

Module Code and Title: LCHS7008 Practice-Based Research

Assignment Title: Component 2: Written Research Proposal

**Proposed Research Title: Evaluating the Barriers to Accessing
Mental Health Support Services Among Young Adults (18–25) in
Urban UK Settings: A Qualitative Study**

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1. Introduction

1.1 Research Background

Mental health of young adults is one of the most important challenges of public health of the 21st century. According to the World Health Organization (WHO, 2022), the adolescence-adulthood (usually 18-25 years) transition is the period of critical development, social, and financial strain, which increases the susceptibility to mental ill-health. Anxiety and depression are the most common mental health disorders that manifest themselves by the age of 24 years in the world (Kessler et al., 2020; Patel et al., 2021). In the United Kingdom, the national statistics represent this worldwide tendency very clearly. According to the Office for National Statistics (ONS, 2023), young adults aged between 16-29 years have been observed to have the highest levels of loneliness and depressive symptoms as compared to other age groups. Moreover, the NHS (2023) Mental Health Services Data Set notes that the demand on the services of this population group has increased significantly, and it can often overwhelm a system that is already overwhelmed by a significant load.

The stage of life is marked by major life changes, such as moving out, joining a college or the labour force, and creating new social circles, which may be stress factors that cause or worsen mental health issues (Zivin et al., 2020; Younas and Ali, 2021). The policy landscape of the UK has tried to curb this challenge with a number of policy initiatives in the area of public health and social care. The NHS Long Term Plan identified the goals of access improvements in mental health care, including the increase of Improving Access to Psychological Therapies (IAPT) services. Most recently, the Major Conditions Strategy, a document by the government, has specifically identified mental ill-health as a priority area as it is recognized that preventative and early intervention strategies are necessary (Department of Health and Social Care, 2023).

Although these policies are being made, there is a notable treatment gap where too many young adults with diagnosable issues fail to seek professional assistance (Moitra et al., 2022). The effects of this gap are immense, not just to the well-being of individuals but to cause massive costs to the society. Poor educational attainment, unstable employment, a higher probability of engaging in substance abuse, and chronic social care service dependence are closely linked to untreated mental health conditions in young adulthood (Patel et al., 2021). The issue of the transition process between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) at the age of 18 is infamously problematic and is

characterized as a cliff-edge, with many young individuals being lost to care (Radez et al., 2021). To individuals who never used CAMHS services before, the first time working with adult services may be a challenging task due to their multifaceted nature (Xu et al., 2022). Although urban settings have a more comprehensive supply of services, they also have a set of specific challenges, including social fragmentation and exposure to environmental stress factors that can exacerbate mental health problems (Zwack and Schweitzer, 2020). In addition, racial and ethnic differences are especially high in cities, and minority groups are systematically deprived of culturally competent care (Bignall et al., 2020).

1.2 Rationale for the Study

Though the beneficial results of qualitative studies covering challenges encountered by young adults have been conducted in many cases, such evidence is usually divided between different studies. Although substantial quantitative studies have successfully established that young adults are vulnerable to mental health care (Gulliver et al., 2020), a literature gap exists that has not been synthesised to produce the thick, qualitative information to form an overall picture of the barriers. The systematic reviews that have been conducted to date are more likely to include barriers into broad categories, such as stigma, low mental health literacy, and structural issues (Clement et al., 2021; Hundt et al., 2021). But the systematic review that is devoted to the synthesis of the qualitative data related to the lived experience in particular could offer a more comprehensive, holistic picture. This qualitative design is required to exceed the statistical prevalence and unify the detailed narratives of the existing studies (Owen et al., 2021). This is more so because in the urban UK, the varying demographics and provision of services are significantly different in the rural setting. Systematic review is able to reveal thematic and pattern analysis across a range of studies which gives a better and more generalisable evidence base compared to one main study. It will enable the combination of the knowledge of a population that is often studied, and the results will be relevant to the articulation of youth-friendly and effective mental health services (Rickwood et al., 2021). The findings will provide an evidence-base on the implementation of national policies in the modern era, which will be consolidated.

1.3 Research Aim, Objectives, and Questions

Aim: To conduct a systematic review and synthesis of the available qualitative data on the perceived barriers and facilitators to accessing formal mental health support services in the urban UK setting among young adults (18-25).

