"Reaching Out, Holding Back": Exploring Help-Seeking Behaviors Among Male College Students Through an Explanatory Mixed Methods Framework

Help-seeking among male college students is shaped by attitudes toward support, experiences of emotional expression, and ways of managing psychological distress. This study examined patterns of help-seeking, depression risk indicators, and mental health expression, their associations, and students' experiences of seeking support and coping. An explanatory sequential mixed methods design involved a survey of 863 male college students and follow-up interviews with 8 selected students. Survey data were analyzed statistically, while interview accounts were thematically analyzed and integrated with the survey findings. Results indicated reluctance toward help-seeking, infrequent support-seeking, and negative reactions to expressing emotional struggles. Depression-related indicators were significantly and positively associated with help-seeking and significantly predicted help-seeking behavior, whereas mental health expression was neither significantly associated with nor a significant predictor of help-seeking. Interview accounts complemented the survey findings by describing students' experiences of seeking support and managing distress. Interview accounts described varied approaches to managing distress, ranging from selective help-seeking to emotional concealment and other coping responses. Constructive personal and social coping practices were also described as coping practices. The findings highlight that help-seeking among male college students involves distinct but interconnected processes of experiencing distress, expressing emotional difficulties, and deciding to seek support.

Keywords: *Help-Seeking Behavior, Mental Health, Emotional Expression, Barriers to Help-Seeking, Higher Education*

Introduction

Help-seeking is an important part of mental health care, as it allows individuals to recognize emotional difficulties, seek support, and access appropriate services (Zhao et al., 2025). Among college students, help-seeking may involve talking to family members, friends, teachers, guidance counselors, or mental health professionals when experiencing psychological distress. However, the decision to seek help is influenced by personal beliefs, social expectations, cultural values, and the availability of support (Quiambao et al., 2024). These factors are particularly relevant to male mental health, as traditional expectations of masculinity often emphasize independence, emotional control, and the ability to manage difficulties without assistance. Such expectations do not affect all males in the same way, but they shape how some men understand their emotions, express distress, and respond to mental health concerns (Masullo et al., 2023; Mokhwelepa & Sumbane, 2025). In higher education settings, where students face academic demands, changing relationships, and decisions about

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their future, these influences affect whether male students acknowledge their difficulties and seek support (Vergara et al., 2025).

Despite the importance of early support for mental health concerns, some males experience difficulties in recognizing emotional distress, expressing their feelings, or seeking professional assistance. These difficulties appear in different ways, including keeping personal problems private, relying on self-management, minimizing emotional concerns, or turning to friends and family rather than formal mental health services (Sheikh et al., 2025; Melikishvili & Whoolery, 2026). Others recognize the need for assistance but hesitate because of concerns about judgment, confidentiality, social expectations, or being perceived as weak. These patterns also vary according to the nature and severity of psychological distress, the availability of trusted support, and previous experiences with help-seeking. Among male students, such differences are important because observable behavior alone may not explain the reasons behind seeking or avoiding assistance (Palmer et al., 2024; Sharp et al., 2025; Üzümçeker, 2025).

The need to understand help-seeking among male students is particularly relevant in the Philippine context, where the Mental Health Act (Republic Act No. 11036), provides a legal framework for promoting mental health, protecting the rights of individuals receiving mental health services, and improving access to appropriate care. However, the availability of mental health policies and services must be accompanied by an understanding of how individuals recognize psychological distress, express their concerns, and respond to their mental health needs (Ma et al., 2023; Ruiz & Cruz, 2025). Among male students, examining these factors is important because their experiences and ways of expressing emotional difficulties influence whether and how they seek assistance. Further investigation is needed to examine these associations alongside the personal experiences and social conditions that shape them (Zhao et al., 2025; Hadad et al., 2026). Developing this understanding provide a more context-sensitive basis for interpreting male students' mental health needs and considering how educational institutions and support services can respond to them.

The study seeks to explore help-seeking behavior among male students by examining its association with depression risk indicators and mental health expression, while also considering how students describe their experiences of psychological distress and seeking support.

Statement of the Problem

Help-seeking among male students involves more than the decision to access support, as it also reflects how students experience psychological distress, express mental health concerns, and respond to perceived barriers to assistance. In this regard, the study seeks to address the following questions:

1. What are the patterns of help-seeking, depression risk indicators, and mental health expression among male students?
2. Are help-seeking behavior, depression risk indicators, and mental health expression significantly associated, and to what extent do

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depression risk indicators and mental health expression predict help-seeking behavior among male students?
3. How do male students describe their experience with help-seeking and how do they cope?
4. How do the qualitative findings expand the quantitative results?

Literature Review

Masculinity and Gender Role Expectations

Masculinity and gender role expectations can shape how men express emotions, manage personal difficulties, and seek support (Ruiz & Cruz, 2025). Social expectations often associate masculinity with self-reliance, toughness, independence, and emotional control, which encourage men to handle problems privately rather than acknowledge their need for assistance (Quiambao et al., 2024). These expectations can develop through family relationships, peer interactions, cultural practices, and broader societal messages about manhood (Masullo et al., 2023; Vergara et al., 2025). Although self-reliance and resilience can be beneficial, rigid expectations discourage emotional disclosure and make seeking help seem inconsistent with masculine ideals. Consequently, men experience tension between maintaining an image of strength and addressing their emotional needs (Sikweyiya et al., 2025; Üzümçeker, 2025). However, these influences vary according to individual beliefs, social environments, and personal experiences. Among male students, masculinity expectations may be particularly relevant as they navigate academic pressures, social relationships, and increasing independence (Mokhwelepa & Sumbane, 2025).

Mental Health Expression and Emotional Regulation

Mental health expression and emotional regulation are closely connected, as the ways individuals recognize, manage, and communicate their emotions shape their responses to psychological distress. Emotional awareness helps individuals identify changes in their feelings, while emotional disclosure allows them to communicate their experiences to others. However, expressing distress may be difficult when individuals fear criticism, misunderstanding, or unwanted attention (Dorchain, 2025; Melikishvili & Whoolery, 2026). Some men communicate their concerns directly, whereas others rely on humor, silence, or discussions of practical problems rather than openly expressing their emotions. Although emotional suppression and concealment may help maintain privacy or manage uncomfortable situations, persistent reliance on these strategies make it harder for others to recognize when support is needed. Consequently, mental health expression involves not only communicating feelings but also recognizing emotions, evaluating the safety of disclosure, and deciding which experiences to share (Sharp et al., 2025).

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Emotional regulation is also influenced by the coping strategies individuals use to manage stress and psychological difficulties. Reflection, physical exercise, prayer, and engagement with family, friends, or community groups (Vergara et al., 2025; Lumandas et al., 2026) may provide emotional relief and opportunities to process difficult experiences. However, the usefulness of these strategies depends on individual needs, personal beliefs, and social circumstances (Quiambao et al., 2024). For some male students, prayer and community involvement foster comfort and belonging, while exercise help manage tension. In contrast, avoidance and persistent emotional suppression provide temporary relief but delay addressing underlying concerns (Sheikh et al., 2025). Substance use also become a coping mechanism for some individuals, potentially creating additional risks depending on the substance and pattern of use (Lui et al., 2024; Sikweyiya et al., 2025). These differences highlight the importance of understanding how coping strategies influence emotional expression and responses to distress (Hadad, 2026).

The association between emotional regulation and mental health expression is particularly relevant when individuals decide whether to manage their difficulties privately or seek support. Male students experience sadness, anxiety, or emotional exhaustion without disclosing these concerns because of personal discomfort, expectations of independence, or uncertainty about others' reactions (Roy et al., 2025; Ruiz & Cruz, 2025). Distress also becomes apparent through behavioral changes, social withdrawal, or reliance on familiar coping strategies rather than direct verbal expression. These patterns can influence whether family members, peers, educators, and mental health professionals recognize the need for assistance (Palmer et al., 2024). Emotional regulation and disclosure are interconnected processes that shape opportunities for support. Nevertheless, limited emotional expression does not necessarily indicate an inability to recognize emotions or an unwillingness to seek help, as personal boundaries, privacy preferences, and cultural expectations also influence how individuals communicate their mental health concerns (Ma et al., 2023; Sharp et al., 2025).

