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1 **Identifying barriers to mental health help-seeking among young**
2 **adults in the UK**

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30 **ABSTRACT**

31 **Background:** Despite the high prevalence and burden of mental health problems among
32 young people, studies have suggested that they infrequently seek professional help.
33 Understanding the barriers to help-seeking is an important step towards facilitating early
34 access to mental health services and improving psychological wellbeing.

35 **Aim:** To investigate why young adults may choose not to seek any support for an emotional
36 or mental health difficulty.

37 **Design and settings:** A cross-sectional online survey of young adults aged 18-25 from the
38 general UK population.

39 **Method:** The survey consisted of an anonymous questionnaire that measured psychological
40 distress, help-seeking preferences, barriers to accessing help, which included the BACE and
41 an open-ended question to explore reasons for not seeking help in the past. Qualitative
42 feedback was analysed using thematic analysis.

43 **Results:** Overall 35% of participants who reported having an emotional or mental health
44 difficulty, did not seek any formal or informal help. The thematic analysis revealed that
45 stigmatising beliefs, difficulty identifying or expressing concerns, a preference for self-
46 reliance and difficulty accessing help were prominent barrier themes among respondents.

47 **Conclusion:** Young adults experiencing psychological distress may struggle to access help
48 from others. Stigma and negative perceptions surrounding mental health and help-seeking
49 may explain why young people are reluctant to approach others for help. Improving public
50 awareness of the services and resources that are available, as well as screening for
51 psychological distress in primary care services may be necessary in order to improve mental
52 wellbeing among young adults.

53 **Key Words:** Help-Seeking Behaviour, Mental Health, Young Adults, Primary health care,
54 Health Services Accessibility.

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56

How this fits in

57

Mental health problems are prevalent among young people and are associated with a number of adverse effects including premature death. However, there is a concern that young people infrequently seek help, particularly professional help from GPs. The barriers that young adults face in accessing mental health support include difficulties in identifying and communicating one's own distress, stigmatising beliefs, shame, and anticipation that help will be difficult to access or unavailable. These findings have potential relevance to GPs and other health care professionals, as steps can be taken to reduce barriers to care and improving accessibility to mental health services.

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65 **INTRODUCTION:**

66 One in four adults in England will experience a mental health problem at any one time¹ and it
67 is estimated that 75% of all lifetime mental health difficulties emerge by the age of 25². Poor
68 mental health can cause significant disability, and for young people it is associated with an
69 increased risk of anti-social behaviour, substance misuse, unemployment and suicide³⁻⁵.

70 Seeking help is considered an important step towards accessing appropriate mental health
71 support and improving quality of life. In recent years, improving public wellbeing and access
72 to mental health services has become a key agenda in government policies, campaigns and
73 programmes⁵⁻⁸. Despite a conscious move towards improving public awareness and
74 reducing stigma that surrounds mental health, evidence suggests that young people are less
75 likely to seek help from others, particularly professional help from GPs⁹⁻¹².

76 Barriers to help-seeking can include difficulties in accessing support, concerns about
77 confidentiality and trust, a preference for informal sources of help and stigma^{13,14}. Whilst
78 existing studies, including those outside of the UK, have focused on mental health help-
79 seeking among adolescents^{10,15}, university students¹⁶⁻¹⁸ or adults of all ages^{13,19}, few have
80 reported on the barriers experienced by young adults aged 18-25 from the UK general
81 population. This age group is an important cohort to study, as it is typically associated with a
82 separation from parents and a transition into adulthood when important decisions regarding
83 education, career and intimate relationships are made²⁰.

84 This study sought to include participants from the wider population, extending beyond those
85 in education, as has been done in previous studies of this kind²¹. The aims of this study
86 were to explore the barriers in accessing mental health support among young adults aged
87 18-25 from the general UK population.

88 **METHOD:**

89 **Study population and participants:** Participants were recruited from a community sample
90 of young adults aged 18-25 living in the UK. In order to recruit individuals who may be
91 reluctant to engage in primary care services, posters detailing the study and an email with a
92 direct web-link to the study were sent to various community and educational settings.
93 Organisations who agreed to advertise the study on their premises or website included a
94 community library, four UK-based community colleges, and two third-sector charities working
95 with young people. Online networks such as 'The Student Room' and social media were also
96 used to promote the study. Convenience and snowball sampling techniques were utilised
97 during recruitment. All participants were required to provide informed consent and
98 volunteered to participate in the study.

