## Perceptions of Mental Health among Pakistani University Students:A Gender-Based Focus Group Discussion(FGDs)

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## ABSTRACT

*This study examines Pakistani university students' perceptions of mental health in academia, focusing on gender differences, cultural barriers, and institutional challenges. Using a qualitative approach, we conducted four focus group discussions with male and female students from Lahore universities through purposive sampling. Thematic analysis revealed that stigma remains the primary barrier to help-seeking, particularly among males due to masculinity norms; financial constraints limit access to services despite high stress levels; family attitudes serve as both support systems and sources of pressure; and social media amplifies both awareness and anxiety. Notably, the study uncovers how COVID-19 exacerbated academic pressures while isolating students from traditional support networks. The research contributes novel insights by demonstrating how collectivist cultural values in Pakistan uniquely shape mental health narratives differently for genders, with males avoiding disclosure to maintain "strength" and females facing "emotional overlabeling." Practical applications include recommendations for culturally adapted anti-stigma campaigns, gender-segregated counselling services, and curriculum-integrated mental health literacy programs. While limited to Lahore, these findings offer transferable frameworks for Global South universities addressing similar cultural dynamics. The study advances existing literature by intersecting financial accessibility issues with gendered help-seeking behaviours in a low-middle-income educational context.*

*Keywords: mental health stigma, gender differences, Pakistani students, university mental health, help-seeking barriers.*

## INTRODUCTION

Mental health is the relative state in terms of emotional, psychological, and social well-being, and it encompasses thoughts, actions and interactions (WHO, 2022). It determines how people respond to stress, their connection with others and the way they make choices. Mental health is especially important for university students for its reasons. Social adjustments, academic load and from adolescence to adult life all put great pressure on young people. Hunt & Eisenberg (2010) state that these stressors can even

worsen the existing mental health conditions or cause new ones. It is crucial to understand these issues to benefit students ' well-being and academic success.

Gender gaps in accessing mental health support are confounded by differences in perceptions and responses to mental distress in students. Research findings indicate that males tend not to seek counsel because of the demands of society that emphasise masculinity with an emotional stronghold, whereas females might have other barriers, as they fear being considered very emotional or weak (Biddle et al., 2007). These gendered attitudes present a huge mental health care accessibility gap, and many students suffer in silence. Moreover, the issue is also aggravated by financial constraints and lack of access to services, as well as the impact of social media, which sometimes facilitates and sometimes undermines mental well-being (Ali et al., 2023; Dixit & Rajaura, 2023).

Based on these challenges, there is an urgent need to gain insight into how university students, especially those in conservatively cultured environments, such as Pakistan, perceive mental health and what motivates them to seek help. Earlier studies have emphasised the lack of mental health literacy and high stigma of psychological problems in this region (Karim et al., 2004). Nonetheless, studies on the differences in the attitudes of male and female students are relatively few and are essential to designing effective gender-sensitive interventions. Through these perceptions, the universities will be in a better position to develop support mechanisms that do not intimidate students into not getting help because they fear being judged. By exploring the perceptions of Pakistani university students regarding mental health in a qualitative study, this paper seeks to address this gap by utilising Focus Group Discussions (FGDs) as the method of gathering in-depth insights into the perceptions (Krueger & Casey, 2015). The results will assist in determining major obstacles, including cultural stigma, financial constraints, and gender norms that hinder students from utilising mental health services. Moreover, the study will focus on the role of peer pressure, parental involvement, and academic pressure in determining the attitude of students towards mental well-being (Yang et al., 2022; John et al., 2018). Finally, the study aims to give evidence-based suggestions to universities on how to develop more inclusive and successful mental health initiatives, so students get support and have the tools they need to succeed at college and beyond.

The research questions guiding this study are: What are the perceptions of mental health among male and female university students? What factors prevent or encourage them from seeking mental health support? And how do these perceptions differ based on gender? By answering these questions, this study will contribute to a deeper understanding of student mental health in Pakistan and help institutions develop targeted strategies to promote psychological well-being on campus.

