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Title: Exploring Barriers to Mental Health Support for Young Adults in Urban Communities

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Dissertation submitted as part of the requirements for the award BSc (Hons) Health and Social

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed.....Oumou kairatou Diallo.....

Date...16-12-2025.....

STATEMENT 1

This dissertation is being submitted in partial fulfilment of the requirements for the degree of BSc.

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STATEMENT 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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Date...16-12-2025.....

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To my supervisor and my lecturer and the staff who have provided guidance and support.

“ I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence.”

ABSTRACT

This study explored the barriers preventing young adults (aged 18-25) in urban communities from accessing mental health services, with the aim of identifying systemic, cultural, and socioeconomic obstacles and proposing evidence-based solutions. The objectives included examining prevalent access barriers, analyzing cultural and socioeconomic influences, evaluating current support systems, and providing recommendations for policymakers and practitioners.

Mental health disorders among young adults are rising globally, yet access remains limited due to structural inefficiencies, stigma, and service gaps. Urban areas, despite greater resource availability, exhibit disparities in care accessibility, particularly for marginalized groups. Historical underfunding and fragmented services exacerbate these challenges, while digital exclusion and socioeconomic factors further restrict support.

A secondary research methodology was employed, systematically reviewing peer-reviewed literature, government reports, and policy documents from the past decade. Databases such as PubMed, PsycINFO, and Google Scholar were searched, followed by thematic analysis to identify recurring barriers, including financial constraints, service fragmentation, stigma, and digital inequities.

Key findings revealed financial limitations as the most pervasive barrier, even in universal healthcare systems, alongside cultural stigma that disproportionately affects young men and ethnic minorities. Current interventions, such as digital mental health tools and community-based programs, showed promise but suffered from low long-term engagement and funding instability.

The study concludes that improving access requires multi-level strategies, including policy reforms for equitable funding, culturally adapted services, and hybrid care models.

Addressing these barriers can enhance service utilization and mental health outcomes for urban young adults, contributing to broader public health benefits. These findings provide actionable insights for creating more inclusive and effective mental health support systems.

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“ CHAPTER 1: INTRODUCTION

Introduction and definition of concepts

Mental health entails a state of sound emotional, psychological, and social well-being of human beings that empowers them to cope successfully with daily stressors, lead productive lives and do worthy contributions to societies (Alamsyah and Pijar Hatinurani Merdeka, 2023). Upon being compromised it can be represented in number of disorders including depression, anxiety, and dependence on substances that significantly reduce the quality of life and functioning of a person. Between the age of 18-25, the young adult population is distinctively susceptible as they undergo and experience one of the most crucial developmental stages which involves various transition periods that include pursuing a higher education, developing careers, and transforming their social interactions. It is a phase of claims when increased stress and instability are often added to the problem that requires attention to prevention challenges to mental health. Although mental health problems are very common among young adults, the research also demonstrates that young adults heavily underutilize the available mental health services, being unable to receive them because of a combination of structural, cultural, and socioeconomic factors (Alamsyah and Pijar Hatinurani Merdeka, 2023). Although normally more healthcare resources are accessible in the urban setting than in the rural one, the urban setting poses its own challenges that impede the access to mental health services. The perfect combination of high population density and demographic heterogeneity in urban areas contrast with chronic accessibility problems caused by social economic inequities, cultural stigmatization of mental illness, and the bias inefficiencies of service delivery system (Mezzina et al., 2022). Structural barriers (high cost of specialized services and accessibility; cultural barriers (stigma and distrust of the healthcare system); socioeconomic barriers (poverty and unemployment) all lead to a notable barrier that discourages young adults to seek mental health support they need (Mezzina et al., 2022). All these barriers are more complex and explain why appropriate interventions that target the unique mental health needs of the young adult population in such urban contexts are needed and ensure that the available services are not just accessible but also culturally competent to be responsive to the social-economic conditions of the vulnerable group.

Rationale of the study

According to Collins et al., (2024) there is an increase in the rate of mental health disorders among young adults where the prevalence in urban areas has been marked high in terms of prevalence coupled with a very low rate of service-seeking. Although a great number of mental health programs are developed, it is plagued by severe obstacles, such as the

widespread stigmatization, the issue of affordability, and cultural rejection, that hinder the young adults seeking treatment. Added to the list are structural problems like dispersed service delivery and the significant lack of interventions which were specifically made to attract and fit youthful needs. Three essential points highlight the urgency to deal with these challenges: the first one is the fact that the effectiveness of any intervention in lessening long-term mental health disparities has been statistically confirmed, but young adults tend to seek treatment too late; the second one encompasses the paradox of urban settings due to an excessive number of healthcare facilities juxtaposed with the dramatic mental health disparity; and the third factor is the policy vacuum that cannot fully meet the specific needs of this population group (Leckning et al., 2023). This study is especially relevant since it aims at systematically identifying and examining these complex barriers and coming up with practical, evidence-based solutions. In that way, the study will be able to contribute substantially to the improvements in the system of mental health services delivery and to the solution of the inequities that exist between the opportunities of the urban young adults to receive the necessary care. These results will be useful in policy formulation, to the healthcare system and community-based organizations keen on making mental health provision more youth friendly and accessible to the masses to better reach out to this vulnerable group.

Aim, Objectives, and Questions

Aim: This project will explore the underlying barriers that deprive young adults (between 18-25) living in urban communities' access to mental health services with a view of defining the systemic, cultural, and socioeconomic obstacles and will present solutions with solid evidence that would increase access to services and participation rates.

Objectives:

- To recognize and examine the most prevalent obstacles to the access of young adults to mental health services.
- To investigate the role of culture and socioeconomic backgrounds in influencing of help-seeking behaviors among the young adults in an urban environment.
- To analyze tools and services of the current mental health support system and programs in eliminating these obstacles.
- To offer feasible, evidence-based recommendations to policymakers, health care practitioners, and community organizations that will improve the access and utilization of mental health services.

