THE EXPERIENCE OF MENTAL ILLNESS STIGMA BY UNDERGRADUATE UNIVERSITY STUDENTS

by

Mahlori Faith Maluleke

A mini-dissertation submitted in partial fulfilment of the requirement for the degree of

MA Counselling Psychology

in the

Department of Psychology

at the

University of Pretoria

July 2023

Supervisor:

Dr Benny Motileng

ACKNOWLEDGEMENTS

I want to express my deepest gratitude to my supervisor, Dr Benny Motileng, for his patience and guidance. It was not easy, but his support and valuable input enabled me to make it this far. Thank you to all of the participants that took the time to share their experiences with me and for their contribution to this study, this would not have been possible without you.

To my mother, Hazel Maluleke, thank you for your sacrifices, being my biggest cheerleader and always believing in me. To my siblings Hlengiwe, Herald, Natalia, and my older sister Tracia, you have all been my source of strength and motivation throughout this challenging journey; thank you for supporting me. To my extended family, my relatives, and my spiritual parents, Apostle TM and Pastor LE Maleka, thank you for your love and prayers; it truly takes a village & I am grateful for you. To all the friends that have cheered me on, thank you.

Last but not least, to my father, who is no longer with us, I hope I have made you proud. Thank you for starting this journey with me.

DECLARATION

I understand what plagiarism is and am aware of university policy and implications in this regard. I declare that the mini-dissertation hereby submitted to the University of Pretoria, for the degree of Masters in Counselling Psychology is my own original work. I have not used work previously produced by another student or any other person to hand in as my own. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

MF Maluleke 11 July 2023

Initial and Surname **Date**

ETHICS STATEMENT

I, **Faith Mahlori Maluleke**, student number **18087273**, have obtained ethical approval for the research titled: The experience of mental illness stigma by undergraduate university students. On March 12, 2023, I received ethical approval (reference number: HUM005/0922) from Professor Karen Harris, Chair of the Research Ethics Committee in the Faculty of Humanities at the University of Pretoria.

ABSTRACT

Mental illness stigma continues to negatively influence students' help-seeking behaviour, deteriorating their mental well-being and overall functioning. This research study aims to explore and understand how undergraduate university students in South Africa experience mental illness stigma, including how it affects their perceptions of mental illness and their decision to seek mental health care. The study used a qualitative approach, and in-depth semi-structured interviews were conducted with nine participants across various faculties about their experiences in their undergraduate studies. The findings revealed that students experience both public and self-stigma. Additionally, cultural and religious beliefs and the views of one's family and community members perpetuated these stigmas. It is important to note that even though students do not ascribe to these stigmatised views due to their increased mental health literacy, they are still affected by the beliefs and ideas of those close to them. Because of this, students would rather utilise their social support and ~~use~~ other forms of adaptive and maladaptive coping techniques to deal with their mental health challenges. It is recommended that future studies expand the idea of this study to a larger student population to obtain more generalised findings.

Keywords: Mental Illness, Undergraduate University Students, Stigma, Mental Illness Stigma, Mental Health Care, Culture, South Africa

Table of Contents

LIST OF TABLES

CHAPTER 1: INTRODUCTION

1.1 Introduction

Mental illness is a known global pandemic that affects many individuals and can be defined as any condition that affects one's cognition, emotion, and behaviour and includes conditions such as depression or schizophrenia (World Health Organisation, 2022). It is also understood in different ways by various communities and cultures, which then affects their perception of mental illness and whether or not they choose to utilise mental health services. Mental illness stigma is also an additional factor that plays a significant role in people's perception of mental illness and their views towards psychological services and even mental health professionals. The beliefs and attitudes people hold about mental illness influence how they interact with those with a mental illness, how they experience and express their own emotional or psychological distress, and whether they will disclose any of these symptoms and seek care (Zolezzi et al., 2017). Therefore, the stigma associated with mental illnesses makes it much more difficult for individuals suffering from them because not only do they have to deal with the different symptoms that arise due to the illness, but they also have to live through the adverse reactions from society, which may include their own family and friends (Rüsch et al., 2005).

Many people, including undergraduate university students, can be affected by mental illness stigma. The transition from high school to pursuing a post-secondary education can be challenging for most students due to the many changes they have to adapt to in a short period. During this period many adolescents start struggling with mental health issues such as depression and anxiety (Bantjes et al., 2019). It also marks the onset of mental illnesses which when untreated may spiral into a deleterious course of psychopathology for students that pursue their tertiary education directly after high school (Pedrelli et al., 2015). Therefore, they may also experience mental illness stigma within this context, whether it be from themselves or their surrounding environment. This chapter will introduce the reader to the study by explaining the problem statement and justification of the study. Additionally, it will discuss the significance and aim of the study, as well as the objectives. It will also define the research question and conclude by giving an overview of the following chapters.

1.2 Problem Statement and Justification of the Study

Even though mental distress is a global health concern, studies have shown that mental distress is higher in the student population than in the general population (Mutinta, 2022). This makes university students worldwide a vulnerable population. Pillay et al. (2020) stated that this vulnerability to mental health issues is often related to young adults' adjustment difficulties when moving away from home, experiencing newer academic pressures, and financial problems. Several other studies (Makhubela, 2021; Laher et al., 2021) have constantly reported that most mental health issues begin manifesting themselves during the start of early adulthood, which encompasses a period of higher education through university. Students that report higher levels of mental distress are more likely to experience adverse effects such as poor academic performance, impaired cognitive functioning, risky behaviour such as substance abuse, and an increased risk of developing other mental illnesses (Mutinta, 2022).

Although most institutions provide university students with access to mental health care, students tend not to seek psychological care. While many factors can act as a barrier to seeking mental health care, the stigma of mental illness is among the top barriers (Bickham, 2022). This can be in the form of perceived stigma (public stigma) or self-stigma. As mentioned before, mental illness can be perpetuated by perceptions relayed through media, friends, and family. It can also be rooted in religious and cultural beliefs that people uphold. In some Traditional African cultures, mental illness is ascribed to supernatural activity such as witchcraft and is associated with violence or danger (Lima-Smit et al., 2022).

Furthermore, in various Asian cultures, mental illness is believed to affect one's family lineage by diminishing marriage and economic prospects, which shows how intense the stigma can be (Satcher, 2001). Due to this stigma, students are more likely to seek peer support or engage in risky behaviour to cope with their mental health challenges (Jithoo, 2018). Few studies have been done on the experience of the negative perceptions of mental illness and the various ways it influences students. Therefore, it is crucial to explore how undergraduate university students experience mental illness stigma, including how it affects their likelihood of seeking treatment so that we can find ways to reduce this stigma and promote the use of psychological services.

1.3 Significance of The Study

This study adds to the existing literature on the mental health of university students. A large portion of existing research focuses on the prevalence of mental health problems in student populations. Additionally, other research discusses the prevalence of mental illness stigma in the general population and its consequences. This study focuses on mental illness stigma in the student population, including how they experience it, what aspects contribute towards mental illness stigma, and its implications on mental healthcare-seeking behaviour. The study's results benefit the student population and society, including higher learning institutions and communities.

The study contributes to an increased awareness of the significant role that mental illness stigma plays in society, which contributes to reducing the stigmatised views on mental illness in communities and amongst young adults on campuses. The study also serves as resource data for higher education institutions and might aid universities and colleges in developing strategies to reduce mental illness stigma. The most significant aspect of the study is that university students become more aware of their experience with stigma and how it has affected them. Furthermore, the study fosters a change that will lead to more open conversations about mental health and decreased mental illness stigma among students. Lastly, the research is a valuable reference for researchers that plan to conduct a related study or test the validity of other related findings.

1.4 Aim of the Study

This study aimed to investigate the experiences of undergraduate university students in relation to mental illness stigma, their attitudes and behaviours toward mental illness, as well as their decision-making processes regarding seeking psychological services.

1.5 Objectives of the Study

1.5.1 To explore undergraduate students' current views of mental illness.

1.5.2 To explore the role played by cultural norms and beliefs in undergraduate students' experience of mental illness stigma

1.5.3 To understand what mental health care/support mechanisms undergraduate university students are likely to resort to when they experience mental illness stigmas.

1.6 Research Question

How do undergraduate university students experience mental illness stigma?

1.7 Overview of the Chapters

The study consists of five chapters, including the introductory chapter. Chapter two focuses on the relevant literature regarding: mental illness stigma (perceived and self), university students and mental health, including what affects their mental health, as well as mental illness stigma on the views that students hold, how culture contributes towards it, and the utilisation of mental health care when experiencing stigma. The chapter concludes by using the social cognitive model to explain mental illness stigma. Chapter three covers the methodological framework and includes: the research design, population and sample, data collection methods, the method of data analysis, and ethical considerations. Chapter four focuses on: the findings that emerged and data analysis. Lastly, Chapter five concerns the discussion of the findings, future research recommendations, and the limitations encountered during the research process.

1.8 Conclusion

This chapter gave a brief introduction to the study. It discussed the problem statement, justification, and significance of the study. Additionally, the chapter outlined the aim and objectives, as well as the research question. The chapter was concluded by providing a brief overview of the following chapters.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The literature review sheds light on mental illness stigma in more detail. It discusses the various forms of stigma: perceived stigma and self-stigma. The study is centred around the experiences of university students; therefore, it also examined the various contributors to the declining mental health of undergraduate students. Additionally, the chapter explores the current views that university students have about mental illness through existing literature. The chapter discusses how culture can contribute to mental illness stigma. Finally, the social cognitive theory is used to explain the phenomenon of mental illness stigma. The literature review chapter investigates both local and international research.

2.2 Mental Illness Stigma

Mental illnesses are common characteristics of modern-day society, with one in four people being expected to report substantial criteria to be diagnosed with some form of mental illness (Todor, 2013). However, Todor (2013) wrote that even with the increasing prevalence of mental illness in society and the progress made in the last decades in psychiatry and psychotherapy, images of the ‘dangerous man’ and alienation are still associated with mentally ill persons, and are present in today's popular culture and art. These portrayals occur as a result of stigma. Stigma can be described as any characteristic or attribute people use to devalue someone or that is considered shameful (Subu et al., 2021). Various things across different environments and communities influence it. The main elements of stigma involve stereotyping, labelling, and discrimination, resulting in feelings of isolation, rejection, low self-esteem, and status loss (Subu et al., 2021).

Mental illness stigma can be explained as the disgrace, disapproval, or discrediting of individuals that suffer from a mental illness (Subu et al., 2021). This stigma is centred around reducing a person from being a whole individual to a tainted one. Rüsch et al. (2020) also stated that stigmatising attitudes mostly contain some core assumptions and misconceptions that tend to be promoted in the media. This includes presenting people with mental illnesses as either dangerous people that should be feared, free spirits that do not care about much in the world, or that they are childlike individuals (Rüsch et al., 2020). These are usually seen in films that contain portrayals of people with mental illnesses. Stigmatising attitudes do not only exist towards mental illness, however, the public also tends to disapprove more of people with psychiatric disabilities than those with physical illnesses. This leads to corresponding

discriminatory behaviour, such as refusing to hire a person or rent apartments to them because they have a mental illness.

Mental illness stigma operates within society, is internalised by individuals, and is assigned by health professionals (Ahmedani, 2011). Therefore, there are various types of mental illness stigma, but this study will discuss perceived (public) stigma and self-stigma. Public stigma refers to the general public's reactions towards a group based on the stigma about that specific group (Rüsch et al., 2020). In the context of mental illness, public stigma is regarded as the most common form of stigma, and it involves stereotyping and discrimination against people with a mental illness (Sandhu et al., 2019). This stigma is a structural part of society that can create barriers for people with a mental illness. This is because public stigma occurs due to a belief held by a large portion of society that individuals with a mental illness are less equal to others, resulting in them feeling inferior (Ahmedani, 2011).

As a result of this perceived stigma, the affected individuals may feel isolated and rejected by their friends and family. They may also experience fear and despair because no one is willing to listen to them, resulting in a lack of motivation to seek help or progress in rehabilitation (Todor, 2013). In the same way, university students can also experience these feelings due to stigma. Wada et al. (2019) stated that the prevalence of stigma surrounding mental health issues is not something unusual on university or college campuses. A study conducted by Wolf (2018) about mental health stigma on campuses showed that students who experienced suicidal thoughts were less likely to seek treatment if exposed to an environment or school with a high level of stigma. Instead, they are more likely to seek social support from their peers or religious groups.

Similarly, other studies (Boyd et al., 2008; Storrie et al., 2010) have also confirmed that perceived public stigma that is associated with mental illness can present as an obstacle to students seeking help or accessing the services that are available on or off campus (Wada et al., 2019). Reports from participants in a study conducted by Wada et al. (2019) revealed that stigma persists because people tend not to talk or learn about mental illness because it is seen as a non-visible illness. Therefore, university students' lack of awareness and knowledge about mental illness contributes to the problem. There seems to be a need to initiate a dialogue about mental health and illness to promote this awareness and reduce stigma.

Stigma is not only held amongst members of society but can also be internalised by the person with the mental illness; therefore, the continued impact of public stigma can influence

an individual to feel guilty about their condition (Ahmedani, 2011). This is referred to as self-stigma. Self-stigma refers to the reactions of individuals who belong to a stigmatised group by turning the stigmatising attitudes against themselves (Rüsch et al., 2020). Firstly, these individuals become aware of the public stigma, agree with it, and then apply it to themselves. They start believing they are as weak as everyone says and incapable of doing anything alone. It also leads to negative emotional responses, especially low self-esteem and a reduced belief in their ability to execute the behaviours necessary to attain specific goals (Rüsch et al., 2020).

Behaviour responses such as being unable to pursue work like others may also follow due to self-stigma. Once again, university students also experience self-stigma, which seems confined to the environment. A study by Wada et al. (2019) on university students' perspectives on mental illness stigma suggested that most students experienced self-stigma, where they felt the need to portray a strong and confident image of themselves at university because others would judge them based on their capabilities. Students may hide their mental health challenges out of the perceived fear of being stigmatised by others.

Therefore, a lack of knowledge of psychiatric diseases may affect stigmatising attitudes towards mental diseases, even among university students, which may create a barrier to the delivery of and access to mental health care (Siddique et al., 2022). It is essential to be aware of this perceived- and self-stigma because of how common mental health issues such as depression, anxiety, and stress symptoms are among university students. Even though various stigmas exist, it is crucial to remember that stigma is not only an individual problem but a social problem that should be addressed by public approaches to reduce it (Rüsch et al., 2020).

2.3 University Students and Mental Health

There are heightened levels of psychological distress among the university student population and a constant change in psychological well-being over time (Bewick et al., 2010). The previous chapter briefly discussed how the mental health of university students is worse than the general population. However, it is also necessary to understand what affects their mental health so intensely that it becomes worse than the rest of the population. Campbell et al. (2022) wrote that preventing poor mental health and supporting positive psychological well-being needs to be based on an evidence-informed understanding of what factors adversely affect students' mental health in higher education. Awareness of these factors is vital to the study because it shows that university students' mental health is affected, which means they can also experience perceived or self-mental illness stigma. Additionally, increasing awareness about these factors can be a foundation for developing strategies and interventions to help prevent poor mental health and support students at an increased risk.

2.3.1 Covid-19

The biggest factor that has contributed to a decline in students' mental health has been the recent global Covid-19 pandemic. The pandemic has had a significant impact on mental health across society, but there is also a concern that younger people, specifically aged 18-25, have been more affected; this comes from a survey study where 64% of those aged 15 to 24 reported a negative impact on their mental health due to COVID-19, while only 35% of those aged 65 and older reported any negative impact since the start of social distancing measures were put in place (Campbell et al., 2022). These results may suggest that young adults found coping with the pandemic more difficult than other groups.

Additionally, Campbell et al. (2022) wrote that students were already reporting an increase in mental health problems before the pandemic, but the onset of it added another aspect of chronic stress, which created the perfect conditions for a mental health crisis. The stressors and restrictions associated with the pandemic put university students at a greater risk of developing mental illnesses, which may significantly impact their academic success, social interactions, and future opportunities (Chen & Lucock, 2022). When comparing the mental health of students pre- and post-pandemic, a significant increase in depression and a reduction in well-being was found to have occurred during the first lockdown (Chen & Lucock, 2022). Many people were classified as clinically depressed after the lockdown, which was also highly

correlated with worse sleep quality (Chen & Lucock, 2022). Therefore, the incidence of common mental health problems increased in the student population due to the pandemic.

2.3.2 Transition and Adjustment

A transition that warrants change and adaptation occurs over time, including developmental, personal, relational, societal, or environmental change (Kralik et al., 2006). Individuals transition when adapting to new circumstances to integrate the change into their lives. Most undergraduate students experience this when entering the university environment for the first time. They then have to adapt to the various changes occurring in their lives simultaneously, which may be overwhelming and stressful, leading to mental health problems.

The transition from a secondary level education to a tertiary level is quite challenging, which is reflected in students' mental health during this period. Students in their first year of study experienced an increase in the variety of stressors than other groups of students, which may be attributed to the finding that first-year students are in a critical transition phase to university and the increasing academic and social demands associated with this transition makes them more vulnerable to mental distress (Mutinta, 2022). Pillay et al. (2020) also noted that symptoms of anxiety and depression can be triggered or exacerbated in students studying away from their homes, which leads to the disturbance of studies. This also forms part of the transition period, where students have to be far from home for what might be the first time for most and navigate through the university environment.

Other students might be unable to navigate their way and cope with the stress of such a significant transition, which results in negative implications for their psychosocial well-being (Mutinta, 2022). An entry into university signifies a life stage where there is potential exposure to new and added stressors, and this may cause some students to become more isolated and struggle to develop a sense of belonging, mainly because they become separated from protective factors and friendships (Campbell et al., 2022). Ultimately, the transition to university is a very critical time for individuals. Young adults at university have to deal with multiple adjustments. Their coping ability becomes influenced by whether they have supportive structures, a sense of belonging, and emotion management skills (Campbell et al., 2022). Young people who enter this transition to university with less social capital are less likely to locate a social network, which may lead to isolation, loneliness, anxiety, withdrawal from social interactions and learning, and even depression (Campbell et al., 2022).

2.3.3 Academic Workload and Pressure

Students attending undergraduate programs go through a time of heightened psychological distress. In addition to potential adjustment difficulties that may arise, students also have to deal with the sudden change in academic workload from secondary- to tertiary level and the pressure that comes with it. The pressure to succeed, a lack of time management, anxiety about examinations, and trying to balance their academic and social life have been among the most prevalent stressors that affect students' mental health (Pillay et al., 2020). The demands posed by the university environment seem to directly contribute to declining mental health in students. In a study by Wada et al. (2019), student participants reported that university was such a competitive environment that they always felt immense pressure to achieve more. The combination of the demands placed on them and the competitive environment resulted in excessive workloads for students that felt pressured to exceed academic expectations, making them feel overwhelmed and stressed. Most students felt as though sharing that they are struggling with mental health would be admitting to weakness and inability to get their work done, especially in an environment characterised by intense academic demands from students (Wada et al., 2019).

Students experience significant pressure to thrive academically and become reluctant to slow down or take a break because of a fear of not performing well. Still, as they do so, the workload and pressure become a factor that contributes to the development of mental illness. However, even as they experience a decline in mental health, they do not admit it or try to seek help because, to them, having mental health issues or concerns becomes an indication of failure to thrive academically (Wada et al., 2019). This is yet another perpetuation of mental illness stigma. Another study by Campbell et al. (2022) revealed that high levels of perceived stress caused by coursework and exam pressure were positively correlated with poor mental health and a lack of well-being. Therefore, students are also identified as a vulnerable population because of the high-stress level related to academic achievement, especially during the first years at university (Arsandaux et al., 2021).

2.3.4 Adverse Coping Strategies

The transition to university life demands that students learn how to cope with a new environment that comes with changes in intellectual, social, and instrumental demands (Tom, 2015). Due to the various stressors that university students experience, they will employ different coping mechanisms to reduce the adverse effects of their challenges. However, not all coping strategies will be helpful, especially in a stigma-filled environment whereby admitting to having mental health problems is seen as a weakness. This is referred to as dysfunctional coping strategies, which are negative coping mechanisms that are destructive to one's mental well-being and tend to be associated with low academic performance (Tom, 2015).

Tom (2015) wrote that one of the adverse coping mechanisms students employ includes behavioural disengagement, which entails reducing efforts to deal with a stressor and self-distraction. This may come in the form of daydreaming, excessive sleep, and even committing suicide. Students may also engage in maladaptive coping mechanisms such as alcohol abuse and promiscuous sexual behaviour due to the innate desire to feel socially accepted in a new environment. A study by Mutinta (2022) on mental distress among university students in the Eastern Cape province found a positive association between the use of cannabis and mental anguish in university students. This may be attributed to the fact that some individuals view alcohol, caffeine, marijuana, nicotine, and pain medication as a self-regulation strategy to decrease stressful experiences.

This is also seen in the self-medication theory, which has stated that drugs and psychoactive substances are often used as coping mechanisms and strategies to alleviate emotional distress, self-esteem, and interpersonal relationships (Smith et al., 2017). The university space is one where there may be easy access to such substances. Students struggling to cope with their stressors may turn to substances out of desperation, leading to further problems. For example, Smith et al. (2017) wrote that young adults who misuse drugs tend to show behavioural difficulties, underachieve academically, and have trouble with memory and maintaining attentiveness. Employing maladaptive coping strategies can exacerbate mental distress and lead to the development of mental illness. Students who can adjust better, display resilience, and cope better, have been shown to have improved mental well-being than their counterparts (Campbell et al., 2022).

Ultimately, the negative impact of suffering from a mental illness during university is broad and can impact one's quality of life. The presence of depressive and anxiety symptoms in university students has been associated with limitations because of a decrease in general health, social functioning, and energy, leading to psychological distress and decreased psychological well-being (Medlicott et al., 2021).

2.4 Mental Illness Stigma and University Students

This section aims to look at and discuss existing literature on the current views that university students have about mental illness. This is relevant to the study because students may not only experience mental illness stigma but can also perpetuate it and be active contributors to it.

Despite the high levels of psychological distress that students in higher education present, many do not seek help for these difficulties (Laidlaw et al., 2015). This gap can be due to many things. Some students may not recognise any mental health difficulties in themselves, and there might also be barriers to seeking help for mental health issues (Laidlaw et al., 2015). A study by Siddique et al. (2022) found that more than one-third of their student participants lacked knowledge of mental health. Additionally, most participants believed that religion is a psychological and social aspect that can either be a vital source of healing or be closely linked to psychopathology. In this study, the prevalence of mental illness was closely related to the impact of black magic and evil spiritual effects. Therefore, a strong faith seems to lead to a rejection of established mental health treatment and a turn toward more traditional healing approaches (Siddique et al., 2022).

Students may also harbour very stereotypical views of mental illness. A qualitative study seeking to uncover students' perceptions of mental illness found that when defining mental illness, most students struggled to view psychological illness as a range and instead identified the term mental illness as being insane (Mashabane, 2020). Similarly, another study in Hong Kong revealed that university students were less than willing to interact with people labelled as mentally ill (Todor, 2013). Some stigma relating to mental illness may also be attributed to low familiarity with mental illness and a lack of mental health literacy. Samouilhan and Seabi (2010) stated that incorrect or limited mental health knowledge has also been shown to result in negative attitudes toward mental illness and the seeking of psychological treatment. This is also confirmed by a study by Sandhu et al. (2019), which shows that explicit stigma was significantly lower for people with a diagnosed mental illness or those with a close

relationship with someone experiencing a mental illness. Therefore, a reoccurring theme amongst students seems to be that a lack of knowledge results in more intense stigmatised views of mental illness.

