Exploring the Mental Health Experiences of Algerian International Students in UK Universities: Cultural Influences, Disclosure, and Help-Seeking Behaviours

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Conflicts of interest/competing interests

The authors have no relevant financial or non-financial interests to disclose.

Ethics approval

Ethical approval was granted by the University Ethics Committee, University of Strathclyde. This study was performed in line with the principles of the Declaration of Helsinki and BPS ethical code of conduct.

Consent

All participants provided informed consent to participate in the study.

Authors' contribution statements

Nesrine Boussaoui led the study conception and design, as well as data collection and analysis. Co-authors contributed to the study design and provided input throughout the data collection and analysis process. Nesrine Boussaoui also took the lead in drafting the manuscript, with co-authors contributing to the writing, revising, and approving the final version of the manuscript.

Title: Exploring the Mental Health Experiences of Algerian International Students in UK Universities: Cultural Influences, Disclosure, and Help-Seeking Behaviours

International students studying in the UK often face significant challenges, including language barriers, a lack of social networks, and socio-cultural differences, all of which can negatively affect their mental health. For Algerian international students (AISs), these challenges may be heightened due to their distinct cultural background and the fact that English is not their first language. Despite the increasing number of AISs in the UK, little research has explored their specific experiences in relation to mental health. This study aimed to examine AISs' understandings of mental health, the factors influencing disclosure, and their help-seeking behaviours and coping strategies. In-depth, audio-recorded, semi-structured interviews were conducted with 20 AISs studying at UK universities. An inductive, reflexive thematic analysis was employed to allow for a flexible exploration of participants' experiences. The analysis revealed several key themes, including Algerian cultural influences on mental health understanding, the paradox of family support versus pressure, religion as both a coping mechanism and a barrier to disclosure, and a preference for traditional treatments over professional help. Barriers to professional mental health disclosure were also identified, including reliance on informal peer disclosure. Enhancing practitioners' cultural competence regarding religious coping may support AISs and benefit the broader international student population.

Keywords: mental health; self-reliance; stigma; disclosure; help-seeking behaviour; religious coping. Algerian international students.

Introduction

Over the past decade, research on the mental health of international students has grown, highlighting the challenges and stressors associated with adapting to a host country and its education system (Minutillo et al., 2020; Samitha Udayanga, 2024). International students often face obstacles related to acculturation, adjusting to academic demands, and adapting to changes in daily life such as food, weather, and living conditions (Bai & Wang, 2024; Can et al., 2021), often while learning in a language other than their mother tongue (Wu et al., 2015). They also tend to experience limited access to social support networks, lower psychological well-being, and a poorer quality of life compared to their domestic peers (Wachyunni et al., 2023; Wang et al., 2022). These challenges can be stressful and overwhelming, with many students encountering culture shock as they navigate unfamiliar surroundings, customs, and social norms (Wu et al., 2015). For some, being far from home exacerbates feelings of loneliness and homesickness, potentially leading to anxiety and depression (Minutillo et al., 2020). Compounding these challenges, international students often lack awareness of the mental health services available or find that the support offered is unfamiliar or incompatible with their cultural norms (Minutillo et al., 2020).

Stigma surrounding mental health, along with cultural barriers to disclosure and help-seeking, further complicates the mental health experiences of international students (Broglia et al., 2021; Heath et al., 2016). Despite the difficulties they face, many remain reluctant to seek professional help due to concerns about stigma. For example, over 10% of Turkish college students in need of psychological intervention hesitated to seek help due to stigma (Khatib et al., 2023). Similar patterns have emerged in the Arab world, where negative attitudes toward mental health and professionals discourage help-seeking (Mahgoub et al., 2022). Cultural norms, fear of disclosure, religious influences, and a reliance on traditional treatment methods further complicate the situation (Khatib et al., 2023; Noorwali et al., 2022).