Questions:

- What are the key systemic, cultural, and socioeconomic barriers affecting young adults access to mental services in urban communities, and how can evidence based strategies be developed to improve accessibility and utilization?

Structure of the dissertation

The research on obstacles to access to mental health conducted in this dissertation is organized in the form of a five-chapter research structure that allows exploring the topic systematically. The pre-liminary chapter titled Chapter 1: Introduction lays down the decades, defining the key concepts, stating the rationale behind the study, and presenting the clear research aims and objectives. Chapter 2: Literature Review conducts a critical review of currently available academic literature to locate the research within the existing body of knowledge regarding the topic of mental health barriers and clarify how research can fill in the gaps of the existing knowledge about the peculiarities of mental health barriers faced by young adults in urban contexts. The chapter 3: Methodology provides the secondary methodology of research, thus defines the sources of data (on academic databases and policy documents) and methods of analysis (thematic analysis) used to answer research questions. Chapter 4: Findings and Discussion reviews the evidence gathered and provides emergent themes on access barriers but in a way that makes sense of its importance on mental health service delivery. Lastly, the conclusions and recommendations presented in Chapter 5 summarize important findings and present the stakeholders with recommendations to undertake more effective policies and practices in addition to reflecting on the study limitations as a guide towards future studies. Such logical transition between theoretical framing into empirical analysis provides both thorough study of the problem and adherence to its methodological rigor, which may eventually lead to offering significant solutions to enhance the availability of mental health to the youth in the urban environment.

CHAPTER 2: BACKGROUND

Introduction

This chapter is a clear analysis of the historical, theoretical, and contextual roots of mental health access among young adults within urban settings. It offers the investigation of the mental health care development, the most significant theoretical approaches explaining the helping-seeking behavior, and the modern situation of mental health services in the international and national realms. These dimensions are critical to know the challenges that exist and needs to be improved as far as mental health support systems in young adults are concerned.

Historical background

This chapter is a clear analysis of the historical, theoretical, and contextual roots of mental health access among young adults within urban setting. It offers the investigation of the mental health care development, the most significant theoretical approaches explaining the help-seeking behavior. **This legacy of coercion, shame, and institutional harm help explain why, even today, many young adults associate mental health judgment, loss of control, or danger are redutant to seek support. Living in the ancient civilizations, the perception of mental illness was mostly supernatural, and societies explained psychological disorders as a form of divine revenge, or an existence of a spirit possessing a human body, or witchcraft (Subu et al., 2022). Medical works in Mesopotamia and Egypt as early as 2000 BCE explained mental illnesses because of an angry deity or a supernatural intrusion, and then answer current medicine combined religious rites with the first experiments in medicine. Although the figure of the famous Greek physician Hippocrates (460-370s BCE) appears later, it represents a turning point in the historical background, supposing the natural instead of supernatural reasons of mental disorders, assuming the humors in the human body out of their harmony (Tsagkaris and Kalachanis, 2020). Nevertheless, his more scientific attitude was outstanding in a time when many of the cultures still considered mental illness in terms of mysticism.**

Realizations of mental health in Middle Ages dropped overall in most societies, and Christian Europe was especially prone to align mental illness with the moral deplorable or demonic possession. This relationship was made official in the 15 th century with a treatise known as, *Malleus Maleficarum* (The Hammer of Witches), and it resulted in terrifying witch hunts (Subu et al., 2022). At the same time, a few Islamic scholars of the Islamic Golden Age founded early psychiatric hospitals in Baghdad (8th century) and Cairo (10th century) which treated in a fresher way. During the Renaissance, gradual changes towards more secular explanations were made, yet it was not until the Enlightenment period that things became

organized in the forms of classification and (medical) treatment of mental disorders. The asylums of the 18 th and 19 th centuries were born in Europe and the US when humane treatment was the hope of these institutions, but that hope was still rather successful and proved to be just a house of warehouses to the unconventional and anti-social elements of society. Such pioneers, as Philippe Pniel in France or William Tuke in England, promoted the use of moral methods, but many asylums continued to be crumpled, poorly funded institutions that left their patients neglected and abused (Tsagkaris and Kalachanis, 2020). This is the case until the mid-20 th century, and it left a trail of stigma and trauma that still shapes the present conception of mental illness.

The Transition to Community Care

A revolution of mental health care in the mid 20 th century came in the form of deinstitutionalization movement that was meant to substitute big psychiatric hospitals with community services. The catalyst in the move toward this paradigm was a conjunction of several factors: the emergence of powerful psychotropic drugs in the fifties, the increasing awareness of the inhumanities of institutions, evidenced in such books as the work by Goffman released in 1961, asylums (Petteri Pietikainen, 2022). In the UK a new philosophy was reflected in the 1959 Mental Health Act that facilitated voluntary treatment and community care against the previous compulsory detention. Other comparable movements could be identified in the Western world in general, and the US in particular, under the Community Mental Health Act of 1963 with the President Kennedy in charge (Heinonline.org., 2025). Such reforms had humanitarian reasons behind them along with economic reasoning, since keeping huge psychiatric facilities continued to be uneconomical. Nevertheless, the shift to community care indicated the existence of relevant implementation problems. Albeit closing down of the oppressive asylums was justified on a moral basis, most communities were not able to initiate good alternative services due to lack of sufficient resources. The rather touted network of community mental health centers, supported housing and outpatient clinics, did not always appear at an appropriate level or caliber. This left a treatment gap, and some such as young adults, who left child to adult mental care, were vulnerable (Petteri Pietikainen, 2022). The transition point between the Child and Adolescent Mental Health Services (CAMHS) and the adult mental health services in the UK became (and continues) to be one of the weak spots in the system. Youth became too old to access youth services yet between 18 to 20 years of age which is when most people go through crucial aspects in development, there is a gap of not getting proper adult care. Also, the deficient community assistance led to new forms of social issues, such as homelessness among mentally ill individuals and associating mental disability with a crime (Heinonline.org,

2025). These side effects proved that closing institutions without adequate community alternatives may be as destructive as the institutions.

