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

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ABSTRACT

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

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

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

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

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

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

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

How this fits in

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.

INTRODUCTION:

One in four adults in England will experience a mental health problem at any one time[1] and it is estimated that 75% of all lifetime mental health difficulties emerge by the age of 25 [2]. Poor mental health can cause significant disability, and for young people it is associated with an increased risk of anti-social behaviour, substance misuse, unemployment and suicide [3–5].

Seeking help is considered an important step towards accessing appropriate mental health support and improving quality of life. In recent years, improving public wellbeing and access to mental health services has become a key agenda in government policies, campaigns and programmes [5–8]. Despite a conscious move towards improving public awareness and reducing stigma that surrounds mental health, evidence suggests that young people are less likely to seek help from others, particularly professional help from GPs [9–12].

Barriers to help-seeking can include difficulties in accessing support, concerns about confidentiality and trust, a preference for informal sources of help and stigma [13,14]. Whilst existing studies, including those outside of the UK, have focused on mental health help-seeking among adolescents [10,15], university students [16–18] or adults of all ages [13,19], few have reported on the barriers experienced by young adults aged 18-25 from the UK general population. This age group is an important cohort to study, as it is typically associated with a separation from parents and a transition into adulthood when important decisions regarding education, career and intimate relationships are made [20].

This study sought to include participants from the wider population, extending beyond those in education, as has been done in previous studies of this kind [21]. The aims of this study were to explore the barriers in accessing mental health support among young adults aged 18-25 from the general UK population.

METHOD:

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

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

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

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

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

RESULTS:

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

Insert table 1

Anticipated Barriers to Accessing Professional Help in the Future – Results from the BACE scale

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

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

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

Insert Table 2

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

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

Insert Table 3

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

Insert Table 4

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

Barriers to Seeking Help for an Emotional or Mental Health Difficulty

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

Stigmatising Beliefs

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

> *"There is a negative stigma attached to any mental illness, as soon as you say that you've got one, people judge you and start thinking of you differently. It is something that people are too afraid and shy to talk about …"*
>
> *"Being actively labelled with a mental or emotional disability is hard to get rid of once its official. People might think less of you if they think you might be a bit crazy…"*
>
> *"I was afraid of what people might have thought of me"*

Perceiving Problem as Not Serious Enough

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

> *"I did not feel I was doing terribly compared to others…"*
>
> *"I don't feel like I'm bad enough to ask for help when there's many more people with much more serious problems then me"*

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

> *"I am independent and I mostly tend to think I can deal with my emotions and that I don't need help."*
>
> *"I felt I could get over it by myself and there was no need to include other people…"*

Difficulty Accessing Help

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

> "..I feel that others didn't have the time to help me."

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

> *"Don't think they'd understand how nervous I feel sometimes"*
>
> *"Not many people are fully aware and educated on mental illnesses. This causes them to say insensitive things such as: "get over it", "can't you feel happy?".*

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

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

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

> "*be fobbed off with medication".*

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

Fear of Negative Outcome

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

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

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

Difficulty Identifying or Expressing Concerns

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

> *"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".*

DISCUSSION:

Summary of main findings

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

Strengths and limitations

This study has provided some rich qualitative and quantitative information that contributes to the understanding of why young adults from the UK may choose not to seek help for their mental health problems. Although the small sample size may impose some limitations on the quantitative results, efforts were made to recruit participants who are 'hard to reach' and the study was successful in recruiting participants from minority ethnic groups, who are often under-represented in mental health services [24] and research [25]. Although there was a higher than expected percentage of participants experiencing psychological distress than in the general population[1], these young people are nonetheless those who are most likely to require access to mental health services. Therefore, their participation in the study, as well as input from participants from BME groups, provided some essential information about barriers to care.

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

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

Comparison with existing literature

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

Whilst some of the respondents expressed a preference for self-reliance, which is consistent with the idea that young people want to assume increased responsibility for their own health concerns[10], other participants acknowledged that they required support, but faced instrumental barriers. A lack of accessibility of services has previously been identified as a prominent barrier to help-seeking for those living in rural settings[14]. However, in the current study some of the participants believed that due to the financial restraints on the NHS, help would be unavailable. Whilst this highlights the impact of service restraints on young adult's reluctance to seek professional help, it may also reflect a lack of awareness of the availability of other mental health services, such as third sector charities. Furthermore, our findings add to the existing evidence that young people may not consider GPs as a potential source of support for their psychological distress [21,26] and highlights the importance of GP's in providing a safe environment to facilitate discussions about potential mental health concerns [27].

Implications for research and clinical practice

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

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

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

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

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

Funding Body

University of Hertfordshire, Life and Medical Sciences.

Ethics Committee

Approval was obtained from the University of Hertfordshire, Health and Human Sciences Ethics Committee and Delegated Authority (ECDA) (LMS/PG/UH/00298).

Acknowledgements

We thank the young adults who agreed to take part in this study and acknowledge Dr Laura Casale, Joerg Schulz, Dr Keith Sullivan for their assistance with this project.

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