



# Mental Health Help Seeking in Young Adults

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1 **Mental Health Help Seeking in Young Adults**

2 **Editorial**

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## 32 **Mental Health Help Seeking Behaviors in Young Adults**

33

34 There is clinical and research consensus that significant cognitive, social, emotional  
35 development and adjustment to physical changes occurs during young adulthood, in  
36 the period between 18 and 24 years<sup>1</sup>. Whilst three quarters of psychiatric disorders in  
37 adults emerge before the age of 25 years, a European study, comparing access to  
38 mental healthcare by age bands, reported that 18-24 year old participants were least  
39 likely to get care for mental health problems<sup>2</sup>. In the 2016 UK National Confidential  
40 Enquiry into Suicide in Children and Young People, 43% of people under the age of  
41 25 who died had no known prior contact with any agencies<sup>3</sup>. Understanding the risk  
42 factors and triggers for mental health problems in young adults is crucial, however we  
43 also need to know more about how young adults seek help, if we wish to improve the  
44 quality and outcomes of mental healthcare. Early interventions may improve the  
45 prognosis of primary mental health disorders in young adults and reduce the risk of  
46 chronicity and progression to more severe secondary disorders, but research led  
47 innovation in mental health care is also hampered by delayed diagnostic assessment  
48 and care.

49

50 In a recent UK on line survey to young adults, the authors report that 35% of  
51 participants experiencing current emotional or mental health difficulties did not seek  
52 any formal or informal help and that perceived stigma, difficulty expressing concerns  
53 and accessing help, alongside a preference for self reliance, were barriers to access to  
54 care and support<sup>4</sup>. A systematic review of perceived barriers or facilitators to mental  
55 health help seeking in young people identified thirteen ‘barrier’ and eight ‘facilitator’  
56 key themes. Since cultural and contextual issues, such as taboos and the structure of  
57 service provision, underpin and influence ‘help seeking’, the reporting of cross-  
58 cultural studies together, was a limitation of the review itself. The most important  
59 ‘barriers’ were: ‘stigma and embarrassment’; ‘poor mental health literacy’; and a  
60 preference for ‘self-reliance’. There was rather less evidence about ‘facilitators’; the  
61 most important was: ‘positive past experiences with help seeking’, with some  
62 evidence relating to ‘social support’ or ‘encouragement from others’; and  
63 ‘confidentiality and trust in the provider’.<sup>5</sup>

64

65 However, a challenge to the current conceptual framework may be warranted. There  
66 is a relative lack of discussion in this most recent systematic review and the field  
67 about how other individuals mediate access by a young adult, to mental healthcare or  
68 provide alternative support, nor is the current role of social media and on-line  
69 resources explored.

70

### 71 **The model of ‘help-seeking behaviour’**

72 Models which see help-seeking as an internal, sequential process within the  
73 individual; moving through recognition, expression, identification of sources of help  
74 and subsequent willingness to disclose, may not reflect reality<sup>6</sup>.

75 With regard to young adults, the role and concerns of family, tutors, peers and  
76 employers are significant. Observed behaviours, such as isolating oneself, eating  
77 problems, concerns about image, may be early indicators of psychological distress.  
78 Responding to these additional voiced concerns may be challenging for health and  
79 social care practitioners, especially at a point where the young adult has capacity to  
80 chose to seek help or not: the need to maintain confidentiality and trust is paramount.  
81 The proportion of young adults who access mental healthcare by their own volition  
82 and those who access care, facilitated by others, is unknown.

83

### 84 **Stigma**

85 The authors of the UK on-line survey mostly use the term ‘mental health’ whilst some  
86 survey respondents state that their concerns are about ‘mental illness’<sup>4</sup>. Word play  
87 like this needs to be tackled, if stigma is to be faced head on. The field of mental  
88 health is in itself far from united in how to conceptualise the area where a common  
89 mental health problem becomes diagnosable as a disorder, and which difficulties  
90 should best be known as ‘mental illness’. Practitioners and researchers need to  
91 acknowledge that this lack of clarity may contribute to the difficulties young adults  
92 may have, in trying to articulate their concerns and simultaneously avoid attracting a  
93 frightening and stigmatising label. Literacy in mental health remains a goal for all, not  
94 just young adults.

95

### 96 **Asking for help**

97 A UK qualitative study reported negative perceptions by young adults about the value  
98 of consulting a GP for mental distress, as participants perceived a GP role to be  
99 primarily concerned with physical illness<sup>5</sup>. Community based support, for example,  
100 through youth services; counseling in tertiary education and the workplace may  
101 provide more acceptable sources of help, for those people who need and prefer non-  
102 medicalised approaches, provided risk assessment can be safely undertaken by  
103 appropriately skilled practitioners. Whilst 35% of young adults with mental health  
104 problems did not seek help in the recent UK study, 65% did seek help<sup>4</sup>.  
105 Understanding the differences between help seekers and non-help seekers, would be  
106 helpful as research into ‘facilitators’ is sparse.

