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Research Paper

Barriers to Mental Health Services

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ABSTRACT

This study examined intrinsic and extrinsic barriers to mental health care among young (18-35 years,n =149) and older adults (36-59 years,n =146) using a 44 item self-report measure, Barriers to Mental Health Services Scale- R (BMHSS-R). Results indicated that middle aged adults have higher intrinsic and extrinsic barriers when it comes to accessing mental health services than young adults. Intrinsic barriers were found to be higher in existence than extrinsic barriers in both young adults and middle aged adults. Gender differences were also studied and it was found that males have more barriers when it comes to accessing mental health services than females. However results reveal no difference between young males and females with respect to barriers. Analysis has revealed that both males and females report higher intrinsic barriers than extrinsic ones.

Keywords: *Barriers, Intrinsic And Extrinsic, Mental Health, Age, Gender Differences*

Health is a very broad and well recognised word that everyone is familiar with. But tragically most of us are not aware of the actual scope of the term. The World Health Organisation defines health as follows "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This covers both the physiological and mental aspects of one's health conditions. The entire idea of health covering both mental and emotional well being is actually relatively new. Earlier we used to limit the concept of good health to one being free from diseases and maladies and not having any physically debilitating injuries. But the concept of mental health also being vital to one's holistic health was always an undercurrent thought in healthcare.

The ancient philosophy surrounding the concepts of mental illness were routed around divine punishments for transgressions against deities. The Ancient Greeks and Romans attributed the illnesses to crimes like blasphemy against the patron deities of the city or to the work of demons or evil spirits. Even Ancient India had some thoughts with the most famous example being King Dasharatha who died after despondency of being separated from his son Rama. These existed as the ancients were unable to understand the complex aspects of mental health and hence attributed all their unknown to the work of deities and spirits. The actual thought around mental health can be said to originate from early sources

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like the Ayurveda which had attributed the various mental issues to an imbalance of the 3 bodily fluids. The various treatments included certain potions, prayers and emotional conditioning exercises. The Ancient Chinese also had similar practices especially involving incantations to ward off spirits that led to various problems in the human body. Acupuncture was another practice that was developed to treat these illnesses. All these were early precursors to the modern understanding of the complexities of the human mind. The Islamic world was also making a few developments in this regard but the actual game changer was the emergence of the enlightenment era in Europe. This led to development of new thought regarding the philosophies of the mind and a more rigorous and scientific study of the underlying conditions. But still this was woefully inadequate and didn't have much of an impact on the overall conditions of those who suffered from these illnesses.

During the 1800s mental deformities were severely misunderstood and not studied in detail. This was truly the dark ages for mental healthcare. A series of quack remedies were prescribed ranging from locking them up in horrendous mental asylums which were often no better than just the worst prisons to electrocutions and lobotomies. This trend continued despite their barbarity as the underlying conditions often were not well understood and the people with these illnesses became the perfect victims for prejudice and ill treatment at the hands of these people. They also served as the perfect test subjects for the barbaric experimentation that the 19th century physicians dreamt up. They were often neglected by their own families and had little to no recourse under the law. This led to severe and often non scientific experimentation to understand their physiology. Another aspect that is often forgotten is that under Nazi Germany several thousand people who were considered to be "mentally unsound" were sent to the gas chambers to cleanse the supposidely superior Aryan race and to weed out any undesirables from society. The most evident example of this was the dreaded Nuremberg laws enacted in 1935 by the Nazi regime. It still remains to date one of the largest and most infamous examples of state sponsored persecution of one particular community. One group who faced the fallout of this was the mentally "unsound" people who were also persecuted alongside other so called undesirables like Jews and ethnic gypsies.This era saw the greatest institutionally sponsored action against people suffering from mental illnesses.

Another often glossed over concept was the field of eugenics that traces itself back to the writings of Plato but given a firm conceptual clarity by Francis Galton who had coined the term. He based the principles on social Darwinism and the supposed superiority of one race over the other both physiologically and mentally. This led to unspeakable crimes like state sponsored sterilization programs which saw thousands of people who had supposed mental and physical deformities being forcefully sterilized. This era also saw the infamous Buck vs Bell case of 1927 in which the US Supreme Court ruled that "a state statute permitting compulsory sterilization of the unfit, including the intellectually disabled, "for the protection and health of the state" did not violate the Due Process clause of the Fourteenth Amendment to the United States Constitution". This essentially meant the highest court of the US ruled in favour of the now debunked concepts of mental health which can only be characterised as junk science. In fact, the presiding judge Justice Holmes remarked "Three generations of imbeciles are enough".

Another major proponent of the idea of feeble mindedness was "***The Kallikak Family: A Study in the Heredity of Feeble-Mindedness"*** by Henry Goddard. This was widely credited with being responsible for the start of the eugenics movement in the US. The research was shoddily conducted without any scientific backing but was widely read and led to the start of

the eugenics movement across the US and later the world. The book claimed to evaluate the family geneology of Deborah Kallikak whose family tree had two distinct lines of morally upstanding citizens and another of social delinquents and unfit individuals. In today's day, the study is panned by most experts who criticize the extremely poor standards of research methodology and manipulation of data to suit his study. Also, the extremely small sample size is not indicative of any major trend in human genetics or inheritance.

The world wars were another watershed moment in the understanding of the potential of the human mind and the impact that the war had on them. The infamous trench warfare that came to characterise the war had a profound impact on all those involved. It left several soldiers "shell shocked" which is today understood as Post Traumatic Stress Disorder (PTSD). This was a huge problem to the generals as they wanted the maximum performance from their soldiers. This was one of the principal drivers of the study of the field of psychology. This was taken to the next logical step in the Second world war where Nazi Germany tried to incorporate the study of the best German scientists to supplement the war effort. This era also saw the mass usage of performance enhancing drugs like psychotropics which they thought might give them the edge in the field of battle. Also other advances in the field of psychology were made like psychotherapy to make the perfect soldier. Japan had also tried to begin their own experiments with mostly junk scientists and unscientific studies most famously in Unit 731 in Occupied Chinese territory. This camp saw some of the worst excesses of the Japanese soldiers perpetuated against the ethnic Chinese and other captured civilians. They were subjected to extreme conditions and experimented upon with no apparent scientific purpose.

Even after the war effort, the Cold war still provided an ideal opportunity for the continued research into the field of human psychology. One notable example was the Russian Olympic contingent bringing along skilled hypnotists with the supposed purpose of improving the performance of their athletes. Other nefarious activities were also undertaken by both sides like the CIA purposefully drugged the water supply of American citizens without their consent to find out what their responses were. This was all in an apparent effort to win the cold war and outwit the enemy. But this was also the era which saw the first modern advancements in actual psychology with several individuals making notable contributions. All this led to the modern field of psychology as we know it today.

