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

2 **Editorial**

3

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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 years¹. 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 problems². 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 agencies³. 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 support⁴. 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’.⁵

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 reality⁶.

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’⁴. 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 illness⁵. 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 help⁴.
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 community⁸. 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 ⁸. 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 ⁹. 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 professionals⁹. 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 ¹⁰. Potential disadvantages to online mental health help seeking
140 behaviour include cyberbullying ³; certain websites can exacerbate mental health
141 problems such as eating disorders and self harm ¹¹. 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 ¹².

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 problems⁸. 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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