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Title: **Masculinity and Mental Health: Exploring Norms and Cultural Barriers in Help-Seeking Behavior amongst Men in Pakistan**

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Masculinity and Mental Health: Exploring Norms and Cultural Barriers in Help-Seeking Behavior amongst Men in Pakistan

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Abstract

This study has attempted to explore the challenges of men's mental health in help-seeking behavior owing to traditional masculinity norms. The purpose of this study was to explore the perceptions of men about masculinity and help-seeking behavior in context with their mental well-being. The study has addressed these research questions; to understand the perceptions of men about masculinity in context of their mental health, and to understand issues of men's help-seeking behavior as regards to their mental health. This is a qualitative study. It employed an ontological stance of interpretivism and an epistemological position of social constructivism. For theoretical lens of this research study, Connell's theory of hegemonic masculinity was used. Using the technique of purposive sampling, six participants from the OPD of Fountain House, Lahore were interviewed. Gendered perceptions of mental health and help-seeking behavior was explored. This study used the technique of thematic analysis. The findings showed how traditional masculine norms create barriers to seeking care. It emphasized societal expectations, cultural shame, and emotional suppression, as well as the value of family support, adaptive coping methods, and male-friendly solutions. Redefining masculinity to include emotional openness is critical for enhancing men's mental health and promoting inclusive wellbeing.

Keywords: societal norms, help-seeking behavior, masculinity, men's mental health

Introduction

Mental Health is an important feature of total well-being, since mental illnesses affect millions of people around the world and contribute considerably to the disease burden (Seidler et al., [2017](#)). This study investigated how culturally and socially constructed norms affect men's mental health and explored the challenges and barriers men encounter when

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looking for and having treatment for mental illness. There is evidence that males are reluctant to seek mental health care in a variety of worldwide situations, including high and low income-settings (Staiger et al., [2020](#)). Men's mental health experiences are particularly affected by deep-rooted societal standards around masculinity, which influence men's behavior, attitude and expression (Gough & Novikova, [2020](#)). The term "masculine" refers to a range of ideas, attitudes, and behaviors that are commonly associated with males and are frequently reinforced by family, society, media and peer pressure (Kim & Yu, [2023](#); Levant & Pryor, [2020](#)).

Traditional masculinity, defined by stoicism, emotional suppression and self-reliance (Connell, [2005](#)), sets societal standards, discouraging men from seeking help. These standards can result in a reluctance to express weakness. Fear of being perceived as weak and the feeling of shame is connected with obtaining psychological help. This reluctance has serious implications, such as drug overuse, and increasing suicidal rates (World Health Organization [WHO], [2017](#)). The stigma associated with mental illness contributes to the problem (Link & Phelan, [2001](#)), resulting in feeling ashamed and unwilling to acquire any help (Addis & Mahalik, [2003](#)). Globally, males are 1.8 times more likely than women to commit suicide (WHO, [2017](#)). Despite having similar rates of mental health issues, males are significantly less likely to seek mental treatment (National Alliance on Mental Illness [NAMI], [2019](#)). The gap is worsened by self-reliance, a lack of mental health literacy (Andrade et al., [2013](#)), and widespread stigma (Clement et al., [2014](#)). In low and- middle income countries such as Pakistan, the treatment gap is frighteningly large (Choudhry et al., [2021](#)), worsened by cultural taboos and beliefs that stigmatize mental illness (Noorullah et al., [2024](#)). De Visser et al. ([2020](#)) examined masculinity and help-seeking behaviors amongst male university students, in Pakistan and the United Kingdom. The rigid gender concepts and fear of nontraditional behavior discourage people from seeking treatment were prevalent among Pakistani students. The research emphasizes on cultural sensitivity when addressing men's health behaviors influenced by masculine norms. In the local context, A. Javed et al. ([2021](#)) found that school-based mental health preventive programs can be cost-effective treatments. Youth in Pakistan are expected to display resilience and refrain from expressing negative emotions such as sadness, dissatisfaction, or fear (Aksar et al., [2024](#)). Males are supposed to demonstrate emotional power, whilst women are meant to be modest and

obedient, emotionally constraining both genders (Kashi, [2024](#); Salahuddin, [2017](#)). Although emotional restraint is a culturally established type of social control, it paradoxically correlates with higher psychological distress (Anwar et al., [2022](#)). According to research, persistent emotional suppression is associated with increased stress, decreased emotional well-being, and an increased risk of anxiety and depression (Punjani et al., [2022](#)).