Mental health, hitherto neglected, is now recognised as an essential factor and is engaging the eye of policy-makers, professionals and communities in India and across the world. Mental health may be a state of successful performance of mental function, leading to productive activities, fulfilling relationships with people, and therefore the ability to adapt to change and to deal with challenges. The psychological state of an individual is important to individual well-being, family and interpersonal relationships, and therefore the ability to contribute to community or society. Mental disorders can be defined as health conditions that are symbolized by alterations in thinking, mood, and/or behavior that are related to distress and/or impaired functioning. Mental disorders can contribute to a number of problems which can include disability, pain, or death. Mental illness is that term that refers collectively to all or any diagnosable mental disorders.

Mental disorders contribute to a big load of morbidity and disability, albeit few conditions account for an increasing mortality. According to the Global Burden of Disease report, mental disorders account for 13% of total DALYs lost for Years Lived with Disability (YLD) with depression being the leading cause. Previous reviews, meta-analysis, studies

and independent reports have indicated that almost 100 million persons in India are in need of systematic care supported data that are a couple of decades old and have serious methodological limitations. Conditions associated with the brain and mind are acknowledged to get on the rise in recent times. This may be due to the growing awareness in society, improved recognition, variations in disease patterns, changing lifestyles and biological vulnerabilities. Consequently, depression, anxiety, alcohol use, suicidal behaviours, drug use, sleep disorders etc. are on the rise. Mental disorders affect everyone, regardless of age, gender, residence and living standards, albeit some groups are at a better risk surely illnesses; only the impact varies. For instance, mental disorders among children, depression among pregnant mothers, and dementia among the elderly are documented.

Barriers to mental health access

It is important for us to realise that even though we are currently living in probably what is the best age for mental health awareness, it is not equally distributed among all. Even in case people are in hyper developed countries with widespread access to the best psychological support they are unable or unwilling to access it. There can be several reasons that are attributed to this but foremost among these is an inherent unwillingness to approach for external help for such a personal issue. It is important to remember that even today there is a lot of stigma attached with approaching an external agency for remedying one's mental illnesses. This statement remains true even in extremely educated areas with good awareness of such issues. Even though people realise the impact that these maliases can have on an individual they still are extremely judgmental and this makes approaching an expert a very apprehensive activity.

The next major hurdle would be having access to a well trained individual who is suitably qualified to handle the issues the person faces. This can prove to be a challenge in and of itself as there are several quacks who parade themselves as the real deal who try to exploit the people for a quick payout. There is also lax legislation to guarantee safety for the people as this still remains a constantly changing and evolving field that is in its nascent stage. High cost of access for mental health services can also prove to be another major factor to deter people from approaching the experts. This is especially true in developing countries where most healthcare expenses are out of pocket expenditure and affordability to these services can come in the way of higher needs like accommodation or food. Also, the insurance industry is still unwilling to offer these schemes as they themselves are not sure about this sector and are apprehensive of ingenious money-making schemes that some individuals might devise to hoodwink and exploit the system.

Also, many people are unwilling to admit that they are actually suffering from a mental illness and that they are often ill-equipped to handle it on their own. This reluctance and unwillingness to admit one's own shortcomings is one of the principal drivers as to why many of these conditions are unknown in the public sphere. Unlike physiological illnesses these are not immediately visible to others. They could be buried deep in one's psyche and could torment the individual for ages without him or her even being aware of it. An individual’s own ego and inherent belief in their control over their own mind could give them the false confidence that they can handle it on their own. This is especially true for men in positions of authority who have spent their entire life in complete control of their surroundings. This makes them very unwilling to take any external help and makes them dismissive of these professionals.

From a cultural perspective, mental disorders are related to a substantial amount of stigma within the Indian society, resulting in neglect and marginalisation. Such individuals and their families face numerous challenges in daily life, both for managing the condition also as for creating them productive thanks to prevailing attitudes, media portrayals, societal discrimination and deprived opportunities. An alarming fact which has been recognised for several years, is the huge treatment gap. According to the WHO study, the treatment gap (the number of individuals with disease who aren't in treatment) of mental disorders in developing countries was 76%–85%. According to the recently conducted National psychological state Survey (NMHS), the treatment gap of any mental disturbance in India was reported to be as high as 83%. The general current psychological state morbidity was 10.6% of which 10% prevalence was accounted for by Common Mental Disorders (CMDs), which include depression, anxiety, and drug abuse. Literature highlights that child and adolescent age bracket are severely affected, and suicide is emerging as a serious concern with 1% population reported to possess high suicide risk. Despite efforts to supply care, a huge treatment gap exists for all kinds of psychiatric disorders. Mental health issues lead to poor quality of life, decreased productivity, and lower earning potential. Stigma remains a serious impediment within the delivery of mental healthcare. It's been found across various studies that attitudes of doctors of other specialties and other healthcare professionals also contribute to stigma thanks to their lack of data and awareness about psychiatry and psychological state problems.

Several possible deterrents or barriers to the utilization of psychological state services are identified, including attitudes and beliefs middle aged adults have regarding psychological state, physical accessibility, and coverage. It can also include limited availability and affordability of psychological state care services, insufficient psychological state care policies and lack of education about mental disease. Unavailability of essential medicines is especially prevalent in developing countries like India and severely restricts access to treatment for psychological disorders. The WHO reports that almost 20% of nations don't have a minimum of one common antidepressant, one antipsychotic, and one antiepileptic medication available in medical care settings. This problem is compounded by a scarcity of psychological state care professionals. consistent with reports from the Indian Union Ministry of Health and Family Welfare, the country needs around 13,000 psychiatrists. to realize a perfect ratio of psychiatrists to population is about 1: 8000 to 10,000 but currently has almost 3,500 - which is about one psychiatrist for over 2 lakh people. With reference to other psychological state professionals the ratio is even worse - the necessity of Clinical Psychologists is 20,000 and there are only 1000 available. According to National Crime Records Bureau 2015, the whole psychological state workforce, comprising clinical psychiatrists, psychologists, psychiatric social workers and psychiatric nurses, stands at 7,000, while the particular requirement is around 55,000.

In many low- and middle-income countries, the high cost of psychiatric treatment, often thanks to high medication prices, poses significant financial barriers to patient care. Additionally, psychological disorders aren't covered by insurance policies in many countries, making psychological state care unaffordable for several people. The WHO also reports that 25% of all countries don't provide disability benefits to patients with mental disorders, and one-third of the world's population lives in countries that allocate but 1% of their health budget to psychological state .Studies have identified several barriers to the utilization of MH services, such as fear of stigma (Luitel NP et al,2017, Salaheddin K, Mason B,2016), transportation problems (Andrade LH, Alonso J, Mneimneh Z, Wells J, Al-Hamzawi A, Borges G et al,2014, Brenes GA et al,2015, Schierenbeck I et al,2013), cost of

services (Borba CP et al,2012,Mwansisya TE, Outwater AH, Liu Z, 2015), and information barriers (Ghanizadeh A et al,2008, Sulaberidze L et al, 2018, Luitel NP et al,2017). Since equitable access to health care services is affected by both supply and demand sides, in order to provide a pervasive view of the issue, identifying barriers to the utilization and provision of MH services is essential.