## LITERATURE REVIEW

Shafiq et al. (2020) in their article review on mental health perceptions from the Pakistani community, reviewed PubMed, Cochrane Database and Google Scholar. The research concerned with the use of scientific methods to study Pakistani participants' knowledge and attitudes toward mental health. These data were then extracted and arranged in sections for simple comparison. Results were limited in terms of the general awareness about psychological processes and emotions among Pakistanis. Mental health issues were interpreted through societal cultures like religious beliefs, prayer, myths and magical realism. Approaches for managing mental disorders were often characterised by these perspectives. Based on the study, the Pakistani community fails to have adequate conceptual understanding to articulate mental and emotional states, and mental illnesses are dealt with in social, cultural, and religious contexts, are seen, diagnosed, and treated. These findings point out the need for culturally sensitive mental health awareness and services.

Furthermore, mental health problems, illness perception, and anxiety and depression disorders existing among university students during COVID-19 lockdowns were explored by Aqeel et al. (2022) from the

standpoint of relationships and mediating effects. A snowball sampling was used to recruit 500 students from Rawalpindi and Islamabad universities between March 23 and April 15, 2020, using a cross-sectional study. To assess depression, anxiety, illness perception, and mental health disorders, four tools, i.e., Beck Depression Scale, Beck Anxiety Inventory, Revised Illness Perception Questionnaire, and Warwick-Edinburgh Mental Well-being Scale, were used. It was found that anxiety was normal in 43.2 per cent; mild in 20.5 per cent, moderate in 13.6 per cent and severe in 22.7 per cent. The levels of depression were normal (65.9 %), mild (9.1%), moderate (9.12 %), and severe (15.9 %), and anxiety was more common than depression. A negative correlation between mental health, illness perception, symptoms of anxiety and depression was ascertained. Depression and anxiety were found to moderate the mental health and illness perception link, owing to descriptive analysis. Depression and anxiety are significantly correlated with illness perception, as it is an important factor that determines the mental health of students during the pandemic.

In 2021, a cross-sectional study by Bibi et al. examined the mental health of University students in Pakistan, in accessing psychological treatment, suicidal ideation and bullying. One aspect of this study was to compare 355 Pakistani students with German and Chinese students. Results revealed that Pakistani students had poorer quality of mental health and less access to care as compared to their counterparts. Moreover, they had reported higher rates of experiences of bullying and recent suicidal thoughts. What these findings reveal is that Pakistani university students face major mental health problems (Bibi et al., 2021).

A study was conducted by Shaukat & Naveed (2021) to determine the mental health literacy among university students in Pakistan. Around 300 students from different universities in Karachi were involved in the study through a structured questionnaire to measure their knowledge, attitudes and beliefs about mental health. The findings showed that a large proportion of students had restricted mental health literacy and that many were incapable of properly identifying symptoms of frequent mental health issues that they could have encountered, including depression and anxiety. It was also found that students generally tended to stigmatise mental illness with stigmatising attitudes to the effect that they regarded mental illness as a sign of personal weakness or due to supernatural forces. Authors pointed out that mental health education programs in universities would enhance the knowledge of students towards mental health issues and reduce the stigma associated towards people suffering from such issues.

Moreover, Zada et al. (2021) investigate the association between academic stress and mental health in Pakistani university students. 450 students from public and private universities in Lahore were used in the study, and the Perceived Stress Scale (PSS) and General Health Questionnaire (GHQ) were used to measure stress and mental health outcomes, respectively. Results suggested that academic stress was a predictor of mental health problems among students displaying high levels of stress, as their high levels of stress also mean higher anxiety or depression rates. The study further revealed that female students were more likely to indicate academic stress and consequential negative effects on their mental health than male students. The authors advised introducing stress management programs and counselling services to aid the students in struggling with the stresses of their studies.

The research conducted by Zaman & Khan (2025) concentrates on the evaluation of the role of social support in solving the issue of mental health among university students in Pakistan. The study involved 500 university students residing in Islamabad, wherein the level of social support was measured by the Multidimensional Scale of Perceived Social Support (MSPSS) from family, friends and significant others. Those higher levels of social support provided fewer anxiety and depression symptoms in the students who experienced them. In addition, the study shows that family support is the most significant predictor of mental well-being in the Pakistani culture. Therefore, the authors proposed that universities should establish social support networks among their students to improve mental health.