Mental Health Help-Seeking Behaviors and Barriers

Mental health help-seeking involves recognizing psychological concerns, identifying available sources of assistance, and deciding whether to seek support (Hammer et al., 2024). Assistance may be formal, such as counseling and professional mental health services, or informal, including support from family, friends, teachers, and trusted community members (Vergara et al., 2025). Students' choices depend on their personal beliefs, previous experiences, perceived benefits, and comfort with available support (Zhao et al., 2025). While some prefer informal assistance because it is familiar and accessible, others seek professional services for concerns that are difficult to manage independently (Sheikh et al., 2025). For male students, these decisions may also be influenced by gender role expectations and attitudes toward mental health within their families, peer groups, and educational environments (Ruiz & Cruz, 2025; Üzümçeker, 2025). Accordingly, help-seeking involves not only recognizing

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distress but also evaluating whether available support is appropriate, accessible, and safe (Palmer et al., 2024).

Several barriers may discourage students from seeking mental health assistance. Stigma and fear of judgment lead them to conceal their concerns, while self-stigma cause them to view seeking help as a sign of weakness or personal failure (Dorchain, 2025; Sharp et al., 2025). Concerns about confidentiality also reduce willingness to approach mental health professionals, particularly when students are uncertain about how their information will be handled. Practical challenges, including financial constraints, limited-service availability, inconvenient schedules, and unfamiliar procedures, further restrict access to care (Ruiz & Cruz, 2025; Hadad, 2026). Additionally, students are more willing to seek assistance from individuals or services they perceive as trustworthy and understanding (Quiambao et al., 2024). These barriers can interact and vary across individuals and circumstances (Marziale, 2026). Subsequently, the absence of formal help-seeking does not necessarily indicate a lack of psychological distress or awareness; it reflects concerns about accessibility, privacy, social judgment, or the suitability of available support (Üzümçeker, 2025).

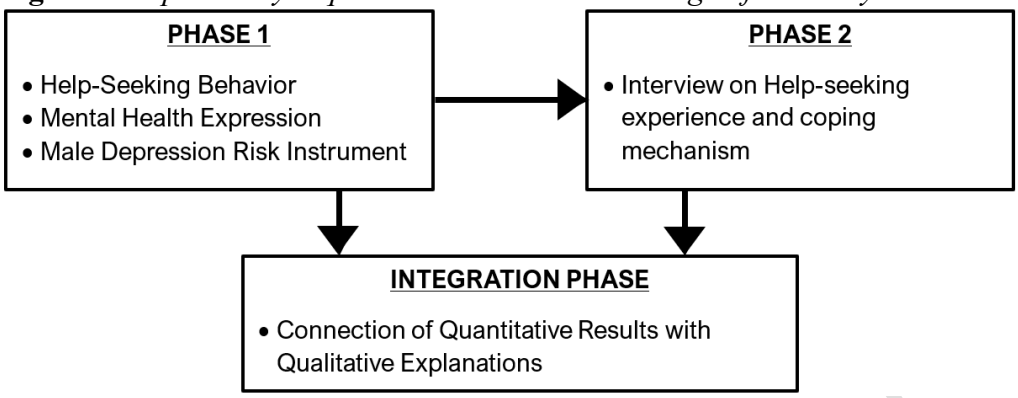
Conceptual Review

The Gender Role Strain Paradigm (Wolfe & Levant, 2023) provides a lens for understanding how social expectations of masculinity influence men's emotional experiences and responses to psychological distress. Expectations of toughness, self-reliance, independence, and emotional control affect how male students recognize distress, express their feelings, and decide whether to seek assistance. Concerns about appearing weak or losing social acceptance may discourage some students from disclosing their difficulties or accepting support. This paradigm helps interpret how masculine expectations relate to help-seeking behavior, mental health expression, and depression risk indicators while recognizing that individual experiences differ across social contexts.

Complementing this perspective, the Theory of Planned Behavior framework presented by Hammer et al. (2024), which explains how attitudes, subjective norms, and perceived behavioral control shape behavioral intentions and actions. In the context of mental health, these concepts help explain how students' beliefs about professional support, perceived social approval, and confidence in accessing services shape their help-seeking decisions. Together, the theories provide complementary perspectives: the Gender Role Strain Paradigm explains potential pressures associated with masculine expectations, while the Theory of Planned Behavior clarifies how beliefs and perceived social conditions may influence behavior.

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Figure 1. *Explanatory sequential mixed-methods design of the study*



Source: Authors' design, 2026

The research paradigm, as illustrated in Figure 1, was operationalized through a sequential mixed-methods process in which theoretical perspectives informed each phase of the study. The first phase involved quantitative surveys measuring mental health constructs and help-seeking behaviors, followed by statistical analyses to identify patterns and associations among the variables. These results informed the second phase, in which qualitative interviews explored students' experiences of help-seeking and coping mechanisms. Interview data were analyzed using Colaizzi's method to examine how students understood and managed their experiences within the social expectations surrounding masculinity and the factors influencing behavioral decisions. In the final phase, quantitative and qualitative findings were integrated to establish connections between statistical patterns and students' personal accounts. This integration enabled the Gender Role Strain Paradigm and the Theory of Planned Behavior to provide complementary perspectives on how gender expectations, attitudes, perceived social pressures, and behavioral intentions relate to help-seeking among male college students.

Methodology

Research Design and Locale

An explanatory sequential mixed methods design (Kawar et al., 2024) was employed at a selected higher education institution in Malaybalay City, Bukidnon, Philippines. The quantitative phase used a cross-sectional, nonexperimental survey to assess the mental health-related variables. The qualitative phase employed descriptive phenomenology to examine male students' accounts of psychological distress, emotional expression, and help-seeking experiences. This design was appropriate for examining statistical associations alongside students' personal accounts without manipulating the study variables. The selected institution served as the research locale, providing the educational setting in which the experiences and help-seeking behaviors of male students were examined.

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Sampling Method and Participants of the Study

The quantitative phase employed a convenience sampling, with students recruited based on their accessibility and availability. For the qualitative phase, criterion sampling was employed to select students who met the established requirements: a bona-fide student at the institution, completed the quantitative survey, consented to follow-up contact, meeting the predetermined score threshold on relevant survey measures, and willing to participate in an interview. These techniques were suited to the respective phases, allowing accessible recruitment for the survey and targeted selection for the interviews.

Table 1. *Demographic profile of the students*

Quantitative (N=863)				Qualitative (N=8)		
Demographic		**Frequency**	**Percentage**	**Participant**	**Age**	**Year**
Age	18–19	341	39.5	M-1	22	Fourth
	20–21	305	35.3	M-2	18	First
	22–23	132	15.3	M-3	26	Fourth
	24 and Older	85	9.9	M-4	21	Second
Year	First	443	51.3	M-5	21	Third
	Second	210	24.3	M-6	19	Second
	Third	119	13.8	M-7	20	Second
	Fourth	91	10.5	M-8	20	Third

Source: Researcher's survey, 2025 and Researcher's interview, 2026

The quantitative phase included eight-hundred sixty-three male college students. Their age and year level were recorded to describe the sample, as presented in Table 1. The qualitative phase began with one-hundred five survey students who consented to follow-up contact. A predetermined score threshold was used to identify thirty-four students whose scores indicated experiences relevant to the study's explanatory purpose; these criteria were established to select information-rich cases for further exploration. Of the thirty-four invited, thirteen responded and ten completed interviews. eight students were retained to explore experiences underlying the survey patterns. two students withdrew before analysis and requested data exclusion; their interview data were omitted from the analysis. These students represented the two groups of respondents included in the research, with the quantitative sample providing the basis for statistical analysis and the qualitative students contributing accounts of their personal experiences.

Research Instruments

The quantitative phase employed established questionnaires to assess mental health-related variables. Help-seeking behavior was assessed using instruments developed by Hammer et al. (2018) and Hammer and Spiker (2018), yielding a Cronbach's alpha of 0.969. Mental health expression was assessed using the instrument developed by Daling and Taja-on (2025), yielding a

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Cronbach's alpha of 0.970, while indicators of male depression risk were assessed using the instrument developed by Rice et al. (2015), yielding a Cronbach's alpha of 0.966. All instruments were pilot-tested with one-hundred two invited students who were not affiliated with the institution to evaluate their internal consistency.