According to Imran et al. ([2017](#)), Pakistani patients attribute their illness to stress, family troubles, and financial constraints. This study finds out how traditional male standards influence help-seeking behavior in the context of mental well-being, particularly in the setting of OPD of Fountain House, Lahore, Pakistan, where cultural and societal expectations contribute to mental health stigma. Addressing these issues is critical to promoting men's mental health and well-being. The findings will help future academics, legislators, gender and mental health experts, and psychologists have a greater understanding of the challenges caused by mental illness, as well as the potential benefits of raising awareness and reducing stigma.

Research Questions

- What are the perceptions of men about masculinity in the context of their mental health?
- What are the issues of men's help-seeking behavior as regard to their mental health?

Literature Review

In the recent years, men's mental health has received a lot of attention (Vickery, [2021](#)). Research has shown that men are more likely than women to experience mental health problems (Seedat et al., [2009](#)). Men are less likely than women to seek mental health therapy (Chang et al., [2013](#)). However, men who have suicidal thoughts are also less likely to report issues and seek help for mental health issues (Hom et al., [2015](#)). These practices limited the options for prevention and intervention. In young people, the main causes of mental health problems are disorders like anxiety and depression. Nearly 9% of men reported mental health concerns. This included men of every color, age or socioeconomic background in a national survey of the US and revealed that most of the cases were of depression and stress, in which only a limited males took mental health treatment (Blumberg et al., [2015](#)).

Fifty-four participants participated in a qualitative study conducted by Cinnirella et al. (1999) to look into how religion and ethnicity affect attitudes towards mental illness. The results showed that while Muslim individuals stressed the role of religion in coping strategies, their decisions to seek care for depression and schizophrenia were driven by their fear of racial discrimination and social humiliation. Masculine norms fear being perceived as feminine or weak, which influences men's health attitude (Courtenay, 2000). According to the strain dysfunction theory, males experience pressure to live up to traditional gender norms, which causes "masculine strain" and may hurt men's mental health (Pleck, 1995).

Sileo and Kershaw (2020) investigated in their study that masculine standards like toughness, rank, and anti-femininity had affected young adults' mental health care in the Northeastern United States. Men who comply with traditional norms had more unfavorable opinions and were less willing to ask for help (Levant et al., 2011). De Visser et al. (2020) in their study examined male students from Pakistan and the UK to investigate how masculinity affects health-related behaviors. According to the study, Pakistani men, who come from a more patriarchal culture, were more concerned with upholding traditional masculinity and were less likely to have equitable gender views. They were less inclined to seek treatment for physical and mental illnesses because they believed that uncommon behaviors, like asking for help, threatened their manly character. British men, on the other hand, connected mental health problems to lower masculinity and physical illnesses to higher masculinity, indicating that masculinity influences health behaviors differently across cultures. Zafar et al. (2020) reported in their study that even medical students in Karachi faced stigma and cultural expectations that restrict help-seeking behavior as regards to mental health.

A meta-analysis of 35 researchers found that traditional masculinity is strongly associated with negative stereotypes. It leads to increased self-stigma about psychological help-seeking in males. Higher adherence to masculine standards and gender role conflict predicted less help-seeking behavior. These relationships were stable across nations and sample types. The findings support the Gender Role Strain Paradigm (Üzümçeker, 2025). Two online focus groups with twenty-eight young men examined their views about health, seeking help, and using health care. To find out how men perceived health-related behaviors in an internet setting according to

their gender identities, Foucauldian discourse analysis techniques were used. Keeping up masculine identities that emphasize self-reliance, autonomy and bodily control, young men were concerned about well-being and defended their well-being practices (Tyler & Williams, [2013](#)).

A study conducted by Anwaar et al. ([2024](#)) discovered that perceptions about insecure manhood are substantially associated with psychological suffering amongst Pakistani males. Body dissatisfaction mediated this connection, amplifying the impact of male demands. The study is on how rigid male norms influence men's mental health and body image. Recent studies have linked men's reluctance to seek mental health care by traditional masculine norms (Seidler et al., [2016](#); Wong et al., [2017](#)). Broader scope investigations currently look at male and female norm compliance in connection with help-seeking. These assessments show methodological deficiencies and emphasize the importance of culturally appropriate techniques. They emphasize the necessity of the gender-aware therapeutic practices for increasing men's mental health participation.