This study is an attempt to understand the various factors that act as a roadblock towards access for mental health care among younger and middle aged adults. The access to high quality mental health care is of great concern especially in the current environment where the advent of COVID has ushered in a new normal and many people are still unable to accept all these changes. Traditionally mental health is seen as being subservient to physical health and is not given the same level of importance. It is only with modern advancements that we have started to realise that mental health is equally if not more important. It was this spark in awareness that has resulted in more people realising the need for access to high quality mental care services.

Earlier there was a lot of stigma associated with mental health in general and the people who suffered from illnesses were looked down upon. It was assumed that with sheer willpower alone one could rid himself of all problems. But in the modern era we have come to realize how important a trained mental health professional could be. They not only treat illness but also help people to better their daily lives and overcome their shortcomings.

In general, barriers to mental health services can be separated into two domains: intrinsic and extrinsic. Intrinsic barriers are those that operate within an individual, whereas extrinsic barriers are those that are outside of an individual. It is likely that these barriers do not operate independently but co occur in a system. For example, a middle aged adult may have a negative view of mental illness (an intrinsic barrier), limited knowledge about the potential benefits of psychotherapy (another intrinsic barrier), limited monetary resources (an extrinsic barrier), and limited options for transportation to the mental health professional's office (another extrinsic barrier).Some specific intrinsic barriers to seeking mental health services among middle aged adults include help seeking behavior, stigma, knowledge and fear of psychotherapy, and the belief that depressive symptoms are normal.

REVIEW OF LITERATURE

Albizu Garcia C E et al (2001) conducted a study to assess whether the predictors of seeking help for a mental health problem differ by gender. An adaptation of Andersen's Socio-Behavioral Model was used to identify factors associated with seeking care for a mental health problem. Data was derived from two waves of a community survey undertaken in 1992–1993 and in 1993–1994 among a probability sample of adults (18–69 years), residing in poor areas of Puerto Rico. Paired data was used from those individuals who responded to both waves of the survey for a total of 3221 community respondents. Responses from wave 1 were used to predict mental health service use in wave 2. The dependent variable is any use of outpatient mental health services in the year preceding the second interview. Logistic regression was used to model the effects of the independent variables on use. Males and females were found to use mental health services in nearly equal proportions.

Leong, FTL and Lau,A (2001) utilised the research framework recommended by Rogler L, Malgady, R and Rodriguez, D (1989) to do a systematic review to analyse the barriers that are present in providing effective mental health services to Asian Americans. The major emphasis of the study was on Stages 2(help seeking behaviour), 3(evaluation of mental

health), and 4(psychotherapeutic services) within the Rogler et al. (1989) model and the identification and discussion of cultural factors that can act as a barrier in the delivery of mental health services to Asian Americans. The study focuses on three major sections: (a) help-seeking or mental health service utilization, (b) evaluation of mental health problems, and (c) psychotherapeutic services. This critical review of the literature has been prepared with the goal of identifying and reducing these cultural barriers to provide effective mental health services to Asian Americans.

A study conducted by Karlin, B E (2005) identified the patterns of serious mental illness (SMI), specific mental health syndromes and the utilization of mental health services among adults in the age group of 18- 64 and older adults above the age of 65 who were residents of the United States. It also focused on the various factors that can predict the necessity to take up mental health services and the usage and magnitude of mental health treatment. The differences in the perceived benefits obtained among the different age groups and factors associated with unmet needs were also studied. Results indicated that the prevalence for SMI and all specific mental health syndromes, with the exception of agoraphobia, were significantly lower in the older when compared to the younger age group. Results indicated that mental health problems are vastly undertreated in both you're and older adults however the individuals who did receive treatment for mental illness, benefited from it greatly. Younger adults were three times more likely to receive treatment for mental health issues than the older adults. This vast difference in mental health services utilization may be due to decreased subjective mental health needs.

Vanheusden et al (2008) conducted a population-based study among 2258 19–32-year-olds in the south-west region of the Netherlands to examine barriers to mental health care in young adults with serious internalizing or externalizing problems. A potential barrier was that participants denied that they had mental health problems. In those admitting problems, barriers were assessed with the Barriers-to-Care checklist and analyzed with Latent Class Analysis.Of 362 participants with serious internalizing or externalizing problems 237 (65.5%) did not seek professional help. Of non-help-seeking young adults 36% denied having problems; additionally Latent Class Analysis revealed that 37% Perceived Problems as Self-Limiting (e.g., they believed that problems were not serious) and 24% Perceived Help-Seeking Negatively (e.g., they believed that treatment would not help). The study concluded that treatment accessibility for young adults may be augmented by improving their mental health literacy.

O'Connor, K (2008) conducted a mixed method study to examine the impact of stigma on racial differences in treatment seeking attitudes and behaviors among older adults with depression. The initial phase of the study involved a cross-sectional survey research design, and the second phase involved in-depth semi-structured interviews. The researcher adopted the random digit dialing (RDD) telephone sampling methodology to obtain a representative sample of a total of 248 respondents (120 African American and 128 white older adults) residing in Allegheny County, Pennsylvania. The findings indicated that older depressed adults tended to possess greater stigma associated with mental illness and do not seek treatment for their illness. African American older adults are more likely to endorse higher internalized stigma and less positive attitudes toward seeking mental health treatment than their white counterparts. The study also indicated that high level of internalized stigma tended to moderate the relationship between race and treatment attitude partially and this stigma was more likely to be associated with negative beliefs towards utilization of mental health services.

The study conducted by Weinberger. MI, Camila Mateo, Sirey, J A (2009) analysed the perceived barriers to mental health care and goal setting. The researchers conducted this study on a sample of depressed, community-dwelling older adults using The Patient Health Questionnaire (PHQ-9) which assessed depressive symptoms. Findings indicated that accessing mental health services and paying for mental health treatment were the most significant barriers that the subjects faced. The participants' major expectations or outcomes of the treatment was to show clinical improvement and to increase their socialization. The study also revealed that participants who set goals and reported a logistic barrier were more likely to accept a mental health referral. Thus, the results indicated that goal setting in mental health care and perceived barriers are the major factors that can cause an individual to accept a mental health referral. Interventions focusing on improving mental health service utilization of older adults will be effective in reducing the barriers associated with mental health.

Pepin,R , Segal, DL and Coolidge, FL (2009) conducted a study to examine intrinsic and extrinsic barriers to mental health care among younger and older adults using 56 item self-report measure, Barriers to Mental Health Services Scale (BMHSS). The BMHSS was developed to examine 10 barriers to the utilization of mental health services: help-seeking attitudes, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist, belief that depressive symptoms are normal, insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, physician referral, and transportation concerns. The results indicated that younger adults perceived fear of psychotherapy, belief about inability to find a psychotherapist, and insurance concerns to be greater barriers than older adults. Men perceived stigma to be a greater barrier than women whereas women perceived finding a psychotherapist to be a greater barrier than men. The rank order of the BMHSS subscales was strongly similar for younger and older adults. These results also provide further evidence that stigma about receiving mental health services is not a primary barrier among younger or older adults.