In the Arab world, families often play a pivotal role in mental health management, placing an emphasis on resolving problems within the family rather than seeking outside assistance (Khatib et al., 2023). Discussing personal or family issues with outsiders is often seen as shameful, leading individuals to avoid seeking help from non-family members to protect their social standing (Khatib et al., 2023; Noorwali et al., 2022). Consequently, professional help-seeking for mental health is frequently viewed negatively, with societal norms discouraging openness about mental health struggles (Elshamy et al., 2023). Instead, traditional healers, religious figures, and spiritual practices are often preferred as they align more closely with culturally accepted forms of support (Khatib et al., 2023). In Algeria, for example, traditional practices such as consulting a "Taleb" (a religious healer who recites Quranic verses) or a "Merabet" (an exorcist who rids individuals of demonic possession) remain prevalent and contrast sharply with the professional mental health services commonly offered in the UK (Hadjbi, 2006; Khatib et al., 2023). As a result, AISs may find it particularly challenging to navigate mental health support systems in the UK.

Despite these unique challenges, there is a noticeable gap in the literature specifically addressing the mental health experiences of Algerian international students (AISs). This gap leaves a critical lack of understanding regarding how these students manage their mental health while adapting to a vastly different cultural and educational environment. Understanding their experiences is crucial for developing more culturally sensitive support services that can effectively address their specific needs. Therefore, this study aims to explore the mental health experiences of AISs studying in the UK, focusing on their perceptions of mental health, the factors that influence or inhibit their willingness to disclose mental health struggles, and the strategies they employ to seek help. By examining these experiences, the study seeks to contribute to the growing body of literature on international student mental health, with a particular focus on cultural competence and tailored interventions that address the unique needs of AISs.

Research questions and aim

This study aimed to explore the mental health experiences of AISs in UK universities, with a particular focus on how cultural, social, and religious factors shape their understanding of mental health, disclosure patterns, and help-seeking behaviours. The specific research questions guiding this study were:

1. How do AISs conceptualise and understand mental health?
2. What factors facilitate or hinder AISs' willingness to disclose mental health concerns?

3. What coping strategies and help-seeking behaviours do AISs adopt when faced with mental health challenges?

Methodology

An inductive qualitative research approach was adopted to gain a comprehensive understanding of AISs' experiences and perceptions of mental health, in line with the study's research objectives (Njie & Asimiran, 2014). This methodology facilitates the generation of rich, detailed insights by capturing participants' voices, beliefs, and cultural contexts (Kelly, 2023), enabling a deeper engagement with the intricate social, cultural, and religious factors influencing mental health (Joseph et al., 2021). This approach aligns with previous studies that have explored international students' experiences in the UK, such as Kainth's (2020) research on South Asian international students' use of counselling services. Similar to Kainth's work, the current study aims to explore mental health literacy, barriers to seeking help, and coping strategies among AISs. This methodology provides a platform for uncovering the nuanced challenges faced by AISs in navigating mental health services and disclosing their struggles (Cogan et al., 2024).

Participants

A purposeful snowball sampling method was utilised to recruit 20 participants for this study. As AISs represent a distinct group, the experiences of 20 participants were deemed sufficient to capture a range of perspectives while retaining depth. As AISs form a relatively small and specific subgroup within the broader population of international students in the UK, this method ensured that the participants had relevant experiences, further supporting the sufficiency of the sample size in addressing the research questions (Leighton et al., 2021). Eligibility criteria required participants to be full-time AISs aged 18 or older, currently studying at a UK university with at least three months of residency. Participants were also required to be fluent in English, with a minimum IELTS score of 5.5, and to have no self-reported severe mental health issues. The mean age of participants was 27.5 years, ranging from 26 to 29, and the sample consisted of 18 females and 2 males.

To reach the target sample, the researcher initially advertised the study via a social media platform, specifically a Facebook group titled "PhD Scheme in the UK," where all AISs in the UK are enrolled by their government. Recognising that some students may not actively visit the page, the snowball sampling method was employed to broaden recruitment by encouraging participants to refer others.

Table 1.

	Pseudonyms	Age	Gender	Country of study	Year of study
1	Azel	28	Male	England	Postgraduate
2	Remy	27	Female	England	Postgraduate
3	Moka	27	Female	England	Postgraduate
4	Mena	28	Female	England	Postgraduate
5	Sama	27	Female	Scotland	Postgraduate
6	Djidji	29	Female	England	Postgraduate
7	James	28	Male	England	Postgraduate
8	Manola	28	Female	England	Postgraduate
9	Eimie	26	Female	Scotland	Postgraduate
10	Fawzi	28	Female	England	Postgraduate
11	Camilia	28	Female	England	Postgraduate
12	Meis	27	Female	England	Postgraduate
13	Dania	27	Female	England	Postgraduate
14	Kayla	28	Female	England	Postgraduate
15	Elsa	23	Female	Scotland	undergraduate
16	Hidie	23	Female	Scotland	undergraduate
17	Celine	25	Female	Scotland	undergraduate
18	Liliane	23	Female	Scotland	undergraduate
19	Sam	27	Female	England	Postgraduate
20	Naim	27	Female	England	Postgraduate