A comprehensive list of barriers has been generated by the global literature. According to Lynch et al. ([2016](#)), avoiding treatment was frequently attributed to feelings of denial and a lack of mental health literacy. In cultures that encourage masculine traits like strength and mental ignorance, young men frequently turn to alcohol, drugs, and violent conduct as coping mechanisms, which deters them from getting advice from professionals (Biddle et al., [2004](#)).

According to Sagar-Ouraghli et al. ([2019](#)), male-friendly, non-stigmatizing techniques can increase men's use of mental health treatments. Presenting help-seeking as a show of power and responsibility aligns with traditional masculine ideals. Such measures may lessen stigma and improve therapeutic efficacy. Gender-sensitive interventions are essential for improving male mental health outcomes.

Men's mental health and help-seeking behavior have been deeply investigated. In Pakistan, stigma and inadequate mental health care services were the most common causes of mental health issues in men. Regional studies emphasized the need for culturally appropriate treatment while highlighting the financial uncertainty. These investigations identified a gap: no research was conducted, especially in Lahore, and no mention of the opinions and experiences of patients from Fountain House were made.

Theoretical Lens

This study applied Connell's (1987; 1995) theory of hegemonic masculinity to analyze how men perceive the effect of culturally and socially constructed masculine norms on their mental health and their unwillingness to seek treatment in Pakistan. Based on this framework, masculinity is marked by emotional repression, strength, control, and self-reliance.

According to Messerschmidt (2018), these traits are not biologically inherited but rather socially constructed, used to maintain male dominance and define women as subordinates. This develops a stigma around seeking help, which contributes to men's mental health concerns caused by both societal pressure and internalized shame. The idea is consistent with the study's focus on the challenges that men confront as a result of traditional masculinity. It establishes a framework for understanding how cultural expectations influence men's mental health choices.

Methodology

This study employed ontological position of interpretivism and epistemological approach of social constructivism (Carson et al., 2001; Hudson & Ozzane, 1988), as there are different interpretations of reality and reality is socially constructed (Berger & Luckmann, 1966). The study recognizes masculinity as a fluid, socially constructed identity shaped by cultural norms, interpersonal interactions, and societal discourse. The relationship between masculinity and mental well-being is determined by dominant gender norms that discourage emotional vulnerability and limit access to help for males (Addis & Mahalik, 2003; Connell & Messerschmidt, 2005).

This study is qualitative as it allows participants to share their life experiences and narratives (Creswell, 2013). This study was conducted in Lahore. The sample consisted of six male participants from the Fountain House Lahore's OPD. Participants were selected using a purposive sampling technique. A thematic interview guide was prepared, which consisted of open-ended questions (Mouton & Marais, 1988). The thematic analysis technique was used for data analysis. The six-step thematic analysis identifies and analyzes the patterns of meanings as they emerged from the given data (Clarke & Braun, 2013).

Findings and Discussion

This section presents the finding from data collected from participants of the study from the Fountain House, Lahore. First, participants' demographic data are presented. The participants' real names were replaced with numbers, i.e., Participant 1, Participant 2, and so on, to conceal their identities and maintain confidentiality. The demographic details of the participants are given below in Table 1.

Table 1*Demographic Details of Participants*

Participant	Age	Mental Illness	Marital Status	Treatment
Participant 1	32	Sexual Identity Stress	Single	Counselling Sessions
Participant 2	25	Depression	Single	Medication
Participant 3	26	Anxiety	Single	Medication
Participant 4	35	Bipolar Schizophrenia	Divorcee	Medication
Participant 5	21	Schizophrenia	Single	Medication + Counselling
Participant 6	24	Generalized Anxiety Disorder (GAD)	Single	Counselling Sessions

According to the participants' demographic data, they ranged in age from 20 to 40. Every participant received different treatment, and each had the support of their family. Three of the individuals were receiving counselling sessions, while the majority were being treated through medication. The participants were all unmarried, except one who was divorced. The researchers developed the themes by first familiarizing themselves with the interview transcripts, line-by-line coding of data, grouping similar codes, identifying broader patterns, refining the emerging themes, and finally naming them clearly. Themes were continuously checked against the original data to ensure accuracy and credibility. The themes extracted from the data are given below in Table 2.