Some young adults in the South African setting may also hold stigmatising and discriminatory views of mental illness based on their cultural norms and values (Lima-Smit et al., 2022). Their representations of mental illness may be grounded in cultural beliefs, social practices, and values in their communities of origin. A study conducted by Lima-Smit et al. (2022) on undergraduate students' perceptions towards mental illness revealed themes of the students viewing mental illness as strange behaviours and that mental illness is unpredictable and undependable.

These statements reflect their socially constructed understanding of mental illness, which may be informed by their experience of mental illness in the community and how community members have reacted to individuals who have a mental illness. It also reveals that most people believe mental illness is always overt and is characterised by strange, external behaviour labelled out of the ordinary by society. Even so, some of the participants in the study by Lima-Smit et al. (2022) seem to have been aware of the stigmatised view of mental illness and how it affected community members' treatment of affected individuals. However, this awareness does not exempt individuals from ascribing to mental illness stigma. This is reflected in another theme identified in the same study by Lima-Smit et al. (2022), where participants suggested that mental illness was unpredictable and that people who have a mental illness are violent and dangerous, and because of this, they would rather stay away from them.

Once again, these statements support the stereotypical view that mental illness is always associated with violence and danger. There are some symptoms of mental illness, such as persecutory delusions in psychotic disorders and hypomanic phases of bipolar disorders, that may provoke violence (DeAngelis, 2021). However, other driving risk factors, such as being abused as a child or living in a crime-ridden neighbourhood, may also contribute to violent behaviour (DeAngelis, 2021). Therefore, some of the factors responsible for violence among people with mental illness can be the same factors responsible for violent behaviour among individuals without mental illness. To reiterate, the view that mentally ill individuals have erratic and unpredictable behaviour is based on the long-held stereotypical behaviour portrayed in the media and in communities, which further contributes to the stigmatisation of mental

illness. These discriminatory views affect how students view mental illness and may contribute to their development of stigma.

2.5 Culture and Mental Illness Stigma

Culture can be defined in various ways. Culture consists of learnt behaviours and patterns that influence lifestyles, including knowledge, customs, beliefs, and values that shape human behaviours (Bhugra et al., 2021). Not all members of a culture may share the same beliefs and may be aware of certain norms and values without adhering to them, but these personal and cultural beliefs can still affect these members (Bracke et al., 2019). The assumption that the culture of their society influences a person's behaviour is a fundamental and longstanding principle within the social sciences (Bracke et al., 2019). Therefore, culture may be crucial in understanding how beliefs contribute to mental illness stigma. Additionally, Gureje et al. (2020) stated that culture is deeply involved in conceptualisations of what is deemed normal and deviation from it, and it also influences coping schemas, as well as the expression and course of mental illness. These beliefs may also affect students' engagement with the mentally ill and their perception of mental illness (Lima-Smit et al., 2022).

The negative attitudes towards mental health in different cultures, or cultural stigma, can be defined as the influence of cultural norms and values on people's stigmatised beliefs (Abdullah & Brown, 2011). For example, African, Asian, and Middle Eastern cultures harbour different attitudes towards mental health disorders than Western cultures. Mohankumar (2022) wrote that the cultures mentioned above are all collectivist compared to Western cultures, which means they often conform to values of interdependence and duty to their family, which can influence their attitude towards mental illness. In these cultures, mental health disorders negatively affect public perceptions of the entire family, not just the affected individual. In Asian and Middle Eastern Cultures, it is essential to maintain the honour of the family and revealing private issues such as mental illnesses can be seen as bringing shame to the family (Mohankumar, 2022).

Mental illness is also a taboo subject that attracts stigma in large parts of Africa, with terms such as depression not being culturally accepted amongst some populations and people responding with fear, avoidance, or anger towards those seen to have a mental illness (Amuyunzu-Nyamongo, 2013). In African cultures, most people see mental disturbances as a result of an external attack on the affected person and that those with mental illness are under a spell or have been bewitched (Abi, 2019). A study in Nigeria on what caused mental illness

revealed that most people cited drug misuse as the primary cause, followed by God's divine wrath and will, as well as witchcraft or spiritual possession (Amuyunzu-Nyamongo, 2013).

Mental illness is also highly stigmatised by the public in African cultures, with some even considering it contagious, like HIV/AIDS (Mohankumar, 2022). This can be attributed to a lack of proper education and understanding of mental health issues in African countries (Mohankumar, 2022). Additionally, on the African continent, mental illness is associated with stigma and shame, and individuals with mental illness face challenges such as prejudice and alienation from their communities (Lima-Smit et al., 2022). All of these factors contribute to increased stigma towards mental health issues. This social stigma has meant that mental illness is a hidden issue in various parts of Africa and can be equated to a silent pandemic (Amuyunzu-Nyamongo, 2013).

Culture also affects how we experience distress, how we express it, and where we seek help for it (Bhugra et al., 2021). An individual's culture also teaches them the different ways to cope with distress and whom they can rely on for support during difficult times (Modir et al., 2020), which can affect mental health care-seeking behaviour. Individuals in collectivist cultures may turn to alternative methods to treat mental health issues, such as religious counselling or acupuncture, due to the stigma attached to mental illnesses (Mohankumar, 2022). The vital need to be accepted by their communities may sometimes result in fear of shame or embarrassment, preventing individuals from seeking treatment for their mental illness. Most people only turn to psychiatry as a last resort when traditional or religious practices are ineffective (Abi, 2019).

Therefore, due to the context of the research study, the researcher finds it appropriate to explore the role that culture may play in mental illness stigma, especially because of how most students' understanding and perception of mental illness and the mentally ill may be based on socially and culturally constructed views that may be inaccurate or harmful. Understanding the cultural factors at play is crucial, as they can significantly influence students' help-seeking behaviours in relation to mental health.

2.6 Mental Illness Stigma and Mental Health Care

As mentioned before, even though university students experience many mental health problems, most still do not seek mental health counselling (Holland, 2016). This may include on-campus-, public-, or private-mental health services. Although several other factors could play a role in the students' use or non-use of counselling services, stigma remains a vital element that negatively affects mental health care use. Holland (2016) wrote that a greater level of stigma tends to be associated with lower counselling service use. Therefore, exploring the potential role of mental illness stigma in student help-seeking behaviour is essential. It will clarify the extent to which stigma affects students and where they seek help for mental health difficulties.

One of the barriers to mental health-care seeking is the labelling that people may experience whenever they have mental health problems, which tends to be exacerbated by family and community members as an attempt to hide the affected individual from the public (Matsea, 2017). The shame and fear of being ostracised may discourage individuals from considering counselling services. One's environment may also play a substantial role in the use or non-use of mental health care. For some people, setting up an appointment with a mental health professional may be a personal and independent decision. Still, for others, the decision to seek these services may be influenced by their culture and community, as each culture has its unique understanding, beliefs, and interpretation of mental health symptoms (Modir et al., 2020). Additionally, in countries that have more outspoken cultural stigma beliefs, individuals with more severe mental health issues are more likely to refrain from even contacting their general practitioners, and they encounter more barriers to seeking help from mental health professionals regardless of their personal beliefs (Bracke et al., 2019).

In addition to the use of instrumental support or religion for coping with mental health problems, students may engage in maladaptive coping such as substance use, self-distraction, denial, self-blame, or behavioural disengagement in the place of seeking mental health care (Holland, 2016). Some participants in a study by Laidlaw et al. (2015) stated that they would approach their friends or someone they knew well if they were experiencing any mental health problems, while others mentioned that they would want to keep these problems confidential, which may be an indication of self-stigma attached to experiencing mental health difficulties. The stigma associated with seeking professional psychological help may lead to decreased use of mental health services among students, in accordance with the principles of the social

cognitive theory, as it influences their adoption of alternative coping strategies that may be maladaptive and worsen their mental health problems.

2.7 Theoretical Framework

The theoretical framework contains concepts and existing theories used for a specific study; it introduces and describes the theory that explains why the research problem exists (Swanson, 2013). This research study uses the social cognitive theory as a theoretical framework. The social cognitive theory argues that rather than passively absorbing knowledge from environmental elements, people actively influence their learning by interpreting the outcomes of their actions, which then affects their environments and personal factors, informing and altering their ensuing behaviour (Schunk, 2012). The theory emphasizes the cognitive process involved in learning and how learning can occur through direct experience with environmental factors (Nickerson, 2022). Learning happens within a social context, and people are active agents who can both influence and become influenced by their environment. This is used to explain human behaviour.

The social-cognitive theory also provides a valuable framework for understanding the causes and consequences of stigma. When individuals become aware of negative public stereotypes about mental illness through everyday exposure to their environment, they often overtly or internally accept the stereotypes as legitimate (Catalano et al., 2021). This perceived stigma may also result in individuals engaging in harmful behaviour towards people with mental illness. Additionally, after awareness of negative stereotypes, when the person experiences mental health problems, this can lead to an agreement that the stereotypes apply to them, which results in a decreased self-concept and feeling devalued by society (Catalano, 2021). Therefore, this theory can explain perceived stigma and self-stigma and how people learn through direct experience and observation. The simple awareness of negative judgements about people with mental illness is enough to cause individuals to conform to societal bias, even when they do not necessarily agree with them.

Undergraduate students' experience of mental illness stigma assumes that students learn, model, and internalise the behaviour and beliefs of their environment, which includes stigmatised views of mental illness and the mentally ill. This can be explained by the social cognitive theory, which also considers an individual's prior behaviour, cognitions, and social environment when predicting their future behaviour (Wong & Monaghan, 2020). Furthermore, the theory focuses on the interaction between internal factors and external determinants

(Mimiaga et al., 2009), which can be applied to students in collectivist cultures who will choose to abide by and act on shared negative beliefs about mental illness because it will result in positive reinforcement from community members. Therefore, this framework was selected for the research study because it can explain and help understand how students actively shape and are shaped by their environment, including observed and learned behaviour from community members, family, peers, and even the media.

2.8 Conclusion

The current chapter focused on the causes and effects of mental illness stigma. This included the role of culture and what students would use as an alternative to seeking professional psychological services due to stigma. It also looked at the various factors that affect the mental health of undergraduate university students. Literature from local and international studies was explored in this chapter. The chapter concluded by giving a brief overview of the theoretical framework for this study. The next chapter will discuss the methodological framework adopted in this study.

CHAPTER 3: METHODOLOGY

3.1 Introduction

The methodology chapter gives a detailed account of the processes carried out in the study. This chapter elaborates on the study's design, the research participants, and the recruitment process. The methods used to collect the data are explained. The chapter concludes by outlining the data analysis method and the ethical considerations of the study.

3.2 Research Design

The research design refers to the overall strategy and analytical approach that one has chosen to integrate the different aspects of the study coherently, ensuring that the research problem is investigated thoroughly (De Vaus, 2001). This study used a qualitative research design, which involves collecting and analysing non-numerical data such as texts or audio to understand human behaviour and their opinions and experiences (Bhandari, 2020). Qualitative methods explore the perspective and meaning of specific experiences, seek insight, and identify the social structures that explain the meaning behind people's behaviour while relying on an in-depth interaction with the people being studied (Wong, 2008). This helps the researcher uncover unanticipated information that would not be possible in quantitative research (Wong, 2008).

More specifically, a descriptive phenomenological approach was adopted for the study. Descriptive phenomenology explains how people experience a specific phenomenon, including their memory, emotions, and perceptions regarding that experience (Neubauer et al., 2019). Therefore, the approach is a constructive way of understanding individuals' lived experiences and provides insight into individual behaviour, including what people experienced and how they experienced it (Tomaszewski et al., 2020). It allows individuals to explain their lived experiences based on their understanding. Lived experiences involve the immediate consciousness of life's events before reflection and without interpretation and are influenced by those things that are internal or external to them. This experience gives meaning to each individual's perception of a particular phenomenon (Giorgi, 1997). The approach also entails the researcher immersing oneself in the data, engaging with it reflectively, and then generating a rich description that will provide the reader of the study with a deeper understanding of a specific human experience (Thorne, 2000).

Furthermore, this approach focuses on the individual's perspective without deception. Therefore, the researcher explores someone else's experience and not their own. This includes setting aside the researcher's beliefs and assumptions to fully understand the situation as experienced by the subject (in this case, the student) (Broomé, 2011). This is called epoché, where setting aside assumptions, judgements, and interpretations allows the researcher to fully immerse themselves in participants' experiences from an objective perspective (Broomé, 2011). This is regarded as the first phase that occurs in a phenomenological analysis. The researcher engages in bracketing of any preconceived beliefs in an attempt to approach the data in a very pure form (Greening, 2019). The second phase entails engaging in an open-ended exploration of the phenomenon to get a better sense of the whole experience (Giorgi, 2009). The researcher achieves this by immersing themselves in data, which could be in the form of interviews, and accepting the participant's experiences the way it has been presented, without any critical reflection. The next phase of descriptive phenomenology is referred to as identifying meaning units, where the researcher identifies segments in the data that are relevant to the phenomenon being studied (Broomé, 2011). The segments identified could either be paragraphs, sentences, or other passages that contain data relevant to the research interest and question. The fourth phase of this method is transforming the meaning units into psychological language, which involves going through the first-person expressions and descriptions of the participants and transforming them into third-person psychological language (De Castro, 2003). The last phase requires the researcher to make a single general analysis by synthesising and integrating the transformed meaning units to describe the commonality found in the descriptions (De Castro, 2003). The phases described are depicted in chapter four and five of the study, where the data is analysed and discussed. The approach allowed the researcher to gain a sense of the participant's experiences without applying any preconceived biases and assisted with identifying themes from these experiences to find any similarities, differences, or generalisations to how they might have experienced mental illness stigma.

3.3 Data Collection Methods

3.3.1 Recruitment and Interview Strategy

After ethical clearance was obtained from the Ethics Committee in the Faculty of Humanities, students were recruited via a digital poster about the study that was uploaded onto various social media platforms such as Instagram, Facebook, and WhatsApp to invite students interested in participating. The recruitment process started at the end of March 2023 and ran

until the end of April 2023 to allow enough time for potential participants to volunteer. The purpose of the study was once again explained to the participants. They were also provided with a participant information sheet and given the opportunity to ask any questions regarding the study to clarify any uncertainties. Additionally, all the participants were given an Informed Consent form that they were required to read through and sign to provide their written consent before the interviews.

Semi-structured interviews were used to collect data from the participants. These interviews consisted of several important questions that helped outline the areas to be explored but still allowed the interviewer and participant to explore specific responses in more detail (Gill et al., 2008). The interviews were conducted online; each was recorded with a digital audio device, and consent was obtained from the participants before recording. An interview guide was used to perform these interviews. It consisted of open-ended questions that allowed participants to expand on their perspectives and opinions on the questions. The interviews mainly lasted between twenty-five to forty-five minutes, and they were all conducted in English, a language understood by all the participants.

3.3.2 Inclusion and Exclusion Criteria

The study's objective was to find out the experiences of undergraduate university students on mental illness stigma, which includes how it affects their help-seeking behaviour. Therefore, the following inclusion criteria were established:

1. Participants had to be an undergraduate student at a tertiary institution in Gauteng.
2. Participants had to have never been in therapy before.
3. Participants had to be between the ages of 18 and 22.
4. Participants had to have experienced general symptoms of mental illness such as mood changes, decreased functioning, sleep or appetite changes, apathy, problems with concentration, or withdrawal during their undergraduate studies.

The following exclusion criteria guided the research;

1. Participants were excluded if they had sought out professional mental health care.
2. Participants were excluded if they had never experienced general symptoms of mental illness.

3. Participants were excluded if they were not undergraduate students at a tertiary institution in Gauteng.

3.4 Population and Sample

The research population for this study was undergraduate university students across various faculties at a tertiary institution in Gauteng. The sampling method used was purposive sampling, a non-probability technique that selects individuals based on their characteristics and the study's objective (Crossman, 2020). In this study, students who have never sought psychological care but have experienced general symptoms of mental illness, such as mood changes, decreased functioning, sleep or appetite changes, apathy, problems with concentration, or withdrawal during their undergraduate studies, were selected to be participants. A sample size of nine female participants was achieved. In line with the views of Pietkiewicz and Smith (2014), a small number of participants enabled the research to interpret a rich data collection without being overwhelmed by the volume.

It is important to note that only female participants agreed to participate in this research, which posed a limitation to this study and shed more light on the experience of mental health by both genders. Despite the recruitment poster being sent via social media platforms used by all races and gender groups, it is perhaps telling that only Black female participants responded and participated. This is discussed further in the final chapter of the study.

3.5 Data Analysis

Qualitative data is often rich and subjective and consists of in-depth information generally presented in the form of words, and analysing this data includes reading a vast number of transcripts, looking for similarities and differences, and ultimately finding themes and developing categories (Wong, 2008). The data from qualitative research is primarily unstructured, text-based data that could be interview transcripts, observation notes, diary entries, or multimedia materials that must be analysed to identify the study's findings. Wong (2008) wrote that data analysis in qualitative research is a systematic search and arrangement of the interview transcripts, notes or other non-textual data that the researcher collects to increase the understanding of the phenomenon, which also predominantly involves coding or categorising the data. The researcher attempts to make sense of large amounts of data by decreasing the raw information and identifying essential patterns to draw meaning from the data. Therefore, analysing data brings meaning to it.

Thematic analysis was used to analyse the data obtained from this study. Thematic analysis is a method of analysing qualitative data. It is usually applied to texts such as interviews or transcripts, where the research closely explores the data to find recurring themes (Byrne, 2022). This method is an appropriate approach to research studies where one tries to discover something about people's views, knowledge, and experiences. Braun et al. (2019) also define thematic analysis as an approach aimed at identifying patterns throughout qualitative data sets because of its flexible nature. Additionally, thematic analysis involves a series of steps that have been outlined in an article by Byrne (2022), based on Braun and Clarke's (2023) developments, which are especially helpful in analysing data acquired from interviews:

Familiarisation: This involves getting a thorough overview of the data collected, transcribing the recorded audio, reading through written texts, and making notes throughout the process. Before this, the researcher may prepare and organise the data by gathering the audio/video recorded interviews and structuring them into different files to make transcribing easier (Lester et al., 2020). Verbatim transcripts were used for this study to record the conversation with participants accurately.

Coding: Refers to organising the data into recognisable and meaningful sections that become easily identifiable by a specific code. For example, it involves working through a transcribed interview and highlighting texts with the same colour to represent a recurring theme. The code can be a short, descriptive phrase or word that assigns meaning to the data based on the study's objective and can have multiple coding phases to reduce the complexity of the data size (Lester et al., 2020). Through a coding software, various codes were applied to the interview transcripts where similarities were found. These codes were distinguished by separate colours based on the relevancy to the objectives of the study and how often they appeared in different transcripts.

Generating themes: The researcher identifies and creates potential themes based on the codes created in the previous step. In this step, the researcher gets a broader interpretation by identifying similarities and differences within the data and assigning themes that align with the study's overall objective. The codes are refined and reduced to generate themes that align with the research question.

Reviewing potential themes: This step entails reviewing the generated themes to ensure they accurately represent the data and are useful to the study.

Defining and naming themes: The researcher then goes over the themes to understand their meaning and then ascribes a name to them.

Producing the report: The last step is writing up the data analysis, which includes the findings and the conclusions drawn from the data. The data analysis can be found in the 'findings' chapter of the study.

3.5.1 Quality of the Research

As is the norm for every research paper, conducting and producing a quality research study is essential. One way to enhance this quality is to maintain objectivity as the researcher. This can be done by demonstrating sensitivity towards the data collected by not imposing any preconceived ideas that may reduce its validity (Yardley, 2016). Instead, the researcher should objectively collect, view and analyse the information (Yardley, 2016). The study should also meet the ethical standards required, such as maintaining confidentiality and exercising transparency in the reporting of the data collected.

Data trustworthiness consists of four components: credibility, transferability, dependability, and confirmability, which a researcher should always ensure in their study (DeVault, 2019). Credibility refers to the confidence that can be placed in the truth of the research findings and whether they represent believable information drawn from the data and an accurate interpretation of the participants' original views (Korstjens & Moser, 2017). Credibility can be achieved through triangulation, prolonged engagement, and persistent data observation (DeVault, 2019). In this study, credibility was ensured through consulting different data sources (existing literature and interviews with participants) and cross-referencing for consistency and long-lasting engagement with the data and for participants to get to know the data better.

Transferability is the degree to which the findings of a qualitative research study can be transferred to other contexts or settings with other participants, which the researcher increases by giving an in-depth description of the data (Korstjens & Moser, 2017).~~).~~ Providing a *rich description* of participants' responses (and the researcher's interpretations) makes transferability easier to evaluate (Polkinghorne, 2007). It is important that sufficient rich description of the phenomenon under investigation is provided to allow readers to have a proper understanding of it, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations

(Strydom, 2011). Furthermore, readers must determine how far they can be confident in transferring the results and conclusions presented in the present study to their own circumstances (Christensen et al., 2015). Dependability and Confirmability refer to the stability and consistency of the findings over time, where an auditor or other researchers can perform a data audit to determine whether the research study can be applied to them. Dependability can be ensured by maintaining an audit trail that records the research journey, including notes and reflective thoughts. Korstjens and Moser (2017) also include another important criterion of trustworthy research: reflexivity, a process of self-reflection as the researcher and the ability to examine one's preconceptions, biases, and values and how they may affect the research study. The researcher's self-reflection is included in the findings as well as the final chapter of the study.

Although the study only consisted of nine participants, the researcher prioritised having a diverse group to ensure that a wide range of perspectives is incorporated into the study. Therefore, the participants' views were not presented as though they represented the definitive or exhaustive truth about the experiences of undergraduate university students (Mays & Pope, 2000).

3.6 Ethical Considerations

The researcher endeavoured to uphold ethical standards throughout the study to protect the privacy and rights of all research participants. Consent was obtained from the participants. Before participating, potential participants were made aware of what the research was about, how the findings would be used, and who would have access to the results. This was done through an informed consent form they were all required to sign after deciding whether to participate. This also ensured that students would participate voluntarily. It was communicated to the students that they could decide whether or not to participate and commit to the study. If they chose not to, they would not suffer any consequences. They were also allowed to ask the researcher questions about the study to gain clarity.

Confidentiality and anonymity of data were assured. Participants were not required to share any information that might have revealed their identity to the researcher or anyone that could access the findings, which was also communicated to them through the informed consent form. The information the participants shared was reported in the findings chapter using pseudonyms instead of real names to protect their identity. The data was stored in a password-protected file only available to those with login credentials to maintain confidentiality.

The data will be stored at the university for ten years. Detailed information on how the data obtained from this study is stored can be found in the participant information sheet. Ensuring that this research study does not harm participants was also important. Participants that reported any psychological distress due to this study were referred to a Clinical Psychologist for free counselling after completion of the interview if they needed it. However, no participants reported any distress after concluding the interviews. Additionally, mental health helpline numbers were provided to participants. Lastly, the study only commenced after receiving ethical approval from the Research Ethics Committee in the Faculty of Humanities at the University of Pretoria.

3.7 Conclusion

This chapter discussed the methodology of the study. This included the research design, the population and sample, and the recruitment process. It also explained how the data from participants was collected and outlined the data analysis method used. Lastly, the ethical considerations of the study, as well as the quality of the research, were briefly stated. This chapter allowed the researcher to describe the essential steps to ensure effective research practices. The chapter to follow focuses on the findings of the study by presenting the data collected from participants.