For the qualitative phase, the researcher developed a semi-structured interview guide covering psychological distress, emotional expression, coping, and help-seeking. Six experts in education and counseling reviewed the guide for relevance and clarity through three validation sessions: initial evaluation, revision based on expert feedback, and final review. The guide obtained a content validity index (CVI) of 0.987. It provided a consistent structure for interviews while allowing students to describe their experiences in their own words.

Data Gathering

Quantitative data were collected online from September to December 2025 in collaboration with the Office of Student Affairs, following the institution's established protocols. Qualitative data were gathered through invitations to eligible students who had consented to follow-up contact after the survey. Participation in the interviews was voluntary, and informed consent was obtained before each interview. Students were informed of their right to withdraw at any time without consequence. Interviews were conducted from January to May 2026 in a private, neutral space outside the institution to support a comfortable environment for discussing personal experiences. Interviews were conducted in the local dialect used in Malaybalay City and translated into English with the assistance of a language specialist to preserve the intended meanings of students' accounts. To safeguard students' well-being, a certified psychological first aider was involved, and an established referral system was available for students who might require further psychological support.

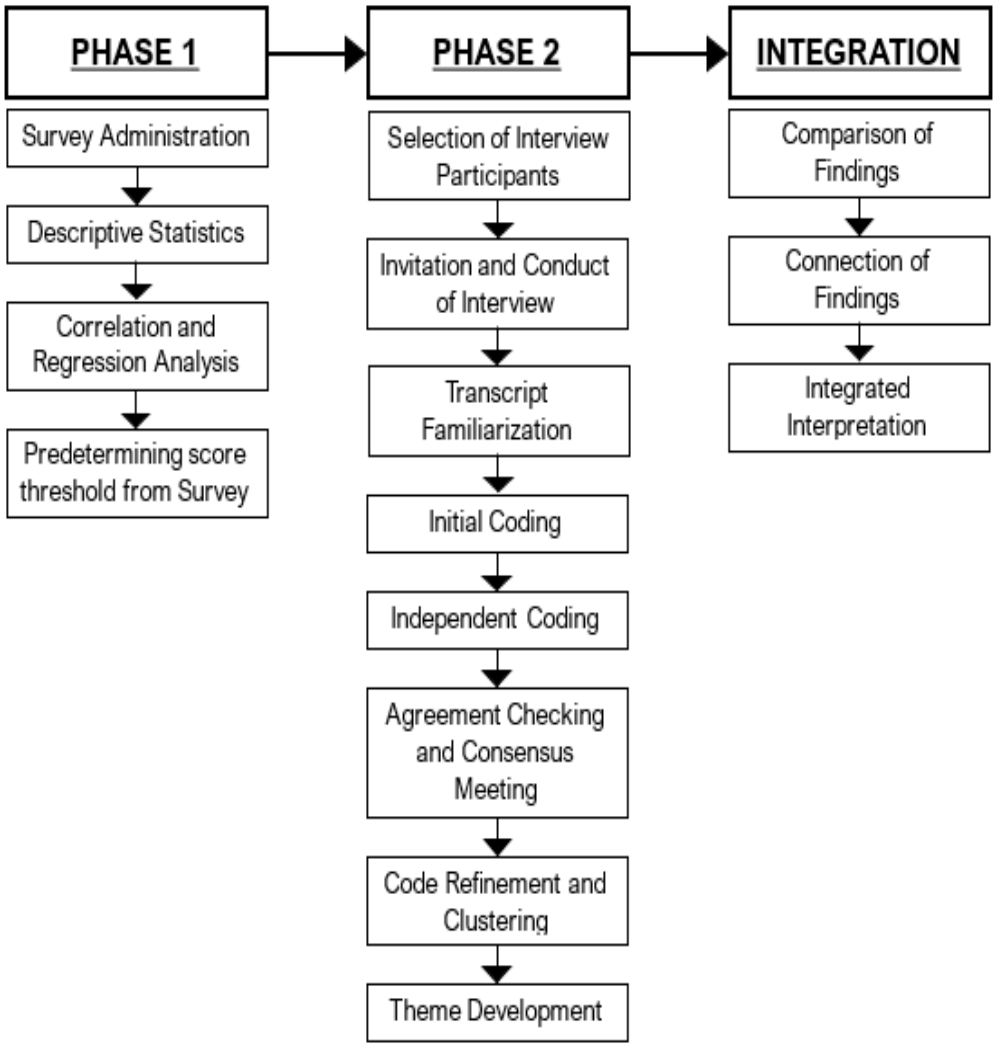
Throughout data collection and handling, measures were implemented to protect students' confidentiality and the security of their information. Students were assigned codes, and names and other identifying details were removed from transcripts, research records, and reports. Access to the collected data was restricted to the researcher, and the information was used only for the purposes explained in the informed consent. The data were securely stored for three years and will be permanently deleted after this period, in accordance with the consent agreement and applicable data protection requirements.

Data Analysis

Data analysis followed the explanatory mixed-methods design, using the quantitative findings to inform the direction and depth of the subsequent qualitative inquiry.

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Figure 2. *Analytic process of the explanatory sequential mixed-methods design*



Source: Authors' design, 2026

The process, as illustrated in Figure 2, illustrates the step-by-step analytic process used in the study. Quantitative data were analyzed using descriptive and inferential statistics, with data verification and statistical treatment conducted with the assistance of a psychometrician. Frequencies, percentages, means, and standard deviations were used to summarize participant characteristics and responses regarding the mental health-related variables. Data normality was assessed using the Shapiro–Wilk test, which indicated that the data did not significantly deviate from a normal distribution. Correlation analysis was conducted to examine associations among the variables, while regression analysis was used to assess the extent to which male depression risk indicators and mental health expression predicted help-seeking behavior. These results informed the selection of interview students during the qualitative phase.

Qualitative interview data were analyzed using Colaizzi's method, following the analytical procedures described by Gumarang et al. (2021). First, the researcher read each transcript repeatedly to develop an overall

understanding of students' experiences. Second, significant statements related to psychological distress, emotional expression, coping, and help-seeking were identified. Third, meanings were formulated from these statements while preserving their connection to students' accounts. Fourth, the formulated meanings were grouped into thematic clusters representing shared experiences and patterns across interviews. Fifth, these themes were integrated into a comprehensive description of the phenomenon. Sixth, the comprehensive description was condensed into a fundamental structure capturing the essential features of students' experiences. Finally, the findings were returned to students for validation where feasible to assess whether the interpretations reflected their accounts. An audit trail documented analytic decisions and procedural changes, while analytic memos recorded interpretive reflections throughout the process. These procedures strengthened the transparency and credibility of the analysis by documenting how interview statements informed the development of themes and the overall interpretation.

Throughout the analysis, the researcher maintained a clear connection between the original transcripts, significant statements, formulated meanings, thematic clusters, and final description to support the credibility and traceability of the findings. The resulting themes were then integrated with the quantitative results in accordance with the methods design. Specifically, students' accounts were examined in relation to the statistical patterns in help-seeking behavior, male depression risk indicators, and mental health expression.

Results

The results present the quantitative and qualitative findings on help-seeking behaviors among male college students. These findings cover patterns in help-seeking behavior, mental health expression, male depression risk indicators, and students' experiences of seeking assistance and coping with distress.

Help-Seeking Behavior

Table 2 presents the students' help-seeking attitudes, intentions, and overall behavior. These results characterize their views toward seeking support, their willingness to do so, and their reported engagement in help-seeking.

Table 2. *Help-seeking behavior of the male students*

Facets	Mean	Std. Dev.	Qualitative Interpretation
Help-Seeking Attitude	3.66	1.235	Negative Attitude
Help-Seeking Intention	3.28	1.294	Moderate Intention
Help-Seeking Behavior	**3.57**	**1.187**	**Infrequent Behavior**

Note: N=863.
Source: Authors' survey, 2025

The findings, as indicated in Table 2, illustrate that male college students demonstrated infrequent help-seeking behavior, accompanied by a negative

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attitude toward seeking assistance and a moderate intention to do so. The results show differences between students' attitudes, intentions, and reported help-seeking behavior. Although students expressed some willingness to seek assistance, their overall reported behavior remained infrequent. This pattern reflects a distinction between their perceptions of help-seeking, their stated intention to seek support, and their reported engagement in the behavior.

