

Creating Hope Together

Scotland's Suicide Prevention Strategy 2022-2032



Understanding help giving and help seeking behaviours in Scottish residents when experiencing suicidal ideation: A rapid review

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1. Introduction

Suicide is a global health concern. Across the UK, Scotland has the highest rate of suicide deaths (National Records of Scotland, 2022; Office of National Statistics, 2017; Review of Suicide Statistics in Northern Ireland, 2020). Indeed, a nationally representative study by O'Connor et al. (2018) indicated that approximately 21% of young adults (aged between 18 and 34 years old) in Scotland had experienced thoughts of suicide at some time in their lives. Since prevalence of suicidal ideation increases with age, the study by O'Connor et al. (2018) suggests that suicidal ideation is pervasive within the Scottish population. Furthermore, longitudinal research by Mars et al. (2019) indicated that 12% of 16-year-olds who experienced suicidal thoughts reported a suicide attempt by 21 years of age. Because of the dominance and adverse health outcomes associated with suicidal thoughts, it is therefore vital to understand help seeking and helping giving behaviour for those experiencing suicidal thoughts in order to prevent avoidable deaths.

Despite the significant mortality risks, not all those who experience suicidal ideation seek help. A worldwide literature review by Hom et al. (2015) explored help seeking behaviour in individuals experiencing suicidality (including suicidal thoughts, suicide attempts, self-injury) across 146 academic publications. The results indicated that fewer than a third (29.5%) of suicidal individuals sought help from mental health services. Barriers to help seeking included help-negation (pessimistic views about the support health services could provide, possibly a consequence of feeling of hopelessness), lack of perceived need (i.e., their symptoms were thought to be 'not severe enough'), preference for self-management, structural factors (e.g., geographical convenience), concerns for autonomy, stigma and sociodemographic factors. The findings Hom et al.'s (2015) landmark study have been supported by more recent systematic reviews (Yonemoto and Kawashima, 2022; Velasco et al., 2020) where real or perceived stigma from health professionals was identified as a particular barrier to help seeking behaviour. However, the search strategy used by Hom et al. (2015) was not systematic; therefore, some important papers may have been missed. Furthermore, Velasco et al. (2020) built on these findings by finding evidence that positive past experiences with health services and mental health literacy improved help seeking behaviours.

In Scotland, a report by the Scottish Government (2020) found that stakeholders (lived experience, mental health professionals, third sector organisations and charities) indicated a felt need for time, space and compassion for people seeking help for suicidal distress. Although this report directly informed recommendations for the national suicide prevention strategies in Scotland (Scottish Government, 2023), the survey explored what the Scottish population believed was needed, not what the help seeking and help giving behaviours of the population were at the time. In contrast, the review literature discussed here (Yonemoto and Kawashima, 2022; Velasco et al., 2020; Hom et al., 2015) provide global overviews of help seeking behaviour for suicidality, which may not necessarily be pertinent to a specific socio-cultural context, such as Scotland. There is strong evidence that psychological interventions, if they are to be effective, must be relevant to the population. Therefore, a review which systematically and rigorously searches for and synthesises research on help seeking and help giving behaviours of the Scottish population is needed.

1.1 Current study

The current study is intended to generate evidence that is relevant to Outcome Two of the Scottish Government's current suicide prevention strategy and action plan (*Creating Hope Together*). Outcome Two is focused on supporting the Scottish population 'to respond in helpful and informed ways when they, or others, need support'. This rapid review aims to understand where help-seeking individuals go when experiencing suicidal thoughts, the barriers they experience when considering

their options for support, and what help-giving resources are currently available. To address these aims, this review seeks to answer the following three research questions:

- 1) Where do help-seeking individuals who are experiencing suicidal ideation or behaviour go for support?
- 2) Which community resources offer support to those experiencing suicidal ideation?
- 3) What are the barriers and motivations for the choice of supports that help-seeking individuals' approach for help when experiencing suicidal ideation?

2. Methods

Three major electronic databases which specialise in psychology articles (CINHAL, MedLine, PsychInfo) were used to search for relevant literature. To focus the search, Subject Heading terms (e.g., MeSH) and Boolean phrases ("AND", "OR") were applied to the following terms: 'suicidal ideation', 'help-seeking' and 'help-giving'. For a detailed description of the search terms, please refer to appendix 1. PRISMA guidelines were followed throughout this study. No assessment of quality was conducted. Chaining methods were applied to identify additional papers.

