

Research on suicidal ideation and personality have further detailed male vulnerability. A study conducted by Singh and Joshi (2008) prompted that depression was the strongest predictor of suicidal ideation among their sample consisting of 125 male students, with extraversion, stressful life events, psychoticism collectively explaining 20.4% of variance (Singh & Joshi, 2008). Stephenson et al. (2006) added more on this work, showing that hopelessness, depression and experiencing physical assault together accounted for 25% of variance in male student's suicidal ideation, with physical abuse emerging as a gender-specific risk factor (Stephenson et al., 2006).

Apart from these mental health challenges, the long-standing masculinity norms and stigma also raise issues among men. A study conducted by Iwamoto et al. (2018) explained how adherence to traditional masculine norms, such as emotional suppression, dominance, and self-reliance, predict long-term depressive symptoms in male college students, which is consistent with the dysfunction strain model (Pleck, 1995), which states that failing to meet the demanding masculine standards leads to distress (Iwamoto et al., 2018). Oliffe et al. (2010) also documented how male students studying abroad continue to internalize cultural pressures and avoid professional help, seeing emotional vulnerability as shameful and risking family dishonour (Oliffe et al., 2010).

Personal stigma in particular is instrumental. Eisenberg et al. (2009) emphasized that men's internalized beliefs about mental illness as weakness impeded help-seeking more than external stigma in collectivist contexts where masculinity is tightly bound to emotional stoicism. Aparna and Vijayan (2024) in their study confirmed that the perceived stigma among male Indian students is directly proportional for being reluctance to seek professional help, regardless of their background and academic level (Aparna & Vijayan, 2024).

In summary, all the studies point out one thing and that is "Indian male college students face high rates of depression, anxiety, suicidality, OCD symptoms, and substance use, and yet they'll try to hide all their feelings, emotions and pain with a smile on their faces remaining reluctant to seek professional help". The barriers are deeply grounded in gender norms, emotional suppression, stigma, and limited culturally attuned institutional support. It's not that men don't know whom to reach when they need help or how to solve the problem, it's just they are afraid that it'll make them look weak and less of a man.

METHODOLOGY

Aim:

The study aimed to explore mental health challenges faced by Indian Male college students, focusing on depression, obsessive-compulsive tendencies, hegemonic masculinity, social isolation, and emotional distress, and to understand how these experiences shaped their perception of well-being and help-seeking.

Objective

- To examine the psychological, social, and cultural factors shaping attitudes and behaviors of young men towards help-seeking.

- To explore the lived experiences and help-seeking pathways of Indian male students through qualitative analysis.

Research Design
A mixed-method explanatory design was used for this study, consisting of two phases: a quantitative survey followed by a qualitative thematic analysis. This approach helped in analyzing both the statistical aspect and in-depth understanding of personal experiences.

Sample and Inclusion Criteria
Participants were biological males aged between 18-25, residing in Mumbai or Navi Mumbai, and were college students. This urban focus helped capture the pressures of the fast-paced and competitive lifestyle.

Phase 1: Quantitative Study
A structured survey was developed based on a literature review, which included the General Health Questionnaire-12 (GHQ-12), a simple, layman's description of common mental health challenges, and an open-ended question. Data was collected using convenience sampling and was analyzed using Jamovi (v2.3.28). Depression appeared to be the most prevalent mental health challenge after analysis, prompting the need for more research using the qualitative findings.

Phase 2: Qualitative Study
A semi-structured interview guide was created using the quantitative results and literature review. Interviews of 18 young men were conducted using purposive sampling. Interviews were conducted both online and offline, audio-recorded with consent, and transcribed verbatim. Thematic analysis was employed, and the interviews were coded using a qualitative data analysis software called Delve, enabling identification of patterns in experiences, coping strategies, and help-seeking behaviors.

Ethical Considerations
Participants were informed about the aim of the study, their rights, and risks. Written consent was obtained, and confidentiality was strictly maintained. Data was stored securely, and interview recordings were deleted post-transcription. Cultural sensitivity was prioritized throughout the study, and participants were debriefed after the interviews.