Materials

A semi-structured interview schedule was developed specifically for this study. The interview design incorporated a case scenario featuring a fictional character named “Yasser,” an AIS studying in the UK, to contextualise the questions. The interview consisted of 19 open-ended

questions, shaped by relevant literature and collaboratively refined with input from the research team.

The interview schedule was divided into three key sections, each targeting a specific aspect of the research:

1. *Mental Health Literacy* (5 questions): This section explored participants' understanding of mental health. For example: *"If you were in Yasser's position, can you give me examples of how you might feel or behave?"*
2. Mental Health Disclosure (5 questions): This section examined factors influencing participants' willingness to disclose mental health issues. For example: *"If Yasser were living in Algeria, what types of mental health issues might he experience?"*
3. *Coping Strategies and Help-Seeking Behaviour* (9 questions): This section focused on participants' coping mechanisms and how they seek help. For example: *"With reference to your home country, what methods do people typically use to manage their mental health?"*

Procedure

Participants were recruited through an advertisement posted on a social media platform, specifically a Facebook group titled "PhD Scheme in the UK," where all AISs) studying in the UK are enrolled by their government. Respondents were given one week to consider their participation and were encouraged to ask any questions they had regarding the study. Participants were provided with the interview questions one hour in advance, allowing them time to prepare or seek clarification if necessary. Before the main interviews, participants underwent a screening interview using the CORE-10 tool (Connell & Barkham, 2013) to assess their mental well-being and safeguard against potential negative effects of the interview process. The screening was conducted by one of the clinically trained chief investigators, who used the clinical cut-off score to determine whether the participant was eligible to continue in the study. This screening was essential for safeguarding the well-being of participants, as the nature of the interviews involved potentially distressing discussions about mental health, disclosure, and coping strategies. Following the screening, participants proceeded to the main interview session. Each interview was conducted via Zoom and lasted approximately 60 minutes. All interviews were audio-recorded and fully transcribed for analysis. Where needed, the researcher provided translation support. After completing the interview, the researcher provided participants with a debrief, discussing the purpose and potential impacts of the study. Participants were then thanked for their participation and given the opportunity to ask any further questions.

Data analysis

This study employed a reflexive thematic analysis (RTA), following the guidelines set out by Braun and Clarke (2021). RTA is a flexible, bottom-up approach that allows themes to be actively developed by the researcher, without imposing preconceived categories or theories. This method is particularly suited to the study of mental health and well-being among AISs in UK universities, as it facilitates the exploration of themes and patterns in a culturally sensitive manner (Braun et

al., 2023). The reflexive nature of this approach encourages an in-depth understanding of the data, allowing for the integration of researcher reflexivity, contextualisation, and theme development (Braun & Clarke, 2019). NB maintained a reflective journal throughout the study (e.g. Braun & Clarke, 2019) and discussed its content at team meetings thus affording structured focuson their subjectivity and an acknowledgement of its influence on the formation of themes.

The data analysis process began with familiarisation with the data through repeated readings of the interview transcripts. Initial codes were then generated by closely examining participants' expressions regarding their perceptions and experiences of mental health, disclosure, and help-seeking behaviours. This stage involved identifying significant data segments and applying codes to them. Following the coding phase, the data were organised into preliminary themes that addressed key aspects of the research questions. The themes were reviewed to ensure internal coherence and consistency across the dataset. A thorough assessment of coherence within and across themes was then conducted to ensure alignment with the overall research aims. Next, the themes underwent a refinement process to extract all pertinent data for each theme, followed by the development and labelling of master themes (Braun & Clarke, 2018). These master themes were defined and actively shaped by the lead qualitative researcher, who united the data to reveal underlying implicit meanings (Braun et al., 2014; Braun & Clarke, 2020). This process ensured that the final themes were both robust and reflective of the participants' experiences and cultural contexts.

