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Rethinking Student Mental Health: Counselling, Ethics, and Transformation in Higher Education. An Editorial Perspective on JCDHESA Volume 4

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Introduction

In recent years, student mental health has moved from the margins of higher education discourse to its very centre. Across Southern Africa, the twin pressures of academic intensity and complex sociocultural realities have made mental well-being a defining challenge for student development and institutional sustainability. A national study of South African students reported that trauma is widespread, anxiety symptoms are commonplace, and suicidal thoughts are normative among many of the nation's young adults (Bantjes et al., 2020). These sobering trends underscore the urgency of ethical, contextually grounded, and transformative interventions.

This edition of the *Journal of Counselling and Development, Higher Education Southern Africa (JCDHESA)*, contributes to this growing body of work by presenting four diverse yet interconnected articles. Collectively, they foreground how career motivations, ethical decision-making, social norms, and mental health literacy shape the student experience in profound ways. The contributions reflect a tapestry of inquiry that advances our understanding of student development in higher education.

Article Highlights

The four contributions featured in this edition offer distinct but complementary perspectives on the evolving landscape of student counselling and development in Southern Africa. Collectively, they examine the intersections of career identity, technological innovation, cultural norms, and student knowledge, each addressing a critical facet of mental health and higher education. By drawing on diverse methodologies and lenses, these articles illuminate both the challenges and opportunities that shape the student experience. What follows is a closer look at each article, highlighting the unique insights they bring and the broader questions they provoke for our field.

Coovadia et al.: Male psychologists and career motivations

The edition opens with Coovadia and colleagues' investigation into the motivations of male psychologists in Johannesburg. Drawing on role congruity theory, the authors challenge gendered assumptions that position psychology as a "female" profession. Through rich interviews, they uncover how male psychologists are driven by intrinsic motivations, such as fascination with human behaviour and a search for meaning, as well as by extrinsic influences like inspirational role models. Their study not only addresses gaps in scholarship but also poses a practical question for higher education: how can institutions foster environments that welcome men into helping professions without reinforcing restrictive gender binaries?

Kayser & Khan: Navigating ethical waters in AI-based mental health care

Kayser and Khan tackle the promise and perils of AI chatbots in student mental health support. In contexts of rising demand and constrained counselling capacity, AI interventions such as the Wysa chatbot offer scalability and accessibility. Yet, as the authors argue, these innovations cannot

be divorced from pressing ethical considerations—privacy, consent, fairness, and human oversight. Their contribution is timely, reminding us that technology in higher education must be critically examined for both its emancipatory potential and its capacity to reproduce inequities if left unchecked.

Moagi: Socially constructed norms and male help-seeking behaviour

Moagi adds a vital socio-cultural dimension, confronting the entrenched norms that dissuade male students from seeking counselling, even when such services are freely available on campuses. Cultural scripts around masculinity, stigma, and perceptions of counselling as “not for men” or “for whites only” remain powerful barriers. These insights echo earlier work emphasising how masculine norms, stigma, and self-concealment exacerbate mental health challenges. Moagi’s reflections thus call on student counselling units: transformation requires not only service provision but also cultural critique, community dialogue, and proactive strategies to disrupt harmful gender norms.

Greener & Pillay: Assessing mental health literacy among students

Finally, Greener and Pillay present an empirical study of mental health literacy among health sciences students at the University of KwaZulu-Natal. Their findings reveal encouraging levels of awareness but also concerning misconceptions, for example, that mental illness is a sign of weakness or that individuals can “snap out of it.” These results confirm the importance of sustained educational efforts to embed mental health literacy in curricula, awareness programmes, and peer-led initiatives. Significantly, the study underscores that information alone is insufficient unless accompanied by accessible, visible, and trusted support pathways.

Synthesis: Cross-Cutting Themes

Taken together, these four articles advance several propositions critical to higher education counselling and development in Southern Africa. They highlight four important themes that we, as counselling and development practitioners in higher education, ought to take to heart.

Gendered Realities Shape both Careers and Care

From Coovadia et al.’s exploration of male psychologists to Moagi’s account of male students’ reluctance to seek help, gender emerges as a recurring thread. Psychology as a career, and counselling as a service, are mediated by cultural constructions of masculinity and femininity. Unless universities acknowledge and respond to these realities, they risk perpetuating exclusions that diminish both the profession and the student body.

Ethics and Innovation Must Walk Hand in Hand

The promise of AI-driven mental health solutions is undeniable, yet as Kayser and Khan remind us, ethical lapses could undermine trust and exacerbate vulnerabilities. Students will only engage with such tools if they feel their privacy, agency, and dignity are safeguarded. The lesson here is broader: innovation in student development must never outpace ethical reflection.

Literacy and Stigma Remain Two Sides of the Same Coin

Greener and Pillay highlight knowledge gaps, while Moagi illustrates the lived consequences of stigma and cultural scripts. Both underscore the need for comprehensive strategies that address not only what students know about mental health but also how they feel about it, how their communities interpret it, and how institutions create enabling environments for disclosure and support.

Student Development is Both Individual and Systemic

Across the contributions, there is an implicit recognition that student counselling is not only about individual therapy but also about systems, cultures, and structures. Career motivations, ethical technologies, gender norms, and literacy initiatives all intersect in shaping how students access and experience development services.

Implications for Counselling and Development

For practitioners and policymakers, this edition offers several key implications. First, with reference to recruitment and representation, this edition emphasises that efforts must be made to attract and support men into psychology and counselling-related careers, not only to balance representation but also to challenge the gendered assumptions that currently restrict entry.

Second, when considering ethical frameworks for digital support, universities experimenting with AI chatbots must implement robust ethical guidelines, regular audits, and human oversight structures. AI should complement, not replace, human relationships in counselling. Third, regarding the cultural transformation of services, counselling units must actively engage with communities to dismantle stigma and reshape perceptions of who counselling is for. This may involve outreach campaigns, peer-led dialogues, and partnerships with cultural leaders.

Finally, the importance of embedding mental health literacy is an idea whose time has come. Specifically, the time has come to move beyond one-off workshops; mental health literacy must be integrated into curricula, residence life, and student governance structures. Students need not only information but also spaces for critical reflection to challenge myths and reimagine mental health.

Conclusion

This edition of JCDHESA illustrates that the challenges of student mental health and development are multifaceted, entangled with culture, technology, ethics, and identity. As student counselling professionals, we are called to move beyond reactive responses and towards holistic, anticipatory strategies.

The contributions presented here do not offer simple solutions. Instead, they provoke us to ask better questions: How do we reimagine helping professions in ways that transcend gender stereotypes? How can we harness technology without losing sight of ethics and humanity? How do we dismantle the stigma woven into the fabric of culture? Moreover, how do we cultivate literacies that empower students to seek help and support one another?

If these questions guide our work, then counselling and development in higher education can be positioned not merely as support services but as catalysts for transformation. In this vision, counselling is not an adjunct to the academic project but an integral part of it, ensuring that higher education is not only about knowledge acquisition but also about cultivating whole, resilient, and flourishing human beings.

References

Bantjes, J., Saal, W., Lochner, C. *et al.* (2020). Inequality and mental healthcare utilisation among first-year university students in South Africa. *International Journal of Mental Health Systems*, 14(5). <https://doi.org/10.1186/s13033-020-0339-y>

Why psychology?

An investigation into the career motivations of male psychologists practising in Johannesburg

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Abstract

In 2017, the Health Professions Council of South Africa recorded that only 20.3% of registered psychologists in South Africa were males. This gender disparity has been attributed to the perception that psychology is incongruent with traditional gender roles, with males expected to pursue analytical careers and females prompted to embark on careers in helping professions. This study aimed to understand why male psychologists in Johannesburg chose to pursue careers in the therapeutic setting of psychology, despite prevailing gender expectations, using role congruity theory. A qualitative collective case study approach was adopted, utilising a sample of six male psychologists selected through non-probability purposive and snowball sampling. Semi-structured interviews were employed to collect data, which was analysed using thematic analysis. Three main themes emerged from the data, namely, (1) understanding homo sapiens, (2) inspirational role models, and (3) filling the existential vacuum. The study found that male psychologists chose careers in the therapeutic setting of psychology for intrinsic factors, such as seeing the work meaningful, and for extrinsic factors, including having inspiring role models. These findings are anticipated to inspire and guide future male psychologists and to aid in developing effective recruitment strategies for male psychologists.

Keywords: Career motivations, gender expectations, male, psychologists, therapeutic setting

Introduction

Societal and cultural expectations influence a person's career choice, ultimately resulting in uneven gender ratios in certain professions. For example, the underrepresentation of females in science, technology, engineering, and mathematics (STEM) is evident (Charlesworth & Banaji, 2019; Olsson & Martiny, 2018). Juxtaposed, male representation is diminished in helping professions such as teaching, nursing, social work, and psychology (Ndou & Moloko-Phiri, 2018; Olsson & Martiny, 2018).

Psychology has historically been a male-dominated profession, although a global feminisation of the field has been observed (Sbaratta et al., 2015). In 1996, parity was reached in the number of male-to-female professionally registered psychologists in South Africa (Richter & Griesel, 1999). Subsequently, the gender distribution within the profession shifted, with a higher ratio of females to males (Skinner & Louw, 2009). The Health Professions Council of South Africa (HPCSA) reported

that males comprise only 20.3% of registered psychologists in South Africa (HPCSA, 2017). This feminisation exists across all disciplines of psychology, although a greater imbalance was found in clinical, counselling, and educational psychology (Williams, 2014).