University students in Pakistan resorting to various coping strategies to weather their mental health issues have been investigated by Salman et al. (2022). They studied 350 students at universities in Multan and used the Coping Orientation to Problems Experienced (COPE) inventory to appraise coping strategies. The findings show that the students mostly employed problem-focused coping strategies, for example, social support seeking and planning in managing stress and mental health-related problems. Yet, the study also indicated that a few students use avoidant coping methods, for example, denial and substance use, which have been connected to more unfortunate psychological state results. In the quest to improve the mental well-being of students, the authors thus reinforced the need to teach students coping strategies in workshops and counselling sessions to prepare them to handle stress and adverse situations constructively.

University students encounter various stressors that negatively impact their mental health. Academic demands, such as exams, assignments and having good grades, can cause anxiety (Beiter et al, 2015). More social challenges, such as building new relationships, adapting to a new environment and financial struggle, also play their role in raising stress levels. Thus, the time of transition to adulthood is always accompanied by newly gained independence and more duties, leaving a majority of the students feeling overwhelmed. Therefore, university students have an increased chance of having mental health disorders than the general population (Auerbach et al., 2016). These concerns need to be addressed for the improvement of their academic as well as personal outcomes.

In Pakistan, cultural and societal norms heavily influence mental health perceptions. Many individuals avoid seeking help due to the fear of social stigma (Karim et al., 2004). Moreover, there is low awareness of mental health, which prevents students from determining when they need help. The goal of this study is to explore these cultural factors and the opinions of students on mental health to emphasise the requirement of culturally sensitive interventions in Pakistani universities.

## METHODOLOGY

In this research, the descriptive qualitative method of research was utilised to determine the attitude and perceptions of university students regarding mental health and its differences between genders. As compared to the quantitative ones, this approach did not intend statistical generalisation, as its goal was to capture rich, contextual facts by directly reflecting on the individual experience of participating in the research (Creswell & Poth, 2018). The study followed an interpretivist paradigm in which the view of mental health is influenced by personal and social factors.

Focus Group Discussions (FGDs) became the main data collection method in the study. Four FGDs were conducted, two with male students and two with female students, with 8-10 participants per group, ensuring diverse perspectives. Participants were selected through purposive sampling from different universities (Lahore College, COMSATS University, Queen Mary College, and Punjab University) to ensure varied representation (Patton, 2014).

The use of a semi-structured interview guide made it possible to have discussions and a certain flexibility with the interference with the primary themes. The study was preceded by a pilot test used to smooth out the questions and make them clear (Van Teijlingen & Hundley, 2001). All the discussions were audio-taped (Sony ICD-UX570 digital voice recorders were used) and transcribed subsequently for analysis.

University students of both genders (male and female) who were at least 18 years old and were in the 4th semester of BS programs were included in the study. Respondents were also expected to possess knowledge of English so as to ease any communication during focus group discussions. Students who were facing severe mental health issues and those who did not feel comfortable sharing their views

regarding mental health matters were eliminated using a pre-discussion form through an array of questions. The study had gone through the ethical review process and received ethical clearance by the research ethics committee of the university, and the subjects had given a signed written informed consent. The privacy of the study was well observed, and the participants were informed to the fact that they were free to quit the study at any point (Orb et al., 2001).

Thematic analysis was conducted following Braun and Clarke's (2006) six-phase framework to systematically analyse the qualitative data. First, all transcripts were thoroughly reviewed for familiarisation, with initial notes taken on recurring ideas. Second, open coding was applied to label key segments (e.g., "stigma," "gender roles," "financial barriers"). Third, codes were grouped into preliminary themes (e.g., "Societal Stigma" merged codes like "fear of judgment" and "masculinity norms"). Fourth, themes were refined by checking their consistency against raw data, for example, renaming "Financial Issues" to "Structural Barriers" after identifying overlaps with institutional constraints. Fifth, sub-themes were developed (e.g., under "Gender Roles," sub-themes like "Male Reluctance" and "Female Openness" emerged). Finally, findings were contextualised with literature to ensure theoretical coherence. This rigorous process ensured that themes authentically represented participants' voices while addressing research objectives.