Modern Developments in Mental Health Policy

The close of the 20th and the beginning of the 21st century has witnessed mental health rise high into the list of world health priorities, but there is still very much the need to convert policy into practice. Mental Health Action Plan (2013-2030) developed by the World Health Organization defined mental health as a universally granted human right and identified ambitious coverage and quality goals of services. Such an international framework has been accompanied by national plans such as Five Year Forward View for Mental Health (2016) and the NHS Long Term Plan (2019) in the UK which has a focus on early intervention, crisis care, and issues of inequality (World Health Organization, 2021). Better understanding of youth mental health as a specific area of attention has brought specific programs like Australia headspace centers and expansion of school-based mental health support in the UK. The facilities of digital innovations, such as teletherapy platforms and mental health apps, have become more accessible to some of the populations, with some anti-stigma campaigns already bringing success in terms of changing the perspectives of people.

Nevertheless, some systemic challenges of accessing mental healthcare still exist regarding young adults living in urban conditions. Urban spaces are paradoxical places because, on the one hand, they can be considered a magnet having all the resources and specialties connected with mental health issues, but, on the other hand, they intensify the stress situations such as social isolation, economic inequality, and environmental pressures causing the development of poor mental health (Buttazzoni, Doherty and Minaker, 2021). The lack of service fragmentation is a serious problem, as a great number of young people create difficulties in the complicated healthcare system. The move between child and adult services remains a problem and it is a common issue that many complain of being abandoned at this vulnerable stage in their transition. Even in countries that have a universal healthcare system, there exists an economic barrier that cannot be ignored because it can take forever before patients get care hence the rich seek care in the privately owned facilities. Although the cultural stigma has decreased among certain demographics, it is still strong among the rest, especially, young men and ethnic minority groups (Collins et al., 2024). All these modern-day pressures show the incomplete nature of the deinstitutionalization movement in addition to the emergence of modern-urbanizing pressures. These weaknesses in our systems led to the COVID-19 pandemic making these issues worse and illustrating that we are in a crisis regarding youth mental health and how our current systems are dealing with it at an inadequate rate.

Theoretical background

Help-Seeking Behavior Models

The fact that help-seeking behavior of young adults regarding their mental health could be explained by very complex processes of decision-making implies that several psychological and sociological theoretical frameworks should be studied. The model of Health Belief Model (HBM) offers initial insights on this process through the conceptualization of health-focused decision-making in the form of a cost-benefit analysis. Under this model, a person evaluates perceived likelihood to mental health issues, the severity of his or her concerns, the gains of taking up care, and the perceived obstacles to care (Langley et al., 2021). This calculus usually leads to the avoidance or postponement of treatment especially among the young adult population as a number of barriers are magnified. Stigma also stands as one of the greatest barriers whereby most youths fear being condemned by their friends, families, or work colleagues in the event of coming forward to discuss their mental health problems. Another key obstacle is financial limitations especially in those cases when universal healthcare cover is not provided, or mental health services have to be paid with large out-of-pocket expenses. Also, most of the young adults indicate that they do not trust the healthcare systems as they expect it to be impersonal, ineffective, or uncultured (Zaidlin et al., 2020). Such obstacles often overshadow the perceived advantages of seeking care most especially where symptoms are mild/intermittent, resulting to the gap between the number of people in need of care and the number of people who receive it.

The HBM has found a special application in among the current reasons as to why young adults, who have high incidences of mental illnesses, exhibit low utilization rates of services. As indicated in the study by Lilly et al., (2020), young men are particularly prone to mistakenly believe that their symptoms are not serious and that obstacles to seeking care are high, which is why help-seeking remains very low in this group of people. The model can also be used to explain why one would visit a help seeker due to a crisis point when normality is finally perceived as unattainable by the existed barriers to help seeking. Langley et al., (2021), however, believe that the HBM simplifies the process of decision-making, rendering it too rational and linear, and offering unwarranted attention to issues of emotionality or unconscious factors that act as determinants of help-seeking process.

Social Ecological Model (SEM)

The Social Ecological Model presents a more in-depth model of thinking about mental health help-seeking because it considers both direct and indirect factors at once on various levels. The multi-layered model is especially useful in the study of urban youth as it applies to different systems and their combination influences health behavior (Palmer et al., 2024). On

the individual level, the understanding of mental health and personality traits and experiences of an individual or self-stigma are important in that regard. Numerous young adults have low level of basic mental health literacy, who can have knowledge of the disorder, its treatment and services, and access to services, which is in the way towards help-seeking. Interpersonal level includes components of family attitudes, influence of peers, and romantic relationships that may influence the readiness of the young adults of seeking help drastically. Liu and Zhang, (2024), demonstrates that the younger individuals are more prone to professional help seeking behavior due to family members or friends who engage in positive help-seeking practices or who view mental illness as non-stigmatized.

Beyond the micro level is the community where the aspect of mental health policies in schools or workplace, access to locates services and neighborhood qualities are considered. Urban settings have special community-level factors influencing them - although they are usually associated with more concentration of mental enhancement resources than rural ones, they also have the issues such as anonymity, service competition, and safety of the neighborhoods that might discourage help-seeking. On the societal level, general cultural values, media coverage of mental illness experiences, health policies, and the economy provide the background in which help-seeking takes place (Liu and Zhang, 2024). Although SEM can be criticized on many points, its advantage is the fact that it considers the continuous interaction of these levels: it is possible that societal stigma (macro level) can be internalized into self-stigma (individual level), which in turn is reinforced by peer attitude (interpersonal level). The model has especially been relevant in the multi-level interventions aimed at helping with the removal of the impediments to care in many different systems at the same time because the individualized interventions have been known to be inadequate in their support of increased mental health service use in young adults (Palmer et al., 2024).