Whilst the lack of male psychologists is conspicuous, the causes of it are uncharted and require further exploration (Croft et al., 2015; Fox & Barth, 2017). Some theories attribute it to an increase in the number of females entering the field following feminist movements that permitted them to enrol in universities and enter the workforce, rather than a decrease in male participation (Richter & Griesel, 1999). Psychology is deemed to be a lucrative field for females as women tend to select careers that allow for part-time practice due to societal expectations of bearing and bringing up children (Skinner & Louw, 2009).

Gender expectations and gender-based discrimination are also conceptualised to be the cause of the feminisation of occupations (Van Rensburg, 2021). Gender expectations are defined as societal assumptions about how individuals of a specific gender should behave, whilst gender-based discrimination refers to the negative consequences experienced by those who defy gender expectations (Baskwill & Vanstone, 2017). Deeply ingrained societal stereotypes influence perceptions of “appropriate” careers for different genders (Charlesworth & Banaji, 2019; Ndou & Moloko-Phiri, 2018). This process is not neutral; rather, it is reinforced through early socialisation, educational guidance, media propaganda and even workplace cultures that value and reward gender-conforming behaviour (Martin & Barnard, 2013). It is also not an exclusive phenomenon to female-saturated fields, with women in male-saturated fields also experiencing gender-based discrimination, such as limited maternity support and lack of mentorship (Ledwaba & Nkomo, 2021).

Literature establishes that due to gender expectations and gender based discrimination, a lack of support, feelings of being scrutinised, higher emotional distress, a reduced sense of belonging, and an overall negative experience are reported by males in female-saturated fields (Clark et al., 2012; Isacco et al., 2016). Furthermore, males in these professions are often questioned by themselves and others regarding their masculinity and sexuality (Ndou & Moloko-Phiri, 2018), and economic penalties are experienced as clients may choose them less often (Halper et al., 2019).

Whilst men in female-saturated professions are often challenged, they may not be completely disadvantaged (Halper et al., 2019; Shen-Miller & Smiler, 2015). In a female-dominated educational context, male participants reported several advantages, including increased job opportunities (Clark et al., 2012). In psychology, males during training reported a sense of meaning and fulfilment in their lives, a passion for the field, and a sense of being able to report a male perspective (Isacco et al., 2016). However, a lack of research surrounding the experiences of male psychologists’ post-qualification is perceptible (Kang et al., 2018).

Individuals who defy gender stereotypes by selecting an incongruent career often espouse a speciality that conforms to societal norms (Baskwill & Vanstone, 2017). A sub-categorisation of psychology has emerged, with the development of service delivery disciplines, as well as academic and scientific disciplines (Rice, 1997; Skinner & Louw, 2009). Male psychologists are postulated to incline toward scientific areas of psychology, such as research, whereas females are theorised to gravitate toward service-delivery aspects, such as counselling (Skinner & Louw, 2009).

Research has predominantly focused on the underrepresentation of females in male-dominated professions, leading to increased recruitment rates and retention of females in these careers over the past decade (Charlesworth & Banaji, 2019; Halper et al., 2019). In contrast, the number of men pursuing careers in female-saturated fields has stagnated and, in some instances, decreased (Halper et al., 2019).

Understanding the experiences of males in female-dominated fields is important, as it helps in understanding the workplace in general (Henson & Rogers, 2001; Shen-Miller & Smiler, 2015).

Moreover, deepening the understanding of male experiences in female-saturated vocations has vital theoretical implications for the development of theories addressing gender-based equality, gender-based discrimination, power dynamics, and the psychology of masculinity (Shen-Miller & Smiler, 2015). Therefore, understanding why males are motivated to pursue a career in the therapeutic setting despite gender expectations and the plethora of challenges they may experience was postulated to be impactful.

Theoretical Framework

This study was framed within the context of role congruity theory. Role congruity theory contends that individuals or groups who fail to behave according to gender-relevant stereotypes may experience adverse reactions (Diekmann & Goodfriend, 2006; Eagly & Karau, 2002). The occupation of male psychologists is perceived to breach gender expectations as males are expected to pursue analytical careers, whilst females are postulated to assume communal, group-serving, and people-oriented occupations (Charlesworth & Banaji, 2019; Ezeugwu & Ojedokun, 2020). To conform to societal gender expectations, male psychologists were hypothesised to pursue a career in the scientific spheres of psychology, such as research (Skinner & Louw, 2009). Role congruity theory was valuable in the study, as it highlighted that despite psychology being perceived as incongruent for males, multiple factors continue to motivate males to pursue a career in the therapeutic setting of psychology.

Goal of the Study

Given the lack of empirical studies on male psychologists' experiences, exploring the motivations of male psychologists to pursue a career in the therapeutic setting, despite it being perceived as incongruent with traditional gender expectations, was valuable. The study aimed to unpack the motivations of males pursuing a career in psychology within the therapeutic setting in Johannesburg, South Africa, at the time of the study. For this study, a therapeutic setting was defined as an environment, online or onsite, in which a client and psychologist safely engage in psychotherapy to overcome a presenting problem or problems.

The objectives of the study were to uncover the motivations of males to initially pursue a career in psychology. Furthermore, the study examined the factors that continue to motivate males to pursue a career in psychology within a therapeutic setting.

Method

The study used a qualitative collective case study design to explore the subjective motivations of male psychologists practising in a therapeutic setting in Johannesburg. This allowed for an in-depth investigation. The study was exploratory because the topic is under-researched. This enabled the authors to rely solely on participants' views and experiences to inform the findings.

Participants

Non-probability sampling was utilised, with purposive sampling used to determine the initial participants and snowball sampling used to identify additional participants. Six English-speaking, male, registered psychologists aged 25 to 50 were selected. Participation was restricted to clinical, counselling, or educational psychologists registered with the HPCSA who had a minimum of two years of post-registration experience working in a therapeutic setting. Information about each participant is presented in Table 1, with specific details withheld to maintain participant confidentiality.

Table 1. Participants' demographic information.

	Age	Race	Years of Experience	Stream of Psychology	Sector
P1*	35	White	10 years	Counselling	Private practice
P2	37	White	10 years	Clinical	Private, public hospital, and university lecturer
P3	31	White	2 years	Educational	Private practice and university lecturer
P4	28	White	3 years	Counselling	Private practice
P5	34	Indian	8 years	Clinical	Private practice, public hospital, and university lecturer
P6	38	White	8 years	Educational	Private practice

*P = Participant

Procedure and Ethical Considerations

After receiving ethical clearance from the South African College of Applied Psychology (REC-240719-057:0066), data were gathered by three researchers. Participants were identified using an advert that was distributed on the following social media platforms: (1) WhatsApp, (2) Facebook, (3) Instagram, and (4) LinkedIn. Once-off semi-structured online and in-person interviews were employed, with a pilot interview conducted with a single participant who met the sampling criteria to strengthen the research tools. Interviews were conducted in English only, without a translator, and lasted approximately 60 minutes. Interviews were recorded and transcribed verbatim.

Data Analysis

Thematic analysis was used to interpret and organise the information obtained from the semi-structured interviews into themes, following the six phases identified by Braun and Clarke (2006). During the familiarisation phase, an overview of the data was gained by reading the transcriptions. Secondly, through coding, phrases in the text were highlighted to determine specific codes to describe their content. Thirdly, broader themes were identified, whilst irrelevant codes were discarded. Next, themes were reviewed to ensure they were representative of the data or to identify and add any missing themes. Then, once the themes were finalised, each was named and defined accurately to reflect each theme's contents. Finally, each theme was addressed in this research paper.

Findings and Discussion

This study aimed to investigate the factors that motivated males to pursue a career in the therapeutic setting of psychology and to explore the reasons for their continued engagement in the profession. Three main themes were identified, namely, (1) understanding homo sapiens, (2) inspirational role models, and (3) filling the existential vacuum. A brief description of each identified theme, together with relevant quotes from the transcribed interviews, follows. The referencing system used to qualify the verbatim quotes in parentheses denotes participant numbers (e.g., P1 for Participant 1).

Understanding Homo Sapiens

Participants identified a desire to understand human beings as a motivating factor for pursuing a career in the therapeutic setting of psychology. Two subthemes were noted regarding understanding human beings, namely, (1) marvelling over the human mind, behaviour, and psychopathology, and (2) the beauty of working with diversity.

Marvelling Over the Human Mind, Behaviour, and Psychopathology

Participants noted that they were specifically intrigued by the human mind, behaviour, and psychopathology and hence pursued a career in psychology. While this served as an initial motivator for male psychologists to pursue a career in therapeutic psychology, it continues to be a driving force for their ongoing engagement in the field. The following quotations allude to this subtheme

“And in third year, I did community psychology and health psychology, and I finally got to do the pathology stuff as well as another course. And I was like, okay, like, this is interesting. It’s now piqued my interest enough that maybe I could see myself forming some career.” (P1)

“I’ve always been interested in, curious in the mind, and I suppose that is how people behave in the ways that they do.” (P4)

Whilst participant five stated that he was initially interested in human behaviour in general and not necessarily psychopathology, he mentioned that psychosis and pathology grew on him, leading him to select the clinical psychology stream.