CHAPTER 4: FINDINGS

4.1 Introduction

As briefly mentioned in Chapter Three, this study made use of Braun and Clarke's (2023) framework for conducting a thematic analysis to be able to analyse the interviews that were conducted. The analysis was done to answer the research question: "How do undergraduate university students experience mental illness stigma?". Additionally, the researcher used Giorgi's (2009) descriptive phenomenological approach to be immersed in the participants' experiences while staying objective. The researcher adopted Giorgi's (2009) idea of bracketing one's emotions and biases throughout the study and data collection process to analyse the data.

Through this, the researcher constantly reflected on potential personal biases that should not hinder exploring participants' lived experiences to answer the research question. This is further expanded upon in the next chapter. Mental illness stigma was not an entirely new phenomenon to the researcher, as it was encountered on a personal and interpersonal level. These experiences piqued the researchers' interest towards this research study. However, it did not influence how the data was collected during the interviews or analysed, as the researcher maintained an objective perspective throughout the research process. In some of the interviews, the researcher could relate to many of the experiences shared by the participants but did not allow this shared experience to impact the objective nature that should be observed throughout the study. This chapter outlines the various themes and categories that emerged during the data collection process and substantiates them through the relevant quotations from the interviews.

The data was collected from nine Black African female undergraduate students through semi-structured interviews. These students come from diverse sociocultural and religious backgrounds.

Table 1: The data of each participant

Participants	Gender	Age	Race	Culture	Year of study	Township/City
Jessica	Female	22	Black African	Sotho	Final	Bethlehem
Maria	Female	19	Black African	Tsonga	Second	Tzaneen
Bella	Female	21	Black African	Tsonga	Final	Tzaneen
Angel	Female	22	Black African	Pedi	Final	Tsakane
Michelle	Female	22	Black African	Shona	Final	Polokwane
Thando	Female	22	Black African	Pedi	Final	Nkowankowa
Palesa	Female	21	Black African	Zulu	Third	Newcastle
Lethabo	Female	22	Black African	Tsonga	Final	Katlehong
Precious	Female	20	Black African	Tsonga	Third	Tzaneen

4.2 Themes

This chapter elucidates themes derived from the participants' interviews. These themes capture the participants' views and experiences of mental illness, stigma, culture, help-seeking behaviour, and how people cope when experiencing mental health problems. In turn, these themes contribute to the answer to the study's research question. The themes also speak to the influences of family, communities, and culture on mental illness stigma. Lastly, this chapter illustrates the diversity and commonalities within these experiences among the participants.

Table 2: Themes, subthemes, and codes from the data.

Area Explored	**Themes**
Describing Mental Illness:	Mental illness is craziness and stupidity; Mental illness is personal, sensitive, and a shame.
Experience of mental illness stigma:	Pressure to feel strong; Others have it worse; Academics first, mental health second.
Role of culture:	Culture forbids seeking help; Culture perpetuates gender norms and stigmas.
Role of religion and spirituality:	Religion maintains mental illness stigma; Religion as a protective factor.
Coping with mental health challenges and recommendations:	Lack of education, awareness, and a need for open conversation; Social support and sense of community; Self-help tools and the internet.

4.2.1 Description of Mental Illness

The way that students view and describe mental illness from their experiences is given in this subsection. Two main themes are discussed here: mental illness is crazy or invalid; and mental illness is personal, sensitive, and a shame.

4.2.1.1 Theme 1: Mental Illness is Craziness and Stupidity.

Most of the participants shared similar experiences when it came to family and community members' views and descriptions of mental illness. The word 'crazy' was used multiple times to refer to any symptom of a mental illness or a person living with mental illness. Even though the participants did not experience this stigma directly, it is something that they constantly witnessed happen around them. These views are perpetuated by the communities they live in or come from and form part of their experience. Additionally, these views affected how they viewed mental illness at some point in their lives due to its stereotypical nature within their communities. When asked about how others described mental illness, this is what participants had to say.

Angel gave some examples from her community:

> *Let's take learning barriers. When you have learning barriers, such as maybe dyslexia, or you just take a lot more time to process things, it's not a case of you need mental assistance or anything like that, where we come from, you're just plain point stupid. Like, you are stupid. If you can't process things in a certain way, you're stupid. So, you're just like stupid and dumb, you get enrolled into a special needs school. They literally label every single child in that school is crazy. You will hear, I come from a township ko kasi they'll just say, yeah, uyahlanya, ke sekolo sa bahlanya, which is to be crazy. So, the labels that come with the inhibitions you have, mentally, they literally stigmatised and you don't even want to reach out for help for help, because you're thinking, I'm going to be a part of that group. And nobody wants that, nobody.*

Lethabo also spoke about the labels that people get as a result of stigma:

> *So, it's more like, uhm these days, people have failed, like, people fail to like, even say when they're not okay, mentally, because they'll be regarded as like, unstable, crazy, like I said, on my previous answer, mental illnesses isn't being crazy, it's actually like needing special attention to like, your emotions, because that's what it relates to, like mental health. They just think you sick, you are crazy, like, there's no such thing.*

Other participants shared that due to this warped view of mental illness, struggling with one's mental health only becomes acknowledged if it is something extreme and serious.

Thando stated:

> *Also, mental health is not taken seriously until its outcome is extreme, like suicide.*

Maria also had similar views to that statement by saying:

> *So, what of the little cases of depression, what of these, these other ignored mental health issues like anxiety, those are down, those are in the hierarchy of importance, traditionally, they are low, low down there. So, if we come from that background, the stigma is going to be there, it's going to be engraved in us because that is how we were raised.*

4.2.1.2 Theme 2: Mental Illness is Personal, Sensitive, and Shameful.

In addition to the views on mental illness being quite stereotypical, the notion of mental illness being a taboo that should be hidden and not spoken about was very prevalent. Participants shared how the stigma has affected whether or not they would reach out for help because of how they would be viewed or judged by family and external community members. Most people would be concerned about what others say about the situation rather than dealing with it directly.

Bella spoke about her experience with others' negative views:

> *Back home, I do experience these negative beliefs, mainly because the people are backwards in their thinking. It is very difficult to try and live in a way that protects your mental health the way you best when people are projecting all these standards on you. When you want to go for therapy sessions, it's a matter of what people will say when they see you at a psychologist's office. How can you tell a stranger personal and sensitive details about your family?*

She also added:

> *This gives them the idea that no matter what, you must always maintain a good image for the family so that neighbours do not become suspicious of anything wrong in the household.*

Other participants also shared the same viewpoints, primarily on how others viewed them and their experiences.

Jessica said:

> *Anxiety, when you're anxious, you're just being dramatic. And sometimes, you know, people just make people can just make a joke out of everything.*

Maria spoke about how this made her feel:

> *It, it feels like, it feels like even before, before I express myself, I'm certain they wouldn't understand. So, I just don't take myself there, because there is nothing more frustrating, on top of feeling something you cannot explain than to be explaining that thing and still feel misunderstood.*

Angel also shared her own experience with how other people viewed her:

> *So, for me, I'd like to believe I struggle with anxiety, and they don't understand that. So, there are times whereby socially, I'm just not coping. It's not that I don't want to greet you, it's just for me to greet you, a lot has to gone on. And that on its own for me is a lot, because now I'm nervous. I'm thinking of things that you're not even considering I have those anxiety that what if I greet you and you don't greet back, what if I do this, and then this happens and if I do this....,and I'm going through all of that mentally, but people don't see it that way. It transcends as if you're a condescending person. It transcends as I am disrespectful, it transcends as if I don't want to socialise with people because I think I'm better. Like it's these things that now all of a sudden, are there and you can't even defend for yourself, because if you explained them, it's kind of like hayi you're making things up now because you're caught out in your behaviour.*

Lethabo made a brief comment about how people with mental illnesses were viewed:

> *So yeah, I feel like it's regarded as like, being dramatic, there's no such thing.*

4.2.2 Experience of Mental Illness Stigma

This subsection discusses how students experience mental illness stigmas. Three themes are discussed in this subsection: the pressure to feel strong; the feeling that others have it worse; and academics should come first and mental health second.

4.2.2.1 Theme 3: Pressure to Feel Strong.

A consistent theme throughout the research process was the participants' acquired views that they always need to be okay. Most participants expressed that there is a constant expectation or stigma that mental illness is a sign of weakness and that they need to be okay, which they start to internalise themselves. Even during challenging times when they might experience symptoms of mental illness, the notion is that they have to be strong enough to get through it by themselves. They described how much their family backgrounds and societal stigmas influence how they experience and deal with mental health problems.

Precious commented on her experience of internalising other people's views:

> *I grew up being taught to be strong and show no sign of weakness, which is a great attribute to have, however because I've kept this concept for so long, it's been difficult to allow myself to feel the way I actually feel deep down in certain settings.*

Palesa also added:

> *My brain tells me that what I'm feeling is normal, and that I don't need any help.*

Similarly, Maria spoke about how the way one is raised may contribute to this pressure:

> *I mentioned that we are raised in families that normalise this, and talking from personal experience, I had a hard time actually sitting and admitting certain things. So, if we come from that background, the stigma is going to be there, it's going to be engraved in us because that is how we were raised.*

4.2.2.2 Theme 4: Others Have It Worse.

Many of the participants in the study commonly shared how they would force themselves to be 'okay' even if they were not because admitting that they were not doing well psychologically and emotionally would make them feel or seem ungrateful for their lives. Most of them describe that this idea was passed on to them by their families and communities, who would question why one would not be functioning well if they had food to eat or the opportunity to attend university. Thus, the stigma of associating mental illness with bad behaviour or being a spoilt brat that is unappreciative or unthankful resulted in them feeling guilty whenever they experienced any mental challenges because they were supposedly living better lives than most people and should have nothing to struggle over. Even though the participants do not necessarily ascribe to those same ideas, they still shared how they experienced this stigma when asked about how family and community members may have contributed to feeling stigmatised.

Jessica shared how comments from family members made her feel:

> *So, for them, I remember one of my aunts asking, well, how can you be depressed when there's so much food in the fridge? And it also, and it also makes you feel even more guilty, you know...Yeah, it definitely did make me hesitate to seek for mental health care because I was feeling guilty. I think more than anything, I was feeling so much guilt and shame. Yeah, basically, the negative beliefs and norms are that you can't be you*

> *can't be depressed. If you're in school, you can't be depressed. If you have parents, you can't be depressed, or, or anxious, no. You can't be depressed when there's food in the fridge and you have a roof over your head, and you seemingly have everything you need.*

Additionally, she reflected on how all these views and comments started affecting how she felt towards herself:

> *I think I've experienced stigma for myself as well. Because I used to question my feelings a lot, and I used to question my thoughts a lot. And I just thought to myself, you know what? Maybe I'm just ungrateful, maybe I'm just being dramatic, but those were also the things that certain family members would say to me.*

Other participants also shared similar sentiments. Palesa shared:

> *In my culture, if you grow up in a home where basically all your needs were catered for, you have no reason to struggle with anything- including mental illness- because if you do, you're ungrateful and lack appreciation for the things you already have. I always found it difficult to raise issues concerning university to my family, because I was afraid it would come off as me not being thankful for the opportunity to study at such a prestigious university.*

Michelle also commented on the misconceptions people have about mental illness:

> *So, it's sort of a thing like, I can't be mentally, I can't have any mental illness or any mental health challenges because I do A, B, C, and D. I eat well, I don't know, I exercise, I pray, all the ABCs and D. So how could I possibly have, like, mental health problems?*

4.2.2.3 Theme 5: Academics First, Mental Health Second.

Surprisingly, most participants admittedly shared that their mental health always came second to academic demands. Not only did they view academic stress as a contributor to declining mental health in university, but the increased academic demands also maintained this decline. This is because, for them, the university environment does not prioritise mental illness in the same way as physical illness. It is somewhat more acceptable for one to say that they are sick and present a doctor's note to write a sick test than to explain that you are not doing well psychologically, impairing your academic functioning. Therefore, most students will overwork

themselves to burnout because of the competitive academic environment while neglecting their mental health. This gives rise to the theme: academics first, mental health second.

Michelle said:

> *I've had, felt like I need to find ways to just cope with it so that I can cope with my academics. And it just makes you like, make me feel like, it made me feel as though my academic performance was more important than like my physical, mental well-being. You just approach it that way, which I don't think is helpful.*

Lethabo also shared similar sentiments:

> *So, it's like, I need to like be able to switch in between focusing at school, then focusing on dealing with my emotions, and the same emotions that I can't even seem to get right.*

Palesa reflected on how she would find herself prioritising academics over her mental health:

> *There have been multiple occasions where I would feel tired and demotivated, and not understand why. When speaking to friends and family, they would tell me that I was just "feeling lazy" when in actual fact, my brain was trying to warn me that I'm on the verge of a burnout, and I should take a break and get some rest. When I'd take these breaks, I'd feel like I was wasting time- time which I could be using to study. Thereafter I'd immediately get back to work, as tired as I am.*

Other participants shared the same sentiments but felt this had been an ongoing problem in universities, where students are expected to be intensely stressed and 'suffer for the sake of academics.

Michelle expressed feeling that institutions did not prioritise mental health themselves:

> *So, I'd say for example, lectures, kind of dismissing a student for example, I've seen this like dismissing a student's concern about not being like you know, stress concerns or, like feeling overwhelmed with the work. They can just be kind of, would be like, okay, you know that you have enough time or, they'll just be a reason as to why your mental health or your mental concerns aren't necessarily like a reason enough to, I don't know, for an excuse or anything like that. Yeah, it's not something that's taken in high regard and in that, it's very, kind of makes the situation worse, I'd say, in ignoring and dismissing someone's mental health will have mental concerns or not even being concerned about someone's mental health.*

Angel shared the same feelings:

> *The way in which we're doing things as academics doesn't show people who do research, we don't look like people who do research or care for mental health, the way things are structured, I mean, I'm going to go back to COVID. It was a sort of game of it just goes on the show must go on, you have assignments you must write, you got tests you must submit you have all of these things, you know, and I feel like we need to develop a system whereby learners can still take care of themselves and still read whatever academic requirements are there, I am pretty sure those two things can coexist. There is no need for learners to be as stressed as they are like, there's no need. It's stressful. So, I think that on its own when it comes to students, should be looked into and I hope maybe someday.*

4.2.3 Role of Culture

In this subsection, the role of culture is explored. Two themes are explored here: culture forbids seeking help; and culture perpetuates gender norms and stigmas.

4.2.3.1 Theme 6: Culture Forbids Seeking Help.

All of the participants had similar experiences when it came to others' views of mental illness and how they experienced those views. Most of these returned to their families, community, and respective cultures and religions. All of the participants in this study were black African females from various cultures. However, they had similar encounters, which is that most communities, religions, and cultures do not recognise mental illness as something real and important, and the few that do have a very stigmatised view of it that makes it very difficult for people to share their challenges or seek out mental health care.

Precious expanded on how cultural beliefs may perpetuate stigma and affect help-seeking behaviour:

> *Culture is one of the most limiting factors alive as it determines how we communicate, make decisions and what we believe. In a lot of cultures, seeking professional help for mental illnesses isn't even an option. Whenever anyone does anything their culture doesn't approve of, even if it helps them with their mental health issues, they are frowned upon, others are even shunned. Some people refrain from looking for alternative types of therapy because of their commitment and loyalty to their culture.*

Palesa also shared similar sentiments:

> *In some cultures, mental health is taboo. It is never discussed because most believe that it doesn't exist. So, when a person suffers from mental illness, they have no way of getting help.*

Angel also gave her views on the influence of culture:

> *Culture influences so many things, I think even influences our understanding of what we spoke about earlier, which is mental illness. Because there are certain things that can be explained in that culture that don't exist or are not well painted out in another, you know, and it's hard to speak on them, because culturally, it don't make no sense. So, it's hard to come out and get the necessary help, because our culture just don't align, or not even aligned, we just end here on this whole thing on mental health illness things…it's a bit blurry at the moment.*

4.2.3.2 Theme 7: Cultural Expectations Perpetuate Gender Norms and Stigmas.

Additionally, some participants also shared their views on how gender norms perpetuated by society and culture may have also discouraged people from acknowledging or speaking out about any challenges with their mental health. In line with this gender norm stigma, it is perhaps understandable why male undergraduate students experiencing mental health issues did not offer to participate; thus, only females participated.

Bella said:

> *For example, in African cultures, men are considered as the pillar of their families and must always display a strong image. The "real men don't cry" idea contributes greatly to poor mental health for men from a very young age. Not only does it discourage them from seeking professional help, but it also discourages them from opening up to their loved ones about challenges they are facing and how they are feeling. From a young age, girls watch women in their lives endure the most traumatic troubles but somehow "keep it together". This gives them the idea that no matter what, you must always maintain a good image for the family so that neighbours do not become suspicious of anything wrong in the household.*

Precious reflected on this experience for her as a woman:

> *Furthermore, as a woman, showing any sign of weakness has been frowned upon for centuries, especially by men, and they've used it to suppress women and take advantage of them.*

Michelle shared how other people in her life were affected by gender norms and expectations:

> *I'm gonna give like a personal example, say for my brother, like, like my dad passing away, my brother is kind of expected to step up and be the man of the house… and that's not necessary, that comes second to him stepping up to being the man of the house, which obviously directly affects his mental health. So, I think things like that, like, patriarchal traditions, or, yeah, those things definitely play a role in mental health.*

Maria also briefly commented on what may perpetuate mental illness stigma:

> *Habits such as what, I don't know…gender norms. I don't know like [this is how a man should act], yes, gender roles.*

4.2.4 Religion and Spirituality

This subsection explores the role of religion and spirituality. Two themes are explored here: Religion perpetuates mental illness stigma, and religion as a protective factor.

4.2.4.1 Theme 8: Religion Maintains Mental Illness Stigma.

Some participants also referred to religion and spirituality and how they may perpetuate mental illness stigma and prevent mental health care seeking.

Bella said:

> *As a Christian, I surround myself with other Christians when I am at university. Most of the time, mental health issues are regarded purely as an attack from the devil. This completely disregards the biological science and personal experiences/trauma that play a huge role in mental health issues.*

Precious added to this:

> *Growing up in a Christian household, anything my family deemed "ungodly", would be seen as demonic.*

Maria reflected on how it made her feel incompetent to go against religious views:

> *So, we have also religious bias where now you feel incompetent spiritually if you have to go and seek medical intervention for something that you should apparently talk to God for, you know.*

Michelle commented on how mental illness was viewed from a spiritual perspective:

> *It's hard to separate mental illness, mental health from like spirituality, as from what I've experienced, and, you know, it being a manifestation of something spiritual rather than it being like a mental health issue that needs to be addressed. So yeah, that's what I've noticed, like, culturally, it is more linked to the spirit, like the spiritual aspects.*

Precious added to this:

> *They resort to practices like making prayers and sacrifices to ancestors which I am not against. However, in most cases, one just needs someone to talk to, be it a friend, parent, family member or even a therapist or psychologist.*

Angel also shared her views on spirituality and mental illness:

> *Where does it come from? What's depression in your, in your language and your culture? That's like a Western thing. You can't like engage in certain matters, you have schizophrenia, you can't engage in that because, well, you might as well just kind of have a calling, those are symptoms of a calling.*

Maria reflected on how seeking professional help could be a viable option:

> *I've actually been thinking about it, to say that if we were to seek medical intervention for those people that seem to be bewitched, you would actually get to a point where you would be able to diagnose it and have the pharmaceutical intervention for the things they're facing. Those people have severe dementia, and it's called witchcraft, you know, those are stigmas coming from tradition.*

4.2.4.2 Theme 9: Religion as a Protective Factor.

Even though some participants saw spirituality as a contributor to mental illness stigma, others also credited it as a positive aspect of their lives.

Angel spoke about her spirituality being a protective factor:

> *But most definitely, also my spirituality. I mean, there's something therapeutic that comes with prayer. It holds you down, it grounds you in moments where you feel like you've been hopeless, just being able to have that faith and belief system holding you up right and giving you the reassurance that no, man, you're okay, you can do this, you know, you can do this, that on its own also helped me a lot.*

Michelle suggested how people could use their religious groups to cope with mental health challenges:

> *I think joining like groups of people or friends and like if you go to a church, joining like a church group and stuff, I'm pretty sure that helps with mental health.*

Thando also spoke about how her religious beliefs have helped her:

> *My faith in God is the biggest medicine to my mental health. I pray and leave it to God because He gives peace that exceeds understanding.*

4.2.5 Coping with mental health challenges and recommendations

This last subsection focuses on possible coping mechanisms and recommendations regarding mental health. Three themes are explored here: The lack of education, awareness, and a need for open conversation; social support and a sense of community; self-help tools and the internet.

4.2.5.1 Theme 10: Lack of Education, Awareness, and a need for Open Conversations.

Participants also shared that lack of awareness may contribute to the deterioration of one's well-being due to not being educated about what they may be going through. This also results in people not being able to get the necessary assistance to function better because they, and possibly the people around them, do not have a basic knowledge and understanding of mental illness apart from the stigmatised version.

Lethabo spoke about this lack of awareness and its contribution towards mental illness stigma:

> *People are not well are educated about mental health because most probably most people think that when you say like, you not okay, mentally, they probably thinking you acting up and stuff like that. In my community, like, feel like people around here, they're not well educated enough about mental health, including, like, the older people also, they still see that as like, being dramatic. So, you can definitely tell that it's people that are not educated about this, like there's not enough mental health awareness that has been like raised in the community, because they don't also understand what's happening when someone says their mental health is not on the right state and stuff. So, it's like, it's more like a topic that you shouldn't mention to them, because they are not aware of it.*

She also added:

> *And that's also like a coping mechanism seeing people talking about it more, you know, like, even doing activities in those support groups or participating in like, spreading mental health awareness to people like educating them about it, that would like be a good coping mechanism, because that will help them talk about how they feeling how, how they want people to support them.*

Maria also commented:

> *So, the thing is, we cannot change how people are, we cannot change life, but we can be educated about it and protect ourselves with mechanisms which we can use as responses.*

Palesa spoke about how this lack of knowledge also prevents help-seeking:

> *Many people struggle with it and since they do not have the terms/knowledge to define what is happening to them, they carry on with life thinking that what they're feeling is normal. The longer they go without help, the worse their mental health becomes. It is therefore important for people to become educated about mental health and mental illness.*

Bella had similar views:

> *So, it is important to be aware of mental issues that are in one's control and those that are out of one's control. Once you have this awareness, you know what you are dealing with and can find ways to deal with it. My immediate family is very knowledgeable when it comes to mental illnesses even though the only one, they really are knowledgeable about is depression.*

Jessica also commented on her lack of awareness, even as a psychology student:

> *I think, although I was a psychology student, I wasn't really exposed to a lot of mental or maybe I wasn't, I wasn't aware. Yeah, I think I wasn't aware of how serious mental health issues can be.*

4.2.5.2 Theme 11: Social Support and Sense of Community.

In addition to the increased awareness, most participants felt that having more open conversations about mental illness makes reaching out to the people around them more accessible because they feel understood and safe rather than judged. They stressed the significance of having social support.