Table 2*Data Themes*

Themes	Sub-Theme
Understanding Masculinity	<ul style="list-style-type: none"> • Being a man • Masculinity traits

Themes	Sub-Theme
Mental Health	<ul style="list-style-type: none"> Childhood expectations and masculinity Common challenges Triggers and emotional suppression
Societal Expectations	<ul style="list-style-type: none"> Societal norms Reluctant to share
Help-seeking behaviours	<ul style="list-style-type: none"> Stigmatization and labelling Preferences when seeking help

Understanding Masculinity

The qualities, attitudes, and behaviors that society considers suitable for a man are referred to as masculinity (Connell, [1987](#)). In Pakistan, the most common problem faced by men is expressing their emotions, engaging with others, and dealing with challenges. It is often defined by characteristics such as strength, stoicism, and self-reliance, which develop early in life via socialization that emphasizes responsibility and emotional control.

Connell's ([1987](#)) theory of hegemonic masculinity sheds light on how dominant traits such as strength, control, and emotional suppression are used by society to define "being a man," placing them as the ideal standard that shapes men's identities and behaviors.

Being a Man

"What does it mean to you to be a man?" Participants' personal beliefs, cultural norms, and societal expectations were made public. Each participant associated being a male with traits and qualities associated with men. According to participant 1, "For me, being a man is all about repressing feelings and emotions and always acting tough. A man is always self-reliant. I was still experiencing and adhering to this social routine."

Participants 6 and 3 shared a similar thought that being a man in Pakistani society is to take charge and lead in everything. "A man is considered a man when he holds characteristics like being strong, tough, and powerful," said participant 4. These statements align with Connell's ([1987](#)) theory of hegemonic masculinity, which elevates norms such as emotional repression, toughness, and domination to the culturally accepted norm of masculinity. This theory supports the participants' experiences by

explaining how such standards perpetuate masculine dominance while marginalizing alternative masculinities.

Masculinity Traits

While conducting the interviews with participants, the researcher came across the reason why “being a man” is connected to masculinity. Participants revealed that masculine qualities such as power and control are shaped by social expectations rather than nature. Men are pushed to demonstrate strength and self-reliance, yet this frequently leads to psychological disorders by restricting emotional expression and help-seeking. “Being in a leadership position is the most important trait linked to masculinity,” said participant 2. Men must be in positions of authority, provide for their families, and own property. This exemplifies Connell's (1987) idea of hegemonic masculinity which depicts males as strong, authoritative people who preserve societal authority through roles such as provider and landowner.

Childhood Expectations and Masculinity

Childhood expectations have an important influence on shaping concepts of masculinity. Boys are encouraged from an early stage to be strong, intelligent, and emotionally tough. All of these correspond to traditional masculine norms. These characteristics are fostered by cultural and familial standards, with boys being given limited duties to prepare them for adult masculine roles. Participants highlighted the dark side of society, as when boys are born, their parents have great hopes, believing they will develop into macho providers and protectors. For many boys, the pressure to achieve these ideals becomes crucial to their identity and participants reported this to be tough and painful. “As a child, I was always told to be the family's brightest star and to set an example for my younger siblings so they would study hard like me and do well in school,” according to participant 6. In Pakistani society, respect is only given to those who are successful or have money. The lower and upper middle-class men face this harsh reality and work hard to get on that masculine and societal standard.

According to participant 4,

My eldest brother assigned me the duty of grocery shopping when I was 8 or 9 years old. He taught me how to make purchases. My brother was at his 9 to 5 work, so I had to do it even though I wasn't prepared for it. I started taking care of my family and became more

responsible as a result of this education. That's how it influenced my early perception of masculinity.

These opinions are consistent with Connell's (1987) theory of hegemonic masculinity in which males are supposed to be responsible providers and achievers. They are taught from an early age that leadership and financial success are essential traits of men.

Mental Health

Men's mental health in Pakistani society is frequently disregarded due to cultural norms that restrict emotional expressiveness. Expectations to behave as providers and leaders contribute to the increased levels of stress, anxiety, and depression etc.

Mental health issues were closely linked to Connell's (1987) notion of hegemonic masculinity which encourages qualities like power, domination, and stoicism as requirements for being a "real man." These social norms place a great deal of pressure on men to suppress their feelings and handle problems on their own, frequently at the expense of their well-being.