Mental Health Expression

Table 3 presents the results on mental health expression, providing a description of the students' reported experiences of negative reactions when communicating their emotional struggles.

Table 3. *Mental health expression of the male students*

Facets	Mean	Std. Dev.	Qualitative Interpretation
Mental Health Expression	4.03	0.988	Noticeable Negative Reactions

Note: N=863.
Source: Authors' survey, 2025

The findings, as indicated in Table 3, illustrate that male college students experienced noticeable negative reactions when expressing their mental health difficulties. This result characterizes their reported experiences of emotional expression as involving unfavorable responses. The finding reflects the presence of negative reactions associated with expressing emotional struggles among the students, as captured by the measure.

Male Depression Risk Indicators

Table 4 presents the male depression risk indicators that encompass the measured experiences and behaviors associated with potential depressive risk among male students.

Table 4. *Depression risk indicators of the male students*

Facets	Mean	Std. Dev.	Qualitative Interpretation
Emotional Suppression	5.18	1.002	High-Risk Indicator
Drug Use	1.79	0.349	Extremely Low Risk
Alcohol Use	5.12	1.287	High-Risk Indicator
Anger and Aggression	3.58	0.964	Moderate-Risk Indicator
Somatic Symptoms	5.10	1.435	High-Risk Indicator
Risk-Taking	4.34	1.588	Moderate-Risk Indicator
Male Depression Risk Indicator	**4.29**	**0.990**	**Moderate Risk**

Note: N=863.
Source: Authors' survey, 2025.

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The findings, as indicated in Table 4, illustrate different levels of risk across the assessed dimensions of male depression risk indicators. Emotional suppression, alcohol use, and somatic symptoms emerged as high-risk indicators, while anger and aggression and risk-taking were classified as moderate-risk indicators. Drug use was classified as an extremely low-risk indicator. Despite these differences across dimensions, the overall results placed the students within the moderate-risk category. The findings show that the measured indicators varied in their level of risk, with emotional suppression, alcohol use, and somatic symptoms receiving the highest risk classifications among the assessed dimensions.

Association Between Mental Health Expression, Male Depression Risk Indicators, and Help-Seeking Behavior

Table 5 reports the correlation coefficients, association levels, and statistical significance for each association.

Table 5. *Association between mental health expression and male depression risk indicator towards help-seeking behavior*

Help-Seeking Behavior	M	r	Association Level	p
Mental Health Expression	4.03	–0.005	Negligible	0.893
Male Depression Risk Indicator	4.29	0.334	Weak Positive	<0.001*

Note: N=863. M=mean; SD=standard deviation; r=Pearson correlation coefficient. *p<0.05.
Source: Authors' survey, 2025

The correlation analysis, as indicated in Table 5, showed that mental health expression was not significantly associated with help-seeking behavior. In contrast, male depression risk indicators had a weak, positive, and statistically significant association with help-seeking behavior. This indicates that students with higher male depression risk indicator scores tended to report higher help-seeking behavior scores, whereas differences in mental health expression were not significantly related to differences in help-seeking behavior.

Predictors of Help-Seeking Behavior

Table 6 reports the regression coefficients, standard errors, test statistics, significance levels, confidence intervals, and model fit measures to identify the contribution of each predictor.

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Table 6. *Summary of multiple regression analysis for variables predicting help seeking behavior*

Variable	B	SE	β	t	p
(Constant)	1.843	0.232	-	7.944	<0.001*
Mental Health Expression	0.001	0.039	0.001	0.026	0.981
Male Depression Risk Indicator	4.01	0.039	0.334	102.820	<0.001*

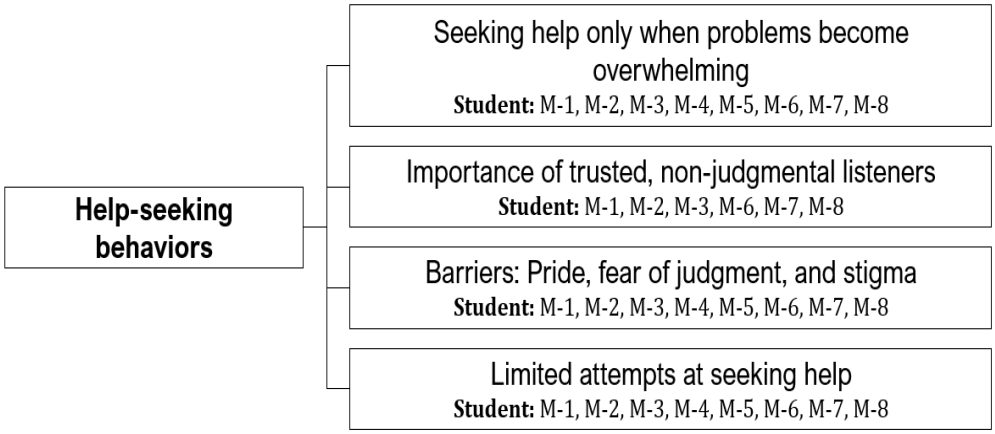
Note: N=863. Dependent Variable = Help-Seeking Behavior. R^2=0.112; Adjusted R^2=0.110; F(2,860)=54.152, *p<0.05. B=unstandardized regression coefficient; SE=standard error; β=unstandardized regression.
Source: Authors' survey, 2025.

The regression analysis, as indicated in Table 6, identified male depression risk indicators as a statistically significant positive predictor of help-seeking behavior. Mental health expression did not make a statistically significant contribution to the model when both predictors were included. The results indicate that male depression risk indicators were associated with higher help-seeking behavior scores, whereas mental health expression did not demonstrate an independent predictive association with help-seeking behavior in this analysis. The overall regression model was statistically significant and accounted for 11.2% of the variation in help-seeking behavior.

Experiences of Help-Seeking

Figure 3 presents the themes identified in the students' accounts of help-seeking. The figure also identifies the students whose accounts contributed to each theme.

Figure 3. *Overview of the thematic structure of help-seeking behaviors with associated students*



Source: Authors' interview and design, 2026

The qualitative findings, as illustrated in Figure 3, indicate that help-seeking among the male students was shaped by the severity of their difficulties, their trust in potential sources of support, and concerns about how others might perceive them. Seeking assistance was often described as a response to struggles

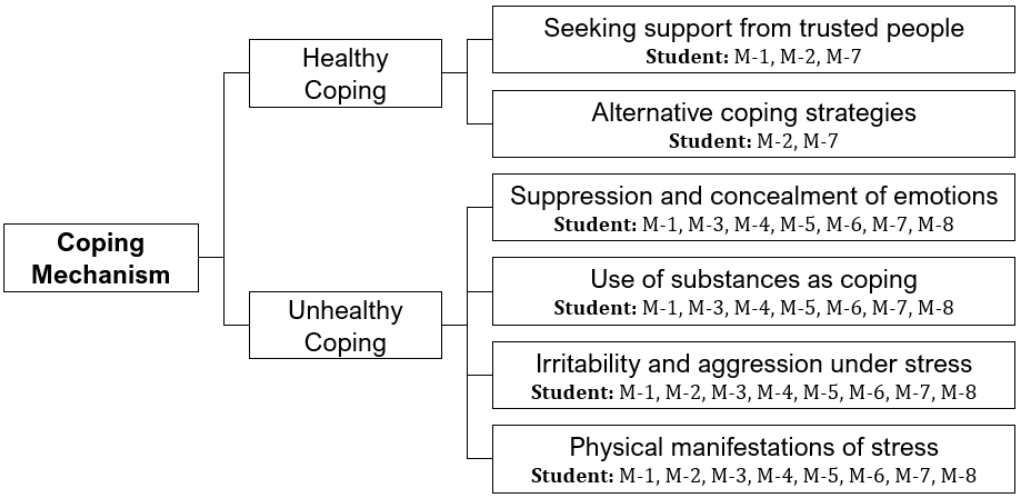
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that had become difficult to manage independently, rather than an early response to distress. The accounts also distinguish between the willingness to approach trusted individuals and the limited use of professional support. Across students, concerns about judgment, stigma, and expectations surrounding masculinity were recurring features of their help-seeking experiences. These findings present help-seeking as a conditional response influenced by both personal circumstances and the perceived safety of interpersonal support. The accounts also show that the availability of a listener whom students consider trustworthy and non-judgmental is an important consideration in their decisions to disclose difficulties.