Lethabo said:

> *As much as this happened, like I had other people around like I had my roommates, had my previous roommates like, so it's more like I had people that were there to like, support me, I also had my family that I can call.*

Angel also shared:

> *I only have my friends and family to thank. Even though uh, I wouldn't break it all down, as you would with a professional, but the ones that I could get off my chest, that I could explain, be it in a comical way and laugh about it. And it's in those conversations, we realise that actually, if I can do this with this person, maybe, just maybe if I reached out for actual professional help, it would be even better, because then I'd be getting insight from someone who would make sense more of the situation.*

Maria briefly commented on the importance of one's support structure:

> *I feel that mental illness is amplified or improved by the support structure that you have.*

Jessica also reflected on her support structure:

> *I think I've been blessed with, with friends who understand and friends who seek to learn about new things, you know, even when they don't understand, they will support. But I speak to my friends, specifically, the friends who are friends that have studied psychology or friends that have been depressed before. People who can relate. So, I would say definitely speaking to people who I think spending time with people who understand that helps a lot.*

Michelle had a similar view to share:

> *And, you know, that's one thing I do, I do try to reach out to like family or friends. Just being around people who support you and encourage you, it encourages people, encourages you and definitely boosts or motivates you to also care for yourself.*

And so did Precious:

> *Of course, I have found my little community who support me, care for me, accept me and love me for who I am.*

As well as Thando:

> *Community is important for support, engaging with nature, and also seeking professional advice.*

Lastly, Lethabo shared how open conversations help one feel less isolated in their experience:

> *Because sometimes hearing what other people are going through, makes it so much better that okay, at least I'm not alone, you don't feel alone. So, they will be able to cope better knowing that someone out there is actually like going through a similar thing with me.*

4.2.5.3 Theme 12: Self-help Tools and the Internet.

Participants credited the internet, specifically social media, for the increase in awareness of mental illness, especially among younger people who have access to various social networking sites.

Michelle stated:

> *It's not like the general population, I'd say, perhaps our, like our people, our age group, are more aware of it because of social media and the internet. But say for, people who were not as, like, tapped into the internet and social media, or they're not as aware of mental health. I feel like the Internet is a good resource that likes, you know, it's very, so you can find things may be more specific to what you're experiencing and get advice and guidelines on how to cope with certain issues that you may be dealing with.*

Maria added:

> *You know, with the growing the algorithm of internet, people are getting more and more acquainted with these things.*

Palesa also spoke about the influence social media has:

> *Because of social media and the more open conversations we now have around mental health, they're able to comprehend these issues and try their best to give the necessary support.*

Bella also had a similar view:

> *Where they (on social media) emphasize the importance of mental health, not being afraid to seek help and taking care of yourself.*

The internet also allows access to resources that students can utilise for self-help purposes, especially if seeking professional services is not a readily available option.

Angel spoke about some self-help tools:

> *You know, there's also journaling, we hear of journaling a lot. Just writing down the things that you're thinking sometimes, giving yourself permission to read the things that you're thinking, and having to face the reality compared to the things that you were thinking.*

Michelle also shared some of the self-help tools she makes use of:

> *I feel like when I'm journaling, I'm able to see and actually like, see what my thought process is like on paper. I meditate a lot, I feel like meditating helps me in so many ways, my mental health, like just being able to acknowledge whatever it is I'm feeling and then process it the way that I feel is the best.*

Palesa also shared similar sentiments:

> *Meditation, journaling, support groups, and ultimately, the help of a qualified specialist who is trained to assist individuals with mental health issues.*

Bella shared other ways that people can cope effectively:

> *Finding something that you enjoy doing, that does not put you in a high-stress state is very helpful. Having small things like taking a walk, gardening, drawing, playing an instrument etc can work.*

Similarly, Thando shared her ways of coping as well:

> *Also, I try to help myself by doing things I love and practising self-love and self-care by buying myself flowers, going for a walk, skincare routine.*

Even so, the downfalls of turning to social media for self-help purposes were also pointed out, especially with how maladaptive coping mechanisms may be promoted.

Maria stated:

> *I've resolved to reading about, watching YouTube videos about trying to educate myself on all the symptoms I have and try to use the coping mechanisms that I see online and you know some of them unfortunately we fall into traps of you know, wanting to cope on either end whether it seems self-destructive or constructive and you know that's where we meet your self-harming and you know every self-sabotaging act, which seems like it's going to either temporarily relieve the pain or, or permanently.*

Angel spoke about other maladaptive coping techniques that are promoted:

> *I look at today's society, you look at social media, and everyone is just telling everyone just get a drink. Just drink something, you feel like something is not feeling good? get an edible and it'll be fine. You feel like this, it's substance abuse, literally, people are depending on substances right now, just to cope.*

Michelle also reflected on maladaptive behaviours being utilised more by students to cope:

> *Yeah, I think that's what people would rather lean towards then actually because the easier way than actually seeking like mental health, so that would be obviously to have*

addictive behaviours, like drinking alcohol, drugs, sex, all of that. Because I guess it does provide some sort of escape or temporary like, helpful, temporary.

4.3 Conclusion

In conclusion, this chapter highlighted the study's findings using Braun and Clarke's (2023) thematic analysis framework. The chapter presented the findings from nine individual interviews explaining undergraduate university students' experiences with mental illness stigma. It described the various themes and subthemes that emerged from the analysis of the data collected and highlighted quotes from interviews that represented those points. The process of the researcher assuming a phenomenological attitude was also briefly discussed. The following chapter discusses the research findings, the study's limitations, recommendations for future research, and the conclusion.

CHAPTER 5: DISCUSSION, LIMITATIONS, & RECOMMENDATIONS

5.1 Introduction

This chapter consolidates the work of this study, which is done by referring back to the study's objectives outlined in the first chapter. These objectives include: To explore undergraduate students' current views of mental illness; to explore the role played by cultural norms and beliefs in undergraduate university students' experience of mental illness stigma; and to understand what mental health care/support undergraduate university students are likely to use when they experience mental illness stigmas. These objectives help to answer the research question of how undergraduate university students experience mental illness stigma.

This chapter summarises the key findings as outlined in the previous Chapter. It interprets the data and how the findings compare to the relevant literature discussed in Chapter 2. Additionally, the study's limitations and recommendations for future research are outlined. The chapter also includes a self-reflection on the researcher's part regarding the experience of conducting the study. Finally, a brief conclusion of the study is provided.

5.2 Discussion

5.2.1 Description of Mental Illness

It is reported that there is a high rate of mental illness among young people, but the frequency of help-seeking is low (Ibrahim et al., 2019). This makes it essential to examine factors influencing students' help-seeking behaviour. Ibrahim et al. (2019) cited aspects such as financial barriers, lack of perceived need for treatment/effectiveness of therapy, stigma, and cultural factors as possible influences that may negatively impact one's intention to seek mental health care.

The study's findings revealed that while some participants were aware of stigmatising views of mental illness from the people around them, they did not necessarily ascribe to them but were affected by these views. A study by Ibrahim et al. (2019) showed that university students have better mental health literacy and lower negative beliefs towards mental illness. However, students are still influenced and shaped by their environments, meaning that this perceived stigma, even though they do not act on it, may still lead to self-stigma and affect help-seeking behaviour.

5.2.2 The Experience of Mental Illness Stigma

The data from participants suggest that mental illness stigma is among the most significant barriers to seeking mental health care. The views of family members and communities primarily influenced this. Furthermore, cultural and religious viewpoints also markedly influenced stigmatised thinking. Many participants felt that the lack of understanding from family and community members discouraged them from sharing and reaching out whenever they were experiencing any mental health challenges. Some of the beliefs included the idea that if one comes from a good family background, has their basic needs met and is pursuing their formal education, then they cannot claim to be struggling emotionally or psychologically.

Others see them as ungrateful, making participants feel guilty whenever they experience mental health challenges. This is because they were seen as ungrateful for their lives compared to less privileged people. Additionally, it prevents them from reaching out and accessing mental health care because they believe what they are going through is insignificant compared to others. This directly correlates with Ibrahim et al.'s (2019) notion that one's perceived view of not needing treatment also becomes a delay and barrier to help care.

Participants also felt that their mental health challenges were normal as it forms part of the experience of being in a competitive academic environment. Therefore, their academics would constantly be prioritised over their mental health because of the expectations placed upon them to perform well and meet the set deadlines. In addition, they felt that the university viewed and accepted physical illness rather than mental illness. Feelings of anxiety and burnout are ignored because of this, especially when others view it as lazy, leading to the gradual deterioration of their mental health. Some students pursuing their degrees in psychology shared that they did not want to disclose their mental health conditions for fear of how that would affect their professional abilities as mental health professionals. This coincides with Martin's (2010) findings that university students with mental health problems did not disclose this to university staff due to fear of being discriminated against during their studies or in their professional employment.

5.2.3 The Role of Culture, Spirituality and Religion

The role of cultural beliefs, norms, and religious beliefs was a significant aspect of the interview findings with participants. There was a shared view from the participants that their cultures do not perceive mental illness as something that exists, and those aware of its existence have a very warped and negative idea of what it is. Due to culture having a significant influence on one's identity and the way they understand and interact with the world, it also guides how mental illnesses are viewed, understood, and treated. Participants felt that this was a limitation because, in some cultures, mental illness is viewed as taboo and not discussed, making it difficult for one to come out and say they are struggling out of fear of the reaction they will get. Abdullah and Brown (2011) stated that culture influences people's stigmatising beliefs, attitudes, and actions, which includes beliefs regarding the cause of mental illness and how people who suffer from mental illnesses are viewed.

Through the eyes of African culture and tradition, mental illnesses are viewed and explained differently. When participants shared some ways of thinking adopted by family and community members, similar themes kept emerging. Mental illness becomes associated with spirituality and a result of a manifestation, either attributed to a spiritual calling or being bewitched/punished for something one did wrong. Once again, this may not only result in a delay in treatment of the affected individual, but the stigmatised view of their condition may also lead to them being ostracised by their community and family. Similar findings were reported by Bila and Carbonatto (2022), who shared that mental illness amongst rural communities was ascribed to witchcraft, meaning that assistance was mainly sought from traditional healers or religious leaders rather than what was considered Western assistance. Similarly, Hugo et al. (2003) wrote that ignorance and stigma prevent people from seeking appropriate help, and that attitudes and beliefs from communities play an essential role in determining help-seeking behaviour and treatment of those with a mental illness.

Some of the participants also spoke about how gender norms that are perpetuated by society and culture may discourage people from acknowledging their mental health challenges or talking about them. In many African cultures, men are seen as leaders and pillars of their families, meaning they always have to portray the image of "a strong man" who is rarely affected emotionally and psychologically. From a young age, boys are taught how a strong man should act and conduct himself, which then prevents help-seeking behaviour when they experience any mental health challenges. It is perhaps poignant that, even though the study was circulated to all genders, only female students responded to participate.

This underscores the gender mental illness stigma discouraging boys and men from showing weakness or admitting to mental health challenges. For them, participating in the study may have felt like admitting to struggling with their mental health, which most African cultures deject. Similar norms are applied to women, who are discouraged from showing emotions and 'keep it together' for their family image. Experiencing any challenges with one's mental health seems to be associated with a weakness for both men and women. In a study conducted by Woods-Giscombe et al. (2016), the findings revealed that the participants, who were women, felt an obligation to present and maintain an image of strength. Therefore, psychotherapy was not an option - they would rather suffer without assistance or find other ways to cope while displaying their strength as women. The participants felt obligated to suppress their emotions because they had grown up seeing their mothers and grandmothers suppress their frustrations (Woods-Giscombe et al., 2016), similar to the experiences shared by participants in this study.

Some participants also mentioned religious beliefs and how they perpetuated mental illness stigma, mainly because they come from religious family backgrounds. They shared that most mental illnesses tend to be viewed as an attack from the devil rather than considering what the actual causes might be. Additionally, anything that cannot be explained through their beliefs may be immediately regarded as ungodly and demonic. Participants felt that the lack of knowledge, understanding, and ignorance of mental health issues led to this thinking. Religious beliefs have been found to have a remarkable effect on mental health and help-seeking behaviour across various religious communities, to the point where a highly religious individual may believe that depression does not exist, leading to complete denial even if someone experienced it (Cinnirella & Loewenthal, 1999).

Furthermore, participants also reflected on how seeking professional help for something they were supposed to pray about made them feel spiritually incompetent. Woods-Giscombe et al. (2016) stated that there is a cultural expectation to rely on one's religion rather than professional assistance and that it is better to 'give the situation to God' than to other people. Therefore, being able to withstand challenges and demonstrate strength seemed to measure one's faith in God. Cinnirella and Loewenthal (1999) also stated that some religious beliefs may suggest that a devoted individual should not consult with a mental health professional as they may lead to actions that go against their beliefs. From this, one can see how religious beliefs can also act as barriers to the early detection and treatment of mental illnesses.

Despite this, another finding from the study is how religious beliefs also served as a protective factor for some participants. They credited their beliefs and faith in God for overcoming any mental health difficulties they experienced. Wolf (2018) stated that individuals are more likely to seek support from religious groups rather than professional treatment if their environment has a high level of stigma. Thus, religious beliefs can be used as a coping mechanism or can be experienced as contributing factors to mental health.

5.2.4 How Students Cope

The data from the participants suggest that students employ various coping mechanisms to assist them with the mental health challenges they experience. Most participants stressed the importance of having a support structure, and examples included family, friends or a romantic partner. Being able to reach out to their social support and talk about their challenges and concerns made them feel less isolated and more understood. Despite the study being made open to all races, only Black female students participated; this, amongst others, might be because they related to the study being conducted by a Black female student from the same university. This resonates with Ibrahim et al.'s (2019) findings that the majority of students that experienced mental health challenges received advice and support from friends, family, roommates, or romantic partners.

It should be noted that seeking help from one's social support might act as a stepping stone to getting help from mental health professionals in the future. Due to mental illness being viewed as a sensitive topic, participants preferred to discuss it with their support structure rather than with strangers. This could also explain why they felt comfortable conversing with a researcher they related to, despite it being a sensitive topic. Woods-Giscombe et al. (2016) maintained that women said they would rather speak to a family member or someone they could relate to more easily when sharing their problems. Therefore, a lack of diverse representation in mental healthcare providers may also be a barrier to help-seeking among students.

In addition to seeking help from social support, students also engaged in self-help tools to assist with mental health challenges. This included but was not limited to journaling, meditation, practising self-care, physical activity, and other tips they had gotten from the internet, specifically social media. Another finding revealed from the study is that although religious beliefs and spirituality contributed to mental illness stigma among participants, it also seemed to be a protective factor for some participants. Having a belief system, engaging in

prayer, and being part of religious groups made them feel more reassured and gave them hope even in the midst of experiencing difficulties with their mental health. One's religious beliefs and practices, such as attending a place of worship, praying, and reading the Bible, tend to be used to cope with unfortunate conditions.

However, not all students engage in adaptive coping mechanisms, especially when one does not want others to know what they are going through due to the associated stigma. Ibrahim et al. (2019) wrote that the internalisation of stigma can lead to maladaptive coping strategies such as avoidance or substance use. The findings from the study correlated with this. Students shared that from their experience, most of the people they knew depended on substances such as alcohol or cannabis to cope with various stressors in university as this gave them a temporary escape from their challenges. Others engaged in self-destructive behaviours such as self-harm or sexually promiscuous activities to cope. Studies by Mutinta (2022) and Smith et al. (2017) also showed that university students often use drugs and substances to alleviate any distress experienced, which may worsen this distress.

5.2.5 Reducing Mental Illness Stigma

When sharing the views believed by members of their families and communities, the participants constantly emphasised one thing: the lack of proper knowledge and awareness of mental illness might be the most significant contributor to stigmatised views. This lack of awareness may also cause someone's mental health to deteriorate because they are unaware of what they are going through and therefore, do not get the treatment they need. They felt that people not being well-educated about mental health issues led to a lack of understanding and perpetuated harmful stereotypes about mental illness, especially in communities and amongst older individuals. For most people, the only knowledge they have on mental illnesses are negative stereotypes from the media and the public which portray people with mental illnesses as dangerous, violent, unstable, and not fit to be part of society (Egbe et al., 2014). Therefore, proper psychoeducation of individuals through awareness programmes and electronic media can help increase mental health literacy and reduce stigma.

5.3 Limitations

This research study has several limitations. Firstly, the participants were all young women with similar race and cultural backgrounds. Participants who identify differently may have had different experiences, providing completely different insights to those reported in the

findings. Additionally, and most importantly, the study only had nine female participants. The lack of male undergraduate participants poses a severe challenge and makes it difficult to generalise the findings to a broader student population. Furthermore, the study only focused on undergraduate university students who had experienced general symptoms of a mental illness, students outside of this criterion might have also provided different insights. The last limitation is that the researcher is also a black African woman who shares similar cultural backgrounds with some of the participants and therefore could have been biased. Even though the researcher constantly reflected on this to ensure that it did not affect the study's results, it is hereby acknowledged that a different researcher who does not share similar characteristics and experiences with the participants might have interpreted the findings differently. Additionally, the researcher's social identity could have also contributed towards the lack of male participants due to the presumed discomfort of sharing their experiences with an individual that they might not relate to.

5.4 Recommendations

As mentioned previously, the participants were limited to undergraduate university students within a specific age range. This demographic is not the only one that could have had experiences with mental illness stigma. Therefore, it is suggested that research be conducted with students outside of the 18 - 22 age range, including postgraduate students. Additionally, the participants had all experienced general symptoms of mental illness, which could have limited the data captured. Including students who have never experienced any symptoms of a mental illness could also be beneficial for future research. Lastly, due to the study using semi-structured interviews to collect data, the number of participants was limited, which means that the data cannot be generalised to a broader student population. Future studies could collect more large-scale data through surveys or focus groups to include more participants and gather more information. The biggest takeaway from the research process was the need for more open conversations about mental illness to reduce the stigma attached to it. Whether through formal psychoeducation in communities or informal conversations amongst peers, there seems to be a constant need for people to know better to do better.

5.5 Personal Reflections of the Researcher

The topic of mental illness stigma is quite personal to the researcher. When the researcher started experiencing challenges with mental health in high school, the lack of knowledge on the subject became clear. Additionally, the knowledge that the community did

have included stigmatised views; this, in turn, creates a greater feeling of isolation. This led to the researcher theorising that others may also experience this phenomenon. The researcher had interpersonal experiences that clarified the prevalence of mental illness stigmas in various South African communities. This dissertation was the beginning of an exploration of the theory formed from personal and interpersonal experiences. Much more can be done to understand the phenomena truly.

The anticipation was because of the researcher's previous personal and interpersonal experiences that a form of relation may be felt toward the participants. However, as each individual is unique, it was hypothesised that the participants' experiences may differ significantly from the researchers' experience. This hypothesis was proven false, as many similarities had occurred. Thereby constant reflection on the part of the researcher was necessary to maintain neutrality and bracketing throughout the study. Thereby not influencing the participants or creating biased interpretations of the data. As mental health and mental illness are not new phenomena to the researcher, it is not seen as only an academic clinical concept. Instead, it occurs in the world and influences people's lives. This view may have led to participants identifying better with the researcher, whereby they could share more openly. The researcher especially noted this when participants would make comments such as "you know how it is in our communities", in relation to the researcher's social identity.

Besides recruiting and getting participants, the most challenging part of conducting this study was the lack of literature on students in South Africa. Most of the literature was from international studies, and even though it was valuable, it does not directly correlate to the current context. Due to this, data saturation was quickly reached, and at some point, thereby, findings from different studies seemed repetitive. Ultimately, conducting this study was very insightful, showcasing that despite significant progress in reducing mental illness stigma, it is still prevalent and affects many individuals directly and indirectly.

5.6 Conclusion

This study aimed to explore and understand undergraduate university students' experiences of mental illness stigma. Through semi-structured interviews, the researcher captured insightful experiences that the nine female participants shared. The study used thematic analysis to analyse the data collected from the interviews. From this, several themes emerged based on the area explored during the interviews. These themes included: mental illness is crazy and invalid; mental illness is personal, sensitive, and a shame; pressure to feel

strong; others have it worse; academics first, mental health second; culture forbids help-seeking; culture perpetuates gender norms and stigmas; religion maintains mental illness stigma; religion as a protective factor; lack of education, awareness, and a need for open conversation; social support and a sense of community; as well as self-help tools and the internet.

The study revealed that cultural and religious beliefs and lack of knowledge perpetuate mental illness stigma. They also showed that even though university students have a slightly higher mental health literacy, they are still affected by the stigmatized views of mental illness by the people in their communities. These views make them feel guilty, misunderstood, and ungrateful. These feelings can make them seek unhelpful coping mechanisms for mental health challenges. The findings also revealed that even though some participants experienced religious beliefs as contributing to mental illness stigma, others regarded these beliefs as a protective factor that aids them in dealing with mental health difficulties.

Additionally, only female students responded to the call for participants of this study even though it was open to all genders. This suggests that the gender stereotypes and stigma maintained by culture may have resulted in hesitancy from male students to participate in a study centred around mental illness. Another finding from the study is that while most participants were open to professional mental health care, most preferred to have conversations with people close to them rather than strangers because of the personal and sensitive nature of the topic. This might explain why only black female students responded to the call for participation because they relate more to the researcher, a black female. Furthermore, it might suggest that individuals are more likely to open up to mental healthcare providers they find relatable.

It is further recommended that future studies include a more diverse group of students, especially male students, who will provide great insight into their own experiences with stigma, as well as students from other races.

REFERENCES

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review, 31*(6), 934-948. https://doi.org/10.1016/j.cpr.2011.05.003

Abi, S. (2019, June 12). *Psychiatric problems: Metaphysical explanations.* Development and Cooperation. https://www.dandc.eu/en/article/west-africa-traditional-or-religious-practices-are-often-preferred-method-treating-mental#:~:text=Most%20Africans%20view%20mental%20disturbances,of%20a%20mentally%20ill%20person.

Ahmedani B. K. (2011). Mental health stigma: Society, individuals, and the profession. *Journal of Social Work Values and Ethics*, *8*(2), 41–416. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3248273/

Amuyunzu-Nyamongo, M. (2013). *The social and cultural aspects of mental health in African societies*. Commonwealth health partnerships, 59-63. https://www.commonwealthhealth.org/wp-content/uploads/2013/07/The-social-and-cultural-aspects-of-mental-health-in-African-societies_CHP13.pdf

Arsandaux, J., Montagni, I., Macalli, M., Texier, N., Pouriel, M., Germain, R., Mebarki, A., Kinouani, S., Tournier, M., Schuck, S., & Tzourio, C. (2021). Mental health condition of college students compared to non-students during COVID-19 lockdown: the CONFINS study. *BMJ open*, *11*(8), e053231. https://dx.doi.org/10.1136/bmjopen-2021-053231

Bantjes, J., Lochner, C., Saal, W., Roos, J., Taljaard, L., Page, D., Auerbach, R. P., Mortier, P., Bruffaerts, R., Kessler, R. C., & Stein, D. J. (2019). Prevalence and sociodemographic correlates of common mental disorders among first-year university

students in post-apartheid South Africa: implications for a public mental health approach to student wellness. *BMC public health*, *19*(922), 1-12. https://doi.org/10.1186/s12889-019-7218-y

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., & Barkham, M. (2010). Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education*, *35*(6), 633-645. https://doi.org/10.1080/03075070903216643

Bhandari, P. (2020, June 19). *What Is Qualitative Research? | Methods & Examples.* Scribbr. https://www.scribbr.com/methodology/qualitative-research/

Bhugra, D., Watson, C., & Wijesuriya, R. (2021). Culture and mental illnesses. *International Review of Psychiatry*, *33*(1), 1-2. https://doi.org/10.1080/09540261.2020.1777748

Bickham, N. (2022, August 26). *The stigma of seeking mental health care for college students.* TimelyMD. https://timely.md/blog/the-stigma-of-seeking-mental-health-care-for-college-students/

Bila, N. J., & Carbonatto, C. L. (2022). Culture and help-seeking behaviour in the rural communities of Limpopo, South Africa: Unearthing beliefs of mental health care users and caregivers. *Mental Health, Religion & Culture*, *25*(6), 543-562. https://doi.org/10.1080/13674676.2022.2097210

Boyd, C. P., Hayes, L., Sewell, J., Caldwell, K., Kemp, E., Harvie, L., Aisbett, D. L., & Nurse, S. (2008). Mental health problems in rural contexts: A broader perspective: Response to Jackson et al.(2007) Mental health problems in rural contexts: What are the barriers to seeking help from professional providers?. *Australian Psychologist*, *43*(1), 2-6. https://doi.org/10.1080/00050060701711841

Bracke, P., Delaruelle, K., & Verhaeghe, M. (2019). Dominant cultural and personal stigma beliefs and the utilisation of mental health services: A cross-national comparison. *Frontiers in Sociology, 4*. https://doi.org/10.3389/fsoc.2019.00040

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 843–860). Springer.