Objectives:

1. To determine within the available literature the most crucial individual, social and structural factors that young adults feel impede their access to mental health help.
2. To integrate the qualitative data regarding the functions of mental health literacy, stigma (self-stigma and perceived stigma), and historical experiences in help-seeking behaviours.
3. To review the recurring themes in the literature on the challenges and opportunities presented by an urban environment to the issue of gaining access to mental health care.
4. To develop evidence-based recommendations to be used by the providers of the public health and social care based on the synthesised evidence to transform the accessibility and acceptability of mental health services among this population group.

Research Questions:

1. What does the current body of qualitative research determine to be the most important experiences lived by young adults (18-25) trying to access mental health services in a city, in the UK? What are the perceived barriers?
2. According to the synthesis of the evidence, what is the interaction of such factors as stigma, mental health literacy, and socio-environmental context in influencing the decision to seek help in young adults?
3. Which service design and communicative message recommendations can be derived out of a synthesis of the current qualitative literature?

2. Methodology

2.1 Research Design

This study will be designed into a Systematic Literature Review (SLR). An SLR is a type of secondary research that applies systematic and clear methodology to determine, select, and critically evaluate pertinent research, and to gather and review data of the studies that are incorporated in the review (Tricco et al., 2018). A SLR is characterised by transparency, rigour, and replicability, unlike a traditional narrative review, which can be subjective in its selection and synthesis of literature, and thus, it reduces the bias (Munn et al., 2018). This design is very

suitable because it enables consolidation of results of various qualitative studies, which would give a detailed and robust picture of what hinders access to mental health care. The concentration on reviewing and synthesising existing evidence will also allow the current study to create a high level of knowledge of the current state of the knowledge, outline consistent themes in the literature and also indicate gaps in research that have not been addressed.

2.2 Search Strategy

The development of a comprehensive and systematic search strategy will be aimed at determining all potentially relevant studies with a maximum recall and a reasonable level of precision (Gough et al., 2017). The search will be done on a number of large electronic academic databases to cover a wide range of literature on public health, medical, psychological, and social sciences. Individually, the following databases will be selected, PubMed (due to its specialization in biomedical and life sciences), PsycINFO (due to its specialization in the psychology and mental health), CINAHL (because it is a nursing and allied health database), MEDLINE (because it is an essential medical database), and Scopus (because it covers many disciplines).

The search plan will be formulated in an iterative way, that is, scoping searches will be conducted to find out key terms followed by consultation with a subject librarian. It will integrate free-text keywords with database subject headings (e.g. MeSH in PubMed/MEDLINE). The sample search query in PubMed would be something like: (young adult) OR (youth) OR (students) AND (mental health services) OR (counselling) OR (psychotherapy) AND (barriers) OR (facilitators) OR (access) OR (stigma) AND (qualitative research) OR (interviews) OR (focus groups). A process of pearl growing will be used to complement the database search and address the problem of publication bias, in which the reference lists of all the articles included will be manually filtered to identify any other relevant studies (Schlosser et al., 2006).

2.3 The PEO Framework

The PEO framework will be applied to format the question of the review to maintain the search strategy, inclusion criteria, and following analysis focused and systematic (Bettany-Saltikov and McSherry, 2016). The given framework is especially suitable to frame the questions of the qualitative evidence synthesis because it is based on the phenomenon of interest and does not address a particular intervention (Munn et al., 2018).

P (Population): The young adults aged between 18-25 years who are living in urban UK.

E (Exposure): The experience of seeking formal mental health services or accessing or trying to access a formal mental health service.

O (Outcomes): Identified barriers and facilitators to accessing care based on the qualitative data.

2.4 Inclusion and Exclusion Criteria

Strict and clear inclusion and exclusion criteria will be used to all the retrieved records to make sure that the literature is relevant, good, and specific.

Inclusion Criteria: It will include studies that: (1) target young adults aged between 18 and 25; (2) are conducted in the United Kingdom, to make it contextually relevant to the NHS and the UK social care systems; (3) are qualitative research designs (based on interviews, focus groups, and qualitative case studies); (4) have been published since January 2015 to capture the present-day context of mental health service provision; and (5) were written in English.