Ward, CE et al (2010) examined African American women's beliefs about mental illnesses, their coping behaviors, the barriers that they face to seek treatment and the variations in beliefs, coping and barriers associated with different age individuals using the Common Sense Model (CSM). The study conducted interviews on fifteen community-dwelling African American women and dimension analysis has revealed that subjects of the study believed that general, culturally specific and age related factors can cause mental illness in individuals. The participants believed that mental illness is chronic and that it caused negative health outcomes. They endorsed the use of prayer and counseling as coping methods but were not as certain for the use of medications to treat mental health issues. Treatment-seeking barriers included poor access to care, stigma, and lack of awareness of mental illness. The study revealed that few age differences were found in beliefs, coping behaviors, and barriers among the samples studied.

A qualitative study conducted by O'Connor, K (2010) analysed the experience of being depressed among the elderly of the African-American population and their perceptions of the barriers that they face when contemplating seeking mental health services. The study also focused on how coping strategies are utilised by the elderly African-Americans who do not undertake any professional mental health services. The researchers conducted 37 interviews with African-American elders endorsing at least mild symptoms of depression. The research team recorded the interviews and then transcribed them at a late time period.

Content analysis was utilized to analyze the qualitative data. Analysis was done along three major lines, the first being beliefs about depression among older African-Americans, the second being barriers to seeking treatment for older African-Americans; and finally, the cultural coping strategies for depressed African-American older adults. The results indicated that older African- Americans identified a number of experiences living in the Black community that impacted their treatment seeking attitudes and behaviors, which led to identification and utilization of more culturally endorsed coping strategies to deal with their depression. Findings from this study provide a greater understanding of the stigma associated with having a mental illness and its influence on attitudes toward mental health services.

Seyala, N D (2011) conducted a study comparing baby boomers, born between 1946 and 1964 versus older adults born in 1944 or earlier, on their attitudes and intentions on utilizing mental health services that were available.The study relied on Ajzen's theory of planned behavior and its related constructs of attitudes, subjective norm, perceived behavioral control, and intentions as its theoretical model.The Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) and Beliefs About Psychological Services (BAPS) were used for measuring the constructs in the theory of planned behavior. The study also measured differences in gender and mental health service utilization. Four hundred and one subjects for the study were recruited from the Midwestern University and included both current and retired faculty members and working staff. Results indicated that those with previous mental health service experience expressed more positive attitudes, intentions, and perceived behavioral control over receiving mental health services. The study also revealed that the older adult cohort expressed more positive attitudes, greater intentions, was less affected by the subjective norm, and had more perceived behavioral control than baby boomers which was not in line with the hypothesis assumed for the study. For both the age groups it was found that attitude component showed the greatest amount of variance.In order to increase mental health service utilization among both the baby boomers and older adults an effective strategy can be to increase education about mental health and to promote positive attitudes by reducing both the environmental and economic barriers.

A study was conducted by Adrade L H (2013) to examine barriers to initiation and continuation of mental health treatment among individuals with common mental disorders. Researchers conducted face to face interviews of individuals from 24 countries and among individuals with a DSM-IV disorder in the past twelve months, low perceived need was found to be the most common reason for not initiating treatment. Women and younger people with disorders were more likely to recognize a need for treatment. Desire to handle the problem on one's own was the most common barrier among respondents with a disorder who perceived a need for treatment. Thus, it was found that low perceived need and attitudinal barriers are the major barriers to seeking and staying in treatment among individuals with common mental disorders worldwide.

Uchenna J Jones (2014) conducted research assessing the readiness to seek mental health services among younger adolescents and adults. The study also emphasized upon mental health literacy and applied the transtheoretical model framework to readiness to seek mental health services before the beginning of the assessment. About 363 undergraduate students 0artcipated in the study and were also do complete online surveys which comprised of questions on the demographic information, measures of psychological symptoms, mental health literacy, attitudes towards seeking mental health services and finally the stage if readiness to seek mental health services. The Symptom Checklist-90-R was employed to

measure current psychological symptom patterns among the young participants (SCL-90-R; Derogatis, 1975). The Inventory of Attitudes Toward Seeking Mental Health Services questionnaire was used as a measure of participants' attitudes about seeking mental health services (IASMHS; Mackenzie et al., 2004). The results have indicated that both the attitudes and symptoms of psychological distress can significantly influence the readiness to access mental health services in the sample that was studied. The study spotlights on the necessity for research that examines interventions that can be employed for young adults which majorly focuses on changing the attitudes and educating people about the effectiveness of mental health services in treating mental disorders.

Goncalves, D.C et al. (2014) conducted research to analyze the contact with healthcare professionals, self-perceived mental health problems and unmet needs, as reported by a nationally representative sample of community-dwelling adults. The study undertook a cross sectional analysis of the participants of the Australian National Survey of Mental Health and Wellbeing aged 55 years and older (N=3,178). Stratified sampling technique was used across each Australian district to select inhabitants in the age range of 16-85 years living in private dwellings in urban and rural locations. The national response rate was found to be 60%, with 8,841 complete responses obtained (Mean age= 46 years, standard deviation= 19 years; 54% female). The Composite International Diagnostic Interview (CIDI 3.0, Kessler & Ustun, 2004) was administered face to face to the participants in the study by trained supervisors. The survey purposely oversampled older participants to improve the standard errors for prevalence estimates. Results indicated that 306 (9.6%) participants had a DSM-IV classifiable mental disorder based on self-identified symptoms over the preceding 12 months. Of these, 146 (48%) reported that they had not consulted a healthcare professional to deal with their mental health problems. Among those who consulted with a healthcare professional, the general practitioner was the main point of contact. Medication and psychotherapy/counseling were the most frequent form of help obtained. Informational and instrumental help, such as help to sort out practical problems and to look after oneself, were the most reported unmet needs. These results suggest a gap in the provision of healthcare services for mental health problems directed toward the specific needs of ageing adults. The results indicate that unmet needs might be met by increasing awareness amongst healthcare professionals regarding mental health problems in later stages of life and by improving the access of older people to the services commonly provided by multidisciplinary.

A cross sectional online study conducted by Salaheddin, K and Mason, B (2016) investigated the reasons why young may not choose to seek mental services for their mental health issues. Young adults in the age group of 18-25 participated in the survey by answering an anonymous questionnaire that measured psychological distress, help-seeking preferences, barriers to accessing help, which included the BACE and an open-ended question to explore reasons for not utilizing the available mental health services. The results of the study indicated that over 35% of young adults who faced any type of mental health difficulty in the past did not seek any professional help. The barriers that these young adults faced was found to be stigmatizing beliefs, difficulty in identifying or expressing their concerns, preference for self-reliance and difficulty associated with accessing mental health services. Thus, the study concluded that improving awareness of the available mental health services and screening individuals for psychological distress in primary care services may play a crucial role in improving the mental health of young adults.