99 **Study Design:** This study formed part of a larger project exploring help-seeking among
100 young adults. A cross sectional online survey was developed and data collection took part
101 between January – March 2015.

102 **Focus Group:** A focus group held with 6 volunteers of mixed gender (aged 18-25) from a
103 charity organisation, Kids Company was used to explore help-seeking. The findings were
104 used to inform the content of the questionnaires developed to measure help-seeking
105 behaviour. A further focus group (n = 4) was used to pilot the survey and minor amendments
106 were made in order to improve the face validity of the survey.

107 **Measurements:** The survey consisted of a series of questionnaires that measured
108 psychological distress, help-seeking behaviour and barriers to seeking help. A history of
109 help-seeking was assessed by asking participants who reported having '*an emotional or*
110 *mental health difficulty*', whether they had ever sought help (formal or informal) for their
111 difficulties. Participants who indicated that they did *not* seek help, were presented with the
112 following open ended question '*In your own words, please describe why you chose not to*
113 *ask for help for your emotional or mental health needs, there is no right or wrong answer*'. All
114 participants were presented with the 30-item Barriers to Accessing Care Evaluation (BACE)
115 scale ²², which was used to assess barriers to seeking professional help in the future. The
116 BACE consists of a 12-item stigma scale, attitudinal and instrumental barrier items.

117 **Data Analysis:** Statistical analysis was conducted using IBM SPSS for windows (v22). A
118 Chi Square analysis with Fisher's Exact test and Odd Ratio (OR) was performed on
119 categorical data. The internal consistency of the BACE was determined using Cronbach's
120 alpha. Qualitative feedback was coded using an inductive approach and a thematic analysis
121 was performed using guidelines from Braun & Clarke (2006) ²³, the reliability of the extracted
122 themes was assessed by a second researcher.

123 **RESULTS:**

124 **Sample characteristics:** In total, 203 participants responded to the online survey and 19%
125 dropped out prior to completion. The demographic characteristics of the sample can be seen
126 in Table 1. A total of 91 (48%) participants disclosed a current emotional or mental health
127 difficulty and 123 (65%) reported a lifetime difficulty. Depression (n = 91), anxiety (n = 71)
128 and self-harm (n = 60) were the most prevalent difficulties self-reported in the sample.
129 Lifetime prevalence rates were significantly higher among female (74%) participants than
130 males (26%), $p = 0.032$ (OR = 1.92, 95% CI = 1.02 – 3.62).

131 **Insert table 1**

132 **Anticipated Barriers to Accessing Professional Help in the Future - Results** 133 **from the BACE scale**

134
135 The BACE scale was completed by 169 participants. The scores on the BACE were normally
136 distributed across males (*skew* = 0.17) and females (*skew* = -0.18). Results from an
137 independent t-test showed that females scored significantly higher on the overall BACE
138 scale ($M = 36.5$, $SD = 14.3$, $n = 113$) than males ($M = 30.5$, $SD = 16.7$, $n = 56$), where $t(167)$
139 = -2.46, $p = .015$.

140 The internal consistency of the 12-item 'treatment stigma' subscale was shown to have good
141 reliability ($\alpha = 0.95$) and the overall scale had a Cronbach's alpha of 0.93.

142 The percentage of all participants reporting the degree to which each barrier item would
143 '*stop, delay or discourage*' them from seeking professional help is presented in tables 2- 4.
144 Each barrier was ranked according to the items being rated as a 'major barrier'.

145 **Insert Table 2**

146 Over two-thirds of participants anticipated that each stigma item would serve as a barrier to
147 some degree if they were to seek help in the future. The most highly rated stigma barrier

148 was 'feeling embarrassed or ashamed', with 81% ($n = 144$) of participants anticipating that
149 this would prevent or delay them from seeking professional help.

150 **Insert Table 3**

151 The most commonly anticipated attitudinal barrier was 'dislike of talking about feelings,
152 emotions or thoughts'. Whereby 84% ($n = 146$) of participants anticipated that this would
153 serve as a barrier to some degree and 36% ($n = 62$) thought that it would act as a major
154 barrier to them seeking professional help in the future.

155 **Insert Table 4**

156 The most commonly rated instrumental barrier was 'not being able to afford the financial
157 costs' involved in seeking professional help, with 67% ($n = 118$) of participants anticipating
158 that this would serve as a barrier to some degree and 27% ($n = 47$) thought that it would act
159 as a major barrier to help-seeking.

