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"I Know I Need Help, but I Cannot Ask": Exploring Psychological and Social Barriers to Mental Health Help-Seeking Among Young Adults

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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence in the Study Design and Participants subsection stating that "*The study included 26 young adults residing in the United States*" needs substantially more information about recruitment. Although the manuscript mentions university networks, community organizations, online communities, and social media, it does not indicate the states or regions from which recruitment occurred, the recruitment period, the number of individuals screened, the number excluded, or whether participants received compensation. These details are essential for assessing selection bias and transferability. The authors should also explain how maximum-variation sampling was operationalized—specifically, which characteristics were intentionally varied and whether recruitment was modified during data collection to address underrepresented groups.

The inclusion criterion stating that participants must "*report that they had postponed, avoided, or experienced substantial difficulty asking for professional or interpersonal help*" is central to the validity of the sample but remains operationally vague. The authors should specify how this criterion was established during screening. For example, was a standardized question used, was a minimum delay required, or was eligibility based entirely on subjective self-identification? Additionally, "professional"

and "interpersonal" help-seeking should be distinguished because disclosing distress to a friend is behaviorally and psychologically different from contacting a therapist or psychiatrist. The current criterion combines these pathways, potentially producing considerable heterogeneity in the phenomenon under study.

The manuscript reports that "*Individuals who were ... experiencing an acute psychological crisis requiring immediate clinical intervention at the time of recruitment were not enrolled*." Given the sensitive subject matter and the inclusion of participants with potentially severe psychological distress, the manuscript should provide a fuller account of the risk-management procedure. The authors should explain how acute risk was assessed, who performed that assessment, what criteria triggered exclusion, what referral procedures were available, and how suicidal or self-harm disclosures arising during an interview were handled. The ethics committee or institutional review board approval number should also be reported. These details are particularly important because the interview guide explicitly addresses potentially distressing psychological experiences.

The sentence stating that "*Recruitment and interviewing continued until sufficient informational depth had been achieved and additional interviews no longer generated substantively new categories*" requires reconsideration in light of the stated use of reflexive thematic analysis. The language of categorical saturation can be difficult to reconcile with reflexive thematic analysis, in which themes are understood as interpretive constructions rather than entities that simply emerge until no new categories appear. The authors should either provide a methodological justification for their saturation approach or adopt terminology more consistent with their analytic framework, such as information power, conceptual richness, or adequacy of the dataset. The manuscript should also describe how the decision to stop recruitment at 26 participants was made and by whom.

The paragraph describing Figure 1 states that participants progressed through "*recognition of need, internal assessment, communication readiness, social evaluation, and cost–benefit decisions*." This proposed pathway is conceptually valuable but appears more sequential and deterministic than the interview data may justify. The authors should clarify whether these stages were consistently observed in temporal sequence across participants or whether the figure represents an interpretive heuristic constructed from recurrent patterns. Because the findings also describe recursive movement and overlapping barriers, the figure should visually and textually emphasize nonlinearity, feedback loops, skipped stages, and context-dependent transitions. The model should be presented as a provisional qualitative conceptual model requiring future empirical testing rather than as an established causal pathway.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the Data Collection Tools subsection, the manuscript states that the interview guide was developed "*on the basis of the research aim and the conceptual distinction between psychological barriers ... and social barriers*." This raises a potential tension with the later claim that the analysis was inductive. If the interview schedule was explicitly organized around psychological versus social barriers, then the data generation process was at least partly theoretically structured. The authors should acknowledge this influence and avoid presenting the analysis as purely inductive. A more accurate formulation might describe the analysis as primarily data-driven while recognizing that the research questions and interview guide sensitized the researchers to psychological and social dimensions. The complete interview guide, or at least the core interview questions, should also be provided in a supplementary file to improve methodological transparency.

The Data Collection Tools subsection reports that "*The interviewer adopted a reflective and non-directive stance*," but virtually no information is provided about the interviewer. Qualitative research requires reflexive consideration of the researcher as part of the data-generating process. The manuscript should report the interviewer's disciplinary background, qualitative interviewing experience, professional relationship to mental health practice if applicable, gender or other positional characteristics when relevant, and whether participants had any prior relationship with the interviewer. The authors should also

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describe reflexivity procedures used to examine how researcher assumptions about mental health treatment, stigma, or desirable help-seeking behavior may have shaped probing, coding, and theme interpretation.