Focus group discussions were recorded on an audio tape, transcribed on Express Scribe (NCH Software). The NVivo 12 (Lumivero) software was used to analyse qualitative data (it helped to systematically code and to map the themes). The quality of conversation was recorded using the Sony ICD-UX570 digital voice recorders.

## FINDINGS

The data from the focus group was analyzed, the first step of which was to systematically organize the transcripts. Two female and two male focus group discussions (FG1, FG2, FB1, and FB2) were transcribed verbatim to guarantee accuracy. Each was labeled FG1 for the first female group, FG2 for the second female group, FB1 for the first male group and FB2 for the second male group for easy identification. This labeling permitted the separation of the groups and adopted a structured analysis. Conducting two focus groups per gender ensured data saturation and captured diverse perspectives within each gender group, strengthening the reliability of gender-specific themes.

After the transcripts were ready, the second step was to find the key themes of the study according to the research objectives and questions. Stigma, gender roles, barriers and facilitators to help seeking and cultural influences were identified as potential themes. The first part of the analysis consisted of these themes, which gave a foundation to analyse the data according to the goals of the study. Organized this way, it was simple to compare responses between the groups and find patterns that would inform the findings.

### Thematic Analysis

This section presents the thematic analysis of focus group discussions conducted with university students in Lahore, Pakistan, as part of a qualitative study on perceptions of mental health. The analysis follows Braun and Clarke's (2006) six-phase framework, which involves data familiarization, code generation, theme identification, theme review, definition, and final write-up. The thematic analysis reveals four major themes that explain how mental health is understood, navigated, and discussed by male and female students. These themes are: (1) Stigma; (2) Gender Roles; (3) Barriers to Seeking Help; and (4)

Facilitators to Seeking Help. Each theme represents recurring ideas, language, and experiences that emerged consistently across all four focus groups: two with female students and two with male students. Stigma as a Pervasive Barrier

Stigma was the first and most prominent theme that came up. Stigmatization of mental health proved to be a significant obstacle to seeking help amongst both male and female students. The notion of getting a label of presumed crazy or mentally unstable was cited several times during the discussions. One participant, a male, said, "Log kehte hain ke 'yeh pagal ho gaya hai' agar koi psychiatrist ke pas jata hai" (FB1), referring once more to negative stereotypes supported by language used by society. This stigma is compounded by cultural misunderstanding and a deficiency of mental health literacy, namely among male students who associate the vulnerability of their emotions with weakness. Similar findings were reported by Maqsood et al. (2019), who found that self-consciousness and social interaction anxiety significantly correlated among students, particularly in contexts where emotional expression was seen as socially risky. Contrarily, female students used such words as social judgment and fear of gossip with peer groups, as well as family members. The fact that stigma was universal to all focus groups demonstrates that it is deep-seated in the cultural setup of Pakistani society.

### Gender Roles and Emotional Expectations

The second theme is the significant contribution of gender norms and related expectations to the mental health-related perceptions and behaviours. The male participants consistently mentioned the strain of being perceived as emotionally stable and strong. As one participant put it, "Males ko strong dikhna hota hai, aur isliye woh help nahi maangte" (FB2). This underscores the fact that masculinity promotes detachment and discourages the expression of emotions and the need to find support. Female participants, in their turn, recognised that they are less restricted generally in expressing feelings, but still, there are restraints and judgments in the social construct. Specifically, one of the respondents stated, "Females zyada open baat karte hain mental health ke baare mein," which implies internalisation of norms about gender behaviour. These findings indicate the need to formulate gender-sensitive mental care interventions to deal with the gendered issues that each person faces with their mental health.