“Psychosis. As real as it sounds, psychosis, and I think even up until today, is the most fascinating thing for me.” (P5)

Psychology is defined as the study of the human mind and behaviour (APA, 2015), and hence offers an opportunity to explore this intriguing dimension of humans. Previous research has established that understanding the causes of human behaviour has intrigued many, causing them to explore psychology further (Landrum & Davis, 2020; MacDonall, 2016). This includes an interest in psychology as an active profession and as a hobby (Laundrum & Davis, 2013). The current study aligns with these findings, suggesting that males are motivated to pursue a career in the therapeutic setting of psychology due to its focus on exploring the human mind, behaviour, and psychopathology.

Men are socially expected to gravitate toward analytical professions (Charlesworth & Banaji, 2019; Ndou & Moloko-Phiri, 2018). Due to this, studies have highlighted that male psychologists pursue a profession in analytical disciplines of psychology (Rice, 1997; Skinner & Louw, 2009). Whilst practising in the therapeutic setting of psychology is perceived to be a communal and social profession and not an analytical career, the current study’s findings indicate that males may be motivated to pursue a career in the therapeutic setting because of its analytical elements, such as understanding human behaviour and treating psychopathologies. Importantly, given that all participants highlighted this theme, the exploration of the human mind, behaviour, and psychopathology may serve as a motivator for psychologists across the clinical, counselling, and educational psychology streams.

The Beauty of Working with Diversity

Participants highlighted that they were motivated to pursue a career in the therapeutic setting of psychology because they enjoyed working with diverse populations. This includes, but is not limited to, diversity in terms of multitudinous religions, cultures, and ethnicities. Participants disclosed that interacting with diverse people provides them with an opportunity to learn more about others, an aspect they found fascinating. Participants one and four stated, respectively:

“And then I mean, the other thing I think that I really, really enjoy is working with people who are very different from me. I mean, that’s not to say I don’t have, you know, white heterosexual male clients or whatever. But I love working with people from different cultures, different world views, different religions and being able to build meaningful relationships across those differences.” (P1)

“You know being able to work with different people from different walks of life, and you know whether it’s in a particular project or you know something you, you learn that people are different. I think beyond the fact of perhaps the natural kind of differences.” (P4)

Although both participants one and four are clinical psychologists, the interest in working with diversity was noted by all participants. Participant three, an educational psychologist, testified to enjoying working with children, as each child is unique. He disclosed:

“So, I think each child is different and that makes it so cool and so interesting.” (P3)

Whilst there is a lack of evidence to support the current research findings that diversity is a motivating factor for male psychologists, previous research has stated that people are interested in learning history because they are intrigued by different cultures and worldviews (Wineburg, 2018). This underscores that while studying the theoretical elements of cultures may be intriguing, engaging with clients in a therapeutic setting offers male psychologists an opportunity to experience culture first-hand through direct immersion. However, further research is required to substantiate the current study’s findings.

Inspirational Role Models

Participants reported being inspired to pursue a degree in psychology and practice within the therapeutic setting due to role models or influencers in their lives who encouraged them to study psychology or served as an influence in their decision to adopt it as a career.

Participant one emphasised the influence the role that his older brother, a psychology lecturer, and a supervisor each had, independently, in shaping his career path

“And I think part of that, I have an older brother who studied psychology. He’s not a psychologist, he’s a psychometrist, but sort of he’s much, much older than I am. He’s like 14 years older than me, and sort of even at kind of that age, at quite a young age, kind of hearing him talk about things that he was learning about, I was like, okay, that’s quite cool.” (P1)

“But then towards the end of my first year studying psychology, I had a really good lecturer”. (P1)

Participant two revealed that he discovered his passion for psychology when he attended a talk by a prominent female psychologist.

“I went to a talk by Professor (omitted for confidentiality), and I was quite taken with the idea, I thought it was more in keeping with my areas of interest”. (P2)

The relationship between participants and their motivating individuals varied, with some identifying educators, family members, or professionals in the field as sources of inspiration. This finding highlights the critical role that inspirational role models play in males pursuing careers in the therapeutic setting of psychology. However, the specific influential individual differs from person to person. Moreover, it suggests that motivation can be derived from influential individuals regardless of their gender or career path.

Participant four reported a familial background rich in medical professionals, which fostered his passion for a career in the health professions spectrum, despite psychology not being his initial aspiration. This illustrates that family members served as role models for him, even if they were not in the same profession or directly influenced his career choice, highlighting that persuasion can occur both directly and indirectly.

Existing research has established that the absence of positive role models and narratives about male psychologists contributes to the feminisation of psychology (Halper et al., 2019; Sbaratta et al., 2015). Consequently, admiration for an individual who exhibits an affection for a field of study has been shown to enhance one’s passion for pursuing a career in that field (McDermott et al., 2019; Olsson & Martiny, 2018). The current study further supports the notion that having role

models who endorse or work within the field of psychology significantly contributes to motivating males to pursue careers in the therapeutic setting of psychology.

While the data indicated that encouragement from individuals to pursue a degree in psychology can propel one forward, it also revealed the potential for role models to dissuade individuals from psychology, particularly from practising within the therapeutic setting. For instance, Participant One noted that his passion for psychology was derailed by high school educators, ultimately leading him to apply for a degree in politics and philosophy. However, he eventually majored in psychology as well.

“Just off the subject choice actually, the deputy principal at the school that I was at, sort of taking a lesson on kind of career counselling and kind of thinking about what we wanted to study and whatever. And sort of saying something about, and then you’ve got people who want to be psychologists and just want to listen to people’s problems all day. And I was like, whoa, that doesn’t sound like such a great thing to do.” (P1)

This aligns with previous research that suggests a person may be deterred from pursuing a career due to negative comments made by a role model (McDermott et al., 2019; Olsson & Martiny, 2018).

Filling the Existential Vacuum

The third theme identified emphasises that male psychologists pursue a career in the field because it addresses an inherent existential vacuum, thereby providing meaning to their lives. All participants reported that practising psychology in a therapeutic setting imparts a sense of meaning and purpose to their lives, as evidenced by the quotes below.

“Once you find meaning and are able to change aspects of their life, that for me gives me purpose and meaning.” (P2)

“Getting a purpose for their life, that makes my life, that gives me purpose for why I am doing this.” (P3)

“So, there’s a benefit in that sense that it’s a meaningful career.” (P6)

Human beings engage in activities that bring meaning to their lives and are postulated to adopt careers to fulfil this need (Challenger et al., 2022; Miller & Rottinghaus, 2014; Ramasawmy et al., 2012). The current research study aligns with this theory, highlighting that males are motivated to pursue a career in psychology, particularly in a therapeutic setting, as it provides meaning and purpose to their lives.

Additionally, the study’s findings suggest that intrinsic motivators encourage males to pursue a career in the field of psychology within a therapeutic setting. Intrinsic motivation refers to engaging in a profession, hobby, or activity because it is inherently satisfying, rather than due to external pressures or rewards (Van den Broeck et al., 2021). While previous studies have indicated that external factors, such as societal expectations, deter males from pursuing careers in female-dominated sectors (Charlesworth & Banaji, 2019; Ndou & Moloko-Phiri, 2018; Olsson & Martiny, 2018), the current study demonstrates that intrinsic factors may serve as motivators.

However, pursuing a profession in psychology due to its meaningful nature may not be a unique motivation for male psychologists, as there is a lack of evidence to determine if females are drawn to the field for the same reason. This theme reiterates the findings of Isacco et al. (2016), who asserted that male psychologists experience a sense of meaning and fulfilment in their lives during training.

Regarding the fulfilment of the existential vacuum through practising in the therapeutic setting of psychology, one sub-theme was identified, namely, being an agent of change. This sub-theme will be explored further below.

Being an Agent of Change

The current study revealed that males are motivated to pursue a career in the therapeutic setting of psychology due to the feelings of satisfaction they experience after assisting clients, witnessing the growth they have inspired, and seeing the positive impact they have made. Participants noted that this satisfaction gives them meaning and purpose in their lives, ultimately gratifying their existential needs. Participants two and five captivantly said:

“The odds are against a lot of them to change and to make meaning in their life, and I think for those who beat the odds, so you’re, once you find meaning and are able to change aspects of their life, that for me gives me purpose and meaning.” (P2)

“The most fulfilling part is when you’re sitting there and you’re working, and you see every time there’s this feedback or you make this discovery with the patient. It’s this, they almost sit there and light up, and they’re like, oh, so that’s what it was, this is what I’ve done, or I can see what I do, it’s the same nonsense. For me, that’s the most, I feel like I’m doing something, something’s being done.” (P5)

Psychology, similar to teaching and nursing, is seen as a feminine career as it provides a person with an opportunity to assist others, by being a means of nurturing change in individual and communal experiences (Charlesworth & Banaji, 2019; Halper et al., 2019; Ndou & Moloko-Phiri, 2018; Olsson & Martiny, 2018). Males who adopt psychology as a career are postulated to experience adverse reactions according to role congruity theory, as it contravenes gender expectations (Diekmann & Goodfriend, 2006; Ezeigwu & Ojedokun, 2020).

Existential theories in psychology suggest that if a person can discover a purpose and meaning in their life, they can overcome any negative experiences they face (Wong, 2010). This coincides with the statement made by participant three, who highlighted that despite the negative situations he has experienced, the ecstasy he receives when facilitating change eclipses all these occurrences.