Braun, V., & Clarke, V. (2023). Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting. *Health Psychology Review*, 1-24. https://doi.org/10.1080/17437199.2022.2161594

Broomé, R. E. (2011). *Descriptive phenomenological method: An example of a methodology section from doctoral dissertation*. https://works.bepress.com/rodger_broome/9/

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, 56(3), 1391–1412 https://doi.org/10.1007/s11135-021-01182-y

Campbell, F., Blank, L., Cantrell, A., Baxter, S., Blackmore, C., Dixon, J., & Goyder, E. (2022). Factors that influence mental health of university and college students in the UK: a systematic review. *BMC Public Health 22*, 1778. https://doi.org/10.1186/s12889-022-13943-x

Catalano, L. T., Brown, C. H., Lucksted, A., Hack, S. M., & Drapalski, A. L. (2021). Support for the social-cognitive model of internalised stigma in serious mental illness. *Journal of Psychiatric Research, 137*, 41-47. https://doi.org/10.1016/j.jpsychires.2021.02.014

Chen, T., & Lucock, M. (2022). The mental health of university students during the COVID-19 pandemic: An online survey in the UK. *PLOS ONE 17*(1): e0262562. https://doi.org/10.1371/journal.pone.0262562

Cinnirella, M., & Loewenthal, K. M. (1999). Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British Journal of Medical Psychology*, *72*(4), 505-524. https://doi.org/10.1348/000711299160202

Crossman, A. (2020) *An Overview of Qualitative Research Methods. Direct Observation, Interviews, Participation, Immersion, Focus Groups.* Thought Co. https://www.thoughtco.com/qualitative-research-methods-3026555

DeAngelis, T. (2022, July 11). Mental illness and violence: Debunking myths, addressing realities. *Monitor on Psychology*, *52*(3). https://www.apa.org/monitor/2021/04/ce-mental-illness

De Castro, A. (2003). Introduction to Giorgi´ s existential phenomenological research method. *Psicología desde el Caribe*, (11), 45-56. https://www.redalyc.org/articulo.oa?id=21301104

DeVault, G. (2019, August 20). *Qualitative research processes—market research*. The Balance Small Business. https://www.thebalancesmb.com/establishing-trustworthiness-in-qualitative-research-2297042

De Vaus, D. A. (2001). *Research design in social research*. SAGE

Egbe, C. O., Brooke-Sumner, C., Kathree, T., Selohilwe, O., Thornicroft, G., & Petersen, I. (2014). Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders. *BMC psychiatry*, *14*(191), 1-14. https://doi.org/10.1186/1471-244X-14-191

Greening, N. (2019). Phenomenological research methodology. *Scientific Research Journal*, *7*(5), 88-92. http://dx.doi.org/10.31364/SCIRJ/v7.i5.2019.P0519656

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British dental journal*, *204*(6), 291-295. https://doi.org/10.1038/bdj.2008.192

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, *28*(2), 235-260. https://doi.org/10.1163/156916297X00103

Giorgi, A. (2009). *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach.* Duquesne University Press.

Gureje, O., Lewis-Fernandez, R., Hall, B. J., & Reed, G. M. (2020). Cultural considerations in the classification of mental disorders: why and how in ICD-11. *BMC medicine*, *18*(1), 1-2. https://doi.org/10.1186/s12916-020-1493-4

Holland, D. (2016). College student stress and mental health: Examination of stigmatic views on mental health counselling. *Michigan Sociological Review, 30,* 16-43. https://www.jstor.org/stable/43940346

Hugo, C. J., Boshoff, D. E., Traut, A., Zungu-Dirwayi, N., & Stein, D. J. (2003). Community attitudes toward and knowledge of mental illness in South Africa. *Social psychiatry and psychiatric epidemiology*, *38*, 715-719. https://doi.org/10.1007/s00127-003-0695-3

Ibrahim, N., Amit, N., Shahar, S., Wee, L., Ismail, R., Khairuddin, R., Siau, C. S., & Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and

university students from B40 households in Malaysia. *BMC Public Health*, *19*(Suppl 4), 544. https://doi.org/10.1186/s12889-019-6862-6

Jithoo, V. (2018). Contested meanings of mental health and well-being among university students. *South African Journal of Psychology*, *48*(4), 453-464. https://doi.org/10.1177/0081246317731958

Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120-124. https://doi.org/10.1080/13814788.2017.1375092

Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal of advanced nursing*, *55*(3), 320–329. https://doi.org/10.1111/j.1365-2648.2006.03899.x

Laher, S., Bain, K., Bemath, N., de Andrade, V., & Hassem, T. (2021). Undergraduate psychology student experiences during COVID-19: challenges encountered and lessons learnt. *South African Journal of Psychology*, *51*(2), 215–228. https://doi.org/10.1177/0081246321995095

Laidlaw, A., McLellan, J., & Ozakinci, G. (2015). Understanding undergraduate student perceptions of mental health, mental well-being and help-seeking behaviour. *Studies in Higher Education*, *41*(12), 2156-2168. https://doi.org/10.1080/03075079.2015.1026890

Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to do qualitative data analysis: A starting point. *Human Resource Development Review*, *19*(1), 94-106. https://doi.org/10.1177/1534484320903890

Lima-Smit, B., Nel, K., & Setwaba, M. (2022). Cultural knowledge and perceptions of students towards mental illness in South Africa. *Journal of Psychology in Africa*, *32*(4), 400-406. https://doi.org/10.1080/14330237.2022.2066367

Makhubela, M. (2021). Suicide and depression in university students: A possible epidemic. *South African Journal of Psychology*, *51*(1), 3-5. https://doi.org/10.1177%2F0081246321992179

Manderscheid, R. W., Ryff, C. D., Freeman, E. J., McKnight-Eily, L. R., Dhingra, S., & Strine, T. W. (2010). Evolving definitions of mental illness and wellness. *Preventing Chronic Disease*, *7*(1), A19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811514/

Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development*, *29*(3), 259-274. https://doi.org/10.1080/07294360903470969

Mashabane, M. F. (2020). *Difficulties in knowledge and perceptions of mental illness amongst the student population: perspectives gained from a Participatory Action Research project by psychology master's students from the University of KwaZulu-Natal*. Master's Thesis. University of KwaZulu-Natal. https://ukzn-dspace.ukzn.ac.za/bitstream/handle/10413/20072/Mashabane_Makhosazane_Felicia_2020.pdf?sequence=1&isAllowed=y

Matsea, T. C. (2017). Strategies to destigmatize mental illness in South Africa: Social work perspective. *Social Work in Health Care*, *56*(5), 367-380. https://doi.org/10.1080/00981389.2017.1284704

Mays, N., & Pope, C. (2000). Qualitative research in healthcare: assessing quality in qualitative research. *British Medical Journal*, *320*(7226), 50-52. https://doi.org/10.1136/bmj.320.7226.50

Medlicott, E., Phillips, A., Crane, C., Hinze, V., Taylor, L., Tickell, A., Montero-Marin, J., & Kuyken, W. (2021). The mental health and wellbeing of university students: acceptability, effectiveness, and mechanisms of a mindfulness-based course. *International Journal of Environmental Research and Public Health*, *18*(11), 6023. https://doi.org/10.3390/ijerph18116023

Mimiaga, M. J., Reisner, S. L., Reilly, L., Soroudi, N., & Safren, S. A. (2009). Individual interventions. In K. H. Mayer & H. F. Pizer (Eds.), *HIV Prevention*, (pp. 203-239). Academic Press. https://doi.org/10.1016/B978-0-12-374235-3.00008-X

Modir, S., Alfaro, B., Casados, A., Ruiz, S. (2020, August 4*). Understanding the role of cultural stigma on seeking mental health services*. CHOC. https://health.choc.org/understanding-the-role-of-cultural-stigma-on-seeking-mental-health-services/

Mohankumar, R. (2022). *The influence of cultural stigma on perceptions of mental illness*. Master's Thesis. San Jose State University. https://doi.org/10.31979/etd.hsvn-s9jy

Mutinta, G. (2022). Mental distress among university students in the Eastern Cape Province, South Africa. *BMC Psychology*, *10*(204). https://doi.org/10.1186/s40359-022-00903-8

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, *8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Nickerson, C. (2022, May 05). *Social Cognitive Theory: How we learn from the behaviour of others*. Simply Psychology. https://www.simplypsychology.org/social-cognitive-theory.html

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, C. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry: The journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 39*(5), 503–511. https://doi.org/10.1007/s40596-014-0205-9

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal, 20*(1), 7-14. http://dx.doi.org/10.14691/CPPJ.20.1.7

Pillay, A. L., Thwala, J. D., & Pillay, I. (2020). Depressive symptoms in first year students at a rural South African University. *Journal of Affective Disorders, 265*, 579-582. https://doi.org/10.1016/j.jad.2019.11.094

Rüsch, N., Angermeyer, M., & Corrigan, P. (2020). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20(8), 529-539. https://doi.org/10.1016/j.eurpsy.2005.04.004

Samouilhan, T., & Seabi, J. (2010). University students' beliefs about the causes and treatments of mental illness. *South African Journal of Psychology*, *40*(1), 74-89. http://dx.doi.org/10.1177/008124631004000108

Sandhu, H. S., Arora, A., Brasch, J., & Streiner, D. L. (2019). Mental health stigma: Explicit and implicit attitudes of Canadian undergraduate students, Medical School Students, and Psychiatrists. *The Canadian Journal of Psychiatry*, *64*(3), 209-217. https://doi.org/10.1177/0706743718792193

Satcher, D. (2001). Culture Counts: The Influence of Culture and Society on Mental Health. In US Department of Health and Human Services (Ed.), *Mental health: culture, race, and*

ethnicity—A supplement to mental health: A report of the Surgeon General. https://www.ncbi.nlm.nih.gov/books/NBK44249/

Schunk, D. H. (2012). Social cognitive theory. In K. R. Harris, S. Graham, T. Urdan, C. B. McCormick, G. M. Sinatra, & J. Sweller (Eds.), *APA educational psychology handbook, Vol. 1. Theories, constructs, and critical issues*. (pp. 101–123). American Psychological Association. https://doi.org/10.1037/13273-005

Siddique, M. A. B., Ovi, M. R., Ahammed, T., Chowdhury, M. A. B., & Uddin, M. J. (2022). Mental health knowledge and awareness among university students in Bangladesh. *Heliyon*, *8*(10), e11084. https://doi.org/10.1016/j.heliyon.2022.e11084

Smith, L. L., Yan, F., Charles, M., Mohiuddin, K., Tyus, D., Adekeye, O., & Holden, K. B. (2017). Exploring the link between substance use and mental health status: What can we learn from the self-medication theory? *Journal of Health Care for the Poor and Underserved, 28*(2), 113-131. doi:10.1353/hpu.2017.0056.

Storrie, K., Ahern, K., & Tuckett, A. (2010). A systematic review: Students with mental health problems--a growing problem. *International journal of nursing practice*, *16*(1), 1–6. https://doi.org/10.1111/j.1440-172x.2009.01813.x

Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., Slewa-Younan, S., & Al-Yateem, N. (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: A qualitative content analysis. *International Journal of Mental Health Systems, 15*(77). https://doi.org/10.1186/s13033-021-00502-x

Swanson, R. A. (2013). *Theory building in applied disciplines*. Berrett-Koehler Publishers.

Thorne, S. (2000). Data analysis in qualitative research. Evidence-Based Nursing, *3*, 68-70. http://dx.doi.org/10.1136/ebn.3.3.68

Todor, I. (2013). Opinions about mental illness. *Procedia - Social and Behavioural Sciences, 82*, 209-214. https://doi.org/10.1016/j.sbspro.2013.06.247

Tom, R. F. (2015). *Adjustment experiences and coping strategies of first year students at the University of Limpopo (Turfloop Campus)*. Mini-Dissertation. University of Limpopo. http://ulspace.ul.ac.za/handle/10386/1699

Tomaszewski, L. E., Zarestky, J., & Gonzalez, E. (2020). Planning qualitative research: Design and decision making for new researchers. *International Journal of Qualitative Methods, 19*. https://doi.org/10.1177%2F1609406920967174

Wada, M., Suto, M. J., Lee, M., Sanders, D., Sun, C., Le, T. N., Goldman-Hasbun, J. & Chauhan, S. (2019). University students' perspectives on mental illness stigma. *Mental Health & Prevention*, *14*, 200159. https://doi.org/10.1016/j.mph.2019.200159

Wolf, J. (2018, January 23). *Study shows stigma around mental health on campus correlates with students not seeking treatment*. UCLA Newsroom. https://newsroom.ucla.edu/releases/study-shows-stigma-around-mental-health-on-campus-correlates-with-students-not-seeking-treatment

Wong, L. P. (2008). Data analysis in qualitative research: A brief guide to using nvivo. *Malaysian Family Physician*, *3*(1), 14–20. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267019/

Wong, C. & Monaghan, M. (2020). Behaviour change techniques for diabetes technologies. In C. D. Klonoff, D. Kerr & S. A. Mulvaney (Eds.) *Diabetes Digital Health* (pp. 65-75). Elsevier. https://doi.org/10.1016/B978-0-12-817485-2.00005-5

Woods-Giscombe, C., Robinson, M. N., Carthon, D., Devane-Johnson, S., & Corbie-Smith, G. (2016). Superwoman schema, stigma, spirituality, and culturally sensitive providers: factors influencing African American women's use of mental health services. *Journal of Best Practices in Health Professions Diversity*, *9*(1), 1124–1144. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7544187/

World Health Organization. (2022, June 8). *Mental Disorders*. https://www.who.int/news-room/fact-sheets/detail/mental-disorders

Yardley, L. (2016). Demonstrating the validity of qualitative research. *The Journal of Positive Psychology, 12*(3), 295-296. https://doi.org/10.1080/17439760.2016.1262624

Zolezzi, M., Bensmail, N., Zahrah, F., Khaled, S. M., & El-Gaili, T. (2017). Stigma associated with mental illness: Perspectives of university students in Qatar. *Neuropsychiatric Disease and Treatment*, *13*, 1221–1233. https://doi.org/10.2147/NDT.S132075

APPENDICES

Appendix A: Ethics Approval Letter

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

12 March 2023

Dear Ms FM Maluleke

Project Title:	The experience of mental illness stigma by undergraduate university students
Researcher:	Ms FM Maluleke
Supervisor(s):	Dr B Moteleng
Department:	Psychology
Reference number:	18087273 (HUM005/0922)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 12 March 2023. Please note that before research can commence all other approvals must have been received.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Room 7-27, Humanities Building, University of Pretoria, Private Bag X20, Hatfield 0028, South Africa
Tel +27 (0)12 420 4853| Fax +27 (0)12 420 4501|Email pghumanities@up.ac.za | www.up.ac.za/faculty-of-humanities

Appendix B: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

The Experience of Mental Illness Stigma by Undergraduate University Students.

Hello, my name is Faith Maluleke, I am currently a Counselling Psychology Masters student at the Faculty of Humanities, University of Pretoria. You are being invited to take part in my research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to explore and understand explore and understand how undergraduate students experience both perceived and internalised mental illness stigma. Few studies have been done on the experience of negative perception of mental illness and the various ways that it influences students. Therefore, the overall aim of this study is to explore and understand how undergraduate students experience mental illness stigma and how it affects mental healthcare seeking behaviour.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

- You have been invited to participate because you are an undergraduate student at a tertiary institution in Gauteng who has never been to therapy.
- You have been invited to participate because you are between the ages of 18 and 22.
- You have been invited to participate because you have experienced symptoms of mental illness such as mood changes, decreased functioning, sleep or appetite changes, apathy, problems with concentration, or withdrawal, with no professional diagnosis.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

As a participant, you will be expected to participate in a semi-structured interview. This interview will take approximately 30-45 minutes. The interview will either be face to face or online, depending on your preference.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

- Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent

form. You are free to withdraw at any time and without giving a reason. There will be no negative consequences for deciding to withdraw from the study.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

- Anonymity will be maintained throughout this study. Any identifying information such as names and address will be removed. Confidentiality will be ensured by assigning code names/numbers to each participant, and that will be used in all research notes and documents. Therefore, no responses will be linked to your individual identity. Findings from this data will be disseminated through the form of a mini-dissertation, conferences, and publications. Reporting of findings will be anonymous, only the researchers of this study will have access to the information.
- ❖ Please note participant information will be kept confidential, except in cases where the researcher is legally obliged to report incidents such as abuse and suicide risk.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There will be no direct benefit to you for participation in this study, However, I hope that information obtained from this study may be used to understand and address how experiencing mental illness stigma affects undergraduate university students, and hopefully encourage the use of psychological services.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

There are minimal risks associated with this study. However, there is a possibility of experiencing psychological distress from the conversation about mental illness stigma. In the event that you do experience any distress, you will be referred to Dr Sharon Sibanda (a Clinical psychologist). Find her details at the bottom of this page.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

- All collected data (i.e. original dataset with perhaps identifiable information) and other related information (i.e. recordings, transcriptions) accumulated for this research study will be stored in a secure storage space (i.e. electronic data or hard-copy data). Access to the original data will be limited to only team members (Faith Maluleke & Dr Motileng) with team member (Faith) taking ownership and full responsibility of all data. This enables researchers to ensure the anonymity and confidentiality of participants. De-identified datasets used for analysis will be stored on the University of Pretoria research data repository and platform (https://researchdata.up.ac.za/). The University of Pretoria manages, maintains, and controls this platform. All data stored on the mentioned platforms will be disposed of and destroyed after the prescribed period and by means of the prescribed method as defined by the University of Pretoria Information Management policy.

WHAT WILL THE RESEARCH DATA BE USED FOR?

- Data gathered from the participant will be used for research and academic purposes. This will include my Mini-Dissertation. Additionally, the data might be used for publications or secondary data analysis, conference presentations, and writing policy briefs.

WILL I BE PAID TO TAKE PART IN THIS STUDY?

- No, you will not be paid to take part in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Committee of Faculty of Humanities, University of Pretoria. The reference number is 18087273 (HUM005/0922).

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

- The findings of the research study will be shared with you by Faith Maluleke, when the mini dissertation has been completed.

WHO SHOULD I CONTACT IF I HAVE CONCERN, COMPLAINT OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding the rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the supervisor, and contact details are below.

Thank you for taking time to read this information sheet and in advance for participating in this study.

Researcher
Faith Maluleke
065 544 3130
faithm135@gmail.com
Supervisor
Dr Benny Motileng
012 420 2907
benny.motileng@up.ac.za
Clinical Psychologist
Dr Sharon B Sibanda
Tel: 072 138 5537
Email: Sharon.sibanda@up.ac.za

Appendix C: Interview Guide

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.
1919 - 2019
Department of Psychology

INTERVIEW GUIDE

Hello, my name is Faith Maluleke, and I am currently completing my Masters in Counselling Psychology, with this study forming part of my mini dissertation. Once again, I would like to thank you for agreeing to take part in my study, which is based on your experience of perceived and internalised mental illness stigma.

I would just like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed.

Let us start with the questions.

Screening questions (To be asked prior to interviews)

a. Have you ever received any professional psychological help? This can be from a psychologist or a Registered Counsellor or Student Psychologist. (I asked this question because I wanted to specifically target students that have never been to therapy to see if the experience of mental health stigma played a role in that).
b. Are you currently completing your undergraduate studies?
c. Are you aware of the negative comments or stigmas made on mental illness by family, friends, community, or media?

Let us move on to more mental health related questions.

1. How would you describe mental illness? (Probe student further based on their answer)
2. Do you feel that mental health is an important issue? Why or why not?
3. Ever since enrolling for your degree, have you experienced any mental health stigma? (Allow student to explain what they might have experienced and probe further).
4. Personally, how do you experience this mental health stigma?

Departmental Research Committee (ResCom)
University of Pretoria, Faculty of Humanities, Department of Psychology
Humanities Building, Lynnwood Road, Hatfield, 0083, South Africa
Private Bag X20, Hatfield 0028, South Africa
Email: psychology.rescom@up.ac.za
Website: www.up.ac.za/psychology

Fakulteit Geesteswetenskappe
Departement Sielkunde
Lefapha la Bomotho
Kgoro ya Saekolotši

   a. Probe. How does this stigma make you feel, think, or do?
   b. Does that experience make you hesitate to seek mental health care? Why?
5. Do you think that culture plays a role in the formation of mental health stigma?
6. What cultural negative beliefs and norms in your community are directed to mental health illness?
7. Once again, how do you experience these negative beliefs? (Probe)
8. Do you think that your family and friends are aware of the existence of mental illnesses?
9. Have you ever considered seeking out psychological care?
10. What kind of support do you seek out when you are experiencing mental health problems?
11. What coping mechanisms or platforms do you think people experiencing mental health problems can use to cope?

I would like you to answer some final questions for analytical purposes.

1. How old are you?
2. What do you identify as? (Male, Female, Transgender…)
3. What is your race?
4. Do you practice any religion?

In closing: I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

2

Appendix D: Informed Consent

The Experience of Mental Illness Stigma by Undergraduate University Students.

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (**participant name**), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by and received ethics clearance from Research Ethics Committee Faculty of Humanities of the University of Pretoria.			
I understand who will have access to personal information and how the information will be stored with a clear understanding that, I will not be linked to the information in any way.			
I give consent that data gathered may be used for dissertation, article publication, conference presentations and writing policy briefs.			
I understand how to raise a concern or make a complaint.			
I consent to being audio recorded.			

I give consent that data gathered may be used for future research.			
I consent to have my audio recordings be used in research outputs such as publication of articles, thesis, and conferences as long as my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

Name of Participant	Date	Signature

Name of person taking consent	Date	Signature

Appendix E: Psychologist's Letter

05 September 2022

Dr Sharon B Sibanda
Room 11-26, Level 11, Humanities Building
University of Pretoria
Private Bag X20, Hatfield 0028, South Africa
t: +27 (0)12 420 3685
e: sharon.sibanda@up.ac.za
w: www.up.ac.za/psychology

Re: To whom it may concern

I hereby confirm being briefed by Faith Maluleke about the research study she is conducting titled " The Experience of Mental Illness Stigma by Undergraduate University Students". I further confirm that I will offer my services (or appropriately refer) by debriefing participants who may experience distress due to participation in this research.

Yours Sincerely

_____

Sharon B Sibanda
Tel: 072 138 5537
Email: Sharon.sibanda@up.ac.za

Appendix F: Interview Transcripts

Participant 1: Jessica

Interviewer: Jessica, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. First question is how would you describe mental illness?

Jessica: I would describe mental illness as any condition or disturbance that can be clinically proven to affect your mood, your behaviour, your emotional regulation, your cognition, the way you think, and the way you perceive things. And examples of mental illnesses can be depression, anxiety, bipolar disorder.

