

**Certificate of Higher Education Skills for the Workplace (Health & Social Care)
Digital Skills and Research Methods (LCHS4007)**

Component 2 – Research Report

An analysis of recurring themes in existing research regarding barriers to NHS mental health services for young adults in the UK

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Introduction

The report investigates the problem of anxiety and depression in young adults in the UK, especially the barriers to receiving the NHS mental health services. The problem of mental health amongst this group has become a significant issue in health and social care environments. The report will defend the choice of this topic and assess major scholarly and policy sources, integrate the promising research methods, and discuss a qualitative research approach based on thematic analysis of the secondary data. It will end up by bringing out the need to enhance the provision of support to young people.

Task 1 – Selection of Research Topic

1.1 Identification of the Issue

The selected mental health area of study is anxiety and depression in young adults in the UK with a view of conducting an analysis using prevailing scholarly and policy literature on repeating problems to get access to NHS mental health services. According to the national statistics, such common mental illnesses are still extremely common, especially in younger age groups (NHS England Digital, 2025). The COVID-19 pandemic has led to increased psychological distress both during and after it (Pierce et al., 2020; Stroud and Gutman, 2021), whereas social inequalities in mental health outcomes have resulted in a greater impact on vulnerable young adults (Gagne, Nandi and Schoon, 2021).

1.2 Who Is Affected

This is particularly experienced in young adults who are in between education, employment and various stages of mental health services. Studies have pointed out continuity of care issues and problems with primary care and referral systems (Appleton et al., 2022; Appleton, Loew and Mughal, 2022). The growing demand on services has also heightened the workforce capacity at NHS (NHS England, 2024).

1.3 Why This Issue Matters

Late or insufficient access to assistance may cause the symptoms to get worse, and more likely to suffer self-harm (National Institute for Health and Care Excellence, 2022b). The latest legislative change only reinforces the necessity of the better mental health service delivery (Department of Health and Social Care, 2025).

1.4 Reflection and Justification

I selected this subject because it is important to learn more about systemic barriers to mental health support to enhance the quality of care and equitable access in the health and social care practice.

Task 2 – Evaluating Information Sources

2.1 Source 1: NHS England Digital (2025) – Adult Psychiatric Morbidity Survey

Adult Psychiatric Morbidity Survey (APMS) is a survey conducted nationwide to gather detailed information on prevalence of common mental conditions (NHS England Digital, 2025). The report provides statistical data on anxiety, depression and associated disorders, and provides an understanding of the magnitude of mental health challenges in adults including the youth. Being a government-based dataset created through huge and representative samples, it is extremely plausible and trustworthy. The most significant strength in it is that it shows the scale of the problem and can prove why mental health in young adults is still a topic to be investigated.

Nevertheless, the survey is quantitative rather than a qualitative one and is primarily concerned with prevalence rates and demographic patterns. It lacks in-depth examination of lived experiences or of the particular restricting factors faced by young adults accessing the NHS services. Thus, even though it sets the severity of the issue, it is still not fully clarified about why the questions of access remain an issue.

2.2 Source 2: Appleton, Loew and Mughal (2022) – Qualitative Study

The qualitative research study conducted by Appleton, Loew and Mughal (2022) investigates the challenges of primary care to support the transition of young people between child and adult mental health services. The research points out that some of the themes include communication failures, hopelessness, and challenges with referral pathways. The key strength of such research is that it is qualitative and can capture rich experiences and draw practical service barriers. This renders it especially applicable to the present study, which suggests that thematic analysis of secondary qualitative data should be used.

One of the study weaknesses is that the sample is comparatively small and thus may not be representative of all youth adults within the UK. Still, it is an excellent insight on the experience of systemic issues at the level of a single person.