### Barriers to Seeking Mental Health Support

The third theme is the barriers that inhibit students from seeking mental help. However, these barriers do not only exist in the form of stigma, but also as structural and informational ones. Financial constraints were frequently cited, with students stating that therapy is too expensive and not affordable for most. A participant remarked, "Therapy bohot mehengi hai, aur har kisi ke liye affordable nahi hai" (FB2). Another frequent barrier was a lack of awareness about where people can find help and how to access it. Some students said they did not know whether their universities provided mental health services. Moreover, a small group of participants also reported negative experiences when therapists were unprofessional or dismissive, which makes such people reluctant to seek help. These obstacles were cited in all groups, implying that they are structural challenges that should be addressed at both the institutional and awareness levels.

### Facilitators for Help-Seeking and Wellbeing

The fourth and last theme entailed that there are facilitators that can be used in promoting help-seeking behaviours amongst students. While less frequently mentioned compared to barriers, facilitators such as family support, peer encouragement, and awareness campaigns were considered vital. A female participant in FG2 noted, "Supportive friends aur family bhi ek bara factor hai," showing how relational dynamics can play a key role in destigmatising mental health. Some participants suggested that if mental health services were more visible and accessible, students would be more likely to use them. For example,

"Agar students ko pata ho ke mental health support available hai, to woh iska istemal karenge" (FB2). These facilitators provide a foundation for developing effective outreach programs within universities. This aligns with previous research that highlights how secure attachments with family and peers, alongside cognitive emotion regulation strategies, significantly promote psychological well-being among adolescents in educational settings (Iftikhar et al., 2020).

**Table 1: Summary of Individual Patterns Across Focus Groups**

| Aspect | Female Groups (FG1 & FG2) | Male Groups (FB1 & FB2) |
|---|---|---|
| Perception of Mental Health | Emotional openness; linked to relationships and well-being | Functional view: linked to productivity or control |
| Stigma | Fear of judgment and gossip | Fear of appearing weak or unmanly |
| Barriers to Seeking Help | Financial issues; social taboos; lack of info | Strong societal pressure, affordability, and distrust |
| Facilitators | Family/friend support; university workshops | Awareness campaigns; peer encouragement |
| Gender Norm Influence | Relatively open but still judged | Expected to suppress emotions |
| Help-Seeking Behaviour | More open to support | Less likely to seek help |
| Mental Health Literacy | Moderate to high awareness | Lower awareness and trust |

**Content Analysis**

This section presents the content analysis of the focus group discussions held with university students in Lahore. The purpose of this analysis is to explore how frequently key themes appeared across groups, giving insight into the depth and distribution of each theme. Classical content analysis was applied, involving systematic coding and quantification of thematic occurrences. While the study is qualitative in nature, this numerical summary adds clarity to which concerns were most common and which were mentioned less frequently. Four major themes were coded and measured: Stigma, Gender Roles, Barriers to Seeking Help, and Facilitators to Seeking Help. These were identified in all four focus groups (two male, two female), with frequency counts and qualitative examples used to support interpretation.

One of the most frequently mentioned themes was the stigma, which was discussed in all the focus groups. Participants across both genders spoke of the shame, fear, and judgment associated with discussing or seeking help for mental health issues. Male students emphasised how admitting vulnerability was seen as a weakness and a deviation from masculine norms. For instance, a male participant said, "Log kehte hain ke yeh pagal ho gaya hai" (FB1), suggesting that anyone who sees a psychologist is labelled mentally ill. Female participants, while slightly more open, expressed fears about gossip and being socially judged. The total number of stigma references across all groups was 20, and both in female and male discussions, it was listed as a cross-cutting barrier which goes beyond gender, making it a factor that is different within each gender.

Another common theme was gender roles, which occurred 28 times in the total of the focus groups. Male students felt pressure to conform to ideals of emotional toughness and stoicism. Phrases like "Males ko strong dikhna hota hai" (FB2) were common. Female participants, while more expressive, also felt confined by expectations that emotionality meant weakness. This dichotomy was highlighted through phrases like "Females zyada openly baat karti hain mental health ke baare mein" (FG2). The discussion about gender norms regularly reveals that these roles are internalised, shaping openness to help and the willingness to seek it. This theme stands out as being so rampant that gender-conscious education and counselling are warranted.