Interviewer: And do you feel that mental health is an important issue?

Jessica: Yes, definitely. Because your mental health determines your quality of life. So, for example, if you have been diagnosed with, let's say, major depression disorder, you won't have your quality of life won't be as good as that of someone who has not been diagnosed with any mental illness. Because it affects the way you perceive things, and it affects the way you navigate your way through life. It affects the way you interact with people, it affects the way you think about life in general. So mental health is a very, very important issue.

Interviewer: Ever since enrolling for your degree, have you experienced any mental health stigma?

Jessica: Oh, yes, yes, yes, I have, especially in undergrad. I think, although I am a psychology student, I wasn't I wasn't really exposed to a lot of mental or maybe I wasn't, I wasn't aware. Yeah, I think I wasn't aware of how serious mental health issues can be. So yeah, I have experienced stigma. And it was very difficult for, for my family to understand me struggling, or for certain family members to understand this, because they thought that I was living a perfect life, I was getting good grades. And I wasn't struggling. So yes, there is that stigma. You know, you sometimes just go through life without even knowing that you're depressed. You just sometimes you just feel it for so long that you don't even realize that this is wrong, that you're not supposed to feel that way. So yes, I

have experienced stigma. I think I've experienced stigma for myself as well, because I used to question my feelings a lot. And I used to question my thoughts a lot. And I just thought to myself, you know what, maybe I'm just ungrateful. Maybe I'm just being dramatic. But those were also things that certain family members would say to me. So eventually, I started believing that, Yeah.

Interviewer: How else have you experienced this mental health stigma?

Jessica: Okay, so yeah, it was very difficult for me. Because more than anything, I felt very guilty. And I thought, and I thought that I brought this upon myself and I thought that I didn't have a right to feel the way I was feeling, simply because my family members would point out other people who seemingly had a tougher life than I did. And so, I felt very guilty for not feeling satisfied with life and not feeling happy all the time and just wanting to die. So that's how I experienced the stigma.

Interviewer: Did that experience make you hesitate to seek mental health care?

Jessica: Oh, yeah, yeah, it definitely did make me hesitate to seek for mental health care because I was feeling guilty. I think more than anything, I was feeling so much guilt and shame. And but yeah, fortunately I no longer feel that way. I believe that people should not be shamed. You can't shame someone out of depression, you can't shame someone into being happy with life. So, it doesn't, it doesn't affect me that the stigma doesn't affect me that much anymore. But it used to.

Interviewer: Okay, do you think that culture plays a role in the formation of mental health stigma?

Jessica: Oh, yes, definitely. Because I think the people who used to judge me a lot were my maternal grandmother, my maternal side of the family, because they, I don't think, they are modern people. But I don't think they quite understand what mental illness is. And I don't think they understand how it can affect someone. So, for them, I remember one of my aunts asking, well, how can you be depressed when there's so much food in the fridge? so it's stuff like that, that just make you really angry. And it also and it also makes you feel even more guilty because you know, that there are people who are starving out there. Basically, it made me feel like a brat. I also saw that in my paternal side of the family, we have more coloured people, and they, they understood, you know, they really understood and they held my hand through everything. But the other side of

the family, it took some time for them to understand. I don't even think they understand it fully, but I guess they're trying. Yeah.

Interviewer: What cultural negative beliefs and norms in your community are directed to mental health illness?

Jessica: Okay, so first of all, if you have been at a mental retreat, you are crazy. It's the first part. And sometimes, you know, people just make people can just make a joke out of everything. You know, for example, it's okay if I make a joke about it, but because, you know, it's different when you make a joke out of your own situation, or you make a joke with someone who has been through what you've been through, you know, but it's a completely different story when someone who used to judge you for something, start making jokes about it like it's okay. Yeah, basically, the negative beliefs and norms are that you can't be you can't be depressed. If you're in school, you can't be depressed. If you have parents, you can't be depressed, or, or anxious, no. When you're anxious, you're just being dramatic. But you can't be you can't be depressed when there's food in the fridge and you have a roof over your head, and you seemingly have everything you need. Yeah.

Interviewer: How have you experienced these negative beliefs?

Jessica: Well, like I've said before, it's just I think, for me, I don't take it too, personally. But I know there are people who take it really personally, and I think people should just be more careful with what they say, and how they behave around people, especially with regards to things that they don't understand or things that are situations that they've never been through.

Interviewer: Do you think that your family and friends are aware of the existence of mental illnesses?

Jessica: Yes, my friends are definitely aware, I think I've been blessed with friends who understand and friends who seek to learn about new things, you know, even when they don't understand they will support and they will. They will do whatever it takes to try and understand what I'm going through. So, I'm really appreciative of that. And as for my family, they do understand, I think they do understand, but they, I still believe that they could do better. You know, I still believe that they could do better. I think they believe that, you know, if you've been depressed once and you, you go to a therapist,

when you come back, you need to you need to be perfect, everything has to be fine. But what they don't understand is that at times, I'm not going to be okay. And I am going to get depressed again, because it's not something that just goes away. You know, I think that's the one thing that people don't understand. They think there's a quick fix to depression. And once you've, once you've spoken about it, everything will be okay. But that's not the case. So, I think that's the one thing that people need to understand.

Interviewer: Have you ever considered seeking out psychological care?

Jessica: Yes, yes, I have.

Interviewer: And what kind of support do you seek out when you're experiencing mental health problems?

Jessica: Well, I usually just speak to my friends or I don't, I don't really speak to family about my mental health. But I speak I speak to my friends, specifically, the friends who are friends that have studied psychology or friends that have gone through something before. People who can relate.

Interviewer: Okay, what coping mechanisms or platforms do you think people experiencing mental health problems can use to cope?

Jessica: Okay, first of all, I think therapy helps I remember there was a time where I used to write stuff. And that was, that was very therapeutic for me. But other coping mechanisms, I listen to a lot of music and I listen to I listen to opera sometimes. And I listen to classical music sometimes, but like, violin covers piano covers, and that usually calms me down. But talking to a professional or speaking to people who understand you, and people who can sometimes just help you to calm down or help you to see things from a different perspective. That's always the best thing.

Interviewer: Okay I would like you to answer some final questions for analytical purposes. How old are you?

Jessica: I am 22 turning 23 in October 2023.

Interviewer: What do you identify as?

Jessica: Female

Interviewer: What is your race?

Jessica: I am black. I don't know actually. But I just say I'm black. Because, yeah, I'm black.

Interviewer: Do you practice any religion?

Jessica: I believe in God. And I also believe in ancestors. So, I'm not sure I'm not sure which religion that is. But I would still say it's Christianity.

Interviewer: Okay Jessica, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 2: Palesa

Interviewer: Hi Palesa, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. Do you have any questions before we start?

Palesa: Hi Faith, no I don't.

Interviewer: Okay, let us start. How would you describe mental illness?

Palesa: Uhm…I'd describe mental illness as the imbalance in emotions and regulatory hormones which are responsible our ability to stay in control of our bodies. Once this happens, we get a distorted version of what's happening around. Usually this induces paranoia, anxiety, and hypervigilance. All these make it harder for us to interact with others.

Interviewer: So, there is some kind of loss of control associated with mental illness?

Palesa: I think so, yes.

Interviewer: Okay, the next question is do you feel that mental health is an important issue? Why or why not?

Palesa: It is. Many people struggle with it and since they do not have the terms or knowledge to define what is happening to them, they carry on with life thinking that what they're feeling is normal. The longer they go without help, the worse their mental health becomes. So, I think it is important for people to become educated about mental health and mental illness.

Interviewer: Do you feel as though you have experienced any mental health stigma ever since you enrolled for your degree?

Palesa: Yes, I have. There have been multiple occasions where I would feel tired and demotivated, and not understand why. When speaking to friends and family, they would tell me that I was just "feeling lazy" when in actual fact, my brain was trying to warn me that I'm on the verge of a burnout, and I should take a break and get some rest.

When I'd take these breaks, I'd feel like I was wasting time- time which I could be using to study. Thereafter I'd immediately get back to work, as tired as I am. Which would create an endless cycle of feeling tired and unrested, but never having time to rest.

Interviewer: And how does that stigma make you feel, think, or do?

Palesa: I overwork myself. I feel guilty when I take breaks from my work. I also find myself being unable to get back to work once I do take a break.

Interviewer: Has that experience ever made you hesitate to seek out any mental health care?

Palesa: I would say yes. My brain tells me that what I'm feeling is normal, and that I don't need any help.

Interviewer: Understood. Let us move on to the next part of the questions regarding culture. So, do you think that culture plays a role in the formation of mental health stigma?

Palesa: Uhm, yes. In some cultures, mental health is taboo. It is never discussed because most believe that it doesn't exist. So, when a person suffers from mental illness, they have no way of getting help.

Interviewer: And are there any cultural negative beliefs and norms in your community that you feel are directed towards mental illness ?

Palesa: In my culture, if you grow up in a home where basically all your needs were catered for, you have no reason to struggle with anything- including mental illness- because if you do, you're ungrateful and lack appreciation for the things you already have. So, I think because of that I always found it difficult to raise issues concerning university to my family, because I was afraid it would come off as me not being thankful for the opportunity to study at such a prestigious university.

Interviewer: You mentioned your family, do you think that they, as well as your friends, are aware of the existence of mental illnesses?

Palesa: Yes, now they are. Because of social media and the more open conversations we now have around mental health, they're able to comprehend these issues and try their best to give the necessary support.

Interviewer: Have you ever considered seeking out psychological care?

Palesa: Yes, I have. During a very challenging phase of my life, but I was able to find solutions to the problems I was facing at the time. I still use those method and solutions till today.

Interviewer: And in addition to that, what kind of support do you seek out when you are experiencing mental health problems?

Palesa: My first point of contact is my mother. I always try to speak to her first and hear what she has to say and whether she's able to help me. If that fails, I might seek the professional services provided to us.

Interviewer: Okay, and outside of yourself, what coping mechanisms or platforms do you think people experiencing mental health problems can use to cope?

Palesa: Probably meditation, journaling, support groups, and ultimately, the help of a qualified specialist who is trained to assist individuals with mental health issues.

Interviewer: Just some final questions before we conclude. How old are you?

Palesa: 21 years old.

Interviewer: What do you identify as?

Palesa: Female.

Interviewer: And your race?

Palesa: I am Black.

Interviewer: Lastly, do you practice any religion?

Palesa: Yes, Christianity.

Interviewer: Okay Palesa, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 3: Michelle

Interviewer: Thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. The first thing that I want to ask is, how would you describe mental illness?

Michelle: It's a very good question. No right or wrong answers? I think my understanding of mental illness is like it's a component of our health that was like not visible or invisible, I'd say. So, I don't really go into like the technical. I don't know, obviously, I'm not like, I'm not educated the way you are on mental health. But yeah, I'll just say it's like, in fact, it would be imbalances in the brain, like different experiences that affect our like behaviour, the way we think and process information. Yeah, it presents itself in like, I guess, destructive ways. That's how I understand mental illness. Yeah.

Interviewer: Okay, and would you say it? This is just like a follow up? Because I'm interested in what you have to say. Would you say there are other external factors that can like affect or cause the development of a mental illness? Besides, you know, imbalances in the brain?

Michelle: Oh, yeah, definitely, like experiences, just, you know, general experiences that affect the way that we perceive ourselves in the world. And then that obviously, influences our behaviour as well. Yeah.

Interviewer: So, the second question is, do you feel that mental health is an important issue?

Michelle: Yeah.

Interviewer: Can you tell me why you feel as though it's an important issue?

Michelle: Um, I think when I think of like a person's health, there's like different components. So that is our physical health, but our physical health works with like our mental health together. And I've seen it with myself, like, if I'm not feeling well, mentally, or if I'm, like, you know, down, I will probably be more prone to getting ill and sick and all of that. And also, then projecting, however, whatever is going on with me onto other people, and that also influences their field of health, whatever, if that makes sense. So,

I think it is important because starting with yourself, and taking care of like yourself, that way you're able to be the best version you can be for other people. Yeah, I guess that's how I would say. So that's why it's important. Yeah.

Interviewer: Okay. And do you feel as though a lot of people perceive mental health to be an important issue, as you do?

Michelle: I think it's a certain group of people. It's not like, the general population. I'd say, perhaps our, like our people, our age group, are more aware of it because of social media and internet. But say for, people who were not as, like, tapped into the internet and social media, or they're not as aware of mental health. And it presents itself like in their environment, or someone that they actually know, but if you don't know of anyone who doesn't struggle or who isn't affected by their mental health, and it's, it's okay, you know, you'll be oblivious to it. So yeah, I think it depends on the group of people that we talk more about, yeah. Certain groups find it important.

Interviewer: So, it's more like you're saying we grow besides experience and like seeing people in our lives also personally experiencing it. There's also that education component of being on social media being more aware, we could say that the older generation most specifically, I'm guessing, you know, black people, you know, African people, that's not really something that's spoken about, there's never been any, you know, psycho education, so mental health wouldn't matter as much to them, as opposed to us so I, I completely agree with what you're saying. Okay, so ever since enrolling for your degree, right, your undergraduate degree, do you feel as though you've experienced or witnessed any mental health stigma?

Michelle: Um I wouldn't say stigma but rather avoidance. Maybe avoidance is a stigma I guess. Yeah. So, I'd say for example, lectures, kind of dismissing a student's for example, I've seen this like dismissing a student's concern about not being like you know, stress concerns or, like feeling overwhelmed with the work. They can just be kind of just like, you know, would be like, okay, you know that you have enough time or, they'll just be a reason as to why your mental health or your mental concerns aren't necessarily like a reason enough to I don't know, for an excuse or anything like that. Also, just the way everything is set up, I know, I have a friend who's been academically excluded. And I know that it's, it's taken only if, mental health is taken seriously, only if you are like diagnosed or have had some sort of really crazy episode that, you know, very evidently

affected your academics, but I don't think it's I think, yeah, it's, it's what's the word? It's much more nuanced? Like, yeah, it's going to affect your mental, I mean, your academics in ways that are not so obvious as like, having a diagnosis. Yeah. And then like you'd be excluded from the academics, or something, maybe you're not, might not even be aware of that you're struggling mentally. So yeah, I do think that going back to your question, I do think that it's, it's not, Yeah, it's not something that's taken in high regard.

Interviewer: I think, from what she said, Because I have, like spoken about this with a few people as well, where it's like, university, as we all know, it's extremely difficult. And it really takes a toll on your mental health. But at the same time, it feels as though your mental health isn't a good enough reason for you to say, I need a break, you know, I can't drive these exams, I can't participate in these academic activities. Nobody takes it seriously. Whereas, maybe if you had some kind of physical illness, you were in the hospital for some time, they will be okay. You can write a sick exam, you can write a supplementary exam. But for mental health, it isn't given the same amount of grace, you're not given the same amount of opportunities. It's not even taken into consideration, I feel. So, I definitely do agree with what you're saying. And just as a follow up on that, how does the stigma or the experience how does that make you feel? Witnessing that or seeing people that have gone through it? Or even having gone through it yourself? How does that make you feel?

Michelle: I don't know, that you, I think I'll feel that I'd have to then find ways or I've felt like I need to find ways to just cope with it so that I can cope with my academics. So, kind of like brush it aside, that's the quickest way of dealing with it, kind of, like ignore it. You know, it's like, I'm willing to go deeper into it and actually, like, address it myself in whatever way that I can. And it just makes you like, make me feel like, it made me feel as though my academic performance was more important than like my physical, mental well-being. You just approach it that way, which I don't think is helpful.

Interviewer: That's actually what I found, like during the research process, and like searching up articles is that a lot of students would, and I've been guilty of doing this in the past, where you put your mental health aside because your academics seem much more important.

Michelle: Recently, like, I'm doing it this year too, I need to get these assignments done. (Laughs)

Interviewer: Because in terms of the hierarchy, unfortunately, academics mental health. It's unfortunate, but that's, but that's exactly why I'm doing this research because it's something very interesting. Okay, so do you think that culture plays a role in the formation of mental health stigma?

Michelle: Definitely, definitely. Yeah,

Interviewer: How so?

Michelle: Ya, I think certain cultures obviously, well with African culture, let me speak because I'm African. With African culture it's hard to separate mental illness mental health from like spirituality, as from what I've experienced, and, you know, it's being a manifestation of something spiritual rather than it being like a mental health issue that needs to be addressed. So yeah, that's what I've noticed, like, culturally, it is more linked to the spirit, like the spiritual aspects. What else? Yeah, I think that's what happened.

Interviewer: That's completely fine. I think you just answered but the follow up question was going to be what cultural negative beliefs and norms in your community are directed towards mental health illness.

Michelle: Don't know if I can give a personal example, but I'm going to give like a personal example, say for my brother, like, like my dad passing away, my brother is kind of expected to step up and be the man of the house. But he's also going through the grief and loss and everything like that. And that's not necessarily, that comes second to him stepping up to being man of the house, which obviously directly affects his mental health. Because, yeah, the pressure of that while still being in a vulnerable state and not having unpacked all of the grief, trauma and stuff. Yeah, I see that like, affects him as well. So, I think things like that, like, patriarchal traditions, or, yeah, those things definitely play a role in mental health. What else? Besides like, spirituality and religion, I think I don't know if I should, like, elaborate on that more, but I feel like I did in the previous question. Yeah, I think that's it.

Interviewer: Okay. So, like, again, follow up question, which is, like, just basic, with all the negative beliefs that you've just spoken about? How do you experience them? How do

they make you feel as well? So, it's like the same thing that I asked in the previous series of questions.

Michelle: I feel like I feel it more. I don't know why I detach myself from, not detach, but like, kind of put myself outside of the whole experience, but I feel more for people who experience it. So, my feelings are for other people, not necessarily for myself, in that it's just not fair that a person's mental health is disregarded, because certain things need to be done or because the world moves on when you experience things and things have to keep moving. Yeah, and you kind of leave people behind. And in that, it's very, kind of makes the situation worse, I'd say, in ignoring and dismissing someone's mental health will have mental concerns or not even being concerned about someone's mental health. Like it leaves them behind. Eventually, like leaving behind someone behind because of that you have to go back. Like yeah, it'll, it affects everything.

Interviewer: I think it's interesting. Well, this is not a therapeutic session, but I just thought it's interesting how you like, remove yourself from the explanation or the equation and focus more on other people instead of yourself. I just, I just found that interesting. But won't go into that. Okay, so, I mean, okay, I'll still ask it but do you think that your family and friends, maybe not even immediate family and friends are aware of the existence of mental illnesses?

Michelle: Yeah, I definitely didn't feel like a lot of them did but now they are onto it. Like the recent situation that happened, that I told you about it my mom now she's obviously not aware of all of that in any of it. And again, that makes it difficult in getting us help and allowing other people to help you. Because it's not something you're aware of. I'd say yeah, so I do know, people who aren't aware of like, the effects of mental health or yeah, things like that.

Interviewer: And again, do you think the lack of education, religion, spirituality, culture, do you think that might also play a role in that specifically?

Michell: Yes, as well as denial, because of this stigma that you mentioned earlier on. So, it's sort of a thing like, I can't have any mental illness or any mental health challenges because I do A, B, C, and D. I eat well, I don't know, I exercise, I pray all the ABCs and D. So how could I possibly have like mental health problems? So, I think that plays a role in that as well. And that you feel functional. So, there's, it's just not possible?

Because you're functional, it's not possible that you can experience like any mental health illnesses. Yeah.

Interviewer: Okay. And then, would you, especially with, you know, experiencing the stigma and seeing everything happening, would you consider seeking out psychological care at any point for any reason?

Michelle: That considering stigma, like stigma of everything? Yeah, I think I would, I would honestly, from my perspective, I'm pretty sure that answer varies for different people. But I would, because I'm not the kind of person to care about what people think. Yeah, I would seek out help. If I do know that something is up something like, you know, if I'm aware of it, I think, yeah, the challenges in finding mental health or help with mental health is in resources are the best, obviously, I think, because you're doing the research, but I think that's probably one of the biggest challenges more than it is stigma. It's, like available resources and accessibility of mental health, like help. Yeah. Yeah.

Interviewer: So, if, just because you did mention that if, for example, there were like, free psychological counselling at the university or something like that, would you be keen to go with something sort of stop you from seeking out those specific resources at the university?

Michelle: Oh, yeah, But, knowing that if it wasn't available at the university, I probably wouldn't have. Yeah.

Interviewer: So, right now, especially considering you know, lack of resources, what kind of support do you seek out when you're experiencing mental health problems, and you're feeling down when you feel like you can't concentrate, you know, all those types of things that could can be considered symptoms of mental illnesses?

Michelle: Oh, that's a good question. besides, like, from the university. I don't know. I feel like that's where I'd have to like to look up and do research and see what kind of support is available in that sense. Yeah, yeah.

Interviewer: Okay. So, follow up to that, in which ways do you currently cope when experiencing the symptoms of mental illness?

Michelle: I just I use what I do. okay, can I think about it first. Journal, because that's, I feel like when I'm journaling, I'm able to see and actually like, see what my thought process

is like on paper. And, you know, that's one thing I do I do try to reach out to like family or friends. I'm not good at that. But that's a way that I can work on like actually reaching out to people when I'm not feeling great because I do know sometimes talking to someone gives you a different perspective on a situation or all of that. I meditate a lot, I feel like meditating helps me in so many ways, my mental health, like just being able to acknowledge whatever it is I'm feeling and then process it the way that I feel is the best. Yeah.

Interviewer: Okay, so moving from you. What do you think? Also based on your own experience, as well? What do you, what coping mechanisms or platforms do you think people experiencing mental health problems can also use to cope?

Michelle: Oh, that they can use. I think beyond like reaching out, if a student's going to the university counselling services. I think joining like groups of people or friends and like if you go to a church, joining like a church group and stuff, I'm pretty sure that helps with mental health. Just being around people who support you and encourage you, it encourages people, definitely boosts or motivates you to also care for yourself. But mentally, I think what else always it's obviously seeking, like, if you have the resources, it like, you know, seeking, like therapy, and finding a psychologist like yourself to help you with your mental health. Other ways would be like the internet. I feel like the Internet is a good resource that likes, you know, it's very, so you can find things maybe more specific to what you're experiencing and get advice and guidelines on how to cope with certain issues that you may be dealing with. Yeah.

Interviewer: Okay. Are they any maladaptive ways of coping that you think people would employ to cope with their mental health problems?

Michelle: Yeah, I think that's what people would rather lean towards then actually, because the easier way than actually seeking like mental health, so that would be obviously to have addictive behaviours, like drinking alcohol, drugs, sex, all of that. Because I guess it does provide some sort of escape or temporary like, helpful, temporary. You know what I mean? reliefs on temporarily and distraction from whatever it is that has you boggled down. Yeah, so those are maladaptive ways. Someone would cope with their mental

health I think I've seen anyways, especially weed., like they will be smoking just to escape themselves or whatever they're facing. Yeah.

Interviewer: Yeah, I've seen that a lot as well that it's definitely like your weed is becoming slightly higher than alcohol in terms of coping mechanisms, especially in students based on what I've seen personally. Okay. So, just like some final analytical questions, the first one is, what do you identify as?

Michelle: Female

Interviewer: Do you practice any religion or like have any spiritual beliefs or anything like that?

Michelle: No. I don’t practice any religion, or specific spiritual beliefs.

Interviewer: Well, that is the end of my series of questions. Thank you once again for like participating allowing me to do this. It genuinely means a lot.

Participant 4: Precious

Interviewer: Hi Precious, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. First question is how would you describe mental illness?

Precious: Mental illness is a health condition that affects a person's emotions and overall, their wellbeing.