“To see them stop cutting, see them improving in their lives and getting a purpose for their life, that makes my life, that gives me purpose for why I am doing this, why I am managing all these other negative situations.” (P3)

The findings of the current study are significant, as they suggest that, while psychology is traditionally viewed as a helping profession, this perception may carry a more positive connotation than a negative one. Males may be drawn to psychology not only to assist others but also to find meaning and purpose in their own lives, thereby fulfilling their existential needs. However, there is a scarcity of research to substantiate these findings, necessitating further investigation into this phenomenon.

Whilst the role of being an agent of change may not necessarily be exclusive to male psychologists and may also be experienced by female psychologists, participant one noted that male psychologists may be advantageously positioned to assist other males encountered with gender-specific challenges. Consequently, male clients often prefer male psychologists to help them navigate these specific concerns, allowing male psychologists to be agents of change in a distinctive way. Participant two stated:

“I think it comes back to when it’s specifically, let’s call it traditionally male difficulties, where men might not want to talk about that, so where I’ve worked with some men who have had some difficulties, where they haven’t mentioned to their female doctor or to other female members of staff certain challenges that they’ve been having, but then would bring that up, so let’s call it adherence to medication, so we know a lot of anti-psychotics and some anti-depressants as well can result in things like erectile dysfunction, and then to actually bring that up, because that’s why I’ve gone off the medication, or I’m not too keen to take this medication, and I think then we can always

negotiate and look at what could be done differently, what could we change, should we look at a different medication, should we speak to the doctor about a different medication.” (P2)

Isacco et al. (2016) emphasised that male psychologists reported an ability to bring a distinctly male perspective to the field. However, this was not explicitly related to the therapeutic setting of psychology. There is insufficient data to determine whether being an agent of change in addressing challenges unique to males is a common experience among other male psychologists, necessitating further research. Therefore, investigating whether male clients facing unique male-specific challenges feel more comfortable speaking with a male psychologist could be a valuable approach. This exploration may inspire aspiring male psychologists by highlighting the significant impact they can have in the field.

Limitations

A few limitations to the study are noteworthy. Firstly, psychologists practising within the metropolitan city of Johannesburg were selected only based on their experiences, which potentially varied from those of psychologists in other cities and provinces. Secondly, the lack of existing literature on the topic posed challenges when scrutinising the study’s findings. Lastly, although a diverse sample was sought, the demographics of the sample did not accurately reflect many of the diversities. For example, five of the six participants were White, whilst one was Indian, with a lack of other racial representations in the sample.

Recommendations

Given the paucity of research on this topic, it is advised that future investigations focus on the motivations of male psychologists to pursue a career in the therapeutic setting. While the present study has identified some of the motivations of male psychologists, it remains unclear whether they are unique to the therapeutic setting or if they also exist in other areas of psychology, such as research or industrial psychology. Therefore, it is recommended that future studies explore the motivations of males pursuing careers in research and industrial psychology, in contrast to the therapeutic setting. It is also undetermined whether the identified motivations are unique to male psychologists. Thus, it is advised that research be conducted to explore the motivations of female psychologists.

To increase male participation in the field, disseminating the findings and results of research on this topic through workshops at local universities, specifically targeting male undergraduate psychology students, is a plausible approach. Furthermore, sharing these motivators during career guidance days could assist male high school learners considering a profession in the therapeutic setting of psychology. It is also advisable to communicate these motivations to educators, counsellors, and life coaches involved in career guidance.

Conclusion

This qualitative collective case study interviewed six male participants to determine their motivations for pursuing a career in the field of psychology. Three themes emerged when analysing the data, namely, (1) understanding homo sapiens, (2) inspirational role models, and (3) filling the existential vacuum. It was observed that males are motivated to pursue a career in the therapeutic field of psychology, despite it being perceived as incongruent with their gender, and hence are expected to encounter negative experiences in the field, according to role congruity theory. This motivation is driven by a combination of intrinsic factors, such as perceiving psychology as a meaningful career, and extrinsic factors, such as having positive role models. Whilst these findings may motivate men who are contemplating entering the field of psychology and could aid in the development of strategies to recruit male psychologists, further research in this area is required.

References

- American Psychological Association (APA). (2015). *APA dictionary of psychology* (2nd ed.). American Psychological Association.
- Baskwill, A., & Vanstone, M. (2017). “Just don’t be creepy”: A phenomenological study of the experiences of men in massage therapy. *Journal of Complementary and Integrative Medicine*, 15(1). <https://doi.org/10.1515/jcim-2017-0075>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Challenger, C. D., Duquette, K., & Mason, I. T. (2022). School counseling for college and career readiness using existential theory model: A humanistic approach to counseling students of color in urban school settings. *The Journal of Humanistic Counseling*, 61(3), 198–210. <https://doi.org/10.1002/johc.12184>
- Charlesworth, T. E., & Banaji, M. R. (2019). Gender in science, technology, engineering, and mathematics: Issues, causes, solutions. *Journal of Neuroscience*, 39(37), 7228–7243. <https://doi.org/10.1523/jneurosci.0475-18.2019>
- Clark, C. R., Mercer, S. H., Zeigler-Hill, V., & Dufrene, B. A. (2012). Barriers to the success of ethnic minority students in school psychology graduate programs. *School Psychology Review*, 41(2), 176–192. <https://doi.org/10.1080/02796015.2012.12087519>
- Croft, A., Schmader, T., & Block, K. (2015). An underexamined inequality cultural and psychological barriers to men’s engagement. *Personality and Social Psychology Review*, 19(4), 343–370. <https://doi.org/10.1177/1088868314564789>
- Diekman, A. B., & Goodfriend, W. (2006). Rolling with the changes: A role congruity perspective on gender norms. *Psychology of Women Quarterly*, 30(4), 369–383. <https://doi.org/10.1111/j.1471-6402.2006.00312.x>
- Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review*, 109(3), 573–598. <https://doi.org/10.1037/0033-295X.109.3.573>
- Ezeugwu, C. R., & Ojedokun, O. (2020). Masculine norms and mental health of African men: What can psychology do? *Heliyon*, 6(12), e05650. <https://doi.org/10.1016/j.heliyon.2020.e05650>
- Fox, L. B., & Barth, J. M. (2017). The Effect of occupational gender stereotypes on men’s interest in female-dominated occupations. *Sex Roles: A Journal of Research*, 76(7–8), 460–472. <https://doi.org/10.1007/s11199-016-0673-3>
- Halper, L. R., Cowgill, C. M., & Rios, K. (2019). Gender bias in caregiving professions: The role of perceived warmth. *Journal of Applied Social Psychology*, 49(9), 549–562. <https://doi.org/10.1111/jasp.12615>
- Health Professions Council of South Africa (HPCSA). (2017). *National survey of all registered psychology practitioners*. https://www.psyssa.com/wp-content/uploads/2017/07/HPCSA_Psychology_Survey_Report_FIN_320Feb202017.pdf
- Henson, K. D., & Rogers, J. K. (2001). “Why Marcia you’ve changed!” Male clerical temporary workers doing masculinity in a feminized occupation. *Gender & Society*, 15(2), 218–238. <https://doi.org/10.1177/089124301015002004>
- Isacco, A., Hammer, J. H., & Shen-Miller, D. (2016). Outnumbered, but meaningful: The experience of male doctoral students in professional psychology training programs. *Training and Education in Professional Psychology*, 10(1), 45–53. <https://doi.org/10.1037/tep0000107>
- Kang, J., Hense, J., Scheerso, A., & Keinonen, T. (2018). Gender study on the relationships between science interest and future career perspectives. *International Journal of Science Education*, 41(1), 80–101. <https://doi.org/10.1080/09500693.2018.1534021>
- Landrum, R. E., & Davis, S. F. (2013). *The psychology major: Career options and strategies for success* (5th ed.). Pearson.
- Ledwaba, S., & Nkomo, T. S. (2021). An exploration of motivations for women mine workers to work underground. *Sage Open*, 11(3), 1-11. <https://doi.org/10.1177/21582440211032157>