A qualitative study conducted by Johnson, BL (2016) contained data collected from 32 college students across 4 focus groups as they discussed their perceptions of accessing

mental health services. Before the beginning of the discussion, participants of the study were asked to complete documents such as informed consent, an agreement about the confidentiality of the experiment and a short questionnaire. The discussions that happened with the subjects were recorded and later transcribed by the members of the research team. They utilized an adapted type of grounded theory to figure out the emerging themes E.g., open, axial and selective coding. The experiment revealed that students tend to perceive a number of barriers while seeking out mental health services such as stigma associated with mental health, normalized stress as a student and lack of awareness of basic information about mental health. The study was useful to develop a psycho eductional media campaign to bring awareness among the students and to reduce stigma associated with mental health.

The systematic review of literature conducted by Pqjtshiab,L (2016) gives increased emphasis on spotlighting barriers that individuals face in accessing mental health care. The major goal of the study was to acquire and verify research on mental health concerns of the Hmong American population, barriers that they face in addressing those concerns in psychological health treatment settings and to give an overall analysis of the studies that have been conducted with the same population. The studies research question emphasizes on the barriers that prevent the Hmong individuals from utilizing the available mental health services. After a thorough examination of the literature, it was found that there were six interrelated themes that came forth as barriers to utilizing the available mental health services among the Hmong people. The six themes included cultural practices and beliefs of the Hmong population, mental health literacy, language barriers faced by people in the mental health setting, stigma associated with mental health, accessibility and affordability of mental health care and finally trust.

Fitzgerald, H (2017) conducted a study among the refugees residing in Maine to analyse the barriers that they face in accessing mental health services. Interviews were conducted on 8 participants using the semi-structured interview guide and the participants were asked to elaborate upon their perceptions of mental illness and the treatment for mental illness, the coping strategies that they found to be effective and finally they were asked to suggest ideas on how better the healthcare workers can improve themselves while treating refugees. The study revealed that the major barriers that they faced in accessing mental health services included stigma, fear, language and cultural differences. The participants of the study found the community, humor and faith to be useful and effective coping mechanisms in the face of mental health struggles. Overall to improve the utilization of mental health services, the participants felt that education on mental health issues and destigmatization of mental disorders by the healthcare workers can play a vital role in improving access to mental health services.

Kneeland, K (2018) conducted a survey to identify and collect both data and information on the mental health resources available to older adults facing mental health issues in rural Minnesota. The researcher developed a survey including both quantitative and qualitative questions and was distributed to 153 recipients in 14 counties surrounding Central Minnesota, with an 11% total response rate. Respondents were primarily county-affiliated, identified as social workers with significant practice experience working with adults in both rural and urban areas. The results indicated that three major categories that emerged were service delivery challenges, service delivery opportunities, and new innovations in mental health service delivery. Research results suggest that two common barriers to accessing mental health services are stigma and shortage of geriatric trained providers and the results

have also indicated that options like telehealth and in home mental health service options might prove to be very useful for older adults in rural areas.

Thomas, L & Bordieri, M J (2019) conducted a study to identify potential barriers that could prevented college students from taking advantage of on campus counseling services and to determine how familiar the students were with the on campus mental health services. Participants for the study were recruited through SONA (Online survey pool at Murray State University) . After recruiting the participants, the researchers asked the students to complete the following measures- College Students' Perceived Benefits and Barriers to Help Seeking for Mental Health Problems (Vidourek, King, Nabors, Merianos, 2014). These scales evaluated students' perception of benefits and barriers to receiving mental health treatment. The students were also asked to complete the. Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995)- which analysed the level of psychological distress - "How likely is it that you would seek mental health help oncampus if you felt you needed it?" and "If you needed to seek help for your mental health, where would you go?". The results indicated that embarrassment, not being comfortable sharing feelings, and denial of the problem were the most common barriers reported by the students. About half of the sample found "fear of counsellor" as a barrier however it was found to be the least reported one. On the positive side approximately half of the sample knew at least one mental health resource the campus offers. Results also indicated that there is a significant negative correlation between the stigma one holds and their likelihood to seek help. Thus, they greater the stigma that an individual possesses towards seeking help there is lesser likelihood that they will proactively seek help for their mental health issues. Results also indicate that if campuses designed programs to decrease stigma about mental health treatment, the likelihood for an individual to seek help would increase.

A systematic review was conducted by Lavingia R et al (2020) to barriers that prevent older adults from seeking and accessing treatment. The researchers analysed PubMed, PsycINFO, and Clinical Key to identify studies of barriers to mental health treatment in the older adult population (in individuals 50 y of age and older). Five categories of barriers to mental health care in older adults have been identified: (1) attitudes and knowledge among older adults; (2) comorbid medical conditions; (3) provider-related factors; (4) other extrinsic barriers (eg, cost, transportation, reliance on caregivers); and (5) unique factors that affect older adults in minority populations.

Research by Sooukenik, E (2020) focused on identifying barriers and facilitators to mental health services among the Bhutanese Refugee community in the Ohio region. The researcher employed a two phased explanatory sequential mixed methods design in the study and focused on understanding the concept of mental health according to the Bhutanese population, the symptoms and experience of mental health issues, cultural context of mental health, and barriers and facilitators to accessing and utilizing mental health services. The researchers collected data through a qualitative survey with 40 participants and a virtual focus group discussion. The results of the study revealed that mental health was a significant issue in the Bhutanese community and stigma was found to be a major barrier that was present in the community. The Bhutanese community's understanding of mental health is based on their past experiences in history and this can significantly have an impact on the cultural stigma associated with mental health. This cultural stigma prevents individuals from expressing their own mental health issues thus the importance of mental health goes unexpressed. The research has yielded several implications. Mental health providers need to analyse the root cause of trauma that is tied to identity and historical experiences without

just looking at the symptoms and the interventions prepared should be tailored to fit the Bhutanese culture.

Ary, K (2020) conducted a study to explore county policy infrastructure addresses making mental health services known, accessible, and increase participation to decrease barriers in utilization of available resources. The research questions were used to examine the effectiveness of processes of explaining, screening, engaging, and referrals for supportive mental health services to address CalWORK participants' needs outlined within policy practices. The theoretical foundation for this study was Ostrom‟s institutional analysis and development (IAD) theory. This study was a qualitative phenomenological study design that included the use of semi-structured interviews with participants who were employed at various county, contracted orientation, and mental health agencies working with CalWORKs clients. Barriers were identified related to policy delivery with possible strategies to combat stigma to increase awareness. The four primary themes identified in the study are: services, breadth of barriers, points of process, and policy practice exchange.

METHODOLOGY

Aim of Study

The purpose of the study is to determine if age and gender differences exist between intrinsic barriers, extrinsic barriers and the total BMHSS score.

Objectives

The objectives of this study are listed below.