160 **Barriers to Seeking Help for an Emotional or Mental Health Difficulty**

161 A total of 123 (65%) participants self-disclosed a lifetime emotional or mental health difficulty
162 and of these 45 participants (35%) reported that they did not seek any help. Among these
163 participants, 38 (84%) provided qualitative feedback detailing reasons why they did not seek
164 help. The themes that emerged in the data are reported below.

165 *Stigmatising Beliefs*

166 Public and self-stigmatising beliefs around mental health and help-seeking emerged as a
167 prominent barrier theme in the data. Some of the participants reported that help-seeking was
168 "pathetic" or "weak". Others expressed concerns about what family, friends or professionals
169 would think if they were to seek help or receive a mental health diagnosis:

171 *"There is a negative stigma attached to any mental illness, as soon as you say that you've*
172 *got one, people judge you and start thinking of you differently. It is something that people*
173 *are too afraid and shy to talk about ..."*

175 *"Being actively labelled with a mental or emotional disability is hard to get rid of once its*
176 *official. People might think less of you if they think you might be a bit crazy..."*

178 *"I was afraid of what people might have thought of me"*

181 *Perceiving Problem as Not Serious Enough*

182 Reasons for not seeking help were also related to the perception that other people had more
183 serious difficulties:

185 *"I did not feel I was doing terribly compared to others..."*

186 *"I don't feel like I'm bad enough to ask for help when there's many more people with*
187 *much more serious problems than me"*

188 Participants also frequently reported that they chose not to seek help because they preferred
189 to resolve their own difficulties:

190 *"I am independent and I mostly tend to think I can deal with my emotions and that I don't
191 need help."*

192 *"I felt I could get over it by myself and there was no need to include other people..."*

193 *Difficulty Accessing Help*

194 A dominant barrier theme related to the belief that help was unavailable, ineffective or
195 difficult to access:

196
197 *"..I feel that others didn't have the time to help me."*
198

200 Perceived difficulties in accessing effective help related to the belief that friends or family
201 had limited awareness of mental health and therefore would not be able to offer sufficient
202 help:

203
204 *"Don't think they'd understand how nervous I feel sometimes"*
205

206 *"Not many people are fully aware and educated on mental illnesses. This causes them to
207 say insensitive things such as: "get over it", "can't you feel happy?"*
208

209
210 Others drew connections between under-funded services and limitations in professional
211 resources:

212 *"There's very little they [GP] can do considering how underfunded mental health
213 services are in the NHS".*
214

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216 One respondent commented that they did not discuss their concerns with a GP because
217 they thought they would:

218 *"be fobbed off with medication".*
219

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221 Difficulties in accessing help were also associated with a lack of awareness of mental health
222 services. One young person believed that their only means of accessing support was
223 through private services, which they could not afford.
224

225 *Fear of Negative Outcome*

226 Fear of a negative outcome as a result of seeking help, also emerged as a key theme in the
227 results. Respondents anticipated that if they spoke about their difficulties it could cause their
228 family or others to "worry", become "upset", or they themselves would feel like a "burden".
229

230 Negative outcomes were also related to the fear that seeking help would worsen their
231 problem:

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“Just thinking about having a mental illness can make you feel terrible, so talking about it to another person would make you feel worse.”

237 *Difficulty Identifying or Expressing Concerns*

238 Difficulties with identifying symptoms or communicating concerns to others were also cited
239 as reasons for not seeking help. Participants believed that they were unable to, or too afraid
240 to speak about their mental health difficulties:

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“Not understanding and being able to coherently explain my issues, not being physically able to talk about issues due to crying whenever topic comes up...”

“I didn't realise I had a problem.... The only reason this was resolved was I had to go to the doctors because I still wasn't menstruating at 17”.

249 **DISCUSSION:**

250 **Summary of main findings**

251 This study found that 35% of participants who reported having a mental health or emotional
252 difficulty did not seek any formal or informal help. The results indicate that barriers to
253 accessing mental health care can emerge at any stage in the help-seeking process, ranging
254 from difficulties in recognising one's own symptoms, to concerns about the availability of
255 help. The results from the BACE identified that 'a dislike of talking about feelings, emotions
256 and thoughts' was the most highly reported reason for delaying or not seeking professional
257 help in the future, followed by embarrassment and shame associated with mental health
258 help-seeking. These barriers were also consistent with the themes that emerged in the
259 qualitative data. Additional barriers that were cited as reasons for not previously seeking
260 help; included a perception that problems were not serious, a preference for self-reliance,
261 difficulties in communicating symptoms and fears about the outcome of seeking help.