- MacDonall, J. S. (2016). Learning, the sole explanation of human behavior: Review of the marvelous learning animal: What makes human nature unique. *The Behavior Analyst*, 39(1), 175–182. <https://doi.org/10.1007/s40614-016-0056-7>
- Martin, P., & Barnard, A. (2013). The experience of women in male-dominated occupations: A constructivist grounded theory inquiry. *South Africa Journal of Industrial Psychology*, 39(2), 1-12. <https://doi.org/10.520/EJC137802>
- McDermott, R. C., Pietrantonio, K. R., Browning, B. R., McKelvey, D. K., Jones, Z. M., Booth, N. R., & Sevig, T. D. (2019). In search of positive masculine role norms: Testing the positive psychology positive masculinity paradigm. *Psychology of Men and Masculinity*, 20(1), 12–22. <https://doi.org/10.1037/men0000160>
- Miller, A. W., & Rottinghaus, P. J. (2014). Career indecision, meaning in life, and anxiety. *Journal of Career Assessment*, 22(2), 233–247. <https://doi.org/10.1177/1069072713493763>
- Ndou, N. P., & Moloko-Phiri, S. S. (2018). Four-year diploma male students' experiences in a profession traditionally perceived as a female domain at a selected public college of nursing in Limpopo, South Africa. *Curationis*, 41(1), a1932. <https://doi.org/10.4102/curationis.v41i1.1932>
- Olsson, M., & Martiny, S. E. (2018). Does exposure to counterstereotypical role models influence girls' and women's gender stereotypes and career choices? A Review of Social Psychological Research. *Frontiers in Psychology*, 9, 2264. <https://doi.org/10.3389/fpsyg.2018.02264>
- Ramasawmy, S., Paramananda, S., & Mautadin, G. (2012). A study of factors influencing Mauritian students in making their career choice and an evaluation of career counselling services in Mauritius. *The International Journal of Learning: Annual Review*, 18(9), 321–338. <https://doi.org/10.18848/1447-9494/cgp/v18i09/47755>
- Rice, C. E. (1997). Scenarios: The scientist-practitioner split and the future of psychology. *American Psychologist*, 52(11), 1173–1181. <https://doi.org/10.1037/0003-066x.52.11.1173>
- Richter, L. M., & Griesel, R. D. (1999). Women psychologists in South Africa. *Feminism & Psychology*, 9(2), 134–141. <https://doi.org/10.1177/0959353599009002004>
- Sbaratta, C. A., Tirpak, D. M., & Schlosser, L. Z. (2015). Male-male advising relationships in graduate psychology: A Diminishing Dyad. *Sex Roles*, 72, 335–348. <https://doi.org/10.1007/s11199-015-0466-0>
- Shen-Miller, D., & Smiler, A. P. (2015). Men in female-dominated vocations: A rationale for academic study and introduction to the special issue. *Sex Roles*, 72, 269–276. <https://doi.org/10.1007/s11199-015-0471-3>
- Skinner, K., & Louw, J. (2009). The feminization of psychology: Data from South Africa. *International Journal of Psychology*, 44(2), 81–92. <https://doi.org/10.1080/00207590701436736>
- Van Den Broeck, A., Howard, J. L., Van Vaerenbergh, Y., Leroy, H., & Gagné, M. (2021). Beyond intrinsic and extrinsic motivation: A meta-analysis on self-determination theory's multidimensional conceptualization of work motivation. *Organizational Psychology Review*, 11(3), 240–273. <https://doi.org/10.1177/20413866211006173>
- Van Rensburg, S. K. J. (2021). Doing gender well: Women's perceptions on gender equality and career progression in the South African security industry. *SA Journal of Industrial Psychology*, 47, a1815. <https://doi.org/10.4102/sajip.v47i0.1815>
- Williams, R. J. (2014). *Women's work? An exploration of the lack of male interest in the field of professional psychology in South Africa* [MA thesis, University of the Witwatersrand]. <https://wiredspace.wits.ac.za/server/api/core/bitstreams/97af7e04-d1c7-40eb-9ab8-ca79700a456f/content>
- Wineburg, S. (2018). *Why learn history (when it's already on your phone)* (1st ed.). University of Chicago Press.
- Wong, P. T. P. (2009). Meaning therapy: an integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85–93. <https://doi.org/10.1007/s10879-009-9132-6>

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors without undue reservation.

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Navigating Ethical Waters: The Responsibility of Higher Education in Implementing AI Mental Health Solutions

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Abstract

Abstract

The increasing prevalence of mental health challenges among university students has prompted higher education institutions to explore innovative support mechanisms, including the use of Artificial Intelligence (AI) chatbots. These tools offer accessible, immediate, and stigma-free assistance, positioning them as a promising supplement to traditional counselling services. However, their integration into mental health support raises critical ethical considerations. This paper examines the promise and limitations of AI chatbots within university settings, focusing on issues of privacy, informed consent, algorithmic bias, and the need for continued human oversight. Using the implementation of the Wysa chatbot at the University of the Western Cape as an illustrative case, the paper highlights how ethically grounded deployment can enhance student well-being while maintaining trust and safeguarding autonomy. The discussion underscores the responsibility of higher education institutions to develop robust ethical frameworks that ensure technology is used in ways that are safe, equitable, and supportive of student mental health.

Keywords: Student well-being, mental health, AI chatbots, student success.

Introduction

Artificial intelligence (AI) chatbots in higher education mental health support systems mark a new era in services for an increasingly vulnerable student population. Today's university students are finding themselves hemmed in by academic pressures, social isolation, and a world recovering from recent global events—all of which make them more likely to experience mental health crises (Rwafa-Ponela, 2022). A national study of about 70,000 students across 17 universities in South Africa found that 21% of students reported signs of clinical trauma, 37.1% of students reported anxiety symptoms, 30.6% of students had thoughts of suicide, 16.6% had made a suicide plan and 2.4% had attempted suicide (Bantjes et al., 2023). In addition, universities struggle with capacity and resources to address the growing problem. Mental health challenges significantly impact the lives of students and impede their overall functioning and well-being. Due to these grim statistics, Universities across South Africa are acutely aware of the importance of addressing students' mental health. With this in mind, the introduction of digital technology shows promising possibilities to assist in alleviating this issue.

Digital technology has made considerable strides in connecting people, generating information at the touch of a button, and changing the pace at which things can be done. One such promising innovation in the digital space is Artificial Intelligence (AI) in the form of chatbots, which holds significant potential for providing support and assistance in mental health. This pioneering way of using AI can transform the way mental health care is accessed and approached. As universities reach for the AI chatbot lifeline to better serve students, they must simultaneously and with great urgency grasp another lifeline: the ethics of using AI. But what exactly is at stake?

The Promise of AI Chatbots in Higher Education

AI chatbots offer a range of benefits that can enhance mental health support for students. They provide 24/7 availability, allowing students to access help at any time, which is particularly crucial in moments of crisis. According to a study by Harris et al. (2024), AI chatbots can deliver immediate responses, engage users in therapeutic conversations, and provide resources tailored to individual needs. These capabilities are especially valuable for students who may feel uncomfortable seeking help through traditional channels due to stigma or fear of judgment.

Furthermore, the COVID-19 pandemic has accelerated the adoption of digital health solutions, including AI chatbots, as institutions sought innovative ways to support students remotely (Madiba, 2024). Research indicates that chatbots can bridge gaps in traditional mental health services, particularly for those hesitant to seek help due to stigma or fear of judgment (Harris et al., 2024). However, while the potential benefits are substantial, the deployment of AI chatbots also raises pressing ethical concerns that institutions must address.

Privacy and Data Security

One of the foremost ethical considerations is the protection of student privacy. When students interact with AI chatbots, they often share sensitive information regarding their mental health. Institutions must ensure that any data collected is stored securely and used responsibly. This includes implementing robust encryption methods and limiting access to authorised personnel only (Inkster, 2021).

Moreover, universities must be transparent about data usage policies. Students should be informed about what data is collected, how it will be used, and who will have access to it. This transparency fosters trust between students and the institution, which is essential for effective mental health support. In practice, this means that institutions should develop clear privacy policies that outline data handling procedures. For instance, data should be anonymized whenever possible to protect student identities. Additionally, institutions should conduct regular audits to ensure compliance with privacy regulations such as the Personal Information Act (POPI Act, Act 4 of 2013) and the HPCSA guidelines for ethical practice.

Informed Consent and Autonomy

Informed consent is another critical ethical issue. Students must understand the nature of their interactions with AI chatbots and the potential risks involved. Institutions should develop clear guidelines that outline how consent is obtained and ensure that students are fully aware of their rights regarding their data (Bauer et al., 2018).

Furthermore, maintaining client autonomy is vital. Students should feel empowered to choose whether or not to engage with AI tools without feeling pressured by institutional policies or peer expectations. Institutions must create an environment where students can make informed choices about their mental health care options (Abd-Alrazaq et al., 2020). This could involve providing comprehensive awareness campaigns on how AI chatbots work and what students can expect from

these interactions. Additionally, institutions should consider implementing opt-in policies rather than default enrollments in chatbot services. This approach respects student autonomy by allowing them to choose whether they wish to engage with technology for their mental health needs.

Algorithmic Bias and Fairness

AI systems are not immune to biases that can affect their effectiveness and fairness. Biases may arise from the datasets used to train these systems or from the algorithms themselves (Harris et al., 2024). Universities must actively work to mitigate these biases by employing diverse datasets and regularly auditing their AI systems for fairness (Inkster, 2021). For example, if an AI chatbot is primarily trained on data from a specific demographic group—such as young adults from urban areas—it may not respond appropriately or effectively to users from different backgrounds or experiences. This lack of inclusivity can perpetuate existing inequalities in mental health care access.

To combat this issue, universities should prioritize diversity in both their training datasets and their development teams. Engaging stakeholders from various backgrounds can help ensure that the chatbot's responses are culturally sensitive and relevant across diverse populations (Madiba, 2024). Moreover, institutions should establish independent feedback mechanisms that allow users to report issues related to bias or insensitivity in chatbot interactions.

Human Oversight

While AI chatbots can provide valuable support, they should not replace human counsellors. The human element in therapy is irreplaceable; thus, institutions must maintain oversight over AI interactions (Harris et al., 2024). This oversight includes establishing protocols for when a chatbot should escalate issues to human professionals—particularly in cases where a student may be at risk of self-harm or experiencing severe distress.

Universities should also invest in training staff on how to integrate AI tools effectively into their existing mental health services while ensuring that technology complements rather than supplants human interaction (Madiba, 2024). For instance, institutions could establish clear guidelines on how chatbots can assist counsellors by providing preliminary assessments or gathering information before a human counsellor engages with a student (Fadhil et al., 2020).