RESULTS

Phase 1: Quantitative Analysis
Among our population of 157 Indian male college students (N), we gathered a quantitative survey with a mean age of 20.5 (SD = 1.68). With a mean score of 18.7 (SD = 3.53), the General Health Questionnaire (GHQ-12) scores varied from 10 to 32, indicating moderate mental health issues among the sample. *(Refer Figure 4.1.)*

Table 4.1 Descriptive Analysis for the Survey

	GHQ Total	Age	Education Level	Socio-economic Status	Geographical Location
N	157	157	157	157	157
Missing	0	0	0	0	0
Mean	18.7	20.5			
Median	18	20			
Mode	18.0	20.0			
Standard deviation	3.53	1.68			
Range	22	8			
Minimum	10	18			
Maximum	32	26			
Shapiro-Wilk W	0.972	0.918			
Shapiro-Wilk p	0.003	$< .001$			

Table 4.2 Frequencies of Prevalent Problems

Prevalent Problems	Counts	% of Total	Cumulative %
feeling pressured to behave in a certain way or meet societal expectations of being 'manly', such as being strong, dominant, or emotionally reserved.	20	12.7 %	12.7 %
having repeated thoughts or urges that are unwanted, intrusive and may cause a feeling of uneasiness and/or engaging in action persistently and repetitively and feeling the compulsion to do particular action	38	24.2 %	36.9 %
feeling alone, away or distant from others; sadness about not having company; feeling unpleasant or disconnected	32	20.4 %	57.3 %
having thoughts of harming oneself or ending one's own life due to feelings of hopelessness, sadness or overwhelm	6	3.8 %	61.1 %
using drugs, medication or alcohol for purposes other then their use and/or in excessive amounts than necessary may cause physical, emotional or social problems	13	8.3 %	69.4 %
feeling sad and disinterested, change in sleeping and eating pattern, feeling helpless, having trouble concentrating	39	24.8 %	94.3 %
feeling fearful and uneasy, restless, lack of control, rapid breathing, shaking or trembling	9	5.7 %	100.0 %

Table 4.3 Frequencies of Education Level

Education Level	Counts	% of Total	Cumulative %
Undergraduate	142	90.4 %	90.4 %
Post Graduate	15	9.6 %	100.0 %

Table 4.4 Frequencies of Socio-economic Status

Socio-economic Status	Counts	% of Total	Cumulative %
Upper Class	23	14.6 %	14.6 %
Middle Class	132	84.1 %	98.7 %
Lower Class	2	1.3 %	100.0 %

Table 4.5 Frequencies of Geographical Location

Geographical Location	Counts	% of Total	Cumulative %
Urban	97	61.8 %	61.8 %
Sub-urban	54	34.4 %	96.2 %
Rural	6	3.8 %	100.0 %

Most participants were undergraduates (90.4%), while post-graduates were 9.6%. The majority belonged to the middle class (84.1%), followed by the upper class (14.6%), and the lower class (1.3%). Most lived in urban areas (61.8%), followed by suburban (34.4%), and rural (3.8%). Depression emerged to be the most prevalent issue (24.8%), followed by obsessive-compulsive tendencies (24.2%) and loneliness (20.4%). Others reported feeling the pressure to follow masculine norms given by society (12.7%), followed by substance misuse (8.3%), anxiety (5.7%), and self-harm (3.8%). Based on these results, a question guide to conduct qualitative semi-structured interviews was created.

Phase 2: Qualitative Analysis

Theme 1: Understanding Mental Health

Indian men's understanding of mental health is deeply influenced by cultural and societal expectations, gender roles, and lived experiences. Their awareness—or lack thereof—shapes how they perceive distress, recognise symptoms, and decide whether or not to seek help. This theme explores the internal and social dimensions that inform how they interpret mental health and their attitude towards vulnerability, emotional expression and seeking support.

A. Subtheme: Emotional and Psychological Challenges

Participants described internal emotional struggles like overthinking, loneliness, and emotional suppression, which are often intensified by social pressure to appear strong, composed and manly and negatively impacts thoughts, feelings and daily functioning.

"If you're not really vulnerable about your emotions and if you don't have anybody to talk to, I think the things will just pile up, and it will in turn just make things worse for your mental health." — MHCHSB I-6

B. Subtheme: Causes and Symptoms of Depression
Men associated depression with societal pressures, financial stress, supressed emotions leading to feelings of low self-worth, and disengagement often masked behind irritability or isolation. Their symptoms were emotional, behavioural, cognitive, and sometimes physical.
"Deep down, they may feel lost, overwhelmed, or like they're not enough, but struggle to say it out loud." — MHCHSB **I-17**

C. Subtheme: What Is Help-Seeking?
Help-seeking was seen as a courageous, conscious act of acknowledging one's struggle and reaching out for support—either emotional or professional, serving as an important step towards recovery.
"The first step is help-seeking; that's the most important thing. It can be something as simple as going to your family and speaking to them about it." — MHCHSB I-4

Theme 2: Coping Mechanisms
The cognitive, emotional, and behavioural tools people consciously or unconsciously use to handle internal or external stressors, emotional challenges, and psychological problems are called "coping mechanisms." These strategies can be categorised as adaptive (healthy) techniques or maladaptive (avoidant) strategies.