This study adhered to best practices in quality reporting of qualitative data (e.g. O'Brien et al, 2014). To ensure rigour and credibility, an audit trail was maintained throughout the research process (Carcary, 2020). This audit trail provided a systematic and transparent record of all decisions made during data collection, analysis, and interpretation. By documenting key steps, such as how themes were identified, refined, and reported, the audit trail helped to enhance the transparency of the research process. This approach also allowed for the findings to be traced back to the original data, ensuring that the research interpretations were grounded in the participants' actual responses. Maintaining transparency in qualitative research is essential to ensuring that the study's conclusions are trustworthy and reflective of participants' experiences (Kapiszewski & Karcher,2021).

Findings

The interrelated master themes and sub-themes that were developed: 1) Algerian cultural influences on understanding mental health; 2) The paradox of the family: support versus pressure; 3) The impact of religion on mental health; 4) Professionals as a last resort compared to traditional healers; 5) Barriers to disclosure and seeking professional help: the speaker-listener effect. (see Table 2).

Table 2

Qualitative themes

Master Theme	Sub-Themes	Key Findings
Algerian cultural influences on mental health understanding	Mental health not recognised; struggles normalised; mental health linked to supernatural causes	Participants were unaware of mental health struggles before UK; culture attributes issues to black magic, evil eye
The paradox of family: support vs. pressure	Families may offer support or create pressure; family reputation may limit disclosure	Supportive families help, but others hinder due to cultural stigma; family shame impacts willingness to seek help
The impact of religion on mental health	Religion offers comfort but discourages professional help; reliance on spiritual solutions	Religion helps cope but prevents professional help-seeking; prayer and Quran seen as solutions
Professionals as a last resort compared to traditional healers	Preference for traditional healers over professionals; religious figures seen as primary solution	Algerians often turn to religious healers first; professionals consulted only as a last resort
Barriers to disclosure and seeking professional help: the speaker-listener effect	Stigma and fear of judgment; mental health services viewed as for 'Westerners'; preference for informal support	Fear of stigma limits disclosure; informal disclosure preferred but can have negative effects

Theme One: ***Algerian Cultural Influence on Mental Health Understanding: Comparison Serves Understanding***

Participants indicated that there is a general lack of mental health awareness within Algerian culture, which results in limited discussion and few opportunities for mental health disclosure. Some participants shared that they had struggled with mental health issues even before moving to the UK but were not fully aware of their condition. In Algeria, these struggles are often not recognised as mental health issues, and family or friends may not even perceive them as such. As a result, participants either normalised their struggles or neglected them entirely as a coping mechanism.

"To be honest, I didn't know I had depression. I think I had depression in Algeria, but nobody helped me. I used to stay alone in my room, not talking to my sisters or parents, and they didn't know either—they just thought I was like that." (Kayla)

Mena's response reflects the significant influence of culture on her perception of mental health. She explained that in Algerian culture, mental health issues are not acknowledged and are instead associated with being "crazy." This perspective shows how cultural norms hinder mental health awareness.

"Our culture has a big impact on how we understand mental health. In my culture, mental health doesn't exist. If you have mental problems, you are labelled as 'crazy' and told to see a shrink. There's no belief in mental health." (Mena)

Dania highlighted a prevailing belief that mental health problems are linked to one's distance from God. This cultural view suggests that spiritual remedies, such as prayer, are seen as the primary solution.

"In our culture, if someone has mental health issues, people say you are not close to God and that you need to pray more or have stronger faith." (Dania)

Meis conveyed that mental health struggles are often attributed to supernatural causes, such as black magic or the "evil eye," instead of being recognised as genuine mental health concerns.

"They think it doesn't exist—it must be something like black magic or the evil eye." (Meis)

Another participant, Sam, supported this view, explaining that mental health issues are often attributed to the evil eye or other spiritual factors:

"People say she has the evil eye because she has mental issues." (Sam)

Participants shared that before moving to the UK, they were unaware of the mental health struggles they were experiencing due to a lack of awareness. However, after coming to the UK, they were able to compare the two cultures and gain a better understanding of mental health.

"Back home, I didn't know I was suffering. But when I came to the UK, I realised how much I had suffered." (Kayla)

This cultural comparison helped raise their awareness of mental health issues, as they noticed how seriously mental health is taken in the UK.