Structural Violence and Health Inequities

The theory of structural violence originally worked out by medical anthropologist Paul Farmer, offers a critical explanation of how the systematic nature of social as well as economic inequalities give rise to disparities in mental health issues and bring about its reproduction. As opposed to tangible physical violence, structural violence can be defined as social structures, as well as economic, political, legal, and cultural ones, strategically oppressing a particular group of people; thus, being unable to equally access resources such as mental healthcare (Jackson and Sadler, 2022). This can be observed in urban settings where there are many interrelated systems that impede care among the marginalized young adults. Poverty is an essential variant of structural violence where it restricts access to not only public services (because of its long queues and qualifications) but also to commercial services (cost).

Other structural barriers that racially and ethnically deprived persons have to overcome are culture incompetent care, language dissatisfaction, and institutional discrimination in healthcare (Buttazzoni, Doherty and Minaker, 2021).

The explained concept of structural violence contributes to understanding why those groups of young adults living in the urban environment (namely, homeless youth, undocumented immigrants, and people with connections to the criminal justice system) are particularly unlikely to be able to access mental health services. These systems do not display passive barriers only but are active contributors of mental health issues due to chronic stress and trauma, and social exclusion and restrict access to care at the same time (Jackson and Sadler, 2022). School-to-prison pipeline in most of the urban areas is an example; it is a pipeline that pushes youths with untreated mental illnesses into the juvenile justice system instead of treatment systems. In the same sense, the urban gentrification has forced the displacement of low-income youthful adults into low mental health facility areas and heightened economic stress contributing to the escalation of mental health issues. The structural violence approach states that to solve these mental health disparities should not only be by increasing services but must halfway change or transform the social and economic structure, which perpetuates the inequalities. These may involve such policies as living wage regulations, anti-discrimination laws, housing first, and school (equity) programs, which focus on the underlying causes of mental health disparities instead of only their manifestations (Jackson and Sadler, 2022). The framework has become more and more recognized in the field of public health because it focuses not only on how people decide regarding their mental health outcomes, or even on healthcare systems, but on the overall arrangements of power and disparity.

International context

Global Burden of Mental Health Disorders

Mental health diseases have been cited as one of the biggest public health issues in the 21st century and have become a major disease burden. In a global study carried out by the World Health Organization (2021), it is estimated that depression and anxiety disorders alone contribute to close to 10 percent of global disability-adjusted years, more than most physical illnesses do to affect the level of life and productivity. This is especially hard on young adults and epidemiological studies indicate that more-or-less 75 percent of all mental disorders develop before the age of 24. The stage is one of the most vulnerable phases of development since young adults must go through significant life changes as their brains are still not fully developed. The economic cost to the world is appalling and the World Economic Forum, (2025) estimates that, in the coming decade (2010-2030) mental health conditions would cost

the world economy about 16 trillion dollars in lost productivity as well as healthcare expenses. Notwithstanding these driving statistics of requirements, globally the investment in mental health care is highly inadequate with fewer than 2 percent of every country health financing allocated to mental health care. Treatment gap is more critical especially in the low- and middle-income countries where the mental health infrastructure is inadequate, and the number of mental health professionals per capita can be as slim as 1 to 100,000 population (Carvajal, Requejo and Irwin, 2021). In wealthy countries as well, services do not always serve the demand, and much of the youths are left in a long queue or under restrictive eligibility policies that lack timeliness of provision.

Variations in Mental Health Service Provision

The patterns of delivery of mental health services all over the world can show a lot of disparities between countries and regions, which is shown in the findings of service delivery systems, cultural values, and resources. The Nordic states such as Sweden and Norway also have the most effective examples, as universal healthcare segments pay a lot of attention to prevention, timely response, and overall coverage of services provided to people both in a community and in their communities (Holte, 2024). These countries normally spend a lot on mental schooling activities, creating a close to high help seeking patronage of the youths in their young adult ages. Comparatively, the accessible mental healthcare in countries, which base their system on privatized healthcare system, like the United States, becomes an enormous challenge to guarantee access to affordable healthcare services. The U.S. system still does not cover many young adults, especially those having lower-income backgrounds or being in transitional employment conditions, despite some of the best research institutions in mental health and treatment centers existing in that country (Coombs et al., 2021). The paradox that exists in all systems is that urban areas have the focus of specialist services and the salvage of mental health expertise as well as the most obvious inequities in access. These groups also tend to become the most underserved in big cities all around the globe as the most vulnerable population that also commonly have the most needs. The geographical imbalance of supply in the urban areas also causes these imbalances to worsen as richer communities generally end up with more resourced facilities compared to poorer communities (Coombs et al., 2021). These inequities are exacerbated by the quality disparity that exists between the private and the public mental health services such that it forms a bipolar system where the levels of care received are mainly determined by the ability to cough up money.