Coping Mechanisms

Figure 4 presents the themes and sub-themes identified in the students' descriptions of coping with distress. The figure also identifies the students whose accounts contributed to each theme.

Figure 4. *Overview of the thematic structure of coping mechanisms with sub-themes and associated students*



Source: Authors' interview and design, 2026

The qualitative findings, as illustrated in Figure 4, indicate that male students used both supportive and potentially harmful ways of managing distress. Some students described turning to trusted people and engaging in practices such as prayer, reflection, and fellowship. At the same time, emotional suppression and concealment were common across the accounts, alongside substance use, irritability, aggression, and physical symptoms of stress. The coexistence of these responses shows that students did not rely on a single approach to coping. Instead, their reported experiences included both seeking interpersonal or personal support and managing distress through emotional restraint or behaviors associated with potential harm. The accounts also indicate that stress was expressed through emotional, behavioral, and physical experiences. Taken together, these themes characterize coping among the

students as varied, with supportive practices present alongside responses that carry risks to well-being.

Discussion

The findings provide a basis for understanding help-seeking behaviors among male college students within the context of mental health and gender-related experiences. The discussion situates the quantitative patterns alongside students' accounts to establish a comprehensive understanding of the factors and experiences associated with seeking support.

Help-Seeking of Male Students' Seeking Help at the Breaking Point

Help-seeking was commonly described as a response to distress that exceeded students' ability to cope independently. Rather than describing assistance as an early response to emotional difficulties, students associated seeking help with reaching a point at which personal efforts were no longer sufficient. M-1 explained, "*Maybe if what I am feeling becomes really severe, like when I can no longer handle it on my own, that is when I might think about seeking help*." Similarly, M-4 stated, "*When the problem becomes so overwhelming that I can no longer handle it despite all my efforts, perhaps that would be the time I would seek help*." Students' responses illustrate that help-seeking was often infrequent and dependent on the perceived severity of their difficulties and the limits of their ability to cope independently.

This pattern is further clarified by students who described reaching out only after their usual coping strategies were no longer sufficient. M-3 shared, "*When I feel that my problems have become so overwhelming that I can no longer handle them, even by drinking or smoking, that is the point when I would really seek help*." The findings show that help-seeking was associated with the severity of students' difficulties and their perceived ability to manage distress independently. Students accounts highlight that seeking assistance was often considered when personal coping efforts became insufficient, while negative reactions to expressing emotional struggles did not necessarily correspond to differences in help-seeking behavior. These findings show that help-seeking was not described simply in terms of emotional expression or willingness; it was closely linked to reaching a point were managing difficulties alone was no longer sufficient.

The combined findings portray help-seeking as a conditional response to distress among the male students. The quantitative results describe infrequent help-seeking, while the interviews explain this pattern through students' accounts of waiting until their problems become difficult to manage alone (Sheikh et al., 2025; Hadad, 2026). Together, these findings distinguish between being willing to seek help when difficulties become overwhelming and seeking assistance as an ongoing response to emotional concerns. The accounts also

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show that students stated willingness to reach out was connected to the limits of their personal coping efforts (Quiambao et al., 2024; Sharp et al., 2025; Sikweyiya et al., 2025; Üzümçeker, 2025; Zhao et al., 2025). Help-seeking is understood not simply as a matter of willingness, but as a behavior closely tied to how students experienced and managed distress.

The Value of Safe and Trusted Listeners

The students' accounts show that trust and perceived understanding were central to their willingness to seek assistance. Rather than viewing support solely in terms of the availability of another person, they emphasized the importance of feeling safe when sharing personal difficulties. M-1 explained, "*Having someone I can trust and who understands my situation, whether a friend, family member, or even a professional, encourages me to reach out*." Similarly, M-8 stated, "*If there is someone I can trust and who I know will not judge me, I might ask for advice*." These accounts help explain the hesitation surrounding help-seeking by showing that willingness to approach others depends partly on how students perceive the person who may receive their concerns. Trust and freedom from judgment were not simply preferences; they formed part of the condition's students associated with opening up and asking for assistance.

The accounts also show that trusted support was associated with guidance, listening, and relationships that students already considered meaningful. M-2 identified "*…someone I can trust who can provide guidance, such as our formator, spiritual director, or a close friend*," while M-3 emphasized "*…the presence of someone who can listen and give advice, like a close friend or family member, or, if necessary, a professional*." These accounts show that seeking assistance involves more than recognizing a need for support; it also involves evaluating whether a potential source of help can provide understanding and guidance. The distinction between expressing emotional difficulties and seeking assistance lies in the importance placed on trust, acceptance, and the expected response of the listener. Help-seeking is connected not only to a willingness to disclose personal concerns but also to confidence in the person receiving them.

Altogether, help-seeking was shaped by students' expectations of how others would respond to their concerns. Students identified trusted friends, family members, and professionals as potential sources of support, emphasizing the importance of trust, understanding, and non-judgment (Ma et al., 2023; Vergara et al., 2025). Their accounts show that seeking assistance involved not only the availability of support but also the perceived safety of sharing personal struggles. These experiences highlight the distinction between willingness to seek help and the choice of whom to approach (Dorchain, 2025; Hadad, 2026; Melikishvili & Whoolery, 2026). Students' considerations reflected the importance of feeling comfortable disclosing their concerns and expecting a response characterized by understanding rather than criticism.

Pride, Judgment, and the Weight of Stigma

The accounts reveal that pride, fear of judgment, and concerns about appearing weak were closely tied to students' reluctance to seek help. M-3

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explained, "*Sometimes it is pride and fear of being judged. I am afraid of being called weak or unmanly because I asked for help*." Similarly, M-4 stated, "*Pride and ego. For me, asking for help does not seem appropriate because it feels like a sign that I am weak*." These responses show how expectations surrounding masculinity shaped the meaning students attached to seeking assistance. Asking for help was not viewed solely as a response to personal difficulty; it could also be perceived as exposing a weakness to others. This tension helps contextualize their hesitation to seek support, particularly when reaching out involves disclosing struggles that they would otherwise prefer to manage privately.

Fear of being misunderstood further shaped how students viewed disclosure. M-1 stated, "*...what holds me back is embarrassment or fear that I might not be understood. There is also the fear that I will be judged as weak or unmanly if I open up*." Similarly, M-6 shared, "*...what holds me back is the fear that I might bother others or that they might not understand my situation*." These accounts show that hesitation involved concerns about both social judgment and the possibility of being misunderstood. Concerns about appearing weak or unmanly connect emotional disclosure with the social expectations attached to masculinity. The reported experiences of emotional suppression and negative reactions to expressing emotional struggles provide further context for these concerns. Seeking assistance involves more than acknowledging personal difficulties; it also carries concerns about social acceptance and how others interpret vulnerability.

Pride, fear of judgment, and stigma surrounding weakness shape how male students understand the decision to seek help. Their accounts connect self-reliance with masculine identity, making the disclosure of personal struggles a socially sensitive experience (Masullo et al., 2023; Sharp et al., 2025; Üzümçeker, 2025). This helps explain the distinction between experiencing distress and being willing to seek assistance. The hesitation described in their accounts is linked not only to personal reluctance but also to concerns about how others perceive and respond to vulnerability (Dorchain, 2025; Mokhwelepa & Sumbane, 2025; Sikweyiya et al., 2025). Help-seeking is situated within the tension between acknowledging personal difficulties and maintaining an image of strength and independence.

Help-Seeking as a Rare Response

The students accounts show that seeking help was not a regular response to personal difficulties, even when talking to someone provided some relief. M-6 shared, "*Yes, I have tried talking to a friend and my family. I felt relieved because it felt like some of the burden had been lifted, but I do not do it all the time*." Similarly, M-7 stated, "*Yes, I have tried reaching out to a friend. I felt relieved afterward, as if the burden had become lighter. But I cannot always do that because I am not comfortable with constantly asking for help*." These experiences indicate that recognizing the value of support did not necessarily translate into seeking it consistently. Help-seeking remained an occasional response, shaped by students' comfort with disclosure and their views about asking others for assistance.