A. Subtheme: Avoidant Coping Strategies
This subtheme explores are the deliberate or unintentional attempts to escape or postpone facing emotional or psychological pain by means of denial, distraction, suppression, rationalisation, or temporary relief-seeking behaviours instead of directly addressing problems. *"Even if it's temporary, I feel like, you know, everything is going in the right way... I try to make it last longer so that I'll stay in that state... I'm aware of the fact that it's not a good thing to do."* — MHCHSB I-15

B. Subtheme: Healthy Coping Strategies
Adaptive, positive ways people use to handle psychological suffering, emotional hurdles, and stress are called *"healthy coping strategies."* Usually including activities like looking for social support, participating in therapy, self-reflection, open emotional expression, and establishing healthy boundaries.
"I learned that expression is okay and expressing how you are feeling is okay... I believe now whenever it is necessary and whenever you feel it is necessary you need help you ask for help." — MHCHSB I-4.

C. Subtheme: Emotional Self-Regulation
This subtheme refers to the capacity of people to control their emotional reactions in stressful circumstances. It means acknowledging one's emotional states, reframing negative ideas, and having positive reactions instead of hasty ones.
"I just like to take a step back and re-figure my perception and re-figure how I'm approaching things." — MHCHSB I-2

Theme 3: Barriers to Help-Seeking
This theme refers to the interplay between psychological, social, and cultural factors that inhibit or delay the process of help-seeking among Indian Male College students. These barriers arise from personalized beliefs, stigma, and societal expectations and contribute to

silent suffering and denial to further accelerate the lack of care and decline in well-being among men.

A. Sub-theme: Obstacles to Help-Seeking

This subtheme refers to the tangible hindrances, like lack of awareness and negative experiences, faced by young men that inhibit help-seeking behavior.

"And I did go through some kind of ridiculing, I would say, which made me reluctant towards choosing any of the options, which in this case means professional help." — MHCHSB I-6

B. Sub-theme: Internalized Barriers

This subtheme refers to the fear of judgment, stigma, emotional avoidance, and self-imposed expectations rooted in the upbringing and reinforcement by society.

"I don't want anyone to pity me... uh, which is why I prefer not to say anything. Yeah, I prefer not to say things." — **MHCHSB I-5**

C. Sub-theme: Cultural and Societal Barriers

This subtheme refers to the rigid gender role, emotional neglect, and stigma around male vulnerability that inhibits or delays help-seeking behavior.

"My dad is a very 'mard ko dard nahi hota (men do not feel pain)' type of a father figure, and that always made me hide my emotions." — MHCHSB I-7

"If you're not earning money, if you're not doing something with your life, then what are you? You're just a question mark. And society doesn't accept big question marks." — MHCHSB I-3

D. Sub-theme: Masculinity and Emotional Suppression

This subtheme highlighted how societal ideals of stoicism and strength force men to hide their emotions.

"Men are just supposed to suck it up and, um, [laughs] be cool with it and just say yeah, I am doing okay." — MHCHSB I-4

E. Sub-theme 5: Impact of Urban Lifestyle

This subtheme highlights the emotional strain caused by the competitive and fast-paced lifestyle of urban cities like Mumbai.

"It's a very hectic life living in Mumbai. You can travel hours on the train, and yet you still don't get home. [sighs] You're always surrounded by people on the train, and yet no one talks to you. It's a very lonely train ride." — MHCHSB I-3

Theme 4: Help-Seeking Pathways and Experiences

This theme refers to the personal and social journey men take to seek psychological support, including the motivations, and obstacles. It also includes. personal shifts in attitude, external influences, interpersonal dynamics, and societal factors that shape one's journey toward mental health support.

A. Sub-theme: Patterns of Help-Seeking

This subtheme refers to the routes and pathways that young men use to seek help, that includes confiding in friends, family or professionals, and changing their attitude towards help-seeking.