Moreover, regular training sessions for staff on recognising when chatbot interactions indicate serious concerns are essential. This proactive approach ensures that human counsellors remain, integral members of the mental health support system, while leveraging technology's advantages.

Ethical Frameworks for Implementation

To effectively navigate the ethical considerations of implementing AI chatbots in mental health services, universities should establish robust ethical frameworks that prioritize key principles: ensuring user safety, promoting transparency in data practices and functionalities, fostering accountability through mechanisms addressing ethical breaches, and designing inclusive systems that serve diverse populations and minimize bias (Inkster, 2021). By integrating these principles, institutions can leverage AI technology to support student mental health while safeguarding individual rights.

In addition to these frameworks, universities may benefit from forming dedicated ethics committees to oversee AI chatbot implementation. These committees would play a critical role in monitoring data usage, evaluating bias mitigation strategies, and reviewing user feedback processes, ensuring ongoing adherence to ethical standards in AI applications (Zhang, 2021).

A case in point is the University of the Western Cape (UWC), which has taken proactive measures in mental health support by integrating Wysa, an AI-driven chatbot renowned for its expertise in mental health support. Wysa's AI-first approach allows users to engage in evidence-based exercises, including Cognitive Behavioral Therapy (CBT) techniques, tailored to their individual needs. Launched at UWC on September 21, 2023, Wysa has been adopted by over 3,600 users, including students and staff, who frequently engage with the platform to address challenges such as academic and work-related pressures. Wysa's interactive model encourages high engagement, with users averaging significant interaction times and many completing multiple sessions. Importantly, nearly 2,000 users have completed mental health assessments through Wysa, contributing to a deeper understanding of stress, anxiety, and depression prevalence within the university.

Testimonies from Wysa users underscore the impact of this AI-based intervention, with individuals noting improvements in relaxation, goal-setting, and emotional acknowledgement, highlighting the platform's role in enhancing mental health support (Khan & Kayser, 2024). Through thoughtful, ethically guided implementation, UWC exemplifies how AI can be harnessed to foster a supportive and responsive mental health ecosystem for its academic community.

Conclusion

As universities increasingly turn to AI chatbots for mental health support, they must recognise their ethical responsibilities in this endeavour. Prioritising student privacy and data security is not merely a legal obligation but a moral imperative that underpins effective mental health care. By implementing robust ethical frameworks and maintaining human oversight, educational institutions can harness the potential of AI while protecting the well-being of their students.

In navigating these ethical waters, universities have an opportunity not only to improve access to mental health resources but also to lead by example in responsible technology use within higher education. By addressing these critical ethical considerations head-on—privacy protection, informed consent, algorithmic fairness, and human oversight—institutions can create an environment where technology serves as a valuable ally in supporting student mental health without compromising individual rights or safety.

References

- Abd-Alrazaq, A., Alajlani, M., Alhuwail, D., Schneider, J., & Al-Kuwari, S. (2020). Artificial intelligence in the fight against COVID-19: Scoping review. *Journal of Medical Internet Research*, 22(12), e20756. <https://doi.org/10.2196/20756>
- Bantjes, J., Breet, E., Saal, W., Lochner, C., Roos, A., Taliep, N., & Stein, D. J. (2023). The mental health of university students in South Africa: Results of the national student survey. *International Journal of Mental Health Systems*, 17(1), 1–16. <https://doi.org/10.1186/s13033-023-00571-3>
- Bauer, W., Schlund, S., & Vocke, C. (2018). Working life within a hybrid world – How digital transformation and agile structures affect human functions and increase quality of work and business performance. In R. Dornberger (Ed.), *Business information systems and technology 4.0: New trends in the age of digital change* (pp. 3–10). Springer. https://doi.org/10.1007/978-3-319-60372-8_1
- Fadhil, A., Wang, Y., Reiterer, H., & De Ruyter, B. (2020). Designing persuasive conversational agents for mental well-being: A literature review. *Frontiers in Psychology*, 11, 2263. <https://doi.org/10.3389/fpsyg.2020.02263>
- Harris, A., Gibson, E., & Limpanopparat, S. (2024). User engagement, attitudes, and the effectiveness of chatbots as a mental health intervention: A systematic review. *Computers in Human Behavior: Artificial Humans*. Advance online publication. <https://doi.org/10.1016/j.chbah.2024.100123>

- Inkster, B. (2021). Early warning signs of a mental health tsunami: A coordinated response to gather initial data insights from multiple digital services providers. *Frontiers in Digital Health*, 2, 64. <https://doi.org/10.3389/fdgth.2020.00064>
- Khan, F., & Kayser, N. (2024, September 16–20). Leveraging AI chatbots for mental health support: Insights from the University of the Western Cape. Paper presented at *Institutional Research Week*, University of the Western Cape.
- Madiba, M. (2024, September 26). Transforming mental health in South African universities: The promise of AI chatbots. *Times Higher Education*. <https://www.timeshighereducation.com/campus/transforming-mental-health-south-african-universities-promise-ai-chatbots>
- Protection of Personal Information Act No. 4 of 2013 (POPI Act, 2013). Republic of South Africa. Government Gazette.
- Zhang, L. (2021). *Graph-based self-adaptive conversational agent with context-awareness behaviour predictions* [Master's thesis, Auckland University of Technology, School of Engineering, Computer and Mathematical Sciences]. Auckland University of Technology.

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Socially constructed norms are a contributing factor to male students' help-seeking behaviours

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Abstract

The disparities in mental health care utilisation based on gender highlight a lower rate of help-seeking behaviour among males compared to females, where an increasing rate of suicide cases has raised global concerns. Societal expectations and gender roles play a significant role in shaping the help-seeking behaviour of male students. Ezeugwu and Ojedokun (2020) highlight cultural influences that perpetuate stigma around mental health issues among men. These perspectives collectively suggest that male students' perceptions of mental health are significantly influenced by social constructs, indicating that our society may not provide a conducive environment for men to address mental health concerns.

Introduction

According to the World Health Organisation (2022), mental health is determined by how people feel and think about themselves, their lives, and their impact on how they handle and cope with life stressors. This opinion piece focuses on a subject matter that is slowly being explored. The rate of seeking help in males is lower than that of females. A study by Wettstein et al. (2022) indicates a low rate of males who seek mental healthcare compared to females. South Africa has a high prevalence of mental illnesses, with the most common being anxiety disorders, depressive disorders, mood disorders, and substance-related disorders (Meyer et al., 2019). Conflict and trauma, hunger and poverty, limited access to health and social care, and social inequality all contribute to the highest prevalence of mental health issues in countries like South Africa (Meyer et al., 2019). According to Meyer (1995), majority of males do not seek help due to stigma and societal pressures. Current research from Korb (2022) shows that most males do not seek mental healthcare. This is influenced by their knowledge of mental health beliefs and disorders. Mental health literacy is based on their perceptions.

Goal of the Paper

Universities in Africa offer free counselling sessions for students to improve their mental health and navigate university life. However, male students do not use these facilities. This exploration was prompted by most male clients in the Student Counselling Unit I had, which constituted approximately 23.75%. This opinion piece aims to encourage dialogue in African student counselling units and encourage critical reflection on why male students do not seek help from the university counselling unit. Furthermore, it seeks to demonstrate that using the social constructionism theory in the distinctive role socially constructed norms play in male students not seeking help compared

to female students. Social constructionism is a perspective which agrees that human life exists subject to social and interpersonal influences (Galbin, 2014). Social constructionism theory will aid in critically thinking about males' understanding and perceptions of mental health and barriers to mental healthcare, which affects their help-seeking behaviours.

Literature Review

Gender influences

Research has proven that women seek mental health services, but fewer men do (Ngwenya & Sumbane, 2022). According to Warria (2017), societal pressures and traditional ideals of masculinity harm men's health, resulting in increasing death rates and a reluctance to seek healthcare. Masculinity beliefs are frequently related to risky behaviour by some men in most societies, and it has been noted that some men claim to be strong enough to take care of themselves throughout illness without requiring assistance from anyone (Warria, 2017).

Cultural beliefs

A study by Booysen et al. (2021) shows that culture plays a significant role in help-seeking behaviours. The function of culture in mental health is little understood, although the cultural idea of the self significantly impacts how the condition is presented and interpreted. Indigenous cultural perspectives influence the majority of males' understanding of mental illnesses.

Stigma

Stigma is yet another factor contributing to individuals' reluctance to seek help. Mental health stigma is described by Masuda et al. (2012) as negative ideas that people have about people with mental health issues because they believe that people with mental health disorders might come across as unpredictable and untreatable. Stigma plays a significant part in the ongoing pain, incapacity, and financial constraints caused by mental disorders (Kakuma et al., 2010). People with mental disorders are frequently persecuted by their families, friends, and the community at large because of their conditions and endure unjust judgement, such as difficulty accessing housing, jobs, and other social roles (Kakuma et al., 2010).

Discussion

Ngwenya and Sumbane (2022) indicated that men in South Africa experience substantial mental health difficulties as a result of cultural pressures and conventional masculine ideals. Sub-Saharan African cultural conceptions, attitudes, and behaviours play a significant role in shaping perceptions of men (Uwimana et al., 2023). The study conducted in the Eastern Cape shows that individuals are mistreated and discriminated against for suffering from mental health issues due to the stigma infused by cultural beliefs (Ezeugwu & Ojedokun, 2020). In societies, young men are taught to imitate a sheep and not cry out loud. This statement gives a brief yet precise context of how the African boy child is raised. This kind of masculine norm places males at risk.