Exclusion Criteria: The studies will be excluded because they: (1) are quantitative studies (e.g. surveys, randomised controlled trials); (2) are mixed methods studies in which the qualitative data cannot be separated out; (3) are studies that are not located in the UK; (4) are published in non-English languages, or (5) are grey literature (e.g. editorials, conference abstracts, or dissertations) to ensure that the evidence retained is peer-reviewed evidence (Gough et al., 2017).

2.5 Study Selection and Data Extraction

The process of the study selection will be carefully recorded to be transparent and replicable. After searching the database, all the citations retrieved will be imported into referencing software and duplicates eliminated. The titles and abstracts shall then be screened by two independent reviewers against the inclusion criteria. Whole articles of possibly significant articles will be accessed and filtered once more. Any conflict will be solved by discussion or consulting a third reviewer. All the steps of the selection will be visualized by a PRISMA (Preferred Reporting Items to Systematic Reviews and Meta-Analyses) flow diagram.

2.6 Quality Appraisal

A critical appraisal will be conducted on all studies which will be subjected to the inclusion criteria to determine the methodological quality and rigour of the study. The main tool to be used in this process will be the Critical Appraisal Skills Programme (CASP) Qualitative Checklist. The CASP checklist evaluates some main areas of the qualitative research such as the clarity of the research aims, the suitability of the methodology, the rigour of data collection and analysis, and the clarity of the statement of findings. This will guarantee that the findings of the systematic review will be founded on quality evidence that is credible.

2.7 Data Synthesis

The qualitative findings will be extracted and synthesised through thematic synthesis, which is a technique that was invented by Thomas and Harden (2008). The method is very appropriate since it is a structured and open-minded procedure of synthesising qualitative data to create new knowledge and findings that have policy implications. The synthesis will be done in three cycles. The initial step will be the line-by-line inductive coding of the results (text under results or findings sections) of the primary studies. The second step is to arrange these free codes into a hierarchical system to come up with descriptive themes that are not too far away with the primary data. The third and last step entails coming up with higher-order analytical themes. It is an interpretive stage that seeks to transcend the contents of the original studies with the intention of coming up with new ideas and give an in-depth explanation of the barriers and facilitators of mental health service access (Thomas and Harden, 2008).

3. Implication of Research

The results of this study will have profound implications on policy, practice, and subsequent research in the field of public health and social care. This study, through offering a qualitative and rich insight into the impediments encountered by young adults, will provide actionable information that can be directly used in informing the design and provision of mental health services. To policymakers and commissioners, the study will prove to be a valuable evidence base to make the services more youth-focused. It will demonstrate how the system puts pressure on certain points as seen by the user, therefore, allowing more specific interventions (World Health Organization, 2023). The local implementation of the Major Conditions Strategy could be informed with recommendations and directed at investing into preventative initiatives (Patel

et al., 2021). To service providers, such as IAPT services and university well-being teams, the results will provide useful information on how to enhance engagement. This may be converted into practical innovations, including co-designing intake procedures with youth to cut down on red tape, introducing peer-support networks to alleviate stigma (Wang et al., 2021), or creating specific digital outreach efforts that will connect with this group. Finally, the study will offer an outline of a more caring, responsive, and efficient system of care. In terms of academia, the research will make a contribution to the body of knowledge on help-seeking behaviour by offering a qualitative, current account of the area that will help to fill the gaps in the existing quantitative information, contributing to the depth of understanding of the mechanisms of interaction of stigma and structural factors in the lived experience of young people (Clement et al., 2021; Zivin et al., 2020).

4. Time Schedule (Gantt Chart)

The study will take place within a period of 16 weeks, which will fit within the dissertation timeline in Term 3. The deadline is set to be achievable so that all the most important stages of the research process can be carried out with enough time, starting with the ethical approval and ending with the write-up and final submission.

Task	Week 1-2	Week 3-4	Week 5-8	Week 9-12	Week 13-16
Ethical Approval & Protocol Registration	X	X			
Comprehensive Literature Searching		X	X		
Study Screening and Selection			X	X	
Data Extraction & Quality Appraisal				X	X
Data Synthesis & Dissertation Write-Up				X	X

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