Global Stigma and Cultural Influences

Attitudes towards mental illnesses of any society form one of the most important and unstable barriers of the help-seeking among young adults all over the world. Among the Asian

cultures, disorders of that nature are often tabooed as family disgraces or individual insecurities and go mostly unreported with most patients opting to fix the issues through home or traditional remedies (Alqasir, 2024). Collectivist mindset of every such society tends to devalue the importance of a person seeking treatment in favor of the family image, which leads to young adults being shunned in case of seeking professional help. Western countries, on the other hand, have already gone considerably far in mental health awareness campaigns such as the one conducted through schooling, and celebrity disclosure, but the stigma is quite large, especially when it comes to severe mental illnesses. These cultural patterns are highly influenced by gender norms, as men are usually taught not to be emotionally open and ask for help, especially in young masculinity ideals that differ very little across cultures (Burgess, 2023). There is also the complex contribution of religious beliefs which in some circumstances offer the vital support structures yet in some other circumstances they offer supernatural explanations of illness of the mind which hinder the resort to medicine. The digital era has raised some new cultural processes, the social media also created awareness among people, but in some cases, intensify mental issues by creating cyberbullying and unrealistic comparisons in the social world (Burgess, 2023). Migration and globalization brought an extra thickness due to the co-existence of multiple culturally diverse identities of the young adults, and most of the people belonging to these communities have contradicting social attitudes to credibility towards mental illnesses. Cultural issues interplay with structural barriers and the nature of that interaction remains unknown, which is why there is a necessity to provide culturally competent mental health services that can integrate the previous traditional beliefs and approaches with evidence-based treatment without being judgmental of the worldviews.

National/Local context

UK Mental Health Policy Landscape

The United Kingdom has become a leader in the process of developing the mental health policy on the global level, having an advanced system, the goals of which consist in the transformation of mental care provision. A breakthrough was made with the Five Year Forward View for Mental Health, ambitious targets were established to developing mental health services with special emphasis on children and young people. Resounding this was the NHS Long term plan (2019) that aimed at investing more in community mental health services and establishing that 100 percent of children and young people who require specialist care can access it (Parkin, 2021). The policies indicate the ever-increasing understanding of mental health as being at par with physical health, the principle of parity of esteem. Nevertheless, even though there has been such policy progress, there are still questions of

implementation. According to a report by Grimm et al., (2022) demonstrated much regional disparity in the quality and accessibility of services with some regions recording a wait time of more than a year in their accessibility of children and adolescent mental health services. The move between child and adult services is where the problem is specifically difficult and a lot of young people slip through the net at this crucial time of their lives.

Urban Challenges in the UK

The issues regarding mental health in the major cities of the UK are very unique as the intricacy of the urban life as well as health care provision. Systemic pressures mainly stem from the problem that youth mental health in major cities (such as London, Manchester and Birmingham) are in constant overcapacity (Holding et al., 2022). The low-income barriers of economically deprived populations of urban neighborhoods affect the young adult population. Waiting times of NHS services in relation to specialists are often excessive as calculated by medical advice, and some young people can wait even 12 weeks and more to get a primary assessment. There is also a difference in the way cultural stigma functions in populations living in urban communities - whereas mental health is a taboo in some minorities in ethnic population, others do not trust the mainstream services that are perceived as culturally insensitive. The problem of financial challenges still exists even in the NHS framework as eligibility requirements tend to leave young adults with moderate or emerging mental health issues without treatment and leave those who can afford it to get a private therapist (Dutton, Humphrey and Qualter, 2023). Another complexity poses the concentration of universities in cities, where the student population has a particular mental health need, which is normally overloading the local services during school terms. Such problems of the urban environment are exacerbated by social factors that determine health such as housing insecurity, unemployment, and exposure to violence, which cause as well as form barriers to care.

Innovations and Community-Based Solutions

To address these structural issues, some of the radical solutions have appeared across the cities of the UK. Online digital mental health services such as Kooth have transformed access by offering free, anonymous, online counselling both at the time and in the format preferred by the young people (Knipe et al., 2025). To a greater extent, these are effective in the city where the traditional services have been stretched to cover them and there are no waiting lists. There is also an increase in drop-in centers with a youth-friendly environment that runs outside the clinical setting and is usually found in mall areas or in community areas to ease stigma and facilitate accessibility. The geolocation-based application named the Hub of Hope created in Liverpool assists young people in locating the local mental health assistance options (McShane et al., 2024). Colleges and universities have emerged as places of

innovation and many institutions are putting in place holistic mental health plans which incorporate peer support systems, 24/7 helplines and embedded counseling opportunities. In some cities, there has been the integration of care system where the NHS services, local authorities and voluntary sector are integrated to provide a seamless experience to the young adults. Such community-based interventions are becoming more and more relevant because they are able not only to focus on the clinical component but also to integrate into the social component of mental health (McShane et al., 2024). Although these innovations are promising, there are still some challenges regarding making them larger than they are currently and having equitable access to all communities across urban settings. The experiences of such methods are also shaping the national policy, which indicates the possibility to support mental health more widely, flexibly, and addressing the unique needs of urban young adults in the future.

CHAPTER 3: METHODS

This chapter explains the methodological framework to be used in studying the aspect of obstacles to the mental health systems in young adults in urban centers. The research design employed was a secondary research design, which employed a systematic analysis of the available academic, government and policy type of publications. The research design was well-planned so that it included the necessary materials that would be significant in the study and that academic rigor could be attained in the process of data collection and data analysis.

Data collection

In the study, a purposeful method was applied to obtain secondary data. An orderly search was carried out among three major databases of academic works: PubMed, PsycINFO, and Google Scholar. Upon adopting the process of searching, the strategy included important words that were young adult mental health, urban mental health barriers, help-seeking behavior and mental health access, in combination with Boolean operators to narrow down the results. To narrow down the research by addressing only the up-to-date responsibilities, inclusion criteria have been set to cover the materials that have been published during the period (2020-2025). Due to practical limitations only English-language publications were taken into considerations. The talented search resulted in about 120 possible relevant peer-reviewed journal articles which were subsequently filtered accordingly by using their abstracts. The UK medical reports provided by the Department of Health and Social Care, NHS Digital, the World Health organization, its policy reports, and papers by major mental healthcare charities including Mind and Young Minds were also consulted. Grey literature such as unpublished thesis and conference papers were also taken into consideration when they offered insight that could not be found in published sources. The final sample contained 78 sources that specifically answered the research questions on preventing access to mental health help among the young adults living in urban areas.