Interviewer: Do you feel that mental health is an important issue? Why or why not?

Precious: Mental health is an important issue. I say this because our mentalities are a foundation to most of our decisions, behaviours and ways of life. One would say our mentalities make us who we are. Any mental health issue limits one from being their true, "free" self. Moreover, mental illness doesn't only affect the host, it can affect the people around the host. Also, mental health is just as important as people's awareness of it. The lack of its awareness has caused today's social injustices and many of the world's crises. It's unhealthy to disregard its importance.

Interviewer: Alright, and ever since enrolling for your degree, have you experienced any mental health stigma?

Precious: Not really. Ever since I've been in university, I haven't tried to be social and interactive with many people. I'm blessed to say that most of my encounters with people have been positive. However, the stigma I've experienced is self-stigmatisation. Whenever I felt sad or helpless, I would tell myself I'm weak. I grew up being taught to be strong and show no sign of weakness, which is a great attribute to have, however because I've kept this concept for so long, it's been difficult to allow myself to feel the way I actually feel deep down in certain settings. Furthermore, as a woman, showing any sign of weakness has been frowned upon for centuries, especially by men, and they've used it to suppress women and take advantage of them. Being vulnerable and weak is not much of an option to me. For such reasons, I don't want others to see me in any other state than when I'm strong and confident . The worst part is I don't like

seeing myself weak because unfortunately, I am my biggest critic. I have experienced second-hand mental health stigma. Growing up in a Christian household, anything my family deemed "ungodly", would be seen as demonic. A cousin of mine has been keeping to herself and likes being alone in her room, because of how her family is. She got piercings and a tattoo a while ago and her family told her she's possessed, then proceeded to insist she needed deliverance. They don't allow her to express herself the way she wants to.

Interviewer: You mentioned self-stigma, how do you experience this?

Precious: My self-stigma makes me feel as though I've put up a wall that hinders me from allowing myself to fully experience and express my true feelings. Concurrently, I kind of like things this way, to an extent, because I don't want everyone I come across to know the real me, inside-out. I prefer to known by those who are close to me.

Interviewer: And has that ever made you hesitate to seek out mental health care?

Precious: I don't think I feel hesitant. I just feel I don't really need professional help to be able to get out of my shell. It doesn't seem like that big of an issue.

Interviewer: Let us move on to the next part of the questions regarding culture. Do you think that culture plays a role in the formation of mental health stigma?

Precious: Yes. Culture is one of the most limiting factors alive as it determines how we communicate, make decisions and what we believe. In a lot of cultures, seeking professional help for mental illnesses isn't even an option. They resort to practices like making prayers and sacrifices to ancestors which I am not against. However, in most cases, one just needs someone to talk to, be it a friend, parent, family member or even a therapist or psychologist. Whenever anyone does anything their culture doesn't approve of, even if it helps them with their mental health issues, they are frowned upon, others are even shunned. Some people refrain from looking for alternative types of therapy because of their commitment and loyalty to their culture. It is wonderful to be a part of a people but it makes it difficult if a person's wellbeing isn't considered.

Interviewer: You touched on it already, but what cultural negative beliefs and norms in your community are directed to mental health illness?

Precious: I think, people looking down on others for being themselves unapologetically, for being different voluntarily or not and for expressing themselves in a way they see fit, the lack of support from the community, be it for your business, education, talents. There are a lot more negative beliefs and norms that are directed to mental health illnesses but most of them boil down to discouraging others, making people feel unwelcomed and that they don't belong, the lack of the lack of support and care.

Interviewer: And how do you experience these negative beliefs?

Precious: I've experienced all the negative beliefs stated in the previous question. Of course, I have found my little community who support me, care for me, accept me and love me for who I am. It's just sad that not everyone is capable showing such virtues. Such reasons are why I find it difficult to express my true feelings and be myself at any given moment. Not everyone is accepting of people being different and being their honest, true selves.

Interviewer: With that being said, do you think your family and friends are aware of the existence of mental health

Precious: Yes. My mom has always made it clear that she is available and ready to help me in any way I need. She has even suggested seeing a therapist to me and few people close to us. My friends as well, they are aware of mental health issues and believe they should be attended to.

Interviewer: Have you ever considered seeking out psychological care?

Precious: Yes, I have before, but now, not so much.

Interviewer: Then what kind of support do you seek out when you are experiencing mental health problems?

Precious: My mental health problems have mainly been about low self-esteem and the lack of self-love. Validation and reassurance are what I normally sought for. I have learned to love myself more and to understand that I can't allow things I can't change to affect me. Now, the presence of my loved ones usually solves my problems.

Interviewer: Okay, and what coping mechanisms or platforms do you think people experiencing mental health problems can use to cope?

Precious: Having someone to talk to is always a good way to cope. Be it a therapist, a psychologist or a group of people who have or are experiencing the same problem as you. There are a few apps where people suffering from mental health problems speak about their problems and share how they deal with them. However, it's always best to seek professional help.

Interviewer: Okay…just some final questions before we conclude. How old are you?

Precious: 21 years old.

Interviewer: What do you identify as?

Precious: Female.

Interviewer: And your race?

Precious: Black.

Interviewer: Lastly, do you practice any religion?

Precious: Yes, I am a Christian.

Interviewer: Okay Precious, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 5: Angel

Interviewer: Hi Angel, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. Okay, so the first question is, how would you describe mental illness?

Angel: Mental illness means a lot of things. And I think, I don't think we understand what mental illness is. Because that's why I'm saying it's a lot of things to me, because I think the confusion is mental illness and mental wellness. Essentially, just when you your mind is failing to function at its most efficacy, like the way it should be. And there's just something hindering it that way, if I'm to sum it up, that would be what mental illnesses is.

Interviewer: Okay, so you mentioned like, us struggling to understand the difference between mental illness mental wellness, who would that be referring to specifically?

Angel: The general population, I think, people who have not been exposed to, I don't want to say psychology, but who has greater understanding of the mind would not be able to differentiate between the two, because mental wellness touches on how there comes a time, because we humans, it comes a time whereby your mind can't work at its best, but that doesn't mean you have mental illness, it's just not in its best space. And then an illness would then come when that's just the state that is it is in constantly, which is its unwell. So, the distinction between the two is not clear to the general population. And because it's not clear, that is why we still have people who consider into illness as such a bad thing. Like when you say you've got mental illness, they just like start freaking out about it. This is just the general population.

Interviewer: So that education really plays a big role in people's understanding. Okay. So, the next question is, do you feel that mental health is an important issue?

Angel: I think it is, I think it is. Mental health is just like any other health issue that you have in your body, your mind is part of your body. And if any part of your body is failing to work at its best, obviously, you will not operate at your best or function at your best. So just like any body part, be it your stomach, your legs, your feet, your head, your

mind, you're supposed to like give it its specific dosage of taking care of it. So, to me, mental health is really important.

Interviewer: Okay. So, let's go back to your experiences in undergrad ever since you enrolled for your undergrad degree. Have you experienced any mental health stigma due to your feelings? Or what you went through? And the feelings that came about? Did you feel like you experienced any mental health stigma?

Angel: I think I did. I think I did. And it was a bit tougher for me because, you know, psych students are kind of expected to be perfect when it comes to that regard, which is not true. Professional aside, or whatever you want to study aside, you're still a human being, and you're still vulnerable to things. And mental illness is one of them. And so, it's hard to reach out. It's hard to say something because you are kind of expected not to be that person. So, the stigma is there, very much so.

Interviewer: And especially, so it sounds like it made, what you were studying made it much harder because everyone expected you to be okay. You know, you're studying psychology, so why would you be struggling?

Angel: Very much so, it did not make sense. The people even joke about whether it's just read your notes, and my notes are not going to help me. I just have this issue and I really like to be treated as any other person that has this particular issue would be you know?

Interviewer: Yeah, so would you say that that experience of mental health stigma made you a bit hesitant to seek out mental health care or professional services?

Angel: It has, it really has because there's fear now, I have that fear of even with going to a health practitioner, there's that fear of I get there and we discuss my issues and later discover that I will someday want to you know, be in their seat, as somebody who wants to be a psychologist myself. When I'm sitting in the seat as a client, what am I going to do you know, what have I got to offer that I can't for myself. So, the fear has always been there.

Interviewer: So, do you feel as though you seeking out mental health services would sort of reflect badly on your ability as a professional?

Angel: True, yeah.

Interviewer: Okay. Following up on that experience of stigma, do you think that culture plays a role in the formation of mental health stigma?

Angel: A lot, a lot. Culture influences so many things, I think even influences our understanding of what we spoke about earlier, which is mental illness. Because there are certain things that can be explained in that culture that are not existed or not well painted out in another, you know, and it's hard to speak on them, because culturally, it doesn't make any sense. What do you mean, you're depressed? What's depression in your, in your language and your culture? Where does it come from? That's like a Western thing. You can't like engage in certain matters, you have schizophrenia, you can't engage in that because, well, you might as well just kind of have a calling, those are symptoms of a calling. So, it's hard to come out and get the necessary help, because our culture just doesn't align, or not even aligned, we just end here on this whole thing on mental health illness, illness, wellness, it's a bit blurry at the moment.

Interviewer: Yeah. So, every culture interprets it differently. And because of that, it really distorts our understanding of mental illness or views it maybe in a negative light, due to this understanding that every culture has.

Angel: So very much true.

Interviewer: What cultural beliefs or negative beliefs and norms in your community do you feel are directed towards, or contribute towards mental illness stigma?

Angel: Let's take learning barriers. When you have learning barriers, such as maybe dyslexia, or you just take a lot more time to process things, it's not a case of you need mental assistance or anything like that. Where we come from you're just plain point stupid. Like, you are stupid. If you can't process things in a certain way, you're stupid. If you're not reaching a certain milestone, as you age mates there's something wrong with you. You're dysfunctional, you're abnormal. You get these labels, these tags, you know, I mean, dyslexia , it's something, it's there, it's not a Western thing. But you can't really, you can't be assisted. Because the thing is, like other kids are writing so wena why can't you write? . So, you're just like stupid and dumb, you get enrolled into a special needs school. They literally label every single child in that school as crazy. You will hear, I come from a township ko kasi they'll just say, yeah, uyahlanya, ke sekolo sa bahlanya, which is to be crazy. So, the labels that come with the inhibitions you have, mentally,

they literally stigmatised and you don't even want to reach out for help for help, because you're thinking, I'm going be a part of that group. And nobody wants that. Nobody.

Interviewer: How has the stigma, especially coming from communities and culture, your culture, specifically, how do you feel that that has affected you, or even the people around you as well?

Angel: So, for me, I'd like to believe I struggle with anxiety, and they don't understand that. So, there are times whereby socially, I'm just not coping. It's not that I don't want to greet you, it's just for me to greet you, a lot has to go on. And that on its own for me is a lot, because now I'm nervous. I'm thinking of things that you're not even considering I have those anxiety that what if I greet you and you don't greet back, what if I do this, and then this happens and if I do this…., and I'm going through all of that mentally, but people don't see it that way. It transcends as if you're a condescending person. It transcends as I am disrespectful, it transcends as if I don't want to socialise with people because I think I'm better. Like it's these things that now all of a sudden, are there and you can't even defend for yourself, because if you explained them, it's kind of like hayi you're making things up now because you're caught out in your behaviour. So that for me, it's really challenging. You know, you're forced to do things even when you don't want to.

Interviewer: Because of that lack of understanding, lack of knowledge, the way that they interpret your feelings of anxiety is something completely different.

Angel: Exactly.

Interviewer: Okay. So, in your undergrad, did you ever consider seeking out psychological care? And if so, what would have been the reason for you to do that?

Angel: I did, I thought of it. I'd go to the school psychologist. And I'd stand outside and look in. Looking in there like I am looking at a creature like, should I, should I not? And walk away, like no, but I'll go. Because I'm aware need this, I am aware I have an issue. I'm aware of my inhibitions. But for me to go in and actually seek help. That is a whole different ballgame. But yeah, I did. Try and get the necessary help. Yeah,

Interviewer: What kept stopping you from going in?

Angel: Fear of the unknown. It's a fear of the unknown. I don't know what to expect, once I'm in there. I don't know what's going to come. Only thing that I have, it's a silly hypothesis, man, it's just silly things that I'm making up in my head, because I honestly don't know what I'm going to get when I get there. So, I'm making things up like possibilities. What if, what if, what if, what if, what if I, what if I get there? What if they tell me? No, you can't do this? What if all of these things and just you just end up like, maybe I can handle this and the moment you walk away from that place your mind will tell you that you honestly know that you're not going to make it out on your own , you're just lying, and you walk back there. And then it's a cycle, you know that only you could break because nobody can force you. Only you can break that cycle by actually going in and finding out.

Interviewer: The last part that you said actually goes into the next question where you said, you leave there feeling as though okay, I can just handle this on my own. What kind of support did you seek out when you were experiencing mental health problems, besides attempting to seek out professional support?

Angel: I only have my friends and family to thank. They've held it down for me, the ones that I've kept close have honestly held it down for me. And I could always entrust them. Even though uh, I wouldn't break it all down, as you would with a professional, but the ones that I could get off my chest, that I could explain, be it in a comical way and laugh about it or it's an actual sit down over a drink and I'm explaining it or lunch, whatever it was, it helps, you know. And that carried me. And it's in those conversations, we realise that actually, if I can do this with this person, maybe just made me if I reached out for actual professional help, it would be even better, because then I'd be getting insight from someone who would make sense more of the situation. But most definitely, also my spirituality. I mean, there's something therapeutic that comes with prayer. It holds you down, it grounds you in moments where you feel like you've been hopeless, just being able to have that faith and belief system holding you up right and giving you the reassurance that no man, you're okay, you can do this, you know, you can do this, that on its own also helped me a lot.

Interviewer: So that social support as well as you know, the spirituality really played a key role in helping you sort of cope better when you were experiencing all those things. Okay.

What coping mechanisms do you think people that experience mental health problems actually use to cope or can use to cope?

Angel: That's a very complex question. Because it could be a lot. It's a matter of comfortability. It's a matter of what the issue is and what you're comfortable with doing. You know, there's also journaling, we hear of journaling a lot. Just writing down the things that you're thinking sometimes giving yourself permission to read the things that you're thinking, and having to face the reality compared to the things that you were thinking. It's when you start to see that shift that, okay, it's exaggerated. You know, my thoughts are a bit exaggerated, it seems like it helps, you know. talking to your friends as well, like socialising also helps, I had a friend that keeps telling me that every time you say you think or you feel, just know you're lying to yourself. It's true, because I'd be making things up in that moment, but they seem so validated because I am thinking it and I think whatever it is that I'm thinking of this moment, it is true. Whenever I'm feeling that moment, it is true, and nobody can tell me otherwise. And the reality is staring at you like that's not, it's not how things are. So those two things and also taking time to yourself sometimes helps, you know, sometimes you need to take a deep breath and sit there and like, wow, let's go through things. How has today been? What have I done? What has so and so? How does it all meet together? Where am I emotionally? Where am I physically all of those things, you can only do that when you have more time to yourself, and there's no noise to disturb you. No other external thoughts to come in between you? And your thoughts? Hopefully, thoughts are well guided at that point. But yeah, that helps.

Interviewer: Okay, so those are things that people can use. What do you think that people mostly use, or people mostly lean towards when they're experiencing any negative emotions or feelings? What are they most likely to do?

Angel: Alcohol abuse. I look at today's society, you look at social media, and everyone is just telling everyone to just get a drink. Like, it's the quickest solution to your problems, you feel like, you're not okay? just drink something, you feel like something is not feeling good? get an edible and it'll be fine. You feel like this, its substance abuse, literally, people are depending on substances right now, just to cope. Because it's a lot if we're being real. And I'm not to blame it entirely on lack of information, but there's also willingness, the willingness is not there. The willingness is not there and for the

willingness to be there, I think we as people have to start instilling it within ourselves to say, no, friend you'd like to have a drink? but also, you know, if you just went to that counsellor down there, then you'd be okay. You know, if we would start, you know, saying such things and making them okay, then I don't think we'd be relying on substances as much as we are.

Interviewer: Okay, so one last final question. In your undergrad, what do you feel are the things that contributed towards you experiencing mental health problems?

Angel: I pray for a time whereby the academic world also evolves. Because I feel like the academic world is under evolved, it's not growing. The way in which we're doing things as academics, doesn't show people who do research, we don't look like people who do research or care for mental health, the way things are structured. I mean, I'm going to go back to COVID. Nobody said, we are stressed or we are anxious of this disease that is there and that is killing. It was a sort of game of it just goes on the show must go on, you have assignments you must write, you got tests you must submit you have all of these things, you know, and I feel like we need to develop a system whereby learners can still take care of themselves and still read whatever academic requirements are there, I am pretty sure those two things can coexist. There is no need for learners to be as stressed as they are like, there's no need. It's stressful. You will have exams set up one day after the other and you start questioning what's the rush? Why are we doing that? Why can't we space things out in a healthier way? So, I think that on its own when it comes to students, should be looked into and I hope maybe someday? That happens?

Interviewer: Okay…just some final questions before we conclude. How old are you?

Angel: 22 years old.

Interviewer: What do you identify as?

Angel: Female.

Interviewer: And your race?

Angel: Black.

Interviewer: Lastly, do you practice any religion?

Angel: Yes, Christianity.

Interviewer: Right, thank you so much. That is the end of our interview. Thank you again for agreeing to volunteering to participate, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 6: Bella

Interviewer: Hi Bella, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. First question is how would you describe mental illness?

Bella: I think mental illness is a combination of hormonal imbalances in the body which can lead to an array of emotions like unhappiness and depression, sometimes for prolonged periods. Mental illness can also be when a person is professionally evaluated by a clinical psychologist who concludes that the person is not "normal". Things like schizophrenia, chronic depression, crippling anxiety. Some mental illnesses can disrupt the course of a person's life and their ability to go about normal day-to-day activities.

Interviewer: So mental illness sorts of disrupts one's normal functioning, okay, and do you feel that mental health is an important issue?

Bella: Yes. I think bad mental health takes away from people's ability to live their lives to the fullest, nurture friendships or relationships and be productive. So, it is important to be aware of mental issues that are in one's control and those that are out of one's control. Once you have this awareness, you know what you are dealing with and can find ways to deal with it. You are then also able to start receiving the necessary support, be it from a professional or from loved ones.

Interviewer: And this awareness is very important it sounds?

Bella: It is, yes.

Interviewer: Alright, the next question is do you feel as though you have experienced any mental health stigma ever since you started with your degree?

Bella: Yes. Mostly with regards to suicide and depression. As a Christian, I surround myself with other Christians when I am at university. Most of the time, mental health issues are regarded purely as an attack from the devil, which completely disregards the biological science and personal experiences or trauma that play a huge role in mental health issues.

Interviewer: And how have you experienced this stigma specifically?

Bella: I experience it positively. Stigmas have not had a negative impact on me.

Interviewer: Can you elaborate on that a bit?

Bella: Okay, so I do not experience it a lot. As I am a senior student, I have now surrounded myself only with people who understand mental health and are open to conversations and being educated about it. Currently, stigmas don't affect me in any of my decision making as I do what I consider to be best for me and not consider any stigmas around me. I only experience positive stigma from people around me, university, social media etc. where they emphasize the importance of mental health, not being afraid to seek help and taking care of yourself.

Interviewer: And has that ever made you hesitate to seek out mental health care?

Bella: No, as it is a positive experience.

Interviewer: Let us move on to the next part of the questions regarding culture. Do you think that culture plays a role in the formation of mental health stigma?

Bella: Yes.

Interviewer: How so?

Bella: I feel that cultures have roles for different genders to play. With these roles, there are certain expectations of a person's stature and how they display themselves. For example, in African cultures, men are considered as the pillar of their families and must always display a strong image. The "real men don't cry" idea, contributes greatly to poor mental health for men from a very young age. Not only does it discourage them from seeking professional help, it also discourages them from opening up to their loved ones about challenges they are facing and how they are feeling. Ultimately, this leads to a lot of bottled-up frustration and pain, which deteriorates mental health. There is also a norm that women must be strong. From a young age, girls watch women in their lives endure the most traumatic troubles but somehow "keep it together". This gives them the idea that no matter what, you must always maintain a good image for the family so that neighbours do not become suspicious of anything wrong in the household. The focus is completely on maintaining a good image and not on taking care of your mental health.

Interviewer: And how do you personally experience these beliefs?

Bella: Back home, I do experience these negative beliefs, mainly because the people are backwards in their thinking. They have combined cultural beliefs, community norms, and religious beliefs. It is very difficult to try and live in a way that protects your mental health the way you know best when people are projecting all these standards on you. When you want to go for therapy sessions, it's a matter of what people will say when they see you at a psychologist's office. How can you tell a stranger personal and sensitive details about your family? It also gets hard to take care of your mental health when they don't understand your healthy coping mechanisms that you have established for yourself, for example, if you treat yourself to coffee once a week where you just enjoy being by yourself, they see it as a waste of money.

Interviewer: Besides those people that you referred to, do you think that your family and friends are aware of the existence of mental illnesses?

Bella: Yes. My immediate family is very knowledgeable when it comes to mental illnesses Albeit, the only one they really are knowledgeable about is depressions. My friends are also students who experience challenges, some on a very extreme level and have gone to events held at school about mental-related topics, so they are aware of them.

Interviewer: Have you ever considered seeking out professional psychological care?

Bella: Yes, I have. It has just been a matter of finding time for it, but I have come to realise that life will always be busy, so I actually have to make the time for the therapy. I believe it has its benefits and could help me navigate some of my challenges.

Interviewer: Okay, then what kind of support do you seek out when you are experiencing mental health problems?

Bella: I usually talk to my friends when we see each other on campus for our lunch breaks or when we go out to a restaurant. It is usually when I know that we will be seated for a while as I avoid starting a conversation about something serious if we are in a rush to go to class or go home.

Interviewer: And what coping mechanisms or platforms do you think people experiencing mental health problems can use to cope?

Bella: I think it is dependent on each individual. Finding some things that you enjoy doing, that does not put you in a high-stress state is very helpful. Having small things like taking a walk, gardening, drawing, playing an instrument etc can work. As long as these coping mechanisms don't involve other people because people may not always be available when you need them the most.

Interviewer: Okay…just some final questions before we conclude. How old are you?

Bella: 21 years old.

Interviewer: What do you identify as?

Bella: Female.

Interviewer: And your race?

Bella: Black African.

Interviewer: Lastly, do you practice any religion?

Bella: Yes, Christianity.

Interviewer: Okay Bella, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 7: Maria

Interviewer: Hi Maria, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. First question is how would you describe mental illness?

Maria: How would I describe mental illness?

Interviewer: Yes, if you had to give it a description based on your own understanding, what would that be?

Maria: Um, I would describe it but not limit it to an imbalance, a hormonal imbalance which causes just, which just seeps into your everyday life in ways which, I guess can. I mean, mental illness has a specific, you need to have a specific mental illness. So, I suppose it can, it can give certain symptoms, but it differs from person to person. It's mental illness pretty much to me feels like something we can suffer from as separate entities but can experience in different ways. Because it is very subjective.

Interviewer: So, it can be one definition, but people can experience it in very, very different ways?

Maria: Absolutely. Uhm You know, those people who use a textbook definition of the term mental illness, that's what I'm saying, we all have a traits textbook definition, but we will all have these varying special symptoms which affect us differently, which is why, you know, the prognosis does, it differs from person to person with, with how you will recover with how you will cope with, with how pharmaceutical intervention will work even. So, it's, yeah, it's a very diverse, interesting illness, mentally.