"When I came here, I noticed the difference—people in the UK really take mental health issues seriously." (Meis)

Theme Two: The Paradox of the Family

In discussing mental health literacy, participants frequently highlighted the pivotal role of the family in shaping how mental health is understood and addressed. For some, the family acted as a vital source of support, fostering open discussions and encouraging help-seeking. For others, however, the family dynamic introduced pressure and barriers, creating a complex paradox. On one hand, families often provided care and support; on the other hand, many were protective of their collective identity, prioritising the preservation of reputation and shielding themselves from the societal stigma attached to mental health issues.

For example, Meis described her family as proactive and supportive in addressing mental health, noting that this environment allowed her and her sister to overcome challenges despite the stigma surrounding mental health in Algeria.

> *"My family believes in addressing mental health issues. When my sister had difficulties, they took her to a psychologist, which helped her recover."* (Meis)

Similarly, Hiddie shared a positive experience, explaining that her family valued psychological support and sought professional help for her mother after a COVID-19-related health scare:

> *"My family supports psychologists and science. My mother saw a psychologist after experiencing breathing problems due to COVID-19, and it helped her."* (Hiddie)

However, not all participants had such supportive environments. Remy expressed how her family discouraged conversations about depression, as her mother perceived mental health struggles as conflicting with their religious beliefs:

> *"When I told my mother I was depressed, she said that was something I shouldn't say—it goes against our religion."* (Remy)

Naim also noted that mental health remained a taboo topic in many Algerian families, as discussing these issues could tarnish the family's reputation:

> *"Mental health issues are still a taboo in Algerian families, as people would label the whole family as 'crazy'."* (Naim)

Through these experiences, two contrasting family types emerged: those that recognise and support mental health discussions, and those that dismiss or discourage them. Participants also noted that unsupportive families added further challenges to their existing struggles with mental health:

> *"My family thought my isolation was normal—they didn't understand my mental health struggles, and that made it harder for me."* (Kayla)

This paradox, where families can either be a source of support or a significant barrier, highlights the complex influence of family dynamics on mental health within the cultural context of Algeria. Families that feared the stigma surrounding mental health often placed the protection of

their collective identity above the individual's need for help, adding further strain to those already dealing with mental health challenges.

Theme Three: *The Impact of Religion on Mental Health*

Religion provided significant comfort and reassurance to some participants, serving as a coping mechanism. For instance, James explained that religion helped individuals maintain their well-being.

> *"Some people find comfort in religion. They pray, speak to Allah, and feel reassured because they believe the Lord is there to guide them." (James)*

Dania added that reading the Quran is believed to help with spiritual struggles, and it personally brought her comfort.

> *"Reading the Quran helps me. People believe it can resolve spiritual issues." (Dania)*

However, it cannot stop them entirely.

> *"Religion won't stop depression. It might stop someone from taking their own life, but it won't prevent depression from creeping in." (Elsa)*

Manel shared a similar perspective, noting that while religion can offer peace, over-reliance on it may prevent individuals from seeking professional help.

> *"Over-reliance on religion can overshadow the importance of addressing mental health as a serious issue in itself." (Manel)*

These views show that while religion offers solace, it can also discourage professional treatment, highlighting the need to balance religious coping mechanisms with seeking professional help.

Theme Four: *Professionals as a Last Resort Compared to Traditional Healers*

Participants explained that traditional healing practices, such as seeking help from religious figures, are deeply ingrained in Algerian culture. Mental health services are often viewed as a last resort.

> *"In Algeria, people first turn to religious healers, not mental health professionals, as mental health is still not widely discussed." (Camilia)*

Hiddie explained that people seek help from the "Raki", a religious healer, who recites Quranic verses to calm them.

> *"People often think of the Raki first for any mental issue—they believe it's a spiritual problem." (Hiddie)*

Sam added that in her community, people often seek help from a figure known as "Taleb," who is believed to ward off the evil eye or black magic.

> *"People take their children to the Taleb to cure them of the evil eye or black magic." (Sam)*

Moka further emphasised the preference for traditional healers, stating that most Algerians would not consider a psychologist until all other options had been exhausted.

> *"Seeing a psychologist is the last thing an Algerian would do. They start with traditional healers like the Taleb." (Moka)*

This preference for traditional healers reflects a cultural reliance on spiritual explanations for mental health issues, underscoring the need for greater awareness and integration of professional support alongside traditional practices.