"Very much. It has changed very much because, let's say, if I was a person in 2019... I would sit in a corner, I would cry... But nowadays, I feel like I can talk to my friends, I feel like I can reach out." — MHCHSB I-1

B. Sub-theme: Facilitators of Help-Seeking
This subtheme highlights the internal and external factors that encourage men to seek help.
"I have a roommate who also happens to be my best friend. So I tell him almost everything." — MHCHSB I-9
"If it becomes a norm… I'll feel like I'm not the odd one out to do all of this." — MHCHSB I-15

C. Sub-theme: Journey Towards Help-Seeking
This subtheme refers to the evolving process of recognized mental health need and seeking support, shaped by self-awareness, external influences and societal factors.
"I think there are a lot of therapists, and they should, you know, indulge in speaking about these things more and more often on social media so that our families can also see these things." — MHCHSB I-7

DISCUSSION

Despite the growing awareness of mental health in India, focus on men's mental health remains neglected. Through this study, we aimed to explore Indian men's mental health and the factors influencing their help-seeking behaviour. Mixed-method analysis revealed several key themes, such as understanding men's mental health, help-seeking pathways and experiences, relational and social dynamics, identity and perception, barriers to help seeking, and coping mechanisms.

According to this study, Indian men often tend to consider mental health as the ability to bear stress and to meet family responsibilities—both emotionally and monetarily—instead of lack of illness. The emotional conflict is hardly an open topic, mostly due to internalised masculine standards, in which self-reliance, control, and bearing of sufferings are praised. The participants described several times how society does not encourage emotional expression; where weakness is often equivalent to being vulnerable, admitting pain and seeking support. These notions are deeply engrained and supported throughout their upbringing and social reinforcement, thus constituting the basis of most mental health issues that men have to deal with presently.

Emotional suppression gives some stability in the short term, but the long-term effect of emotional suppression is creating a pool of distress. Participants described feeling "stagnant," "numb," or "angry with no justification"—which implies that the failure to express emotions usually turns into anger, dissociation or a sense of disconnection with themself. Some men talked about getting temporarily out of their stride in life, instead of identifying these conditions as hallmarks of mental health issues. So, in our view, men express their symptoms as experiences rather than labelling them as clinical concerns. This urges mental health professionals to talk about mental health in terms that resonate with lived realities as opposed to adhering purely to diagnostic terms that can be discouraging to them.

In our research, we found that causes encompass external, interpersonal, and internal factors, including societal expectations (e.g., the male breadwinner role), financial or academic stress, family conflict, childhood trauma, and suppressed emotional expression—all significantly

contributed to the distress amongst participants. These pressures often lead to an inner struggle marked by low self-worth, under confidence, and a disconnect between life goals and current reality. While some men reported commonly addressed symptoms of depression—such as fatigue, poor sleep, appetite changes, and hopelessness, disengagement from hobbies and regular activities, or isolation—in severe cases, these symptoms may intensify into self-harming behaviours or suicidal ideations. Others reported atypical signs of depression—such as overworking, emotional numbness, or unexplained irritation. Such types of "masked depression" are hardly identified, more so by the males themselves not terming their experiences as mental illness. Distress was in certain instances channeled into compulsive productivity or disguised through humour, drugs or solitude. What can be seen as strength may be, in fact, negative emotions buried beneath composure.

Yet amongst these struggles, there were some positive signs of change. Many participants had initially fallen into maladaptive coping mechanisms but later described a positive change in their beliefs and behaviour. Being part of open conversations—whether with a peer, a therapist or a mentor—seemed to confirm their personal experiences and made them question the idea of sensitivity and emotional openness being unworthy and disgraceful. For many participants, this was the first step towards help-seeking. We believe that making space for real conversations, especially amongst peers, can be reframing: faith, familiarity and feeling emotionally safe, all together, can help start the process for positive transformation.

Participants reported many forms of coping strategies, both adaptive and maladaptive. On the better side, some men engaged in listening to music, playing sports, journaling or mindful reflection. These activities helped them gain a sense of control, self-regulate and self-improve. Several participants opened up about recognizing small yet meaningful accomplishments, which we view as a strong and good way to rebuild a broken sense of self. Adaptive techniques that focused more on growth over perfection were related to better emotional and mental health well-being.

Some participants, however, relied more on maladaptive techniques like hyper productivity, avoiding addressing emotional issues, or even substance abuse. These were identified as short-term reliefs rather than real solutions, and many addressed the long-term effects of the same. Some participants resorted to self-injury or other risky behaviours when they felt engulfed in negative emotions. This showcases that there is an urgent need for early intervention and a better understanding of how men communicate mental stress—especially through actions that do not look like the traditional "cry for help."