It is such knowledge they construct that influences their help-seeking behaviour, not opening up about their emotions and going for therapy because of societal and cultural norms they should conform to. The influence of culture on help-seeking behaviours includes ancestor worship, a practice used to heal and regarded as critical for maintaining health in traditional African societies (Booyesen et al., 2021). In Booysen et al.'s (2021) study, participants sought traditional and medical help because they had a strong belief that their illness was due to witchcraft. Studies conducted in Malaysia and Ethiopia indicate that when there is belief in supernatural causes, traditional healing practices are feasible. Additionally, in both countries, they prefer traditional over Westernised ways of healing (Meyer et al., 2019).

Kakuma et al. (2010) further argued that the stigma associated with mental health and or seeking mental healthcare aggravates individuals who suffer from the loss of loved ones, employment, and coping with the daily stresses of life. This often leads to a greater risk of substance misuse and criminal engagement. Literature by Booysen et al. (2021) revealed that their communities often label the majority of the individuals living with mental disorders, and sometimes they tend to label themselves. Korb (2022) indicates that in South Africa, majority of males continue to be denied access to vital health due to societal stigmas.

Conclusion

These perspectives collectively suggest that male students' perceptions of mental health are significantly influenced by social constructs, indicating that our society may not provide a conducive environment for men to address their mental health concerns openly. Traditional beliefs are a factor in African men's mental health (Ngwenya & Sumbane, 2022). Various factors, including ethnicity and culture, influence stigma. These norms include societal beliefs like men do not cry and counselling is for whites only, hence the stigma (Corrigan et al., 2014). In black communities, mental health is perceived as healthcare for whites, Indians, and Coloureds.

Men with solid cultural beliefs are less willing to discuss their health issues due to fear of stigma (Milner et al., 2019). Masuda et al. (2012) refer to shying away from getting help for mental health issues as self-concealment. This includes keeping what bothers you a secret from everyone, even from those around you. Moreover, stigma has been a factor in preventing individuals from seeking mental healthcare. Korb (2022) reported that some males are reluctant to seek therapy because they fear being judged by their families and friends, while others are too ashamed. Galson (2009) stresses that although mental health is a personal struggle, it is a public health issue that needs to be treated like any other chronic disease. Society should take note of this to find the courage to do away with the stigma. Hence, medical personnel must provide a secure environment where men can accept therapy. (Korb, 2022).

References

- Booyesen, D., Mahe-Poyo, P., & Grant, R. (2021). The experiences and perceptions of mental health service provision at a primary health centre in the Eastern Cape. *South African Journal of Psychiatry*, 27, 1641. <https://doi.org/10.4102/sajpsy.v27i0.1641>
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37–70. <https://www.jstor.org/stable/44151252>
- Ezeugwu, C. R., & Ojedokun, O. (2020). Masculine norms and mental health of African men: What can psychology do? *Heliyon*, 6(12), e05650. <https://doi.org/10.1016/j.heliyon.2020.e05650>
- Galbin, A. (2014). An introduction to social constructionism. *Social Research Reports*, 26, 82–92. <http://www.researchreports.ro>
- Galson, S. K. (2009). Mental health matters. *Public Health*, 124(2), 189–191. <https://www.jstor.org/stable/25682191>
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231–243. <https://doi.org/10.1037/a0025957>
- Kakuma, R., Kleintjies, S., Lund, C., Drew, N., Green, A., & Fisher, A. J. (2020). Mental health stigma: What is being done to raise awareness and reduce stigma in South Africa? *African Journal of Psychiatry*, 13(2), 157–163. <https://doi.org/10.4314/ajpsy.v13i2.57705>
- Korb, F. A. (2022). Understanding male mental health. *Mental Health Matters*, 6, 10–11.
- Masuda, A., Andersson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies*, 43(7), 773–786. <https://www.jstor.org/stable/23414696>

- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56. <https://www.jstor.org/stable/2137286>
- Meyer, J. C., Matlala, M., & Chigome, A. (2019). Mental health care: A public health priority in South Africa. *South African Family Practice*, 61(5), 25–29. <https://doi.org/10.1080/20786190.2019.1660294>
- Ngwenya, M. W., & Sumbane, G. O. (2022). The urgency of access to men-centred mental healthcare services to address men’s sensitive issues in the communities of South Africa. In *Healthcare access – New threat, new approaches* (pp. 1–13). IntechOpen. <https://doi.org/10.5772/intechopen.108493>
- Uwimana, S., Okova, R., & Habtu, M. (2023). Factors influencing the health-seeking behaviour of men in Gasabo District, Rwanda. *Rwanda Journal of Medicine and Health Sciences*, 6(2), 215–227. <https://doi.org/10.4314/rjmhs.v6i2.8>
- Warria, A. (2017). Men at risk: Men’s health, illness and the (un)healthy construction of gender. *Southern African Journal of Social Work and Social Development*, 29(2), 1–18. <https://doi.org/10.25159/2415-5829/2403>
- Wettstein, A., Tlali, M., Joska, J. A., Cornell, M., Skrivankova, V. W., Seedat, S., Mouton, J. P., van den Heuvel, L. L., Maxwell, N., Davies, M. A., Marteens, G., Egger, M., & Haas, A. D. (2022). The effect of the COVID-19 lockdown on mental health care use in South Africa: An interrupted time-series analysis. *Epidemiology and Psychiatric Sciences*, 31, e43. <https://doi.org/10.1017/S2045796022000270>
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. Geneva: Author.

Data availability statement

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Assessing Mental Health Literacy: A Strategy for Debunking Myths and Unlocking Minds

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Abstract

Mental health literacy is essential for identifying mental health challenges, accessing appropriate support, and combating the stigma associated with mental illness. A lack of knowledge or negative attitudes toward mental health among students can lead to harmful consequences. Therefore, addressing gaps is essential in promoting a healthier and more supportive educational environment. This study aims to assess students' mental health literacy, focusing on their perceptions, understanding of mental health, and the effectiveness of available support resources. As part of the Mental Health Reset Programme, participants completed the Mental Health Literacy Scale, which consisted of 17 Likert scale items along with open-ended questions. The survey had 67 student participants. Findings revealed that students generally understand mental health, but misconceptions persist, including beliefs that mental illness is not a real medical condition and that individuals can simply "snap out of" it. Academic pressure and personal experiences emerged as significant contributors to mental health challenges. Although some resources are known, students expressed the need for improved mental health education and more accessible support. Confusion about how to access support resources underscores the need for clearer information dissemination.

Keywords: Mental health literacy, university students, wellness

Introduction

Mental health is a vital component of overall health and well-being, influencing various aspects of an individual's life. (Gautam et al., 2024). The World Health Organisation defines mental health as "a state of emotional, psychological, and social well-being in which individuals can cope with the challenges of daily life, work productively, and contribute to their communities" (*Mental health*, 2022). Mental health challenges among university students are widely recognised. A global survey conducted by the American College Health Association (ACHA) revealed that 63% of university students experience overwhelming anxiety, 42% report struggling with depression and impaired daily functioning (*National College Health Assessment*, 2021). These mental health issues adversely affect academic performance, social relationships, and overall well-being (Eisenberg et al., 2012).

Nevertheless, fostering positive mental health, enhancing the ability to recognise signs of mental illness, promoting supportive attitudes that reduce stigma, and encouraging effective help-seeking behaviours can lead to improved academic performance, improved social relationships, and greater overall well-being among students. These factors not only contribute to personal growth but also create a healthier campus environment where students feel empowered to seek support (Marwood & Hearn, 2019).

Although substantial research has explored the prevalence and impact of mental health challenges in higher education, a deeper understanding of students' perceptions and experiences of mental health remains necessary. Mental Health Literacy is the knowledge and attitudes individuals have about mental health and mental health services (Chao et al., 2020). Mental Health Literacy covers six broad areas: (1) knowledge and ability to identify symptoms of poor mental health; (2) knowledge and beliefs of causes of poor mental health; (3) knowledge and beliefs of self-compassion and self-care practices to maintain good mental health; (4) knowledge and beliefs of mental health services; (5) attitudes toward poor mental health and mental health services; and (6) intentions to access mental health services when needed (Gorczyński & Sims-Schouten, 2024).

Mental Health Literacy is associated with better mental health, improved knowledge and attitudes toward poor mental health, and greater intentions to seek support from mental health services (Rafal et al., 2018). Individuals with mental health literacy have been associated with better overall mental well-being, enhanced understanding and attitudes toward mental health challenges, and an increased likelihood of seeking support from mental health services when needed (Martin, 2010).

This study was conducted among Health Sciences students at a South African university, who represent the next generation of healthcare professionals therefore, it is important that they develop a solid understanding of mental health, as this directly influences their ability to identify, respond to, and address mental health concerns in both themselves and others. Recognising the pressing need to support student mental health, the Mental Health Reset Program was launched to address growing concerns around student well-being. This initiative aims to promote mental wellness by enhancing students' knowledge and attitudes, equipping them with the ability to identify and address mental health challenges effectively. It also seeks to reduce stigma, foster open discussions about mental health, and cultivate a supportive campus culture where seeking help is encouraged and normalised.