Theme Five: ***Barriers to Disclosure and Seeking Professional Help: The Speaker-Listener Effect***

Participants shared multiple factors that inhibit Algerians from seeking professional help, including personal, cultural, societal, and religious barriers. James explained that fear of social stigma and judgment often prevents people from seeking mental health support, leading them to alternative methods like visiting religious healers.

> *"People are scared of being judged—they're labelled as mentally sick, so instead of seeking help, they just follow cultural norms." (James)*

Camilia added that she prefers informal support from friends and family over professional services, which she feels are not helpful.

> *"I don't believe in mental health services. For me, help from family and friends is much better." (Camilia)*

Eimie further mentioned that mental health services are often viewed as tailored for Westerners, not for people from cultures like Algeria, where traditional family and religious support systems are more common.

> *"Mental health services are for Westerners. We have family and religious support, which works for us." (Eimie)*

Participants also highlighted a preference for informal disclosure among peers, but Camilia explained her reluctance to disclose to avoid spreading negativity.

> *"Why should I spread negativity by talking about my problems when others have their own struggles?" (Camilia)*

Dania shared a negative experience with informal disclosure, where she felt manipulated by a friend, leaving her emotionally drained and mistrustful of others.

> *"I opened up to someone, but they manipulated me. It left me feeling drained and distrustful." (Dania)*

Therefore, a variety of factors limit both formal and informal disclosure, and the speaker-listener dynamic plays a crucial role in the reluctance to seek help.

Discussion

To our knowledge, this is the first qualitative study to explore mental health literacy, challenges of disclosure, barriers to seeking help, and coping strategies among AISs in the UK. The study revealed a distinct lack of understanding and awareness of mental health issues within Algerian society, as described by the AISs themselves. This stems from deep-rooted cultural and religious beliefs, significantly influencing how mental health is perceived. Similar to earlier work (Pagliarulo, 2023), participants described mental health problems as often misunderstood or dismissed within their home culture, commonly associated with concepts like "craziness" or possession by supernatural entities. Religious and cultural interpretations, such as the belief in "Jinn" (demons or evil spirits) or the "evil eye," shape how mental health is viewed and addressed. The Arabic word "Jinoun" or "Jounoun," derived from "Jinn," is used to describe madness. As a result, mental health struggles in some AISs are often perceived through a supernatural lens, seen as caused by possession or other spiritual factors. This belief system often leads to avoidance of professional services like psychologists, with many opting for self-help methods or traditional remedies rooted in cultural or religious practices (Al-Krenawi & Graham, 2016).

In contrast, the Western approach, particularly in the UK, typically operates within a medical or disease model of psychological difficulties, where mental health issues are understood through biological, psychological, or relational frameworks (Pilgrim, 2021). This significant difference in mental health aetiology and treatment approaches highlights the cultural gap between AISs' perspectives and Western psychological practices. Our findings align with previous literature that highlights how religious beliefs in the Arab world, including Algeria, often frame mental health issues as stemming from demonic possession or a lack of closeness to God (Ahmad et al., 2016). Many individuals turn to religious figures, such as the "Imam" or "Raki," or engage in spiritual practices like prayer or reading Quranic verses, rather than consulting mental health professionals. In many Muslim communities, the belief that religion alone can cure mental health problems often discourages individuals from seeking professional help (Al Krenawi & Graham, 2016; Jaalouk et al., 2012; Scull et al., 2014).

The family plays a pivotal role in shaping mental health discussions among AISs, though its influence varies significantly across family structures. Some families foster open dialogue and provide critical support, while others suppress such conversations due to fears of stigma or concerns about shame. The desire to protect the family's reputation and avoid societal judgment often overshadows the individual's need for mental health support. This dynamic profoundly influences how AISs perceive their mental health and whether they feel empowered to seek professional help. For participants with supportive families, mental health discussions were

encouraged, reducing the stigma associated with seeking help. This aligns with studies such as Pompili et al. (2016), which found that family support increased the likelihood of seeking professional intervention. A nurturing family environment can create a safe space for addressing mental health issues and promote a willingness to pursue professional care. However, in collectivist cultures like Algeria, families often prioritize preserving their social reputation, resulting in reluctance to acknowledge or disclose mental health struggles. As Khatib (2023) explains, family reputation can be closely tied to how mental health issues are perceived within the broader community, with any acknowledgment potentially leading to social shame. In such contexts, mental health struggles are sometimes viewed through external or supernatural influences, adding an additional layer of stigma (El-Islam, 2008; Al Krenawi & Graham, 2016). This protective stance, aimed at maintaining societal standing, can unintentionally contribute to further marginalisation of individuals facing mental health challenges, making it more difficult for them to seek the support they need (Cogan et al., 2024).