107

### 108 **Self-reliance and independence**

109

110 Total self-reliance is an unrealistic goal for any adult; we are all social beings and in  
111 need of support. There is a growing body of evidence, relating to the resilience of  
112 young people which identifies fundamental building blocks: a secure base, self-  
113 esteem from being valued and being enabled to exercise control in their lives. Young  
114 people benefit from patterns of family interaction that are warm, cohesive and  
115 supportive and include belonging to a supportive community<sup>8</sup>. Reaching out to young  
116 people who are more likely to be experiencing mental health difficulties wherever the  
117 above factors do not apply or have been lost for example, during transitions, should  
118 be a collective societal goal. Primary care practitioners ideally would integrate an

119 understanding of these factors within a holistic consultation framework, routinely and  
120 opportunistically asking young adults about mental as well as physical health.

121

### 122 **Online mental health help-seeking behaviour in young adults**

123

124 Almost all adults aged 16 to 24 (91%) use social networks and the vast majority  
125 (90%) of 16-24 year olds own a smart phone<sup>8</sup>. Young people are more likely to use  
126 the internet to look up information about mental health issues, with around 33% of  
127 those aged 18-29 doing so<sup>9</sup>. In a recent study 73% of young people relied on TV,  
128 radio, social networks and websites to get information on self-harm compared to just  
129 11% who sought information from healthcare professionals<sup>9</sup>. There is potential for  
130 mental health services providers to tap into the support already being provided by  
131 online communities and it is likely that as online and mobile services become more  
132 integrated with our everyday lives, so too will they become more integrated with the  
133 provision of mental health services.

134

135 The potential benefits of online mental health help seeking behavior include greater  
136 anonymity and confidentiality, which lowers concerns regarding stigma associated  
137 with. Access, 24 hours a day to online resources is easier than face-to-face access to  
138 healthcare practitioners and the range of ways in which information is accessed can be  
139 empowering to users<sup>10</sup>. Potential disadvantages to online mental health help seeking  
140 behaviour include cyberbullying<sup>3</sup>; certain websites can exacerbate mental health  
141 problems such as eating disorders and self harm<sup>11</sup>. A systematic review of 18 studies  
142 found that online services did not facilitate offline mental health help seeking in  
143 young people although, the authors noted that young people were satisfied with these  
144 services and would recommend them to friends<sup>12</sup>.

145

146 Whilst there are some excellent established resources available, overall the  
147 recommendation of use of online services should be approached with caution by  
148 healthcare practitioners, based on the lack of regulatory control on many  
149 websites/community forums. A proposed review of the NHS Apps library has stalled,  
150 which, perhaps, is a tacit acknowledgement of the challenges in regulating the use of  
151 on line and other mobile health technologies in a rapidly changing field.

152

### 153 **What are the implications for primary healthcare policy and practice?**

154 The 2010 'No Public Health without Mental Health' campaign presents a strong case  
155 for collaborative approaches to deliver better preventive and responsive care,  
156 especially for children, and young adults, to influence their life course risk and  
157 outcomes of mental health problems<sup>8</sup>. Sources acknowledge the challenges in meeting  
158 the needs of young adults in transition from adolescent to adult mental healthcare and  
159 the Royal College of Psychiatrists have summarised approaches to commissioning of  
160 services and training of all healthcare practitioners to address the barriers which lead  
161 to unmet needs for existing service-users as they reach 18 years. Investment in  
162 employment, education, housing, social cohesion, sport and the criminal justice

163 system are seen to be as essential as responsive health services. Actions to address the  
164 'stigma' of mental illness in young adults, especially those mediated by gender and  
165 cultural influences, are a priority for a society which promotes mental health and well  
166 being for all of its young citizens.

167

168 Whilst there is a paucity of research into facilitators, 'positive past experiences with  
169 help seeking' were the most important across all the literature. Knowledge of the  
170 factors influencing the mental health of our patients throughout the life course, our  
171 ability to make a contextual assessment of mental health and diagnose mental illness,  
172 put general practitioners in the ideal position to provide proactive, young person  
173 centred, continuity of care. That is, provided there are an accessible range of  
174 complementary primary care and mental health services and also the trustworthy,  
175 quality-assured on line mental health resources which young people increasingly turn  
176 to, but may in some instances place vulnerable young adults at risk of harm.

177

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