Interviewer: Okay, okay. The second question says, do you feel that mental health is an important issue? And why or why not based on your answer?

Maria: An important issue? Yes, well yes, because I feel that mental illness is amplified or improved by the support structure that you have. So, your question being mental health education being important?

Interviewer: Mental health, in general, would you say that mental health is something that is important to you? And maybe do you think that the world also views it is something that is important?

Maria: I think it should be viewed as, as something important as where I was going initially, but for me, personally, it it's very important. It has to be important to me, unfortunately, well, not unfortunately, but by default, because it is a major factor in my life. So, it has to be important to me it is it moves parallel to everything that I do. But as for other people, those who are not affected by mental health should be important to them as well for the sake of those who are around them and are affected. Yeah.

Interviewer: Okay. Let's go into your own experiences right with mental health and mental health stigma. Ever since enrolling for your undergraduate degree. Do you feel that you've experienced any mental illness stigma or mental health stigma?

Maria: Stigma I'm not, I'm not understanding what you mean by stigma.

Interviewer: Okay, so have you felt or made to feel in a way where you felt isolated in any type of way and felt as though you couldn't speak out about what you were going through, due to the way in which other people view mental health and mental illness, which is, unfortunately, not in the best way, sometimes. That's what I was what I was trying to ask.

Maria: And this being in my undergrad and in my faculty, or just my undergrad, and, you know, adult, young adulthood.

Interviewer: The second one, yes, the second one.

Maria: So, pretty much in my young adulthood. I mean, since I am on the mic, I will speak from my perspective, and from my experience, and my experiences are defined by definitely how mental health was approached, or rather, how I cried out for help. And the response was received, was, was retaliated, and all of those experiences traumatised me into feeling like I cannot express myself. So, I wouldn't blame people for not listening. This time around, I blame myself for not talking in the first place because of just the history that I have with talking. So, I'm afraid my answer to that would be limited to just my history with talking as opposed to how people would receive me talking, but you know, with the growing the algorithm of the of the internet, people are getting more and more acquainted with these things. And receiving them well.

Interviewer: Going back to you, why do you feel as a what contributed to you not wanting to talk in the first place? If that's because it sounds like it was more from your side? So, we can't really say this is what other people, you know, reacted towards you. Yeah. Why did you feel as though you couldn't speak out, or share what you're experiencing?

Maria: It goes back to well, uhm perhaps it's within the symptoms, the way I react to the symptoms. It feels like, it feels like even before, before I express myself, I'm certain they wouldn't understand. So, I just don't take myself there, because there is nothing more frustrating, on top of feeling something you cannot explain, then to be explaining that thing and still feel misunderstood. So, it kind of now messes with one's mind to think that this is this is all in my head, overreacting. I'm weird, leading to a cascade of things which one measures which one takes to isolate in the first place to just not feel out of place, you know, and not have to face the reality of not being understood, or not understanding oneself.

Interviewer: Okay, so it sounds like rather than being you hesitating because of the reaction that you've gotten, it sounds more like a hesitation because of the reaction that you could possibly get. So more of a fear of rather than, you know, experience that has led me to feel this way, in a certain way, and react to this way. So, that's how understanding it basically you can correct me if I'm wrong, but that's how I'm understanding it.

Maria: Absolutely. I think you just defined it. So, hence I said, initially before answering that, this might be a reaction. So, I'm very much aware when it's anxiety that's speaking, and linking it to my definition of mental health, this is a network of hormones. So even if I tried to control the fact that this is anxiety, there is no hormone to help me with that. So, I have to feel anxious. And that's the that's the that's just the gist of mental health.

Interviewer: Moving over from your experiences to maybe what the world might think, do you think that culture plays a role in the formation or contributes towards mental health or mental illness stigma?

Maria: Culture is, culture in the sense of?

Interviewer: The cultural beliefs, traditional beliefs, that a lot of people, you know, uphold and live by, whether it be your own personal culture, student culture and university, any type of culture, but specifically also in the traditional sense, African culture, do you think it might also play a role in the formation of mental health stigma?

Maria: Yeah, absolutely, you know, I have come to realise that, you know, culture, building up from traditional culture, a simple example would be, do you see people who, in the neighbourhood seem to have like, you know, they run away from home and they become street kids, and they look retarded, and, you know, the, it's kind of like, they were bewitched. I've actually been thinking about it, to say that if we were to seek medical intervention for those people that seem to bewitched, you would actually get to a point where you would be able to diagnose it and have the pharmaceutical intervention for the things they're facing. So, building up from that is already a strong stigma off saying that if someone has a mental illness, which people who run away from home and say in a witchcraft sense, rock up in front of a cemetery naked, I'm sorry, I'm just trying to paint a picture. Those people have severe dementia, and it's called witchcraft, you know, those are stigmas coming from tradition. So, what of the little cases of depression, what of these other ignored mental health issues like anxiety, those are down, those are in the hierarchy of importance, traditionally, they down there. So, if we come from that background, the stigma is going to be there , it's going to it's going to be engraved in us because that is how we were raised. So, definitely, culture is, if not the leading stigma driver, a very significant one.

Interviewer: You touched on it a bit, when you started giving a few examples, but what cultural beliefs and norms in your community do you feel are directed or contribute towards, you know, mental illness stigma?

Maria: Uhm ,I want to advocate for men for the first time and the only ever time and say that, you know, men that are told that they shouldn't cry, men don't cry. That is a classic one, you know. habits such as what I don't know gender norms and gender roles. Enforcement of rules like this within our upbringing, in the community is just really diverting our minds from early ages to adapt to mental health issues, which go unnoticed because they are normal normalised.

Interviewer: And would you say that they become normalised because nobody ever really speaks about them. You just get used to seeing something like this, with really no explanation. It's just this is how it is. This is usually how it goes.

Maria: Absolutely, that's how it that's how it goes. You know, until we as a community, understand that these things start at a very concise and small circle and spread into our adulthood as we are in our different cubicles. One goes to Cape Town, one goes to

Pretoria and they experience their own mental health, in different environments, in different ways separate from the people that they were with who they related to. So now they are in this place where it feels like there are people who seem to be feeling like this, but this is how they react to their feelings. This is how they cope. And actually, it would open a bigger conversation of how we, as young adults, then cope, use coping mechanisms and where we learn our coping mechanisms. Because there is no way that an individual buys drugs and sits in the room and says, I'm going to try this. You see it from someone and you hear it from someone, this will make you feel good, this will this will take that pain away. And then you take it. So, it's a cascade of things that are happening. But you know, yeah, I feel like I'm venting.

Interviewer: It's okay, it's okay, it's completely fine. Sticking to the theme of you know, community, you know, and people, do you think or feel that your family, most if not all your family and friends are aware of the existence of mental illnesses?

Maria: I feel like they are improvements and I would absolutely give the credit to myself in when they go when it comes back to my families especially.

Interviewer: The psycho education sounds like it really plays a big role when it comes to the awareness of mental illnesses

Maria: Absolutely, psycho education. I found it to help, because if you then use it in instances where it will bring peace into the family or into the situation, then people are more aware of ways to tackle conflict and tackle issues that are simply diverted from or that simply come from mental health related issues, even within the workplace. If you are working with a narcissist, you are going to be able to tackle situations better than when you don't know and you attribute that to them that that person being personal. So, the thing is, we cannot change how people are, we cannot change life but we can be educated about it and protect ourselves with mechanisms which we can use as responses.

Interviewer: Speaking of mechanisms and going back to you , what kind of support or coping mechanisms do you seek out or do you engage in when you're experiencing mental health problems?

Maria: (Laughs) Okay, personally I have been, I have engaged in habits which obviously and with an individual being aware of, I've engaged in bad coping habits. So, in terms of

what I've done to cope, recreational drugs you know, which obviously have been introduced by the environment which I'm in and I'm not completely blaming the environment because I needed to be forceful enough to reject the environment but that wasn't the case. I've resolved to reading about, watching YouTube videos about trying to educate myself on all the symptoms I have and try to use the coping mechanisms that I see online and you know some of them unfortunately we fall into traps of you know, wanting to cope on either end whether it seems self destructive or constructive and you know that's where we meet your self harming and you know every self sabotaging act, which seems like it's going to either temporarily relieve the pain or, or permanently.

Interviewer: Okay. The last question is and I think you touched on it earlier what coping mechanisms do you think other people experiencing mental health problems can use or actually use to cope?

Maria: Oh, I know a couple of people who are on recreational drugs for the same purpose. I could put on it as a number one factor because I haven't met much people who resort to pharmaceuticals because they tend to be very overwhelming. So, I know people who use pharmaceuticals, but not many, I know people who abuse some pharmaceuticals because they have been exposed to them, but still there is a mental health factor. Other than that, they are your stress eaters, if we want to go there. And your starvers and some engage, focus on their studies, in their education, academics, work. If I was asked what people should do to help with their mental health, I still wouldn't have an answer even after all of the stuff that I've tried, because each of them affects differently and each of them leave a different mark, you know, so, but definitely seek talk to someone professional, let's start there.

Interviewer: And just as a follow up question, do you think that sometimes either self stigma or social stigma can prevent people from talking to someone professionally? Whether it be internally or based on personal experience?

Maria: Yah, definitely. Uhm you know how I mentioned that we are raised in families that give us phobias or rather which normalise phobias, uhm and talking from personal experience I had a hard time actually sitting and admitting certain things. Sitting was another thing, but admitting certain things was another because of the stigma or rather the phobias that have been instilled within me from my background and my family. So, we have also religious bias where now you feel incompetent spiritually if you have to

go and seek medical intervention for something that you should apparently talk to god for, you know. Those are key concepts within stigma which I have personally experienced that have affected me, honestly.

Interviewer: Okay…just some final questions before we conclude. How old are you?

Maria: 22 years old.

Interviewer: What do you identify as?

Maria: Female.

Interviewer: And your race?

Maria: Black.

Interviewer: Lastly, do you practice any religion?

Maria: Yes, Christianity.

Interviewer: Okay Maria, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 8: Lethabo

Interviewer: Hi Lethabo, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. So, the first question is how would you describe mental illness?

Lethabo: I feel like the word itself, like it describes itself. Like being sick, like mentally, as much as we are sick physically, we can also be sick mentally, in a manner that we don't really associate that as being like crazy. Because I know when someone says being sick mentally, they probably thinking you crazy and stuff. No, that's a different one. So, for me mental illness, it's being sick mentally meaning like, special attention to like, how you not able to, like maybe control how you feel, or probably not being able to use your mental like to probably not mental but use your brain to think some of the most important stuff, but rather like struggling with like uhm, probably adjusting to stuff and whatnot. And that's, that's it for me mental illness like, and not being able to control how you feel, because I feel like the main like, the brain is connected to like our emotions. So whatever we think it affects how we feel. So mental illnesses that like, be being sick, mentally, but not in a crazy way, but in an emotional way. Because the brain, I feel like it's connected to our emotions. So it controls that. So yeah, I hope I answered that question. Right.

Interviewer: And do you feel that mental health is an important issue? why or why not?

Lethabo : I feel like mental health is an important issue. And it's an important issue. But that is not really taken seriously because people are not well are educated about mental health because most probably, most people think that when you say like, you not okay, mentally, they probably thinking you acting up and stuff like that. So, it's more like, uhm these days, people fail to like, even say when they're not okay, mentally, because they'll be regarded as like, unstable, crazy, like I said, on my previous answer. So, it is like an important issue that we most probably need to, like, pay more attention to it. Because it can be very, very dangerous. If you don't really, like pay attention to it. It's more like, every kind of sickness, if I'm sick physically, I need to like, that is important

to like focus on to look at because it might like lead to something bad. So, it's the same case with like mental health. So it is really important. And it is really important because as much as we take care of our body, if we're not okay, mentally, then I don't think even our body will definitely respond well, because that's where I feel like the starting point of everything, like being okay, mentally, then you will be okay. Emotionally, then, if you're okay, emotionally, it then shows physically.

Interviewer: And the next question is, ever since enrolling for a degree, have you ever experienced any mental stigma? And how so ?

Lethabo: I feel like I've once experienced this like which I never thought that I will probably find myself in that situation. It makes me feel like I'm not in control of my body, like, something is taken over like my body. Like, I can't even think straight. Because as much as this happened, like I had other people around, like I had my roommates had my previous roommates like, so it's more like I had people that were there to like, support me also had my family that I can call because it was in like a school residence. So I had that support. But at the same time, I felt like I didn't have any, like I couldn't, like even stick around for too long, in some of the conversations and stuff, because there's that a void that has been left within me. Because bear in mind when you have mental illness like or maybe when you're going through something. It's like, you can't even explain it. It's but what you've can explain is that it's really so like it's really so you know, when you have like physical pain. I feel like even when you're going through something that really breaks your heart.

Interviewer: Thank you for sharing that. Moving on to the next part, what cultural negative beliefs and norms in your community are directed to mental illness.

Lethabo: In my community, people around here, they're not well educated enough about mental health, including, like, the older people also, they still like see that as like, being dramatic. When you say you’re not okay, mentally, like there's something wrong, they feel like you just seeking attention and stuff. So, it's like, it's something that they don't know about, they don't believe it exists. In their eyes, it's someone wanting to like, take an easy way out. Because most cases, when it comes to mental health, they end up in suicide. So, they believe that that's you trying to take that easy way out. Or maybe you're being dramatic and stuff. So, you can definitely tell that it's people that are not educated about this, like there's not enough mental health awareness that has been like raised in

the community, because they don't also understand what's happening when someone when someone says their mental health is not in the right state and stuff. So it's like, what the hell? I feel like it's regarded as like, being dramatic, there's no such thing. It doesn't exist, you just seeking for attention, issues that they don't know, even myself, like, as part of that person was like, in that community. I don't know much about mental health, like, going in details, like learning about it, understanding it, but at the same time I have that basic understanding that people go through this. So and I'm also so grateful to have known that. Because now I know better when someone says they don't feel okay. Because also of my experience, you know, so yeah.

Interviewer: Do you think that your family and friends are aware of the existence of mental illness?

Lethabo: Definitely, some are aware some they're not. But when it comes to like, my friends, I feel like the away, especially my friends from like, varsity, those ones, they definitely are away, because I feel like they're in an environment where like, this thing, it happens, quite a lot. Like it's like, we are aware of that exist. But in my community, I can't say much about it. Because it's not something that people like, categorize it as mental health. They just think you sick, you crazy, like, there's no such thing. So yeah, that's that on my friend side, when it comes my family, they are aware of it, but they really, you can definitely tell that they really scared to face it. Like they really scared to help you with that. stage that you're in when you say, mentally, I'm not okay, I'm breaking down. So it's like, it scares them to like, even talk about it. So it's like, it's more like a topic that you shouldn't mention to them, because they not aware of it. So it's like, no, no, no, you can’t say, you not okay, mentally, they just expect you to wake up every day. And like, show up as if you okay, everything is going so well. So that's why I'm saying it's really it's really something that they don't know, they're aware of, because even in my family site, I can like tell them that, oh, this happened, someone did this and that they're not okay, mentally and stuff, their mental health and whatnot and whatnot. But they would still not choose to like indulge in the topic or allow us to talk about it in more depth on what it is actually, when you say someone's mental health. Someone is not. Okay, mentally. So you see, so you can definitely tell that they are aware, but teachers should not to talk about it.

Interviewer: Have you ever considered seeking out psychological care?

While there are days where I feel like it was gonna be better if I had, like, someone that I can talk to, like psychologists and stuff, I can just even if like, you know, when you say you taking care of like your mental health, that's means like, you talk about how you feel every day? Well you are aware about how you feel every day. But there are some days where I feel like, if I could talk about my day in, then I'll probably feel better. Or some of the things that happened. Maybe yesterday or day before it was gonna be better. So it's like, yeah, definitely have considered that. But it's just that it's sometimes lack of like, access to those resources, because, you know, some of those services you need to like, pay for them. So yeah.

Interviewer: What kind of support do you know do you seek when you're experiencing mental health problems?

Lethabo: Well, from my past experience, when I experienced like, what I explained on like, number three, the supports that I would seek out what I would have loved to have had is that my family side being aware of how am I feeling mentally so them being aware knowing you know, be it like them being educated on that so that they are aware when I see a murky then also, obviously having access to like a therapist or a psychologist so that they can talk about it because as much as like I feel like I'm still not okay with what happened. But I feel like it helped. It helped me to be able to cope. So that's the kind of like, support out seek out and making sure that everyone in my circle or even that I'm close to the way that this is where I am mentally, so that they support me, like in the right way.

Interviewer: Okay, and what coping mechanisms or platforms do you think people experiencing mental problems can use to cope?

Lethabo; I feel like they should be more support groups, you know, because obviously, having individual consultations, chances are it will probably be more expensive. But there are cases where they would need like a one on one session, but having those mental health support groups, where it's like, in a community, they should be, like, more than one or a lot of them that a person can go to. So it's like closer access to that role is like one of the platforms that people need, not being like, thinking about money when you're seeking mental health, like, if I'm thinking, I need help, like, I need to, like see someone to talk about something, then I need to pay for that. That wouldn't help. So it's something that won't help people cope. So what they need is like, easy access to that. So that's why

I'm thinking support groups. Because sometimes hearing what other people are going through, makes it so much better that okay, at least I'm not alone, you don't feel alone. So that's like the kind of like, platform that I would think people in needing like, or experiencing mental health problem, it's needed to cope, like knowing that you're not alone. So a support group will definitely give that assurance to that person. So they will be able to cope better knowing that someone's out there is actually like going through a similar thing with me. And they're coping so it's more like they are holding each other. So you see, that's the kind of like platform that I would that I think people like, have mental health problems need. And that's also like a coping mechanism seen people more talking about it more, you know, like, even doing activities in those support groups or participating in like, spreading mental health awareness to people like educating them about it, that would like be a good coping mechanism, because that will help them talk about how they feeling how, how they want people to support them. So in that way, you will also make people understand that this is a serious like, case that people need to be aware of. So yeah.

Interviewer: Thank you for that. Just some final questions before we conclude. How old are you?

Lethabo: 21 years old.

Interviewer: What do you identify as?

Lethabo: Female.

Interviewer: And your race?

Lethabo: Black.

Interviewer: Lastly, do you practice any religion?

Lethabo: Yes, I am a Christian.

Interviewer: Okay Lethabo, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Participant 9: Thando

Interviewer: Hi Thando, thank you again for volunteering to participate in my study and for letting me interview you. Just before we start, I would like to remind you that everything we discuss during this interview will remain confidential. You also have the right to withdraw from the study and choose to not proceed with the interview. If you would like to view the results that will be obtained from the study, you are more than welcome to contact me, and I will provide you with them when the study has been completed. First question is how would you describe mental illness?

Thando: A mental illness is any form of mind stressor that creates negatives feelings such as worry, anxiety, discouragement, and depression.

Interviewer: And do you feel that mental health is an important issue?

Thando: Yes. Mental health is an important issue because without a healthy mind that is free from stress, anxiety and depression one cannot live fully and enjoy life.

Interviewer: Okay, the next question is do you feel as though you have experienced any mental health stigma ever since you started with your degree?

Thando: Yes. Most students will say they are “going” through a lot. It is a common term used to describe the mental state students go through due to their studies. However, some students I believe some only used this term even though it was not relevant to their studies only because they would fit in with the majority, without actually seeking help. It let like saying it out loud became a way of consoling and comforting oneself.

Interviewer: How have you experienced this stigma?

Thando: It made me feel uncomfortable that students are “going” through a lot because of their studies.

Interviewer: Did that ever made you hesitate to seek out mental health care?

Thando: No. I understood and am aware of my mental state. When things get hard, I do admit that I am going through a situation, personally or academically, that is detrimental to my mental health and instead of trying to console myself, I go ahead to seek help.

Interviewer: Okay. Let us move on to the next part of the questions regarding culture. Do you think that culture plays a role in the formation of mental health stigma?

Thando: Yes. Mental health is not an issue that society and culture is concerned with. For example, factors that contribute to mental issues are sometimes not acknowledged or concerned about. Also, mental health is not taken seriously until its outcome is extreme, like suicide.

Interviewer: What cultural negative beliefs and norms in your community are directed to mental health illness?

Thando: My community believes that mental health is the consequence of a person not dealing with the personal problems and it is also linked more with lifestyle and less with the influence or contribution that the same community has on mental health.

Interviewer: How do you experience that?

Thando: When I deal with mental issues, the people surrounding me sometimes blame it on my lifestyle and claim that my personal life needs to be transformed for the mental issues I have to go away. But it is more than just my personal life that affects my mental health. The events that take place around me like GBV, poverty, politics, crime, affect my emotions and mind and can contribute to my mental illnesses such as stress and anxiety.

Interviewer: Next question is, do you think that your family and friends are aware of the existence of mental illnesses?

Thando: To some extent, yes, but not fully.

Interviewer: Have you ever considered seeking out psychological care?

Thando: Yes. South Africa has qualified and trained psychologists and psychiatrists that can help treat or overcome mental illnesses through adequate advance or treatment, and counselling.

Interviewer: And kind of support do you seek out when you are experiencing mental health problems?

Thando: My faith in God is the biggest medicine to my mental health. I pray and leave it to God because He gives peace that exceeds understanding. Then also I need constant check-ups from friends and family. Also, I try to help myself by doing things I love, and practicing selflove and self-care like buying myself flowers, going for a walk, skin care routine.

Interviewer: What coping mechanisms or platforms do you think people experiencing mental health problems can use to cope?

Thando: I think people should not isolate themselves during times they face mental issues. Community is important for support, engaging with nature, and also seeking professional advice.

Interviewer: Alright…just some final questions before we conclude. How old are you?

Thando: 22 years old.

Interviewer: What do you identify as?

Thando: Female.

Interviewer: And your race?

Thando: Black.

Interviewer: Lastly, do you practice any religion?

Thando: Yes, I am a born-again child of God.

Interviewer: Great, I want to thank you once again for participating in this research study, it is highly appreciated. If you have any questions about the study, you are more than welcome to contact me.

Appendix G: Turnitin Report

Faith Maluleke u18087273 Mini-Dissertation Full feedback 2 Edited_removed.pdf

ORIGINALITY REPORT

12%	6%	4%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of Pretoria Student Paper	1%
2	bmcpublichealth.biomedcentral.com Internet Source	1%
3	bmcpsychology.biomedcentral.com Internet Source	1%
4	repository.up.ac.za Internet Source	1%
5	Mineko Wada, Melinda J. Suto, Michael Lee, Danielle Sanders, Crystal Sun, Thi Nga Le, Julia Goldman-Hasbun, Stephanie Chauhan. "University students' perspectives on mental illness stigma", Mental Health & Prevention, 2019 Publication	1%
6	www.researchgate.net Internet Source	<1%
7	Submitted to CSU, San Jose State University Student Paper	<1%

Appendix H: Professional Editing

Called to edit

Document title: THE EXPERIENCE OF MENTAL ILLNESS STIGMA BY UNDERGRADUATE UNIVERSITY STUDENTS

Author: Mahlori Faith Maluleke

Date Issued: 2023-08-11

Editor: Maryke Strydom

This document verifies that the manuscript mentioned above has been language edited. The language editing includes spelling, grammar, overall style, referencing and punctuation. Called to edit does not take any responsibility for the research content and did not alter the author's intention. This document ensures that the manuscript should be linguistically correct and edited for publication. It should be noted that all suggestions of Called to edit were made in track changes and comments. Thus the author has the power to accept or reject any suggestions.

For any further inquiries about this document, do not hesitate to email: calledtoedit@gmail.com