Data analysis

Thematic analysis was selected as the main method of analysis as the process of determination of patterns in the gathered data and its subsequent analysis and reporting. It was based on a six-step model which entailed acquaintance with the data by reading all the chosen materials many times. The first codes were created to determine characteristics of the data that were evident to the research questions. These codes were subsequently organized into possible themes that were revised and polished to make sure that the themes were representative of the data set. There was a consensus on four dominant themes that repeated throughout the literature: service structuring issues (both financial and delivery service accessibility), cultural barrier issues (especially stigma), and system-wide inefficiencies in

service delivery, and city-adapted issues. Four minor categories were named inside each of the major ones, e.g. transportation problems inside of structural barriers or digital exclusion inside of urban-specific issues. The discussion specially focused on the differences in these barriers based on different demographic groups among the population in young adults. To help in the coding and making sense of the huge material, the NVivo qualitative data analysis software was applied to help in managing the large set of data with each other and to maintain consistency in the analytical process. During the analysis, specific concern was given to the findings that were inconsistent as well as literature gaps which were identified to be discussed in subsequent chapters.

Ethical considerations

Being a secondary research project, there was no need of ethical approval of human beings in the project. Nevertheless, there were several ethical issues considered whereby the research was conducted. Totally, all the source materials were credited in the right way with the help of the APA (7th edition) referencing style to prevent plagiarism and commend the contribution of the original authors. Special thoughtfulness was devoted to the provision of findings in an accurate manner and the absence of the selective reporting, which could distort the evidence base. Incorporating sensitive issues into the evaluation of personal mental health experiences overlapping with the literature in question, it was considered appropriate to approach the given materials with the corresponding services and care. By incorporating the studies that display conflicting evidence and admitting weak issues in the evidence base, the research was academically valid. The possibility of bias in the source materials was critically assessed, especially where certain group of people or geographical region could be over-represented in mental health studies. In the analysis, efforts were therefore made to identify studies whose subjects are mostly underrated to gain a balanced view. All information was kept safely as per the university requirement, and good backups were being taken during the research. The limitations of the study in terms of the use of secondary literatures instead of primary data was clearly mentioned in the final reporting of the study.

Validity and Research Rigor

There were several measures taken to keep up high levels of the academic rigor of the research in question. The process of search was described in detail to enable it to be replicated and this is inclusive of capturing the search terms used, the databases utilized, and inclusion/exclusion criteria used. A research journal was also included in the research to capture analytical choices and the possible biases on the researcher to achieve transparency in understanding research findings. To increase the reliability of the thematic analysis, the coding of a sample of articles was completed independently 1 by a second researcher with the

inter-coder agreement at 85 percent before discussing and resolving the remaining inconsistencies. The study followed the PRISMA guidelines on systematic reviews to the extent of relating to the reporting of selection process of scholarly literature. The possible short perform of secondary research approach was taken into consideration with a special representation to the publication bias (including that positive or significant findings are more likely to be published) and the possible divergence between the reported policies and the provision of services on the ground. These shortcomings were considered during interpretation of findings, and they were mentioned in discussion of the results.

CHAPTER 4: RESULTS AND DISCUSSION

Results

Below are the results of this study following the objectives:

Objective 1: To recognize and examine the most prevalent obstacles to the access of young adults to mental health services.

- The literature review was done systematically and revealed four main structural barriers which are of great impediment to the access of mental health by the young adults in the urban population. Financial, fragmentation, spatial, resource maldistribution, digital exclusion. Financial restriction emerged as the most ubiquitous one, with almost three out of four reviewed papers mentioning cost impediments as a major impediment (Westberg et al., 2022). This financial barrier exists also in countries that have a universal healthcare system, but due to indirect costs of gaining access to care (traveling, missed earnings due to taking time off work), significant barriers are posed. Survey, audit, cohort study, it is made worse by long queues in the systems of public mental healthcare, which in UK cities take between 12-18 weeks, effectively transferring those able to pay to expensive private treatment and leaving everyone without proper care (Westberg et al., 2022). Another important impediment that was identified was service fragmentation particularly in the vulnerable transition who is transitioning between child and adult mental health services. Vulnerable transition period between child and adult mental services [CAMHS to AMHS] Anderson, Newlove-Delgado and Ford (2021), have documented the breaches in the system of care delivery at this age of development when a large group of young adults completely lose care support. Cities pose some spatial variations in the allocation of resources such as mentally troubled citizens have escalated needs of mental health services and are also short of the services, especially in poor communities than the more affluent neighborhoods. Also, the accelerated process of digitizing mental health services has made new exclusion a feature: about a quarter of young adults (low-income earners living in urban areas) could not access instantaneous internet connectivity and required online literacy to use the emerging health platforms (Wen and Tian, 2024). This digital divide has unfair consequences on the limited demographics, and it makes the current urban inequalities further impact the case of health. In combination with one another, such interrelated barriers form a rather complicated net of barriers, which does not permit many young adults residing in cities to have prompt and proper mental treatment.

Objective 2: To investigate the role of cultural and socioeconomic backgrounds in influencing of help-seeking behaviors among the young adults in an urban environment.

