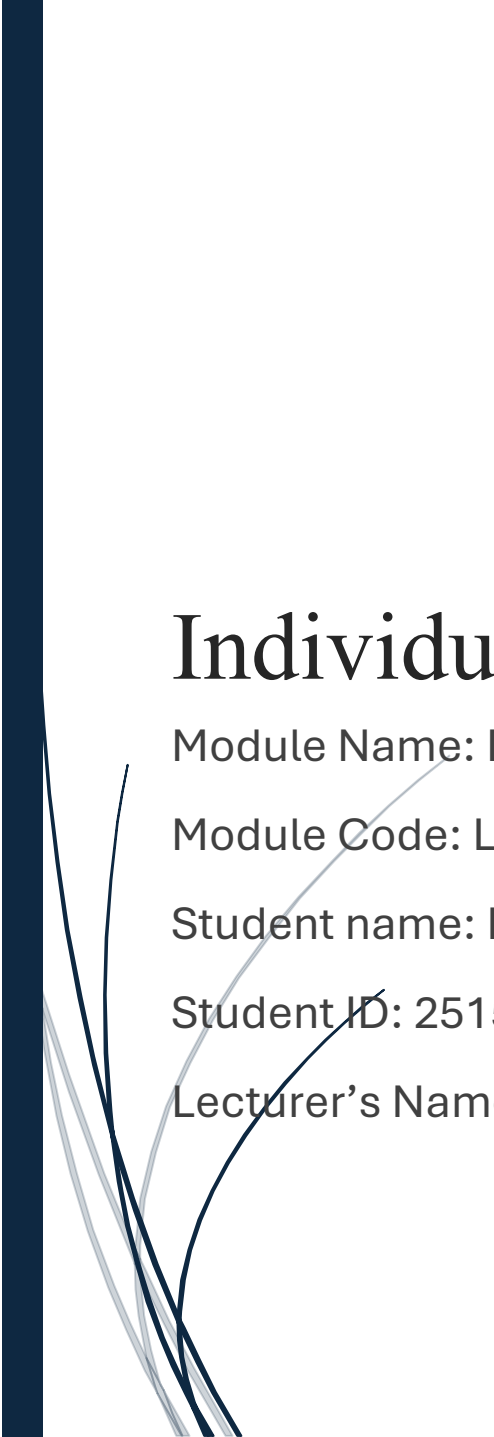




Individual Report

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Research Topic: Reduced Access to mental health services

Introduction

Mental health services in the UK are becoming increasingly under pressure as demand rises and waiting times lengthen. A study by the Rethink Mental Illness explores the waiting times to access mental health support, the data revealed eight times as many people are still waiting after eighteen months compared to physical health care who are still waiting to be seen by mental health practitioner. (Rethink Mental illness, 2025) This research focuses on reduced access to mental health services and barriers that contribute to accessing mental health services within the UK health and social care sector. The purpose of the study is to explore the factors contributing to limited access, including increased demand and extended waiting times, and to examine how this issue affects patients and health care providers. The scope of the research is limited to mental health services in the UK and considers both the social and organisational implications of reduced access.

Problem Statement

Mental health problems and accessing services continue to be a significant problem within the health and social care sector. Many individuals experience long waiting lists, difficulties obtaining referrals, and limited availability of support often finding themselves unable to access help when they need it most the (BMA, 2025) explains that resources do not meet demands and estimates there are 1.7 million people waiting for support This issue effects people across diverse backgrounds, showing that reduced access to mental health services a widespread concern. This issue can be even more challenging for vulnerable groups, for example people experiencing homelessness, who may face additional barriers that make it harder to access mental health support. These barriers can include digital exclusion, difficulties attending appointments and challenges navigating referral pathways. Reduced access also places pressure on the wider health and social care system, as individuals who cannot access early intervention may require more intensive or emergency care. Overall, reduced services remain a pressing national problem that affects both individuals and services (Royal collage of psychiatrists, (2025).

Justification

Investigating the causes of reduced access to mental health services is vital as this issue affects both individuals and the wider health and social care system. Many people struggle to receive support early enough, which can lead to worsening symptoms and an increased risk of reaching a crisis point. There are several key factors continue to limit timely access, for example long waiting times and limited availability of early intervention mean that individuals often do not receive help when they need it the most. Additionally, a lack of early support contributes to rising A&E admissions, as individuals in crisis turn to emergency services. Recent NHS data shows around 1.2 million more A&E attendances this year compared with pre pandemic levels, demonstrating increasing pressure on emergency department(NHS ENGLAND, 2024) Evidence from the Mental health foundation also shows higher rates of severe mental health conditions among vulnerable groups and the challenges they face accessing appropriate support(Mental Health Foundation, 2023) These issues show why further research is necessary to understand the causes of reduced access and to help improve service delivery across the sector.