Inability to seek help was also mentioned frequently, with 20 instances in the groups. These were the financial restrictions, lack of knowledge, distrust in services provided by professionals, and lack of access to mental care services at universities. The male participants, in particular, highlighted concerns about cost and confidentiality issues. Additionally, the females expressed confusion about where to seek help and a fear of being turned away. To give an example, one of the male participants commented, "Therapy bohot mehengi hai," which highlights the prohibitive cost. Also, students shared negative experiences with a counsellor or therapist who seemed to be unprofessional or unaffordable. Although this gender-based division formed distinct barriers, it also shared similarities in failing to provide convenient and credible services due to system constraints.

The theme of facilitators to mental health support was discussed the least, 14 times. Nonetheless, its value is essential. Female students frequently cited family support and awareness as encouraging factors. A participant said, "Supportive friends aur family bhi ek bara factor hai" (FG2), suggesting that relational dynamics can make students more comfortable in seeking help. Male participants mentioned that if universities ran more awareness campaigns and provided better information, they might be more willing to seek help. The identified results highlight the importance of facilitators, despite their less frequent mention, as they offer clear, actionable strategies for universities and policymakers to create a safer and more supportive environment.

The frequency data suggest, in general, that Gender Roles (28) and Stigma (20) are the most pressing issues to consider in shaping mental health perceptions. Barriers to Seeking Help are similarly critical (20), while Facilitators (14) are under-discussed and may require intentional promotion through mental health awareness and institutional support. Such patterns support the necessity of both stigma-reduction campaigns and gender-specific intervention campaigns to address gender-specific barriers. Content analysis, when paired with thematic insights, offers a fuller understanding of students' lived experiences and the systems that shape their mental health realities.

Table 2: Frequency Matrix of Themes Across Focus Groups

| Theme | FG1 (Girls 1) | FG2 (Girls 2) | FB1 (Boys 1) | FB2 (Boys 2) | Total | Interpretation |
|---|---|---|---|---|---|---|
| Stigma | 5 | 4 | 6 | 5 | 20 | High: Strong consensus; major barrier across all |
| Gender Roles | 7 | 6 | 8 | 7 | 28 | Very High: Deep gendered influence on MH views |
| Barriers to Seeking Help | 4 | 5 | 5 | 6 | 20 | High: Consistent obstacles (cost, access, stigma) |
| Facilitators | 3 | 4 | 3 | 4 | 14 | Moderate: Solutions |

discussed, but less prominent

### A Venn Diagram

A Venn diagram helps to visualise how different groups overlap regarding themes. It enables the recognition of commonalities and differences in how themes are discussed in the focus groups (Figure 1).
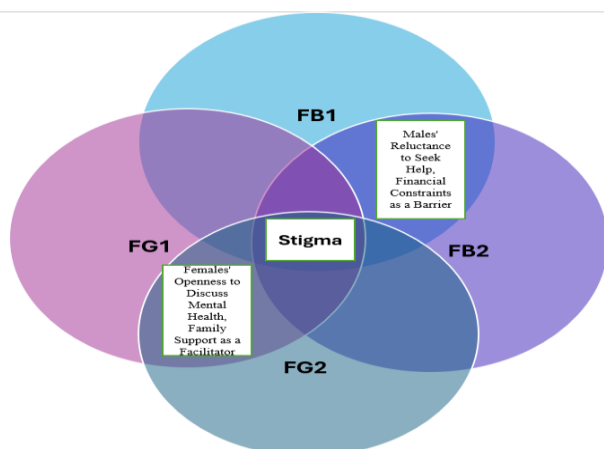


**Figure 1**: A Venn Diagram

### Intersection of FG1 and FG2

Females' Openness to Discuss Mental Health: Both female groups (FG1 and FG2) mentioned that females are open to discussing mental health issues as compared to males. This is because women have been allowed emotional expression by society.

Help-seeking Behaviours Facilitated by Family Support: Female participants suggest that family support facilitated help-seeking behaviours.

### Intersection of FB1 and FB2

Males' Reluctance to Seek Help: Both Male groups (FB1 and FB2) agreed that males are reluctant to seek help due to societal pressures of masculinity. Statements such as "Males ko strong dikhna hota hai" were common.