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The limited use of support also reflected beliefs about personal responsibility and self-reliance. M-4 explained, "*Honestly, I have not tried seeking help yet because, for me, a man should know how to handle his own problems*." M-5 similarly stated, "*I have not yet, because I think it is unnecessary. I prefer to handle my situation on my own*." These accounts show how expectations of independence were connected to decisions to manage distress privately. The difference illustrates that support provide emotional relief or validation, while beliefs about handling problems alone remained part of how students' approached help-seeking. The pattern reflects a tension between the perceived value of receiving support and the preference to remain self-reliant.

Help-seeking remained an occasional rather than consistent response to personal distress. Some students described feeling relieved or validated after speaking with trusted individuals, while others reported rarely seeking assistance or managing their difficulties independently. The belief that men should handle their own problems was evident in accounts that associated self-reliance with masculine expectations (Masullo et al., 2023; Quiambao et al., 2024; Marziale, 2026). These experiences highlight a tension between recognizing the value of interpersonal support and preferring to manage difficulties privately. Although some students acknowledged the benefits of reaching out, this did not necessarily translate into regular help-seeking (Sikweyiya et al., 2025; Vergara et al., 2025; Zhao et al., 2025). Their accounts indicate that help-seeking was shaped by both experiences of support and personal beliefs about independence, providing context for the reported pattern of infrequent help-seeking behavior.

Coping Mechanisms of Male Students'

Finding Comfort in Trusted People

Seeking support from trusted people reflects a form of coping that depends on the relationship with the person receiving the disclosure. M-1 described this condition: "*Honestly, I am not very comfortable… But if the person is very close to me, I can share a little*." Trusted relationships make emotional disclosure more acceptable by providing a sense of familiarity and comfort. Openness remains limited when these conditions are absent, indicating that sharing personal difficulties depends partly on the perceived closeness of the relationship. This distinction helps explain how interpersonal support can be used despite discomfort with expressing emotions. The accounts reflect selective disclosure, in which trust influences whether personal struggles are shared and how much information is communicated. Rather than indicating a complete reluctance to seek support, this pattern shows that emotional openness varies according to the relationship and the level of comfort associated with it.

This selective openness is also reflected in the influence of personal circumstances and social environments. M-2 explained, "*I am not very comfortable, but because I am a seminarian, we have formation activities that encourage us to reflect and share*." Additionally, M-7 stated, "*I am not very comfortable, but when I feel overwhelming weight, I can share with someone I trust*." These accounts identify different contexts for disclosure: structured

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opportunities for reflection and sharing, and periods of heightened pressure. Both statements show that willingness to communicate personal struggles is connected to the conditions under which sharing occurs. They also clarify how the reported reluctance to seek help can coexist with some use of interpersonal support. Trust, established opportunities for sharing, and the intensity of personal distress are relevant to understanding when disclosure takes place.

Seeking support from trusted people illustrates how healthy coping is shaped by personal comfort, social expectations, and the circumstances surrounding disclosure. Structured opportunities for reflection and sharing, as well as periods of heightened pressure, were described as contexts in which personal difficulties could be communicated (Sharp et al., 2025). These accounts show that support-seeking can occur even when openness is not easy or consistent. The implication is that help-seeking should be understood not only in terms of willingness to seek assistance but also in relation to the conditions under which disclosure becomes acceptable (Quiambao et al., 2024; Dorchain, 2025; Vergara et al., 2025; Melikishvili & Whoolery, 2026). Trust and opportunities for sharing provide important context for understanding how interpersonal support fits into coping, while discomfort and preferences for self-reliance help explain why this practice remains selective rather than consistent.

Turning to Positive Coping Practices

Alternative coping strategies show that managing distress can involve activities that redirect attention or provide personal and social support. M-2 emphasized the value of constructive practices, stating, "*It is better to look for healthy coping strategies, like prayer, exercise, or fellowship*". M-7 described a different approach: "*What I usually do is stay quiet and redirect my energy to something else, like school tasks*". These practices demonstrate that coping with distress can involve both active engagement and private self-management. Prayer, exercise, and fellowship reflect different ways of managing personal difficulties, while redirecting attention to school tasks provides another means of responding to distress. These approaches differ in how they involve social interaction, physical activity, or individual effort, but each represents an alternative to directly disclosing emotional struggles. Their presence highlights the varied forms that coping can take, particularly when expressing personal difficulties is uncomfortable. Healthy coping extends beyond seeking assistance and includes activities used to manage distress within everyday life.

These practices broaden the understanding of help-seeking by distinguishing coping from directly asking for support. Prayer, exercise, and schoolwork allow personal engagement in managing difficulties, while fellowship includes interaction with others. The preference to remain quiet also indicates that coping occur without openly discussing emotional struggles (Hadad, 2026; Melikishvili & Whoolery, 2026). These approaches provide context for understanding why managing distress does not always involve reaching out, particularly when disclosure is uncomfortable. Meanwhile, fellowship shows that individual coping and social engagement can both form part of the ways difficulties is managed (Masullo et al., 2023; Dorchain, 2025;

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Vergara et al., 2025; Lumandas et al., 2026). The implication is that help-seeking should be understood alongside the different coping practices used in daily life, rather than treated as the only response to distress.

Silencing and Concealing Emotions

Suppression and concealment of emotions reflect the difficulty of expressing personal struggles when vulnerability is associated with weakness. This is evident in the statement, "*I am really not comfortable. For me, showing what I am going through feels like a sign of weakness*." Similarly, M-5 explained, "*I am really not comfortable. For me, showing what I feel seems like weakness*." These accounts connect emotional restraint with how personal strength is understood, making the expression of distress a sensitive experience. This helps explain how difficulties with emotional expression can exist alongside the use of other coping practices. Concealing emotions becomes a way of managing how personal struggles are presented to others, rather than openly acknowledging those difficulties. The accounts add context to the broader pattern of reluctance toward help-seeking by showing how beliefs about vulnerability shape the expression of distress.

This pattern is further illustrated by the preference to appear well rather than disclose personal difficulties. M-8 stated, "*It is much easier for me to show that I am okay than to say that I am struggling*." This pattern distinguishes outward presentation from the expression of personal difficulties. Appearing well can coexist with reluctance to communicate emotional struggles, leaving those difficulties undisclosed in interactions with others. Emotional concealment involves more than remaining silent; it also includes presenting oneself as coping well instead of acknowledging personal challenges. This distinction clarifies how emotional suppression can shape the way distress is communicated and understood in everyday interactions. It also provides context for limited help-seeking, as maintaining an appearance of well-being differs from openly expressing the need for support.

The implication is that emotional suppression represents a form of coping shaped by beliefs about strength and the acceptability of expressing vulnerability. The accounts show that discomfort with disclosure and the preference to appear well can limit how personal struggles are communicated. This helps clarify why the presence of distress does not necessarily lead to open discussion or seeking assistance (Sharp et al., 2025; Sheikh et al., 2025; Sikweyiya et al., 2025). It also distinguishes the management of outward appearance from the actual experience of difficulty: presenting oneself as okay is not the same as sharing or resolving a struggle. Emotional concealment provides an important context for understanding limited help-seeking, as the decision to disclose is connected not only to experiencing distress but also to the meaning attached to expressing it (Masullo et al., 2023; Dorchain, 2025; Mokhwelepa & Sumbane, 2025; Melikishvili & Whoolery, 2026).

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Seeking Escape Through Substance Use

The use of substances as a coping strategy reflects how some forms of distress management involve avoiding emotional disclosure. M-3 described this difficulty, stating, "*It is really difficult for me… It is easier for me to stay quiet or drink than to open up*". This pattern links substance uses with discomfort in expressing personal struggles. Drinking is presented as an alternative to discussing distress, reflecting a preference for managing difficulties privately. Such coping illustrates the distinction between experiencing emotional difficulties and communicating them to others. The association between silence and drinking also clarifies how reluctance to disclose personal concerns can shape coping practices, including behaviors that carry potential risks.