Information Sources and Justification

There are 3 articles that align with the topic of reduced access to mental health. Journal article by Stepanova et al. (2023), published in BMJ Mental health explores the inequalities and lack of support for ethnic minorities regarding accessing mental health support. The study reveals important barriers that ethnic minorities face including isolation and lack of cultural sensitivity services it also suggests that ethnic minority groups are more likely to access support through emergency or crisis services and are more likely to experience undiagnosed and untreated mental health conditions. This places additional strain on emergency services. The study uses qualitative and primary data collected through semi structured interviews. This source is a peer reviewed study and relevant for examining barriers to mental access.

The second source, Journal article by Dunn et al. (2024) published in the British journal of General Practice explores the gaps between primary care and specialist mental health services. The article refers to the missing middle examining how people with

complex mental health needs require help whilst waiting to access services such as talking therapies, particular conditions such as eating disorders ,grief ,self-harm and co-occurring substance misuse are often not given priority, putting those at serious risk and ultimately restricting people from reaching their full life potential, this has a wider effect putting added strain on families friends employers and other care services. This source demonstrates barriers within the NHS service provision contribute to reduced access and timely mental health support; the source draws on qualitative evidence and clinical insights to highlight how people with complex mental health issues are often not prioritised and are therefore delayed from receiving care.

Source three is a peer reviewed UK journal article published in PLOS ONE that examines the relationship between income and mental health outcomes among adults in the UK (Reed et al.2025). The study analyses the relationship between income and mental health outcomes. The study uses large scale national data and shows that financial insecurity is linked to poorer mental health due to increased stress and anxiety, as more individuals experience declining mental health, demand for mental health services increase placing additional pressure on services.

Task 2: Research Methodologies

Give a brief overview of quantitative and qualitative research.

Qualitative research focuses on human experiences, behaviours and perceptions rather than numerical data. It uses methods such as focus groups, interviews, observations and open-ended questions to explore how individuals and groups experience an issue. This approach provides in depth insight and helps researchers understand the reasoning behind behaviours. In mental health research, qualitative methods are particularly useful for exploring personal experiences of accessing services.

Quantitative research focuses on numerical data and statistics to identify patterns and trends. It often uses structured methods such as questionnaires and surveys, this type of research method is useful for measuring the scale of an issue, for example how many people are affected. In relation to mental health services quantitative research can be used to examine waiting times, service usage, and outcomes across large populations. Overall qualitative research explores depth and meaning while quantitative research focuses on measurements and scale.

What type of research methodology will you use for your research and why?

A mixed -method research approach would be most appropriate for this study as it allows both quantitative and qualitative data to be used and focuses on barriers to accessing mental health services in the UK. Quantitative research is appropriate as it allows the study to examine measurable factors such as waiting times, service capacity and the number of individuals unable to access timely support which helps to demonstrate the scale and extent of access issues across the population.

Qualitative research is equally important for this topic as many barriers to accessing support, including financial insecurity, stigma, and difficulties navigating referral systems, are better understood through lived experience. Combining both methods strengthens the research by allowing the study to identify how widespread access issues are, but also why these barriers exist and how they impact individuals seeking mental health support.

Task 3: Data Collection

Overview of primary and secondary data collection

Primary data refers to data that collected first- hand, this can include methods such as questionnaires, interviews, surveys or focus groups. Primary data allows researchers to gather detailed and specific information related to the research question.

Secondary data refers to data obtained by other researchers or organisations. This can include government reports, charity publications, NHS statistics, and journal articles. Secondary data is useful for identifying existing evidence and comparing findings across different studies.

What form of data will be used to address your research problem, and why?

This research will use secondary data to address the research problem of barriers to accessing mental health services. Secondary data is appropriate as the study focuses on a national issue that has already been explored through existing academic research, NHS reports and charity publications. Using secondary data allows the researcher to draw on both qualitative and quantitative evidence from multiple sources. This approach supports the mixed methods by enabling the study to examine both the scale of access issues and the underlying reasons why these barriers exist.

Conclusion

In conclusion, this research has explored barriers to accessing mental health services in the UK and identified several key factors that contribute to reduced access to mental health services. These include long waiting times, limited capacity, financial insecurity, stigma and difficulties navigating referral pathways. Together, these barriers can delay individuals from receiving timely support and may worsen mental health outcomes. Through mixed methods, this study has examined both the scale of the issue and the underlying reasons why these barriers exist. Understanding these challenges is vital for improving mental health support, particularly for vulnerable groups who are disproportionately affected.

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