Financial Constraints as a Barrier: Many male participants mentioned financial constraints as a major barrier to accessing mental health support.

### Intersection of All Groups

All groups (FG1 and FG2, FB1 and FB2) indicated stigma as their major barrier to seeking mental health support (Figure 1). Females felt ashamed in case of being judged, while males feared being looked down upon as weak.

### Unique to FG1 and FG2

Female groups highlighted the importance of family support in facilitating help-seeking behaviors more than male groups.

**Unique to FB1 and FB2**

Male groups focused more on financial constraints, and less so for female groups.

**DISCUSSION**

The present study focused on the perceptions of university students towards mental health in academics with regards to differences by gender, barriers to seeking help and their culture. Themes that emerge from the findings are important, among them, the community stigma, gender roles, financial constraints and the role played by the family and friends in the campaign. These themes fit with existing literature and, at the same time, offer new insights in the Pakistani context.

The findings align with key theoretical frameworks, particularly Goffman's (1963) Stigma Theory, which explains how societal labelling ('weakness' for males, 'emotional instability' for females) restricts help-seeking behaviours. Similarly, Bronfenbrenner's Ecological Systems Theory (1979) contextualizes these findings by highlighting how macrosystemic cultural norms (e.g., gender roles in Pakistan) interact with individual experiences. This theoretical grounding clarifies why stigma manifests differently across genders and how systemic barriers persist.

One of the most prominent findings of this study was the pervasive impact of stigma on students' willingness to seek mental health support. As a major barrier, fear of being labeled, stigmatized and socially excluded was reported across all focus groups. Specifically, male students expressed a concern that seeking help would make them seem 'weak' and contravening the traditional masculine norms of unemotional vulnerability. The previous research by Corrigan and Watson (2002) in collectivist culture also discovered that stigma was a significant barrier to access mental health care, which was due to ignorance of the causes of mental illness or being blamed for personal weakness.

The results of Shafiq et al. (2020) regarding mental health issues in Pakistan are also similar to the findings of this study. This study further elaborates upon the manifestation of stigma across genders, namely, while females experience social judgment, males fear being seen as inadequate.

A recurrent theme of this study was that there are gender differences in mental health perceptions. While female participants freely shared their thoughts on mental health issues, male participants lacked openness towards the subject because of society's expectations of stoicism. This corresponds to what Biddle et al. (2007) discovered, where they found that traditional gender roles decrease male acceptance of help, as well as female acceptance of help, by increasing the expression of emotional distress.

The study also verifies Jibeen's (2016) study about collectivist cultures, in which mental health behaviour is dominated by familial and societal expectations. This study often found male students to have internalized that asking for help contradicts the male ideal and requires the need for gender sensitive mental health interventions. These gendered patterns resonate with Social Cognitive Theory (Bandura, 1986), wherein observed behaviors (e.g., males suppressing emotions) are reinforced through societal rewards (e.g., social acceptance). The theory explains how students internalize gender norms, with male participants avoiding help to conform to perceived masculine ideals. This theoretical lens underscores the need for interventions targeting observational learning, such as male mental health advocates modelling help-seeking behaviour.

Financial barriers emerged as a significant obstacle for students attempting to access mental health services. Some participants recognized the high cost of therapy and the lack of faculty counselling options in universities. In line with Ali et al. (2023), who found stress factors associated with money as a major

stressors for Pakistani students, intensifying and restricting students from taking professional help for their mental health. Moreover, psychological distress linked to peer interactions and victimization, as shown in school-based studies, may persist into university life, where students still face social judgment and exclusion for mental health concerns (Ilyas et al., 2021).

Additionally, the study supports Bibi et al. 's findings (2021) that Pakistani students have lower access to mental health services than students of other nations. Not only does the financial burden prevent students from seeking help, but it also contributes to worsened mental health conditions, leading to a vicious cycle of distress and inaccessibility. Maslow's Hierarchy of Needs (1943) theoretically contextualizes these financial barriers: when students' basic needs (e.g., tuition, housing) are unmet, higher-order needs like mental health become secondary. This aligns with participants prioritizing survival over self-care, illustrating how structural inequities perpetuate mental health disparities—a gap rarely addressed in campus policies.