Social settings also shape how drinking is understood and practiced. M-4 stated, "*It plays a big role. I know myself that when I drink with others, it can lessen my problems a little*." M-5 described drinking among acquaintances as a common response: "*Among the people I know, it plays a very big role. It is like whenever there is a problem, drinking together is automatic*." M-7 similarly observed, "*What I usually see is drinking as an escape or a way of bonding*." These accounts show that alcohol use is associated with both temporary relief and social connection. Drinking is described not only as an individual coping behavior but also as a practice situated within peer interactions. This social context helps explain how substance use can become part of the ways distress is managed and shared.

Substance use is described in relation to temporary relief, avoidance of emotional disclosure, and social bonding. Drinking offers a way to manage personal problems without directly discussing emotional difficulties, while shared drinking is also portrayed as a familiar practice among peers. These accounts position alcohol use within both personal coping and social interaction. The connection between drinking and relief reflects its perceived role in managing distress, whereas its association with bonding highlights the social context surrounding this behavior (Lui et al., 2024; Dorchain, 2025; Roy et al., 2025; Sikweyiya et al., 2025; Marziale, 2026). Together, these patterns distinguish substance use from coping practices involving direct emotional expression or seeking guidance. They also show that drinking can be connected to both personal difficulties and peer relationships, providing a clearer understanding of how alcohol use is situated within the coping practices described.

When Stress Turns into Irritability and Aggression

Irritability and aggression under stress illustrate how emotional distress can be expressed through immediate reactions rather than direct communication. This pattern is reflected in the accounts of M-3, who stated, "*Yes, I get irritated easily. I feel anger building up, and sometimes I end up shouting or getting into a fight*," and M-4, who shared, "*Yes, I get angry very easily. Sometimes, even small things make me irritated*." These accounts distinguish the experience of stress from the ways it is expressed in everyday interactions. Irritability appears in response to minor triggers, while anger extend to shouting or conflict. Such

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responses provide context for understanding how distress can become visible through behavior even when personal struggles are not openly discussed. Emotional expression is not limited to verbal disclosure but also includes reactions that affect interactions with others.

The accounts further clarify the association between emotional regulation and the broader patterns of coping. M-5 explained, "*Yes, I get angry easily when I am stressed. Sometimes, even a small trigger makes me feel heated*." These responses link irritability with stressful circumstances, showing how minor triggers can prompt strong emotional reactions. Considered alongside emotional suppression and negative reactions to emotional expression, this pattern distinguishes expressing distress through anger from openly discussing personal difficulties. Irritability and aggression provide insight into how emotional strain can become visible through behavior without necessarily involving direct communication or help-seeking.

These patterns illustrate the complexity of recognizing distress when emotional expression occurs through irritability or aggression rather than direct communication. Anger can make emotional strain apparent in social interactions, yet its expression does not necessarily communicate the underlying difficulty or a desire for assistance (Roy et al., 2025). The accounts also reflect a tension between experiencing distress and expressing vulnerability, as emotional reactions are described more readily than the disclosure of personal struggles. contextually, irritability and aggression provide a clearer understanding of how distress-related experiences can be expressed behaviorally while remaining distinct from help-seeking (Dorchain, 2025; Vergara et al., 2025; Marziale, 2026). The connection between stress, emotional reactions, and interpersonal conflict adds depth to the broader pattern of coping, showing that the expression of distress and the willingness to seek support are related but separate aspects of students' experiences.

The Physical Toll of Distress

Physical manifestations of stress show how emotional strain can be experienced through bodily discomfort and reduced energy. M-1 described feeling "*tired even when I have not done much, and sometimes I have a headache*," while M-3 reported, "*My body is always tired, sometimes I have a headache and no motivation*." These experiences extend the understanding of distress beyond emotional reactions, illustrating how stress is also described through fatigue, headaches, and diminished motivation. The presence of these physical experiences alongside emotional suppression and irritability highlights different ways distress is expressed. Rather than being limited to verbal disclosure, emotional difficulties are also reflected in bodily experiences that affect daily functioning. This broadens the understanding of coping by showing that distress can be experienced physically even when it is not directly communicated to others.

These physical experiences also provide context for understanding the association between distress and help-seeking. Fatigue, headaches, and reduced motivation describe difficulties that affect personal well-being, but they do not

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necessarily indicate whether support is sought or emotional concerns are openly discussed (Dorchain, 2025; Roy et al., 2025). When considered alongside discomfort with expressing emotional struggles and infrequent help-seeking, physical symptoms represent another dimension of distress that remain distinct from direct disclosure. The findings distinguish the experience of stress from the decision to communicate it or seek assistance. Physical discomfort, emotional expression, and help-seeking are related aspects of students' experiences, but they are not interchangeable (Masullo et al., 2023; Sikweyiya et al., 2025; Melikishvili & Whoolery, 2026). This distinction clarifies how distress is present in everyday life without being directly expressed through conversations about emotional difficulties or requests for support.

Making Sense of the Patterns

The discussion of help-seeking behavior and coping mechanisms reveals a tension between experiencing distress and communicating the need for support. Reluctance to seek help, conditional willingness to reach out, and negative experiences associated with expressing emotional struggles provide context for the limited disclosure of personal difficulties. Support-seeking remains selective, shaped by trust, familiarity, and the circumstances surrounding distress. Although some coping practices involve school works, religious practice, and sharing with trusted individuals, others involve emotional suppression, substance use, irritability, aggression, and physical manifestations of stress. These patterns show that coping is not uniform: some approaches involve interpersonal connection or purposeful activities, while others center on managing distress privately or expressing it through behavior and bodily discomfort.

These coping patterns further clarify the distinction between experiencing distress, expressing it, and seeking assistance. Emotional suppression and discomfort with disclosure illustrate how personal difficulties remain unspoken, while irritability, aggression, fatigue, and headaches show that distress can also be expressed through behavior and physical experiences. Substance use is described in relation to temporary relief and social bonding, whereas trusted relationships and alternative coping practices provide different ways of managing difficulties. The association between depression-related indicators and help-seeking, alongside the lack of a significant association between mental health expression and help-seeking, reinforces that distress and its expression do not necessarily correspond directly with reaching out. Collectively, the findings portray help-seeking as a distinct response to distress rather than an automatic consequence of experiencing or expressing it.

Conclusions

Help-seeking among male college students was characterized by reluctance, conditional willingness, and infrequent engagement with formal or informal

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sources of assistance. These patterns co-occurred with emotional suppression, alcohol use, somatic symptoms, and other depression-related indicators. Although depression-related indicators were significantly and positively associated with help-seeking and remained a significant predictor, mental health expression was neither significantly associated with nor an independent predictor of help-seeking. The interviews contextualized these relationships by showing how trust and familiarity facilitated selective disclosure, while prayer, exercise, reflection, and fellowship offered alternative coping practices. Emotional concealment, substance use, irritability, aggression, and physical symptoms also reflected ways of managing or expressing distress. Together, the findings distinguish experiencing psychological distress, expressing emotional difficulties, and seeking assistance as related but separate processes, demonstrating that help-seeking is best understood in relation to both depression-related experiences and the personal and social contexts in which students manage distress.

The study demonstrates that help-seeking among male college students is not an automatic response to emotional distress but a distinct behavior shaped by attitudes toward seeking support, experiences of emotional expression, and coping practices. Depression-related indicators were associated with greater help-seeking, yet the accounts revealed that distress was also managed through emotional concealment, substance use, irritability, aggression, and physical responses, alongside healthier practices such as trusted disclosure and purposeful activities. The absence of a significant association between mental health expression and help-seeking further distinguishes expressing emotional struggles from actively seeking assistance. By integrating statistical associations with students' descriptions of their experiences, the study advances an understanding of help-seeking that considers not only whether distress occurs, but also how it is managed, communicated, and translated—or not translated—into reaching out for support.

Limitations and Future Research

This study has several limitations. First, data were collected from a single higher education institution in Malaybalay City, Bukidnon, which may limit the transferability of the findings to other educational and cultural contexts. Convenience sampling may also have introduced selection bias and limited the representativeness of the students. Second, the qualitative phase involved only eight students, providing contextual insights but limiting the range of experiences captured. Third, the cross-sectional quantitative design identifies associations but cannot establish temporal relationships or causal effects. Reliance on self-reported measures may also have introduced recall bias and social desirability effects, particularly when reporting psychological distress, substance use, and help-seeking. Nevertheless, the study provides important insights into the relationships among psychological distress, emotional expression, coping, and help-seeking. Future research could include multiple institutions, employ probability-based sampling where feasible, and recruit more

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diverse qualitative students. Longitudinal designs and additional data sources could further examine changes in help-seeking over time and clarify relationships among psychological distress, emotional expression, coping, and help-seeking behavior.