Familial and social relationships play an important role in either facilitating or hindering the process of help-seeking. Men who grew up in emotionally expressive households or had mentors who promoted openness reported fewer inner conflicts around help-seeking. In contrast, many shared that their upbringing was restraining and encouraged emotional suppression rather than expression, which made it difficult to acknowledge distress. In our opinion, any sustainable change in help-seeking behaviour should begin at an interpersonal level, where parents, teachers and friends encourage openness early in life.

Despite the increase in access to mental health services, personal and cultural barriers continue to exist. High therapy costs, especially in urban areas like Mumbai, were a significant barrier. Moreover, the competitive and fast-paced lifestyle offers distractions but provides less emotional rest. Internalized stigma and fear of judgement, be it from peers or family, still

remain among the main reasons why men hesitate to seek help. Participants described that help-seeking is not a static or linear act, but it is a fluid process that is shaped by self-reflection, interpersonal relationships, and broad shifts in the societal and cultural aspects. When men are shamed or dismissed for being vulnerable and taking care of themselves, it reinforces a culture of silence. On the other hand, when they are heard and affirmed, it encourages them and others around them to seek help.

Ultimately, this study highlights the complex, deeply social nature of Indian men's mental health. Emotional distress among young men is not experienced in isolation—it is shaped, silenced, and sometimes slowly transformed through relationships, norms, and the evolving discourse around masculinity. Society needs to normalize that men can be vulnerable and are not weak if they express emotions. Raising mental health awareness and providing non-judgemental, safe spaces by professionals could encourage help-seeking behaviour in men. Finally, seeking help is an important step. It takes courage to reach out to someone, and when someone is ridiculed for being brave and taking care of themselves, it discourages others from doing the same. Therefore, the ultimate solution to facilitate help-seeking would be creating a supportive and, most importantly, a safe environment for men.

Limitations

The study utilized a limited and specific sample of Indian college men, thereby constraining the generalizability of the findings. The overall study's sample was constrained by time limitations, thereby restricting generalizability. While qualitative methods provide in-depth analysis and produce rich data, the process is still subject to researcher's bias, especially when it comes to theme generation and interpretation, even when we have tried our best to avoid it. There is a chance that participants would have withheld or altered their responses due to the presence of social stigma pertaining to men's mental health.

Future Implications

Insights from this study show us that there is a need to establish culture-sensitive policies and implement on-campus, non-judgmental counselling strategies for young men in India. Mental health and emotional literacy should be a part of the academic curriculum, which will help in normalizing help-seeking from a young age. The findings of this study clearly highlight the negative impact of rigid gender norms established by society. to retaliate and reduce the effect of these norms, a redefinition of masculinity by conducting social campaigns is required.

Suggestions for Future Research

Future research can identify and study the evolution of help-seeking behaviour through longitudinal studies. Including the female and non-binary populations in the future can provide a comparative view of gendered experiences with mental health challenges and help-seeking behaviour. Future research could also explore the effects of culture, caste, and economic status on men's mental health and help-seeking behaviours. Lastly, designing interventions catered to men would contribute to the development in the field of psychology and mental health.

CONCLUSION

This study explored how Indian male college students experience mental health challenges and navigate help-seeking. The thematic analysis revealed that their struggles are deeply layered and not just clinical or emotional, but social, cultural and psychological. Participants mentioned emotional suppression, internalized stigma, masculinity norms and mentioned the

feeling of the weight of societal and familial expectations. While many were aware about their struggles, they hesitated to reach out due to the long-standing cultural stigma.

Vulnerability was still commonly perceived as weakness, though a few participants mentioned about shifting this mindset, and mentioned help-seeking to be the sign of strength and self-awareness. Their coping ranged from avoidant strategies like suppression and hyper productivity to more adaptive methods such as physical activity, humour, and trust-based conversations. Formal mental health services were appreciated, but many preferred to first reach out to peers or mentors, underscoring the need for culturally sensitive, informal gateways to support.

We would like to conclude this research by quoting one of our participants:
"If you are not feeling safe in the house, then what is the point of having a house?" – MHCHSB I-4
A house, here, represents more than home, it's society, culture, and the emotional environment we grow up in. This study is a small but vital step toward creating safer, more open spaces for men in India.

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Conflict of Interest

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