1. To understand the difference between young adults and middle age adults with respect to total bmhss score.
2. To understand the difference between young adults and middle age adults with respect to intrinsic barriers to mental health services.
3. To understand the difference between young adults and middle age adults with respect to extrinsic barriers to mental health services.
4. To understand the difference between intrinsic and extrinsic barriers in young adults.
5. To understand the difference between intrinsic and extrinsic barriers in middle aged adults.
6. To understand the difference between the two genders with respect to the total bmhss score.
7. To understand the difference among young males and females with respect to total bmhss score.
8. To understand the difference between middle aged males and females with respect to the total bmhss score.
9. To understand the difference between intrinsic and extrinsic barriers among males.
10. To understand the difference between intrinsic and extrinsic barriers among females.

Hypotheses: The hypotheses of this study are listed below.

Differences among age groups

H_1 : There will be no significant difference between young adults and middle age adults with respect to total bmhss score.

H_2 : There will be no significant difference between young adults and middle age adults with respect to intrinsic barriers to mental health services.

H_3 : There will be no significant difference between young adults and middle age adults with respect to extrinsic barriers to mental health services.

H_4 : There will be no significant difference between intrinsic and extrinsic barriers in young adults.
H_5 : There will be no significant difference between intrinsic and extrinsic barriers in middle aged adults.

Gender Differences
H_6 : There will be no significant difference between the two genders with respect to the total bmhss score.
H_7 : There will be no significant difference among young males and females with respect to total bmhss score.
H_8 : There will be no significant difference between middle aged males and females with respect to the total bmhss score.
H_9 : There will be no significant difference between intrinsic and extrinsic barriers among males.
H_{10} : There will be no significant difference between intrinsic and extrinsic barriers among females.

Research Design
To investigate the problem under consideration, the ex-post facto research design using one group of young adults and one group of middle aged adults was used to investigate the intrinsic and extrinsic barriers to mental health services.

Sample
The sample consisted of 295 individuals out of which 147 were males and 148 were females.

Variables
Independent Variables
The independent variables being studied are gender and age. Gender refers to the condition of being male, female, or other. Gender implies the psychological, behavioral, social, and cultural aspects of being male or female (i.e., masculinity or femininity.) Age refers to the actual amount of time a person has been alive.

Dependent Variables
Barriers to mental health services consists of intrinsic and extrinsic barriers. Intrinsic barriers which include help seeking, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist, and belief that depressive symptoms are normal. Extrinsic barriers which include insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, physician referral, and transportation concerns.

Operational Definition
The Barriers to mental health services subscales and their operational definitions are given below:
● **Help seeking:** Assesses the general help seeking attitudes and behaviors of participants.
● **Stigma:** Assesses participants' views of mental illness and its treatment, specifically, psychotherapy
● **Knowledge and fear of psychotherapy:** Assesses participants' knowledge of psychotherapy and fears they experience about engaging in psychotherapy.
● **Belief about inability to find a psychotherapist:** Assesses the degree to which beliefs about the difficulty of finding a qualified psychotherapist act as a barrier to seeking mental health services.

● **Belief that depressive symptoms are normal:** Assesses the extent to which participants believe that depression is normal for themselves and their peers.
● **Insurance and payment concerns:** Assesses the degree to which money and insurance deter participants from seeking mental health services.
● **Ageism:** Assesses beliefs about negative attitudes of mental health professionals to work with certain groups of people, such as older adults.
● **Concerns about psychotherapist's qualifications:** Assesses beliefs that psychotherapists are not specifically qualified to help participants with their problems.
● **Physician referral:** Assesses the degree to which participants are hesitant to adhere to physician recommendations to see a psychotherapist.
● **Transportation concerns:** Assesses the degree to which lack of transportation and lack of parking are deterrents in seeking mental health services.

Procedure

Convenience sampling method was employed in the sample design. The data was collected by employing the questionnaire method that involved circulation of Google Forms through social media platforms.

Inclusion Criteria

● Participants of the age range 18 to 59 alone were considered.
● The participants must know the English language.
● Only men and women were considered.
● Participants who had access to the internet alone were considered.

Tool Used

The Barriers to mental health services scale-revised (BMHSS-R) was employed for this study. The Barriers to Mental Health Services Scale-Revised is a 44- item self-report questionnaire that measures 10 barriers preventing individuals from seeking mental health services. The survey comprises two domains, intrinsic barriers and extrinsic barriers. Five intrinsic barriers include: help-seeking attitudes, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist and belief that depressive symptoms are normal. Five extrinsic barriers include: insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, physician referral, and transportation concerns. The help seeking subscale addresses help seeking attitudes and behaviors. The stigma subscale addresses attitudes towards mental illness and treatment. The knowledge and fear subscale addresses knowledge and fear about engaging in psychotherapy. The belief about an inability to find a psychotherapist subscale addresses beliefs about difficulty finding a psychotherapist. The belief that depressive symptoms are normal subscale addresses the belief that depressive symptoms are normal for the participant and their cohort. The insurance and payment subscale addresses insurance and payment barriers. The ageism subscale addresses perceived attitudes towards older adults within mental health services. The concerns about psychotherapist's qualifications subscale addresses the concern that specialty mental health providers are not qualified to help participants. The physician referral subscale addresses resistance to adhere to physical referrals to specialty mental health providers. The transportation concerns subscale addresses concerns about transportation to and from specialty mental health providers. Participants rate the extent to which they agree with each item on a 4-point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). The subscale scores are standardized; first the responses to the items from each subscale are summed and then divided by the number of items on each subscale. Additionally, for conceptual organization,

subscales can be divided into two domains of barriers, intrinsic and extrinsic. The intrinsic barriers scale score is constructed by summing the items from the following subscales: help-seeking, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist, and belief that depressive symptoms are normal. Similarly, the extrinsic barriers scale score is constructed by summing the items from the remaining subscales, including: insurance and payment concerns, ageism, concerns about psychotherapist's qualification, physician referral, and transportation concerns. Higher scores on all scales indicate a higher degree of perceived barriers.

Statistics Used

Independent sample t test and paired sample t tests were used to analyse the differences between the groups and the results were analyzed using Statistical Package of Social Sciences (SPSS).

RESULTS AND DISCUSSION

This study examined intrinsic and extrinsic barriers to mental health care among young and older adults using a 44 item self-report measure, Barriers to Mental Health Services Scale- R (BMHSS-R). The study examined 10 barriers to the utilization of mental health services: help-seeking attitudes, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist, belief that depressive symptoms are normal, insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, physician referral, and transportation concerns. The results of this study will be discussed using tables and figures to indicate both the gender differences and the differences between young adults and middle age adults with respect to the total BMHSS score, Intrinsic Barriers and Extrinsic Barriers score.

Table 1 represents the mean, standard deviation of the total BMHSS score, Intrinsic Barriers score and Extrinsic Barriers score

	N	Minimum	Maximum	Mean	Std. Deviation
BMHSS Total Score	295	58	162	110.2	20.68
Intrinsic Barriers	295	28	89	59.15	11.51
Extrinsic Barriers	295	25	81	50.93	10.20

Table 1 illustrates the mean and standard deviation of the BMHSS total score, Intrinsic Barriers score and the Extrinsic Barriers score. The distribution of all the three variables are normally distributed in the sample considered.