Family and peer support were facilitators to mental health as well as barriers to mental health. Supportive families were encouraging help-seeking behaviors; on the other hand, unsupportive or dismissive attitudes further perpetuated stigma. For the participants, in particular female ones, familial support was highlighted, while male students felt pressured to adopt a 'tough.h,' independent attitude toward problems.
Secondly, the findings are similar to those of Yang et al. (2022), who found that family support especially plays a critical role in collectivist societies such as Pakistan. However, the relatively large number of students struggling to adjust indicates a gap in peer support systems, as well as friends feeling isolated. This indicates that universities ought to mentor each other through structured peer mentorship programs. Attachment Theory further elucidates these dynamics: students with secure familial attachments reported greater resilience, while those with insecure attachments struggled to seek support. This theory highlights the need for universities to foster 'secure bases' through mentoring programs, replicating familial support for students lacking it.

The study also looked at the role that COVID-19 and social media played in students' mental health. It is apparent that social media serves the purpose of making people aware of something; however, too much use of social media causes anxiety among people, makes them compare themselves with others, and results in posting fake information. This backs up Dixit & Rajaura's (2023) reasoning that social media can both assist and damage mental welfare. A similar pattern was found in younger populations, where digital technology was shown to both enhance cognitive engagement and disrupt emotional attachments, particularly between children and parents, highlighting the dual role of technology in shaping psychological well-being (Imran et al., 2025).

Moreover, the pandemic intensified other preexisting mental health issues among the students, who faced higher stress, isolation and academic burden. This is in line with the work of Aqeel et al. (2022) that COVID-19 caused significant anxiety and depression amongst Pakistani university students. The Transtheoretical Model offers a theoretical framework for post-pandemic recovery: students oscillated between 'pre-contemplation' (ignoring mental health) and 'contemplation' (considering help) stages due to COVID-19's trauma. This explains the urgency of stage-matched interventions (e.g., awareness campaigns for 'pre-contemplators').

## CONCLUSION
This study underscores the complex interplay of stigma, gender norms, financial constraints, and cultural factors in shaping students' mental health perceptions. Though there are still obstacles facing members of these communities, universities can become change agents that create supportive environments, fight stereotypes, and provide access to better mental health care. These challenges need to be responded to

through a multi-pronged approach that involves bringing awareness, changing policies, and supporting institutions in ensuring the mental well-being of the students. These findings can be integrated into the mental health strategies of Pakistani universities to build an inclusive academic environment for all students.

## LIMITATION AND STUDY FORWARD

Although this study provides some insights into the perceptions of students at Lahore-based universities regarding mental health, it has several limitations that need recognition. The sample only included a university in Lahore, limiting the applicability of the findings to other regions of the country. Additionally, since the study is qualitative, its results cannot be statistically generalized, and a future mixed-methods approach would be necessary to improve validity. Participant responses may also have been influenced by social desirability bias, particularly given the sensitive nature of stigma. Future research should involve broader recruitment, including rural areas and other cities, to address these limitations. The areas where the study is conducted should also assess the effectiveness of university-based mental health interventions, evaluate the level of support from faculty and administration for student well-being, and consider developing culturally adapted mental health assessment tools in Urdu to improve accessibility. These steps would enhance the generalizability of the research and support the development of more comprehensive mental health systems in Pakistani universities.

## CONFLICT OF INTEREST AND ETHICAL STANDARDS

The authors declare no conflicts of interest, financial or otherwise, with any organization or entity related to this study. This research strictly adhered to ethical guidelines, ensuring no unethical practices such as plagiarism, animal testing, or unauthorized human testing were involved. All procedures involving human participants were conducted by institutional ethics. Written informed consent was obtained from all participants before their involvement in the study, with clear communication about the research objectives, voluntary participation, confidentiality, and the right to withdraw at any stage without consequences. The study protocol was reviewed and approved by the university's research ethics committee to ensure compliance with ethical research practices. No medical procedures or clinical interventions were performed as part of this study.

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