Common Challenges

Men usually ignore physical illnesses like headaches and muscle tension, as well as mental health problems like irritability, exhaustion, and trouble focusing. They don't take it seriously and keep avoiding it; as a result, they suffer from high mental disorders. Men express these challenges through anger or overworking, making it harder to notice their difficulties. These difficulties cause males to lose interest in activities they once enjoyed. As participant 3 stated,

After losing a loved one, I began to experience anxiety, first dismissing signs such as insomnia, isolation, frequent crying, and difficulty concentrating. As the difficulties increased, emotions of hopelessness resulted in a suicide attempt, which ended in hospitalization. A psychologist diagnosed me with anxiety. Since then, I've lost interest in hobbies that I formerly enjoyed.

Participant 5 stated,

As a schizophrenia sufferer, I've had several mental health issues, including restless nights, chronic headaches, anger, sorrow, and difficulties focusing all caused by hallucinations. Like many males,

I ignored these feelings as normal, but they quickly developed into a severe mental disease.

These narratives are consistent with Connell's (1987) theory of hegemonic masculinity which idealizes emotional stoicism, self-reliance, and strength in males. As demonstrated, individuals adopted these standards by denying emotional distress and delaying getting treatment, promoting hegemonic values at the cost of their mental health.

Triggers and Emotional Suppression

Men's mental health issues are frequently caused by cultural expectations, daily stress and the need to look tough. These responsibilities cause emotional repression, making it harder for males to seek treatment. Instead of displaying vulnerability, many men suppress their feelings or transform them into socially acceptable forms such as rage or solitude.

As participant 1 stated,

Before starting therapy, I struggled with severe mental health concerns such as impatience, rage, and depression. These difficulties were mostly caused by loneliness. Fear of judgement or harsh reactions from my family kept me from sharing my stress, and this communication gap became an enormous obstacle to expressing myself during difficult situations.

This experience reflects Connell's (1987) hegemonic masculinity which limits emotional expression and encourages quiet around vulnerability. His fear of being judged and unwillingness to seek help demonstrate how cultural expectations of male power and emotional control limit help-seeking behavior.

Societal Expectation

How men balance their responsibilities and feelings is influenced by societal expectations that define masculinity as ideals of strength, courage, and control. Males are under pressure to achieve unattainable goals due to these expectations, which force them to suppress their vulnerable nature to fulfill responsibilities. Men never have time for him because they are too busy with their duties.

The hegemonic masculinity of Connell highlights how men's identities are shaped by prevailing conventional norms and power relations,

experiences and, behaviors influencing their compliance with or deviation from male norms. The issue of social expectations was closely tied to it.

Societal Norms

In Pakistani society, masculine norms make it challenging for men to communicate and express themselves. If men suppress their emotions, this move of theirs is associated with weakness. Training to suppress emotions at a young age was seen as consistent with traditional masculinity. Males can fight in silence because this restricts free and open communication. As stated by participant 5, "Yes, I found it more difficult to discuss schizophrenia with another person." It's always hard for men to talk openly with their loved ones about their problems, but women can do so with ease. Men find it more difficult to accept a diagnosis of schizophrenia owing to societal expectations, and the saying "Men must be strong" has killed a lot of men.

"Family support is very crucial in the acceptance and recognition of mental issues," said participant 6. Even so, males still find it extremely difficult to get prepared to discuss generalized anxiety disorder in public because of the early upbringing that prevents us from discussing anything. These narratives align with Connell's (1987) idea of hegemonic masculinity which emphasizes emotional repression, hardness, and denial of vulnerability as key male characteristics. Both participants emphasize how cultural standards restrict males from admitting or revealing mental health difficulties, supporting the notion that "men must be strong."

Reluctant to Share

Many men are hesitant to express their emotions and feelings about mental health issues. Vulnerability is viewed as a weakness; reporting a mental health illness may feel like breaking the unwritten rule of masculinity. "In Pakistani society, it's harder for men to share any personal feelings," stated participant 3. According to participant 4, "Men in Pakistan who are capable of discussing mental health concerns are not given much attention due to a lack of acceptance. Men are still hesitant since being a male means remaining healthy throughout one's life."