Figure 1 represents the the composition of males and females in the sample taken for the study

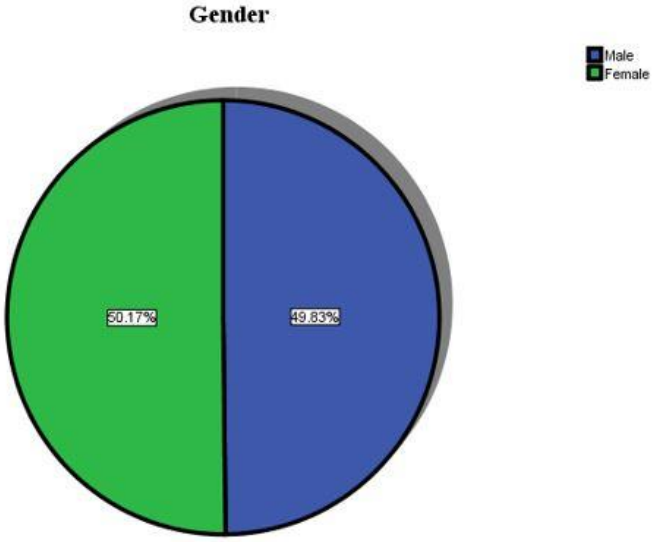
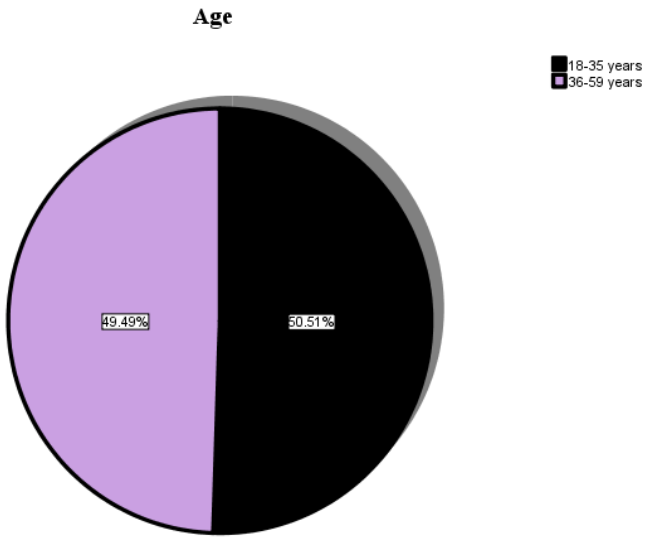


Figure 2 represents the composition of young adults and middle aged adults in the sample taken for the study



Age Differences

Table 2 illustrates the t test results for the total BMHSS score between young adults and middle age adults

Variable	Groups	N	Mean	Std. Deviation	t
BMHSS Total Score	18-35 years	149	99.91	18.20	-9.805*
	36-59 years	146	120.44	17.74	

**p<0.05, significant at 0.05 level*

From the above table it is evident that there is a significant difference between young adults and middle age adults with respect to the total BMHSS score t(293)= -9.805, p<0.05. Hence the hypothesis H_1"There will be no significant difference between young adults and middle age adults with respect to total bmhss score" is rejected. The lower mean score obtained by the young adults age group has revealed that they are less likely to possess various barriers to accessing mental health services than their counterparts. This result is similar to the study conducted by Bradley Eric Karlin(2005) which revealed that younger adults were three times more likely to receive treatment for mental health issues than the older adults.

Table 3 illustrates the t test results for the Intrinsic Barriers score between young adults and middle age adults

Variable	Groups	N	Mean	Std. Deviation	t
Intrinsic Barrier Score	18-35 years	149	53.76	10.78	-9.190*
	36-59 years	146	64.64	9.48	

**p<0.05, significant at 0.05 level*

From the above table it is evident that there is a significant difference between young adults and middle age adults with respect to the Intrinsic Barriers score t (289.67) = -9.190, p<0.05. Hence the hypothesis H_2 "There will be no significant difference between young adults and middle age adults with respect to intrinsic barriers to mental health services" is rejected. The lower mean score obtained by the young adults age group has revealed that they are less likely to possess intrinsic barriers to accessing mental health services than their counterparts. However, a study conducted in the American population has revealed that younger adults reported higher scores in extrinsic barriers than their counterparts (Renee Pepin, Daniel L. Segal and Frederick L. Coolidge,2009). This contradicting evidence might be due to the cultural differences between the American and Indian population. Since the Indian population possesses a collectivistic culture, older adults might be more concerned about certain intrinsic barriers like stigma, belief that depressive symptoms are normal than the younger adults (Rahul Shidhaye and Michelle Kermonde,2013) .

Table 4 illustrates the t test results for the Extrinsic Barriers score between young adults and middle age adults

Variable	Groups	N	Mean	Std. Deviation	t
Extrinsic Barrier Score	18-35 years	149	46.15	8.75	-9.20*
	36-59 years	146	55.80	9.25	

*p<0.05, significant at 0.05 level

From the above table it is evident that there is a significant difference between young adults and middle age adults with respect to the Extrinsic Barriers score t(293) = -9.20, p<0.05. Hence the hypothesis H_3 "There will be no significant difference between young adults and middle age adults with respect to extrinsic barriers to mental health services" is rejected. Younger adults have reported lower levels of extrinsic barriers than their counterparts which is reflected in their lower obtained mean. The findings of this study are consistent with the

studies that have considered the existence of intrinsic barriers in young and middle age adults [Earlise C Ward et al (2010)].

Table 5 illustrates the paired sample t test results for the differences between Intrinsic and Extrinsic Barriers score among young adults

Variable	Group	N	Mean	Std. Deviation	t
Intrinsic and Extrinsic Barrier Scores	18-35 years	149	7.61	7.39	12.569*

**p<0.05, significant at 0.05 level*

Table 5 illustrates a significant difference between the Intrinsic and Extrinsic barriers scores $t(148) = 12.569$, $p<0.05$ obtained by young adults. Thus, the null hypothesis H_4"There will be no significant difference between intrinsic and extrinsic barriers in young adults" is rejected. The results indicate that the mean scores for intrinsic barriers (M = 53.76) are considerably higher than those of extrinsic barriers (M = 46.15). Thus younger adults are more likely to face intrinsic barriers (eg.help seeking, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist) than extrinsic ones(insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, transportation concerns). The findings of this study are consistent with the study conducted by Renee Pepin, Daniel L. Segal and Frederick L. Coolidge (2009).

Table 6 illustrates the paired sample t test results for the differences between Intrinsic and Extrinsic Barriers score among middle aged adults

Variable	Group	N	Mean	Std. Deviation	t
Intrinsic and Extrinsic Barrier Scores	36-59 years	146	8.84	6.039	17.69*

**p<0.05, significant at 0.05 level*

Table 6 illustrates a significant difference between the Intrinsic and Extrinsic barriers scores $t(145) = 17.69$, $p<0.05$ obtained by middle aged adults. Thus, the null hypothesis H_5There will be no significant difference between intrinsic and extrinsic barriers in middle aged adults" is rejected. The results indicate that the mean scores for intrinsic barriers(M = 64.64) are considerably higher than those of extrinsic barriers (M = 55.80). Thus middle aged adults are more likely to face intrinsic barriers(eg.help seeking, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist) than extrinsic ones(insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, transportation concerns).There is a lack of empirical data considering differences between intrinsic and extrinsic barriers in middle age adults. However, the results from the table indicating higher mean values for intrinsic barriers may be due to high prevalence of stigma among the studied population (Kyaien O Conner,2011).