The findings revealed that reluctance to disclose mental health issues is a key theme among AISs, stemming from societal pressure, cultural beliefs, and religious practices, with professional help seen as a last resort. Participants indicated a preference for traditional remedies, particularly those related to religion, such as seeking help from a "Raki" or a "Sheikh" (Khatib et al., 2023). These traditional healers are viewed as more socially acceptable, and reliance on them can perpetuate stigma by avoiding professional services (Bensmail, 1984; Al-Krenawi & Graham, 2000; Khatib et al., 2023). Participants frequently expressed the perception that mental health services in the UK are overly "Westernised," lacking sensitivity to the cultural and religious beliefs of ethnic minorities such as AISs. This sentiment is consistent with previous research indicating that Arabs generally tend to hold negative attitudes toward formal psychological care, often preferring informal support systems over professional therapy (Brown et al., 2014; Khatib et al., 2023). Many participants echoed a desire for non-judgmental listeners or guidance from friends and family rather than seeking professional help. While these informal speaker-listener relationships offer comfort, they can also lead to unintended negative outcomes. Participants described feelings of being controlled by the advice of well-meaning listeners or experiencing emotional exhaustion after disclosing their struggles. This reflects findings from research comparing formal and informal disclosure, where individuals often avoid sharing their mental health issues for fear of burdening others or being perceived negatively (Lauzier-Jobin & Houle, 2022; Pimenta et al., 2024). Thus, while informal support can be invaluable, it can also introduce complexities that may hinder individuals from fully addressing their mental health needs.

The findings of this study showed the effects of stigma surrounding mental health among AISs regarding seeking professional help. Mental health services are often viewed as a last resort, with traditional treatment methods remaining the preferred choice for addressing mental health issues. Participants emphasised that Muslims, including Algerians, often rely on Islamic medical practices from earlier centuries, influencing their reluctance to seek modern psychological care (Haque, 2004; Merhelj, 2019). This research supports the finding that stigma surrounding mental health plays a critical role in the reluctance of Muslims to seek professional psychological help. Within Muslim communities, mental health issues are often perceived as a personal or spiritual weakness, prompting individuals to pursue spiritual healing or traditional remedies instead of formal mental health services. This reinforces the preference for traditional methods over modern psychological care, aligning with participants' experiences in the present study (Ciftci, Jones, & Corrigan, 2013).

Additionally, the belief in patience and reward from God for enduring suffering was highlighted as a key reason individuals may continue to rely on spiritual remedies rather than seeking professional help. This finding aligns with the belief that mental health struggles are part of God's plan and that through prayer and spiritual practices, individuals can overcome their challenges without needing external help (Sulieman et al., 2023). For many participants, religion acted as a tool for self-reliance, providing a coping mechanism that prevented them from seeking professional services.

Conclusion

This study explored AISs' unique experiences regarding mental health awareness, disclosure challenges, and coping strategies while studying at UK universities. The findings revealed that cultural and religious beliefs significantly shape AISs' perceptions of mental health, creating barriers to disclosure and professional help-seeking. These barriers are rooted in societal norms, where mental health is stigmatised, and religious practices play a central role in coping. As a result, professional services were often viewed as a last resort, with students preferring informal or traditional methods. Universities must take culturally sensitive actions to bridge the gap between modern psychological care and AISs' realities. Mental health professionals working with AISs should receive training on Islamic beliefs, family honour, and cultural stigmas, addressing concerns like the fear of bringing shame to one's family. Partnering with religious figures, like Imams, can help reduce stigma and validate seeking professional help. Peer support networks and awareness campaigns addressing cultural misconceptions can foster acceptance, while integrating traditional practices into mental health services can better align with AISs' values. These strategies will help HEIs create a more inclusive, culturally sensitive approach to mental health, addressing the societal, cultural, and religious influences shaping AISs' experiences.

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