2.3 Source 3: Appleton et al. (2022) – Systematic Review

A systematic review by Appleton et al. (2022) has investigated the experiences of young people trying to or not trying to access mental health support within the primary care setting. This review summarises the results of numerous studies and forms common themes regarding the presence of stigma, lengthy waiting times, and unmet needs. This source is also strong because it is more

inclusive since it incorporates the evidence of different qualitative researches to present a more expanded insights into access barriers.

Nonetheless, systematic reviews rely on the quality of its included studies and might lack detail in terms of context. Nonetheless, it forms a more solid evidence base by showing trends in research that are consistent.

2.4 Identified Research Gaps

In these bodies of work, one gap is the weak thematic synthesis of national statistical information with synthesised qualitative results. Although the APMS proves to be of the right scale (NHS England Digital, 2025) and the academic research examines experiences (Appleton, Loew and Mughal, 2022; Appleton et al., 2022), more systematic thematic analysis would be required to consolidate commonplace barriers and inform service improvement plans.

Task 3 – Research Methodologies

3.1 Definitions of Research Approaches

Quantitative research entails the gathering of data in form of numbers and analysing the data to quantify patterns, relations or trends. It tends to interpret prevalence and risk elements through surveys or statistical data. As an example, national research has quantified the amount of psychological distress in young adults based on a survey data of considerable scale (Gagne, Nandi and Schoon, 2021; Pierce et al., 2020).

Qualitative research on the other hand examines experiences, perceptions and meanings. It is concerned with the cognition of how people make sense of their situations. Research on the experiences of young people seeking mental health care indicates the importance of the qualitative approach in identifying obstacles, including communication challenges and gaps in the provision of care (Appleton, Loew and Mughal, 2022).

Mixed methods research integrates both the qualitative and quantitative methods of research to give a wider insight into an issue.

3.2 Chosen Methodology and Research Question

The proposed study will utilise a thematic analysis of secondary data as a research design based on qualitative research. The study question is the following:

“What recurring themes can be identified in existing UK academic research and policy reports regarding barriers to accessing NHS mental health services for anxiety and depression among young adults?”

Thematic analysis is suitable due to its ability to identify general patterns among the academic literature, national reports and policy documents. This method fits the goal of studying the intricate barriers to service and is consistent with the research topic of lived experiences and not numerical prevalence per se.

Task 4 – Data Collection

4.1 Primary and Secondary Data

Primary data refer to those sources which are gathered directly by the researcher (e.g. interviews or questionnaire), whereas the secondary data already exists in the printed format (e.g. reports, policy documents, journal articles). Primary data may be customised to a research question, yet may be time, resource, and ethics intensive. Secondary data is less feasible when it comes to small-scale research and enables access to wider evidence.

4.2 Chosen Data Type

This research will be based on secondary data, primarily on qualitative data that will consist of experiences and obstacles to care. Qualitative studies of the access to support by the young people (Appleton et al., 2022; Appleton, Loew and Mughal, 2022) and national reports presenting contextual evidence of pressures on services (NHS England, 2024; NHS England Digital, 2025) and policy direction (Department of Health and Social Care, 2025) will be used as the key sources.

4.3 Advantages

Secondary data is cost and time efficient, does not involve recruitment issues, and it avoids ethical threats associated with a study of a vulnerable group. It is also able to compare across potential sources of credibility.

4.4 Challenges

Limitations consist of inability to determine further in the collection of data, the presence of bias in reporting, and inability to use follow-up questions.

4.5 Ethical Considerations

Ethical practice will imply proper representation of the findings, no selective interpretation and academic integrity by proper Harvard referencing.

Conclusion

To sum up, anxiety and depression in young adults are a severe and increasingly significant concern in the UK health and social care provision. The urgency in targeting the barriers to access is emphasised by the growing rates of psychological distress and the pressure that NHS services have been subjected to. As this report has shown, the qualitative thematic analysis of secondary data is a suitable and feasible method of examining these challenges. The knowledge of the repetitive barriers in services can help to enhance service accessibility, strategies to improve patient outcomes, and more responsive mental health services among young individuals.

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