References

Daling K. G. & Taja-on, E. P. (2025). Development and validation of the mental health expression scale: an expert-guided approach for a student-centered tool. *Formosa Journal of Applied Sciences*, 4(7), 1993-2004. https://doi.org/10.55927/fjas.v4i7.199

Dorchain, C. S. (2025). Trauma, healing and philosophy–Three schools of thought in regards to resilience-building. *Athens Journal of Psychology*, 1(4), 273-284. https://doi.org/10.30958/ajpsy.1-4-4

Gumarang Jr, B. K., Gumarang, B. K., & Mallannao, R. C. (2021). Colaizzi's methods in descriptive phenomenology: Basis of a Filipino novice researcher. *International Journal of Multidisciplinary: Applied Business and Education Research*, 2(10), 928-933. http://dx.doi.org/10.11594/ijmaber.02.10.10

Hadad, S. (2026). Factors influencing student help-seeking behavior during crisis: a mixed-method analysis in higher education. *Studies in Higher Education*, 51(2), 371-389. https://doi.org/10.1080/03075079.2025.2468842

Hammer, J. H., Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSSPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, 65, 74-85. https://doi.org/10.1037/cou0000248

Hammer, J. H., & Spiker, D. A. (2018). Dimensionality, reliability, and predictive evidence of validity for three help-seeking intention instruments: ISCI, GHSQ, and MHSIS. *Journal of Counseling Psychology*, 65(3), 394-401. https://doi.org/10.1037/cou0000256

Hammer, J. H., Vogel, D. L., Grzanka, P. R, Kim, N., Keum, B. T., Adams, C., & Wilson, S. A. (2024). The integrated behavioral model of mental health help seeking (IBM-HS): A health services utilization theory of planned behavior for accessing care. *Journal of Counseling Psychology*, 71(5), 315-327. https://doi.org/10.1037/cou0000754

Kawar, L. N., Dunbar, G. B., Aquino-Maneja, E. M., Flores, S. L., Squier, V. R., & Failla, K. R. (2024). Quantitative, qualitative, mixed methods, and triangulation research simplified. *The Journal of Continuing Education in Nursing*, 55(7), 338-344. https://doi.org/10.3928/00220124-20240328-03

Lui, C. K., Jacobs, W., & Yang, J. S. (2024). Patterns of alcohol, cannabis, and e-cigarette use/co-use and mental health among US college students. *Substance Use & Misuse*, 60(1), 108-119. https://doi.org/10.1080/10826084.2024.2409723

Lumandas, E., Vergara, F., & Taja-on, E. (2026). Faith and Mental Health: A Mixed-Methods Study on How Catechetical Teaching Shapes Students' Help-Seeking Attitudes. *Hitik: International Journal of Catechists and Religious Educators*, 3(1), 43-63. https://doi.org/10.63130/hijcre.v3i1.225

Ma, K. K. Y., Burn, A. M., & Anderson, J. K. (2023). School-based mental health literacy interventions to promote help-seeking–a systematic review. *Child and Adolescent Mental Health*, 28(3), 408-424. https://doi.org/10.1111/camh.12609

Marziale, A. (2026). Adolescence from a social science perspective. *Athens Journal of Social Sciences*, 13(4), 267-278. https://doi.org/10.30958/ajss.13-4-2

ONLY FOR REVIEW

Masullo, G., Coppola, M., & Matteo, M. (2023). Male shaming, social representations and discriminations of masculinity: A Socio-psychological research. *Athens Journal of Social Sciences*, 10(4), 273-294. https://doi.org/10.30958/ajss.10-4-3

Melikishvili, M. & Whoolery, M. (2026) The mind as a creator: Tagore, trauma, and the truth in healing. *Athens Journal of Psychology*, 2(3), 177-190. https://doi.org/10.30958/ajpsy.2-3-3

Mokhwelepa, L. W., & Sumbane, G. O. (2025). Men's mental health matters: the impact of traditional masculinity norms on men's willingness to seek mental health support; a systematic review of literature. *American Journal of Men's Health*, 19(3), 15579883251321670. https://doi.org/10.1177/15579883251321670

Palmer, R., Smith, B. J., Kite, J., & Phongsavan, P. (2024). The socio-ecological determinants of help-seeking practices and healthcare access among young men: a systematic review. *Health Promotion International*, 39(2), daae024. https://doi.org/10.1093/heapro/daae024

Quiambao, G. M. C. A., Salaria, J. R., Bucad, M. M. B., Feltis, C. A., & Embalsado, J. V. M. (2024). Lalaki ka, hindi ka dapat umiiyak!: barriers of help-seeking behaviour in Filipino men. *Advances in Mental Health*, 1-27. https://doi.org/10.1080/18387357.2024.2425698

Republic Act No. 11036, Mental Health Act (2018). https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html

Rice, S., Fallon, B., Aucote, H., Möller-Leimkühler, A., Treeby, M., & Amminger, G. (2015). Longitudinal sex differences of externalising and internalising depression symptom trajectories: Implications for assessment of depression in men from an online study. *The International Journal of Social Psychiatry*, 61(3), 236–240. https://doi.org/10.1177/0020764014540149

Roy, S., Biswas, A. K., & Sharma, M. (2025). Stress, Anxiety, and Depression as Psychological Distress Among College and Undergraduate Students: A Scoping Review of Reviews Guided by the Socio-Ecological Model. *Healthcare*, 13(16), 1948. https://doi.org/10.3390/healthcare13161948

Ruiz, W. D., & Cruz, J. M. D. (2025). The role of gender and mental health literacy to the unmet need for mental healthcare in the Philippines. *North American Journal of Psychology*, 27(4), 879–892.

Sharp, P., Gao, N., Zhu, P., Chou, R., Ogrodniczuk, J. S., Seidler, Z. E., ... & Oliffe, J. L. (2025). The gendered barriers to men's mental health peer support: A photovoice study. *Qualitative Health Research*. https://doi.org/10.1177/10497323251367917

Sheikh, A., Payne-Cook, C., Lisk, S., Carter, B., & Brown, J. S. (2025). Why do young men not seek help for affective mental health issues? A systematic review of perceived barriers and facilitators among adolescent boys and young men. *European Child & Adolescent Psychiatry*, 34(2), 565-583. https://doi.org/10.1007/s00787-024-02520-9

Sikweyiya, Y., Mahlangu, P., Jewkes, R., Brooke-Sumner, C., Gibbs, A., Dartnall, E., ... & Machisa, M. (2025). 'We do not like talking about our problems': socialization and idealized masculinity as drivers of help-seeking avoidance among college men in South Africa. *BMC Public Health*, 25(1), 1091. https://doi.org/10.1186/s12889-025-22252-y

Üzümçeker, E. (2025). Traditional masculinity and men's psychological help-seeking: A Meta-analysis. *International Journal of Psychology*, 60(2), e70031. https://doi.org/10.1002/ijop.70031

Vergara, F. A., Daling, K. G., & Taja-on, E. P. (2025). Beyond jocularity: Exploring the role of community in supporting mental health and personal development among

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male students. *Canadian Journal of Family and Youth*, 17(2), 198-227. https://doi.org/10.29173/cjfy30130

Wolfe, G., & Levant, R. F. (2023). Gender role strain paradigm. In T. K. Shackelford (Ed.), *Encyclopedia of Sexual Psychology and Behavior* (pp. 1–5). Springer. https://doi.org/10.1007/978-3-031-08956-5_2475-1

Zhao, R., Amanvermez, Y., Pei, J., Castro-Ramirez, F., Rapsey, C., Garcia, C., ... & Cuijpers, P. (2025). Research review: Help-seeking intentions, behaviors, and barriers in college students–a systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry*, 66(10), 1593-1605. https://doi.org/10.1111/jcpp.14145

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