Methodology

The study population consisted of 67 students completing studies in the field of Health Sciences. Participants completed the Mental Health Literacy Scale (MHLS), consisting of 17 Likert-scale questions and an open-ended question. Responses ranged from 1 (Strongly Agree), 2 (Agree), 3 (Neutral), 4 (Disagree). The questionnaire was administered via Google Forms. All 67 participants provided informed consent, allowing their data to be used in this study.

Results

The study examined demographic factors, including level of study, age, and gender. A comprehensive summary of participant demographics is presented in Table 1.

Table 1: Participant demographics.

Category	Details	Percentage
Level of Study	1 st	16%
	2 nd	16%
	3 rd	16%
	4 th	9%
	5 th	2%
	6 th	11%
	Post Graduate	30%
Age	16-21	39%
	22-25	24%
	26-29	12%
	30+	25%
Gender	Female	75%
	Male	24%
	Non-binary	1%

Students understanding of mental health

Students exhibited a general understanding of mental health, describing it as a state of psychological and emotional well-being. A prominent theme that emerged from their feedback was the perception of mental health as a holistic concept, shaping how individuals interact with others, handle various situations, and manage daily responsibilities. Many students associated mental health with calmness and effective stress management, with one student expressing:

“People who remain calm in situations are mentally healthy. They are secure in their emotions and are able to deal with difficult situations more easily than others. They have healthy coping mechanisms for stress and academic pressure and they do not bottle up their emotions.”

“You cannot really tell in most cases because they can put a smile on their face which can be deceiving unless they tell you how they feel and if Yall are really close it is still difficult to tell but in some cases you can.”

Causes of mental health issues

A common observation was that mental health issues are caused by distressing events that occur in life. One student had this to say:

“Mental health issues are caused by distressing event that occurs in life, financial problems, losing loved ones, or failing academically, not being able to achieve your goals or social abuse.”

Another student remarked:

“Personally, it’s interlinked with medical issues, such as a lifetime health condition that one has to deal with. It has to do with challenges and odds of life that people face such as losing a loved one; it is also linked with being financially unstable to fulfill one’s daily needs and the needs of people around them.”

Resources used to obtain mental health information

Students were asked about their awareness of available resources for accessing mental health information. The findings revealed that students generally felt confident in knowing where to seek help. Technology and social media emerged as primary sources of information, with one student stating, “*You can use Google and you find the information,*” and another commenting, “*Internet and also social media platforms are very helpful sources.*”. On campus, students identified institutional resources as valuable for mental health support. These included university websites, Student Support Services (SSS), and campus clinics. One student specifically noted, “*The university website, Student Support Services, Peer Wellness Mentors and Academic Development Officers are best sources within the university to access mental health information*”. Additionally, some students mentioned external resources, specifically the South African Depression and Anxiety Group (SADAG) and its helpline, 0800 456 789.

Student perceptions of mental illness

Using a Likert scale, students were asked to evaluate whether they believe people with mental health challenges are dangerous. The results reflected diverse viewpoints: 18% of students agreed with the statement, while 21% disagreed. 28% remained neutral, indicating uncertainty or mixed perspectives. Notably, 33% of students strongly agreed, suggesting that a considerable number held concerns about the potential danger posed by individuals with mental health challenges.”

Mental Health Challenges are a Sign of Personal Weakness

Students were asked to assess whether they believed mental health challenges are a sign of personal weakness. The responses revealed a concerning trend: the majority (56%) strongly agreed with the statement. A further 3% of students agreed, while 25% disagreed, rejecting the notion. A total of 16% remained neutral, indicating uncertainty or a lack of a definitive stance on the issue.

Misconceptions about Mental Health

When asked if people with a mental challenge could “snap out of it” if they wanted, the responses revealed a concerning belief in the simplicity of overcoming mental health issues. More than 50% of participants (52%) strongly agreed, 7% agreed, 19% disagreed, and 22% remained neutral.

Institutional Commitment to Students’ Mental Health

Students emphasised the need for the university to improve support related to mental health issues. They highlighted the need for more training, increased visibility, and greater awareness of where to access mental health services, as well as the availability of 24-hour mental health support on university premises. The consensus among students was the need for more mental health programs and for making mental health education compulsory. One student expressed:

“There is need to have more programs about mental health awareness every month if possible and make learning about mental health a compulsory course ensuring that students facing challenges attend the sessions. This will help students balance academic and non-academic issues.”

Discussion

The study’s findings indicate that while students possess a basic understanding of mental health, there is a clear need for more comprehensive mental health education. (Malla et al., 2015) emphasized that mental illness, much like heart disease or diabetes, is a medical condition with a biological foundation, similar to other physical health conditions. Students, however, expressed skepticism about mental illness being a legitimate medical condition, with mixed opinions about whether it

should be classified as such. This suggests that while students have an introductory awareness of mental health, they lack a deeper understanding of its biological and medical underpinnings. These mixed feelings highlight a knowledge gap that must be addressed to enhance mental health literacy and encourage a more informed and accurate perspective on mental illness.

Mental health issues among students were linked to distressing life experiences, including childhood trauma, social isolation, discrimination, and stigma. Academic pressure further exacerbates these challenges, often leading to conditions such as depression and stress-related disorders, which can negatively impact academic performance by impairing focus and retention. This aligns with (Roy et al., 2020) findings that mental health affects how people think, feel, and act, influencing their ability to handle stress and make healthy choices. While students showed some awareness of mental health signs, they noted difficulty in identifying them due to deceptive social behaviours. This highlights the challenge of assessing mental health accurately without deeper personal insight.

Mixed feelings were shown on whether people with mental health issues are dangerous and if mental illness is a sign of weakness, and that people should snap out of it. It was discovered that some students believe mental illness is contagious and not an actual medical illness. These findings reveal significant misconceptions about mental health among students, highlighting the urgent need for educational initiatives to address these misunderstandings. The portion of students who remained neutral on this issue may indicate a lack of sufficient exposure to mental health education or uncertainty about the topic.

There was some uncertainty about the process for booking counselling sessions. Responses varied, with students noting that bookings could be made through “contacting Student Support Services,” “filling in a few forms,” “informing ADO,” or “getting in touch with your peer wellness mentor.” The varying responses indicate that the exact process for accessing mental health support is unclear, highlighting the need for more awareness campaigns to ensure all students are well-informed. While many identified key referral points, varying perspectives on whom to approach first suggested that students often prefer reaching out to those they feel most comfortable with or who are readily accessible.

Many of the topics requested by students are already covered by existing programs, but uptake remains a concern. Continued collaboration with schools, disciplines, and other Student Support Services departments is necessary to increase marketing reach and encourage greater uptake. Information about mental health should be disseminated in student residences through posters and by improving how students receive information. This indicates that while resources are available, they are underutilised due to poor dissemination and communication strategies. Enhancing the visibility and accessibility of mental health resources can significantly improve students’ Mental Health Literacy and their utilisation of available support services.

These findings emphasise the need for ongoing mental health education initiatives aimed at improving mental health literacy. Educational efforts should focus on dispelling myths, promoting factual information, and fostering empathy toward individuals experiencing mental health challenges. By enhancing mental health literacy, institutions can create a more supportive and informed environment where individuals feel empowered to seek help without fear of judgment or discrimination.

References

- American College Health Association. (2021). *National College Health Assessment*. <https://www.acha.org/NCHA>
- Chao, H.-J., Lien, Y.-J., Kao, Y.-C., Tasi, I.-C., Lin, H.-S., & Lien, Y.-Y. (2020). Mental health literacy in healthcare students: An expansion of the mental health literacy scale. *International Journal of Environmental Research and Public Health*, 17(3), 948. <https://doi.org/10.3390/ijerph17030948>

- Eisenberg, D., Hunt, J., & Speer, N. (2012). Help seeking for mental health on college campuses: Review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, 20(4), 222–232. <https://doi.org/10.3109/10673229.2012.712839>
- Gautam, S., Jain, A., Chaudhary, J., Gautam, M., Gaur, M., & Grover, S. (2024). Concept of mental health and mental well-being, its determinants and coping strategies. *Indian Journal of Psychiatry*, 66(Suppl 2), S231–S244. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_1020_23
- Gorczyński, P., & Sims-Schouten, W. (2024). Evaluating mental health literacy amongst US college students: A cross-sectional study. *Journal of American College Health*, 72(3), 676–679. <https://doi.org/10.1080/07448481.2021.1932063>
- Malla, A., Joober, R., & Garcia, A. (2015). “Mental illness is like any other medical illness”: A critical examination of the statement and its impact on patient care and society. *Journal of Psychiatry & Neuroscience*, 40(3), 147–150. <https://doi.org/10.1503/jpn.150099>
- Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development*, 29(3), 259–274. <https://doi.org/10.1080/07294360903470969>
- Marwood, M. R., & Hearn, J. H. (2019). Evaluating mental health literacy in medical students in the United Kingdom. *The Journal of Mental Health Training, Education and Practice*, 14(5), 339–347. <https://doi.org/10.1108/JMHTEP-01-2019-0002>
- World Health Organization. (2022, June 17). *Mental health: Strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Rafal, G., Gatto, A., & DeBate, R. (2018). Mental health literacy, stigma, and help-seeking behaviors among male college students. *Journal of American College Health*, 66(4), 284–291. <https://doi.org/10.1080/07448481.2018.1434780>
- Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, 51, 102083. <https://doi.org/10.1016/j.ajp.2020.102083>

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors without undue reservation.

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