Gender Differences

Table 7 illustrates the t test results for the BMHSS Total score between males and females

Variable	Groups	N	Mean	Std. Deviation	t
BMHSS Total Score	Males	147	114.73	21.78	3.940*
	Females	148	105.46	18.46	

**p<0.05, significant at 0.05 level*

From the above table it is evident that there is a significant difference between males and females with respect to the BMHSS total score t (284.71) = 3.94, p<0.05. Thus, the hypothesis H_6 "There will be no significant difference between the two genders with respect to the total bmhss score" is rejected. The results indicate that the mean scores for men (114.73) are considerably higher than the mean scores of females (105.46) which implies that men are more likely to experience barriers when it comes to accessing mental health services than their counterparts. However, studies conducted by Carmen E Albizu-Garcia, Margarita Alegria, Daniel Freeman and Mildred Vera (2001) have revealed that gender does not play a significant role in an individual's tendency to seek mental health services. This contradictory evidence might be attributed to differences in culture. Studies conducted by RW Robin,B Chester, J K Rasmussen, J M Jaranson, D Goldman (1997) have revealed that women were more likely than men to receive mental health treatment. This might contribute to lesser barriers on the part of women.

Table 8 illustrates the t test results for the BMHSS Total score between young males and females

Variable	Groups	N	Mean	Std. Deviation	t
BMHSS Total Score	Young males	74	102.66	20.60	1.838
	Young females	75	97.21	15.12	

From the above table it is evident that there is no significant difference between young males and females with respect to the BMHSS total score t(133.88) =1.838, p>0.05. Thus, the hypothesis H_7 "There will be no significant difference among young males and females with respect to total bmhss score" is accepted. There is a lack of empirical data considering gender differences among young males and females in the dimension of barriers to accessing mental health services. However, from the above mean values, it can be seen that men have higher mean scores indicating more barriers to accessing mental health services, this may be attributed to negative attitudes of men towards help seeking and maintenance of masculinity norms [Elise Pattyn,Piet F Bracke(2015)].

Table 9 illustrates the t test results for the BMHSS Total score between middle aged males and females

Variable	Groups	N	Mean	Std. Deviation	t
BMHSS Total Score	Middle aged males	73	126.96	15.18	4.755*
	Middle aged females	73	113.93	17.81	

**p<0.05, significant at 0.05 level*

From the above table it is evident that there is a significant difference between middle aged males and females with respect to the BMHSS total score t(144) =4.755, p<0.05. Thus, the hypothesis H_8"There will be no significant difference among middle aged males and females with respect to total bmhss score" is rejected.The results indicate that the mean scores of middle aged men(*M* = 126.96) are considerably higher than the mean scores of middle aged females(*M* = 113.93) which implies that men are more likely to experience barriers when it comes to accessing mental health services than their counterparts. There is a lack of empirical data considering gender differences among middle aged males and females with respect to the barriers to middle aged males and females but the higher mean scores obtained by males may be attributed to rigid gender roles that exist in the society [Elise Pattyn,Piet F Bracke(2015)].

Table 10 illustrates the paired sample t test results for the differences between intrinsic and extrinsic barriers among males

Variable	Group	N	Mean	Std. Deviation	t
Intrinsic and Extrinsic Barrier Scores	Males	147	9.16	6.42	17.293*

**p<0.05, significant at 0.05 level*

Table 10 illustrates a significant difference between the Intrinsic and Extrinsic barriers scores t (146) = 17.293, p<0.05 obtained by males. Thus, the null hypothesis H_9"There will be no significant difference between intrinsic and extrinsic barriers in males" is rejected. The results indicate that the mean scores for intrinsic barriers (*M* = 61.94) are considerably higher than those of extrinsic barriers (*M* = 52.78). Thus, males are more likely to face intrinsic barriers (eg. help seeking, stigma, knowledge and fear of psychotherapy, belief about inability to find a psychotherapist) than extrinsic ones (insurance and payment concerns, ageism, concerns about psychotherapist's qualifications, transportation concerns). There is a lack of empirical data considering differences between intrinsic and extrinsic barriers to mental health service utilization in males. However, the results indicating higher mean values for intrinsic barriers may be due to high prevalence of stigma among the studied population (Kyaien O Conner,2011).

Table 11 illustrates the paired sample t test results for the differences between intrinsic and extrinsic barriers among females

Variable	Group	N	Mean	Std. Deviation	t
Intrinsic and Extrinsic Barrier Scores	Females	148	7.28	6.99	12.61*

**p<0.05, significant at 0.05 level*

Table 11 illustrates a significant difference between the Intrinsic and Extrinsic barriers scores t (147) = 12.61, p<0.05 obtained by females. Thus, the null hypothesis H_{10}"There will be no significant difference between intrinsic and extrinsic barriers in females" is rejected. The finding is consistent with the studies by Nazar D. Seyala(2011) that have considered gender along with attitudes and intentions on utilizing mental health services and have found that females are more likely to experience intrinsic barriers like belief that depressive symptoms are normal than extrinsic barriers.

SUMMARY AND CONCLUSION

In conclusion the results of this study provide some valuable insights into the barriers that prevent individuals from accessing mental health services. Results revealed that middle aged adults obtained higher scores in the BMHSS total, Intrinsic and Extrinsic scores thus indicating higher existence of both Intrinsic and Extrinsic barriers when compared to young adults. This outcome can help us in directing our resources to reduce the barriers that middle aged adults face. It was found that intrinsic barriers were more prevalent over extrinsic ones in both the age groups and among males and females. This can help us in trying to educate individuals to break the stigma and to encourage them to seek help for their mental health needs. Gender differences have revealed that males have higher BMHSS total scores than females. It has also been found that middle aged males report higher scores than middle aged females. However, results reveal no difference between young males and females with respect to BMHSS total. These results imply that young adults might possess more knowledge both about the importance of mental health and their mental needs and might be more likely to seek help if needed.

A strength of this study was that numerous barriers were examined among younger and middle aged adults. However, the current study has a few notable limitations. First, many of the participants of the study belonged to the states in the south thus the results cannot be generalised to the whole country. Second, a majority of the young adults who took part in the study belonged to a similar educational background e.g. psychology which may have impacted the results.

This study represents the first step toward assessing the barriers that individuals face towards accessing mental health services. The study serves an important role as it can help to increase researchers' and practitioners' understanding of why groups do not seek mental health services. Identifying these barriers is the necessary step toward making much needed mental health services more accessible to those in need.

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Conflict of Interest

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