These opinions are consistent with Connell's (1987) concept of hegemonic masculinity in which exhibiting weakness undermines the ideal male image. In Pakistani society, males are supposed to be emotionally tough and self-sustaining, making it difficult for them to seek help or reveal

sadness. This societal norm hinders emotional openness, increasing silence regarding mental health.

Help-seeking Behaviours

Men frequently experience stigma while seeking help, with many considering it a sign of weakness. Men are hesitant to come up for fear of judgment or misunderstanding, believing they must deal with their problems on their own.

Connell's ([1987](#); [1995](#)) Theory of Hegemonic Masculinity has been connected to help-seeking behavior because dominant masculine norms that emphasize emotional control and self-reliance might make it difficult for men to ask for help, which makes them avoid showing weakness and keep up a stoic exterior.

Stigmatization and Labelling

Stigmatization and fear of being labeled prevent men from discussing their mental health challenges. Almost every participant experienced this and faced backlashes from society. According to participant 5,

I was bullied by my classmates for multiple times while I was in college because I had schizophrenia. The entire class learnt about my schizophrenia after I told my friend that I was having a schizophrenic attack during a university lecture. I've always been afraid of criticism and labels, and that day I was called "mental" and "psychotic."

Participant 6 made a similar statement, saying, "My colleagues labelled me with a 'hypersensitive' word and I feared this labeling always." According to participant 3,

My sister advised me to avoid his child (my nephew) while I was undergoing treatment for depression. My own experience of being branded and condemned by my sister was that she claimed I was mentally ill and would try to make her child like me.

These experiences demonstrate the severe stigma associated with mental illness in the context of hegemonic masculinity.

According to ([1987](#)) hegemonic masculinity promotes ideas of power, control, and emotional stability, which mental illness opposes. As a result, males with mental health issues frequently face harsh judgment, labelling,

and social rejection, strengthening their silence and emotional repression.

Preferences When Seeking Help

When seeking therapy, males frequently choose between psychologists, friends, and family based on comfort and fear of judgment. Some participants prefer to trust their family and friends because they are understandable, while others prefer psychologists because they provide expert counsel and a non-judgmental, private environment.

According to participant 2, "I preferred a psychologist for discussing my mental issue treatment. I didn't think talking about it with friends was appropriate because they would joke about it and not take it seriously like a psychologist would." The 4th participant said, "Because I have a strong bond with my brother and he knows me well, I would rather talk to him than a psychologist. In addition to taking care of my prescriptions, my brother always goes with me when I see the psychologist." It all comes down to participant comfort and trust, and individual preferences do differ.

Conclusion

This study explored the complex link between masculinity and help-seeking behaviors amongst Pakistani males dealing with mental health issues. It indicated that deeply rooted cultural norms and traditional masculine norms, such as emotional suppression, strength, and self-reliance, play a substantial role in men's reluctance to seek psychiatric help. From an early age, boys are encouraged to embody toughness and responsibility, which shapes their conception of masculinity. This early upbringing, along with cultural expectations, often leads males to feel emotionally restrained, frightened to display vulnerability, and hesitant to seek treatment for fear of being judged or labelled as "weak" or "feminine".

Participants' narratives in this study demonstrated how social stigma and fear of being misunderstood and judged are key barriers to freely discussing mental health difficulties. Many males described feelings of emotional pressure, isolation, and the internal battle between seeking treatment and preserving a manly persona. However, the study showed that family encouragement was also important in lowering stigma and promoting help-seeking behaviours.

To support change, this study suggests adopting gender sensitization programs in schools, workplaces and the media to normalise emotional

expression and help-seeking. Mental health practitioners should be taught to deal with masculinity-related issues, and influencers and the government may assist in eliminating stigma and encouraging assessments of mental health. Free treatment and peer support groups should be made available for men. It was also found out that there was a lack of safe peer groups where men can openly discuss their issues and also lack of government-supported therapy sessions for men.

Moreover, there is a need for substantial studies on the intersection between masculinity and mental health in many situations. Because the current study focused on urban men, future researchers are encouraged to investigate similar issues in rural regions, where cultural norms might evolve and provide new perspectives. Future researchers should also look at how masculinity connects with other social identities, such as class, age, and sexuality, to gain a deeper understanding of the complex experiences of men who experience mental health issues.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

Data supporting the findings of this study will be made available by the corresponding author upon request.

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The authors did not use any type of generative artificial intelligence software for this research.

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