In the Data Analysis subsection, the statement that data were analyzed using "*reflexive thematic analysis, with an inductive orientation*" should be supported by a more explicit analytic framework. The authors should identify the methodological source guiding reflexive thematic analysis and describe the phases of analysis in sufficient detail for methodological auditability. It is particularly important to specify who conducted coding, whether coding was performed manually or using qualitative analysis software, how codes evolved over time, how candidate themes were generated, and how final themes were defined. If multiple researchers participated, the manuscript should clarify their respective roles without relying on inter-rater reliability language that would be inconsistent with a fully reflexive approach.

The Data Analysis paragraph states that "*Several procedures were incorporated to strengthen the trustworthiness of the analysis*," including an audit trail, reflexive notes, repeated return to transcripts, and examination of negative cases. This is useful, but the manuscript should organize these strategies explicitly around recognized qualitative quality criteria such as credibility, dependability, confirmability, and transferability, or justify an alternative quality framework. It would also be helpful to state whether member reflection/member checking, peer debriefing, analytic consultation, or external auditing was undertaken. If these procedures were not used, this need not be presented as a weakness automatically, but the authors should clearly distinguish procedures actually conducted from general claims about analytic rigor.

The first paragraph of the Findings provides unusually detailed demographic percentages, including the statements that "*10 participants (38.5%) identified as non-Hispanic White*" and that participants were geographically distributed across four U.S. regions. These data are useful for contextualization, but the authors should consider whether several potentially important characteristics are missing. Given the study topic, previous mental health diagnoses, insurance status, socioeconomic position, urban/rural residence, sexual and gender minority status, and previous therapy experiences may meaningfully shape help-seeking. More importantly, the manuscript should clarify which demographic characteristics were collected prospectively rather than adding variables retrospectively. The authors should also protect deductive confidentiality, particularly because detailed combinations of minority identity, region, age, and educational status may make participants more identifiable in a small qualitative sample.

Tables 2 and 3 report precise frequencies such as "*Pressure to manage problems independently: 22, 84.6%*" and "*Anticipated judgment or negative evaluation: 20, 76.9%*." The use of numerical prevalence estimates requires stronger methodological justification because frequency counting is not inherently compatible with a reflexive thematic analysis focused on patterned meaning. Percentages based on 26 purposively recruited participants can also create an unintended impression of statistical prevalence or population representativeness. The authors should either remove percentages and emphasize qualitative salience or explicitly explain that frequencies are descriptive coding counts rather than estimates of prevalence. If frequency enumeration is retained, the analytic procedure used to determine whether a participant "mentioned" a barrier should be described reproducibly.

The Findings section is currently insufficiently supported by direct participant evidence. For example, the paragraph following Table 1 states that participants "*commonly believed that adulthood required the capacity to manage emotional problems independently*," but no verbatim quotations are provided to demonstrate how participants expressed this belief. A qualitative manuscript of this type should include carefully selected quotations under each major theme and important subtheme. Each quotation should be accompanied by a non-identifying participant code and, where analytically useful and ethically appropriate, limited contextual information such as age or gender. Quotations should not merely decorate the narrative; they should provide evidence for the interpretive claims and demonstrate variation, contradiction, and nuance within themes.

Table 4, titled "*Common Configurations of Interacting Psychological and Social Barriers*," is potentially one of the manuscript's most original contributions, but the analytic basis for these configurations is unclear. The reader is not told how combinations such as "self-reliance combined with minimization" or "shame combined with burden concerns" were derived, whether they emerged through formal pattern analysis, or whether the listed frequencies represent co-occurrence within individual transcripts. The authors should explain the procedure used to identify these configurations and distinguish clearly between themes, subthemes, code co-occurrences, and higher-order interpretive patterns. Without this clarification, Table 4 risks appearing quantitatively precise despite originating from an unspecified qualitative procedure.

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2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

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