262 **Strengths and limitations**

263 This study has provided some rich qualitative and quantitative information that contributes to
264 the understanding of why young adults from the UK may choose not to seek help for their
265 mental health problems. Although the small sample size may impose some limitations on the
266 quantitative results, efforts were made to recruit participants who are 'hard to reach' and the
267 study was successful in recruiting participants from minority ethnic groups, who are often
268 under-represented in mental health services²⁴ and research²⁵. Although there was a higher
269 than expected percentage of participants experiencing psychological distress than in the
270 general population¹, these young people are nonetheless those who are most likely to
271 require access to mental health services. Therefore, their participation in the study, as well
272 as input from participants from BME groups, provided some essential information about
273 barriers to care.

274 Several limitations to the study should be considered when reviewing the results. These
275 include a potential selection bias in the use of convenience and snowball sampling
276 techniques, as well as the use of an online survey for data collection, which excluded

277 individuals without internet access. The limited sample size and under-representation of
278 males in the sample may also limit the generalisability of the findings to the wider population
279 of young people. A further limitation was imposed by the use of the BACE scale. Since the
280 scale was used to measure anticipated barriers to help-seeking, conclusions regarding the
281 extent that these barriers would hinder or prevent actual help-seeking behaviour should be
282 drawn with caution.

283 **Comparison with existing literature**

284 Approximately one third of participants did not seek any help, which suggests a higher rate
285 of help-seeking than observed in previous UK-based studies of young adults^{9,11}.
286 Nonetheless, our findings add to the existing evidence that stigma and embarrassment
287 surrounding mental health remains a prominent obstacle to help-seeking^{13,14,18}.

288 Whilst some of the respondents expressed a preference for self-reliance, which is consistent
289 with the idea that young people want to assume increased responsibility for their own health
290 concerns¹⁰, other participants acknowledged that they required support, but faced
291 instrumental barriers. A lack of accessibility of services has previously been identified as a
292 prominent barrier to help-seeking for those living in rural settings¹⁴. However, in the current
293 study some of the participants believed that due to the financial restraints on the NHS, help
294 would be unavailable. Whilst this highlights the impact of service restraints on young adult's
295 reluctance to seek professional help, it may also reflect a lack of awareness of the
296 availability of other mental health services, such as third sector charities. Furthermore, our
297 findings add to the existing evidence that young people may not consider GPs as a potential
298 source of support for their psychological distress^{21,26} and highlights the importance of GP's
299 in providing a safe environment to facilitate discussions about potential mental health
300 concerns²⁷.

301 **Implications for research and clinical practice**

302 Our findings indicate that interventions are required to improve young adult's mental health
303 literacy and knowledge of local services. Possible strategies can include providing
304 information about statutory and non-statutory services in a wide range of settings such as
305 GP practices, libraries, job centres and educational establishments.

306 These findings also have practical implications for the training of GPs and primary care
307 workers. In order to improve the detection of psychological distress, it is important that
308 primary care practitioners are skilled to assess for mental health difficulties in their standard
309 practice and this is achieved in a safe, non-judgemental therapeutic relationship, with the
310 understanding that young people may not be forthcoming about their difficulties.
311 Practitioners may also facilitate help-seeking by providing information about the availability
312 of local support groups and third sector services. Providing self-help materials may also
313 benefit young adults who prefer to resolve their issues independently.

314 In the current study, stigma was highlighted as a key barrier to seeking help. This indicates a
315 need for policy makers to continue developing anti-stigma and anti-discrimination
316 campaigns. It is equally important for GPs and other health care professionals ensure that
317 services are delivered in an environment that is compassionate, non-judgemental and de-
318 stigmatising.

319 Taking into account that males were under-represented in this study, further research is
320 required in order to investigate help-seeking behaviour among males. This is particularly
321 important given that the literature has shown that males are less likely to seek help^{9,28} and
322 they may experience different types of barriers compared to females.

323 Finally, this study raises the question regarding how GPs perceive their role in assessing for
324 mental health among young people. Given that help-seeking can be perceived as a
325 relational process, gaining perspectives from GPs would provide insight into the potential
326 barriers that health care providers face in this complex process.

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328 University of Hertfordshire, Life and Medical Sciences.

329

330 **Ethics Committee**

331 Approval was obtained from the University of Hertfordshire, Health and Human Sciences
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333

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337

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