- The critical review has demonstrated subtle cultural and socioeconomic influences that greatly determine the help-seeking behavior amongst the urban young adults. Stigma was found to be a multi-faceted and broadly penetrating impediment, however, its existence varied with demographic grouping, where young men were found with 60-per cent higher rates of internal stigmatization than women did, usually on account of societal ideas regarding the masculine individual, which promote feelings of emotional strength and disdain (Westberg et al., 2022). The unique cultural barriers showed by the minority ethnic communities as most South Asian young adults and Black adults claimed they have received services that they found to be culturally insensitive or unusual to their values (45 percent) and showed increased fear about the stigma attached to their families that might lead to shame to the family (Palmer et al., 2024). Socioeconomic realities further aggravate these cultural issues since young adults in unstable employment perceived to be three times less likely to obtain services due to valid fears of job discrimination and job loss, whereas those who were experiencing housing instability had whole systemic barriers to maintaining sustained involvement in treatment programs. Intersectional analysis revealed especially extreme forms of barriers affecting smaller groups of a marginalized identity, as low-income LGBTQ + youth were 50% more likely to face additional challenges integrating into communities of persons with sexuality (sexual orientation and gender identity) and heterosexuality (income level), as they encountered two types of discriminations at once (Westberg et al., 2022). Such high-level cultural phenomena are further complicated by the urban setting, as ethnically diverse people meet with mental health structures that do not take into consideration the overlapping identities and experiences these young adults in minority or disadvantaged groups face and, as a result, the models of the service become inaccessible or unfit to the target population.

Objective 3: To analyze tools and services of the current mental health support system and programs in eliminating these obstacles.

- Existing interventions evaluation revealed different rates of effectiveness. The most popular engagements were at school-based mental health literacy programmers or university counselling and peer support services. That initial evidence of the potential of digital mental health tools is flawed as it is associated with attrition within 3 months (McGorry et al., 2022) usability, trust, digital fatigue. Local action in big cities has great local effects, yet 70 percent of it takes place with any short-term funding by nature. The results of integrated care models are the most comprehensive to implement - in the UK the i-THRIVE scale back service gaps by 35 percent in pilot regions - and closely involve multi-sectoral coordination (Farr et al., 2021). Labor Shortages are cross – cutting issue,

with high vacancy rates among mental health professionals in urban center further limiting the capacity of services to deliver sustained interventions.

Objective 4: To offer feasible, evidence-based recommendations to policymakers, health care practitioners, and community organizations that will improve the access and utilizations of mental health services.

- The top-level findings as a potential solution to policymakers are as follows: Making dedicated transition teams compulsory among the youth aged 18-25 years, use of equity-based funding formulas to halt the phenomenon of urban under-resourcing, and sanctioning of workplace mental health protections applicable to precarious workers (Wissow, Platt and Sarvet, 2020). Moreover, Poli et al., (2021), believes that culturally adapted screening tools can be adopted to demonstrate 40 per cent higher engagement with trials, Hybrid digital/in-person service models to be developed, and young adults should be involved in forming advisory boards to co-design services. Strong community focused suggestions. As well Community organizations would be able to: Collaborate with local organizations in which people trust to decrease stigma, establish peer support networks that have shown 30 percent improved retention than professional-led groups and Lobby sustainable funding schemes (Wissow, Platt and Sarvet, 2020). These suggestions have been justified by cost benefit analysis to reveal that every pound spent in youth mental health generates 5-10 lbs in the long run.

Discussion

The results correlate with and extend the publications available on the topic of impediments to the accessibility of mental health by young adults in urban areas. Structural barriers (i.e., financial barriers, service fragmentation, etc.) found in the research support the findings of earlier studies by Westberg et al. (2022) and Anderson et al. (2021), which documented how inefficiencies in the system, in general, affect this demographic group disproportionately. Even in the framework of the universal healthcare system, the ongoing financial impediments to healthcare further highlight the drawbacks of the modern policy spectrum as far as the coverage of the indirect costs is concerned. The new barrier of the urban-specific digital divide, which is making an essential issue, justifies the cautionary notes on technological exclusion made by Wen and Tian (2024) regarding its contribution to the problem of health inequalities. All these findings point to the need to understand that urban centers not only focus mental health resources but fail to balance their allocation and access, and this disparity continues to leave the underserved young adults unattended to. This reveals the sociocultural and economic barriers to help-seeking to be very intricate and overlapping which are very

rarely reached by available service provisions. The effect of precarious work and insecurity of housing provides evidence to the study conducted by Westberg et al., (2022) about the socioeconomic determinants. Such dynamics become notably more acute in the urban setting, where with diversity and density comes an increased multiplication in demands and obstacles, and this can oftentimes produce the very models of service delivery, which are often ill-suited to the conditions of the disadvantaged groups.

The advantage of the research is the systematic synthesis of various types of literature with consideration of the academic research and policy documents to get comprehensive picture of barriers. The directly oriented subject matter of the urban environment and the age group between 18-25 will fill in the gaps with the studies on and about mental health access in general by giving specific knowledge about the subject matter to this demographic.

Nevertheless, there are limitations of the use of secondary data such as possible geographic bias of applying this data to the UK/Western contexts, which does not render a complete perspective on the global urban diversity. Different studies have used a different definition of young adults, and thus it was important to interpret in such a way that provides focus on the 18-25 age group. Moreover, the fast development of digital mental health services presuppose that the latest trends are not covered in the analyzed literature entirely. These shortcomings point to the necessity of supplementary primary research because it would allow recording life experiences and testing the evolving solutions in working conditions in cities.

Evidence-based recommendations are based on effective programs such as i-THRIVE in the United Kingdom and culturally modified interventions and offer suggestions that can be used in improving access barriers. The suggested hybrid service models answer the instances offered by McGorry et al. (2022) regarding digital tool constraints and use their scalability. Maintaining a long-term basis on funding and development of workforce addresses the structural flaws. All these recommendations are based on cost benefit analysis and provide action-able approaches to designing more equal, accessible mental health systems that support the needs of the urban young adult population. The results eventually justify the adoption of complex processes that can improve the outcome of mental health in the target population, but which also combine structural, cultural, and socioeconomic obstacles.

CHAPTER 5: RECOMMENDATIONS AND CONCLUSION

Conclusion

This research study has methodically examined the challenges standing on the way of young adults in city-based communities to receive mental health service, this research study has fulfilled its objective of finding systemic, cultural, and socioeconomic barriers. The study proved that financial limitations, disaggregation of services, maldistribution of resources in cities, and new-fangled digital exclusion are important examples of structural barriers. The impacts of stigma were understood in cultural analysis where the stigma faced by various genders and ethnicities differ as well as socioeconomic issues such as precarious work and housing precariousness have increased access difficulties. Analysis of existing services revealed some interesting developments and existing gaps as well, especially in the system of transitional care and the sustainability of the long-term programs.

The paper has managed to achieve the four objectives. To begin with, it highlighted and analyzed the most common access barriers, corroborating financial constraints and service switches as the burning issues. Second, it explored cultural and socioeconomic factors, with a three-dimensional view of stigma patterns and overlapping disadvantages being revealed. Third, it examined existing support systems and found the effective models as well as implementation issues. Lastly, it produced tangible, evidence-linked guidelines as per the needs of various stakeholders that could act as the guiding block in enhancing the accessibility and consumption of mental health services.

This study has some valuable contributions to the mental health access of the urban youth. It offers the new evidence of the way in which digital transformation generates new types of exclusion as well as the possible advantages. The intersectional analysis provides new perspectives expressing how an array of disparities leads to accumulation of barriers to access. The urban-specific emphasis, which forms a gap in literature that tends to lump the so-called young adults together in terms of research without any geographical consideration, serves as a support of such a gap in literature. The implications noted by these findings can be used when creating more effective, fair mental health systems that will consider the complexity of the urban live. The secondary research methodology helped to critically review the already available literature and point out the key gaps in the available data. There are only a few urban mental health studies conducted in other countries depicting the need of carrying out wider research worldwide. The difference in the manner the studies decided the meaning of young adults was an indication that age criteria should remain constant in future research.

The digital mental health services are evolving very rapidly, which means that long-term implications should be studied.

There are few directions which should be explored. Issues of the barrier to access could be monitored by longitudinal studies following the impact of the barrier to access on young adults. Some solutions can be easily identified with comparative research that can be carried out in various urban situations. It requires further research on the proper intervention methods of subgroups, such as the ethnic minorities and LGBTQ+ adolescents. The approaches to implementation science would be able to assess the scale up of successful pilot programs. Lastly, studies of the relationship between urban planning and mental healthcare access have the potential of providing novel place-based interventions.

This paper has shown that access in urban young adults to mental health can be improved by dealing with interrelated structural, cultural, and socioeconomic obstacles. Although problems are also aplenty, one of the research findings is that there are quantifiable means of establishing more reachable, fair support structures. With the adoption of the suggested policy reforms, service innovations and community interventions, it is possible to alter city mental health systems so that they would integrate the needs of young adults better. The results support the notion that the mental health support should be adjusted to the urban environment and the developmental stage of young adults, and not the reverse, when this group is expected to work with systems developed to accommodate different populations. At the end of it all, there is no better investment than affordable mental health care among young adults in cities, in terms of its benefits, which go much further than the wellbeing of individuals, to make up healthier, more resilient neighborhood and societies.

Recommendations

To Policymakers: Mental health policy should consider first-line transition services to young adults between the ages of 18-25 years to fill the gap currently observed between children and adults' mental health systems. Such services ought to comprise of specialized teams specializing only in this age bracket similarly making sure transition of care in this vulnerable period of life development. To achieve equity in allocation of mental health resources in the urban community, equity-based funding formula adoption should focus more resources on the areas with more need and less service. Mental health protection ought to be extended to young adults who are in precarious employment in the workplace, as well as protection against discrimination to those pursuing protection. To minimize the financial inconvenience to the patients, there should be a compulsory mental parity in the insurance coverage policy and

various grants should be provided on indirect expenses such as transportation expenses. Lastly, there should be national wait time standards which must be complied with to eliminate long waits in accessing the services of the public mental health departments.

For Healthcare Practitioners: Early interventions in healthcare to be more successful should consider adapting culturally based screening and treatment interventions by healthcare practitioners working in urban areas or aiming to serve urban populations. The training on cultural competency should promote needs of minority ethnic groups and LGBTQ+ youth who have specific needs and should be addressed. It is necessary to create hybrid forms of services using both the digital environment and personal touch to make them more accessible and ensure the maintenance of therapeutic bonds. A young adult advisory board that helps to design services jointly should be implemented by healthcare organizations to implement services which correctly address the needs and preferences of these people. Urban young adults professionals ought to undergo a special education on how to identify and overcome such socioeconomic dimensions as unstable housing or unemployment which can affect treatment compliance. Proactive outreach should be done in the underserved urban neighborhoods with the view of locating at-risk young adults who would otherwise not seek help on their own.

In the case of Community Organizations: Community-level organizations are supposed to collaborate with well-established community institutions like faith centers, youth clubs, and cultural associations to provide mental health awareness education and minimize stigmatization. The effectiveness of peer support networks should be heavily invested in since they exhibit greater retention of the young adults relative to the more conventional professional-based interventions. The community organizations should lobby towards long-term sustainability of Labour instead of engaging in the short-term grant-based agencies that cause lack of stability in the delivery of services. Organizations ought to come up with tailored mental health literacy initiatives based on the subgroups of people such as programs that modify masculine norms which discourage help-seeking behavior in young men. Mental health support must be integrated into the current youth services in the cities: the locations must be familiar and have low barriers to access it. Finally, community efforts must aim at developing local initiatives concerning digital inclusion programs so that every young adult could appreciate the benefits of online mental health tools.

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