2.1 Eligibility criteria

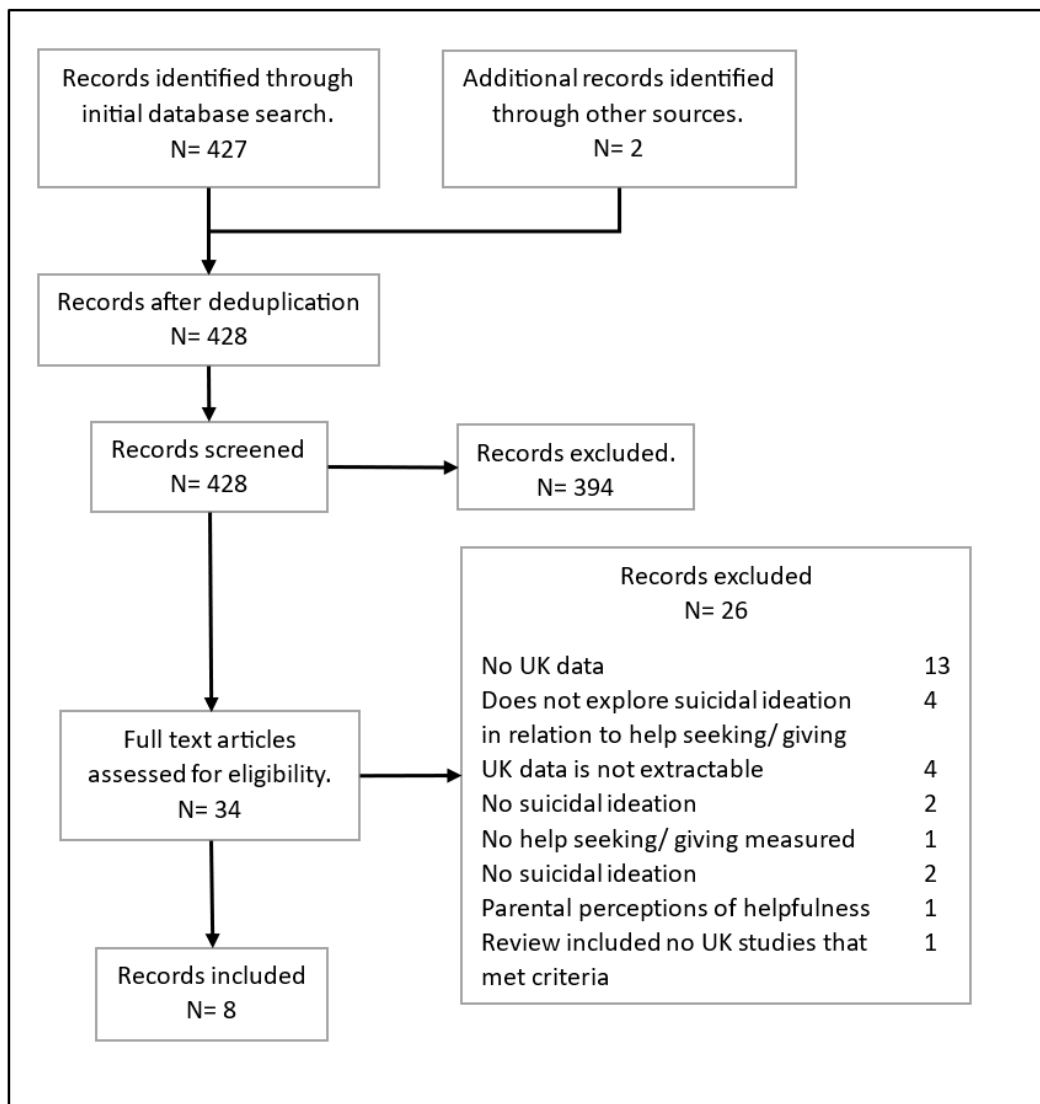
Studies were **included** in the review if they i) peer reviewed papers published in the last 10 years (2014-present), ii) were based on UK sample (or UK sample data is extractable from the article), iii) explored help seeking behaviour AND/OR help giving services for suicidal ideation, iv) conducted qualitative or quantitative analysis of primary or secondary data, and v) were written in English.

Studies were **excluded** if: i) they were brain imaging studies, ii) participants were exposed to an intervention (control arm participant groups were eligible), iii) case studies, or iv) suicidal ideation was measured jointly with and suicidal behaviour.

3. Results

As illustrated in figure 1, 427 studies were identified from the databases and a further two records were included following review of the reference lists of included studies. A total of 428 papers was identified after deduplication, of which 394 were excluded following title and abstract screening and a further 26 were excluded after review of the full text article. The leading reason for exclusion at both screening stages was because the study did not focus on, or provide extractable information

Figure 1. PRISMA diagram



relating to, a UK population. In total, eight papers were eligible for inclusion in this rapid review. A detailed summary of the key features of included papers is provided in table 1.

3.1 Felt need

Bell et al. (2018) and Biddle et al. (2020) identified that the internet was a leading source of help seeking in adults aged 18-64 years old. In a quantitative survey of 19–25-year-olds, Bell et al. (2018) found that most participants would use the internet for support and that internet use provided a sense of support and community (including understanding and advice) which reduced stigma and feelings of isolation. This finding was supported qualitatively by Biddle et al. (2020), who found that online forums were helpful for creating a sense of community of individuals of working age (19-64 years old) experiencing suicidal ideation. A minority of participants recruited by Bell et al. (2018) used the internet for information seeking (e.g., suicide methods or therapy contact information), while Biddle et al. (2020) reported that, of 18–64-year-olds, younger participants in particular, used the internet for self-help tools to improve their wellbeing.

Table 1 Key features of included studies

Study	Location in UK	Sample; Demographics (sample size (n), age, female (n, %))	Method	Help seeking/ giving (additional information)	Factors identified	Report headings
Bell et al. (2018)	UK-wide; (92% from Hull)	University sample (92%) N=72 18-24 years old Female = n43 (59.7%)	Cross-sectional online survey; multiple choice and open-ended questions	Seeking (Unspecified; online resources)	<ul style="list-style-type: none"> • 'I prefer to deal with issues on my own' • 'I question how serious my needs are' • 'I would not know what to say about my problems' • 'I worry what others would think of me' • Internet use 	Preference for self-management Lack of perceived need Emotional literacy Stigma Felt need
Biddle et al. (2020)	Southwest England	Community and inpatient sample N= 53 19-64 years Female = n31 (58.5%)	Qualitative interviews	Seeking (Formal; online resources)	<ul style="list-style-type: none"> • Internet use 	Felt need
Ennis et al. (2019)	Ulster, Northern Ireland	Undergraduate university sample with a lifetime history of mental illness and suicidality N= 793; age: $Mage=21.21 \pm 5.88$ (18-47); Female= n230 (58.7%)	Cross-sectional quantitative survey	Seeking (Formal)	<ul style="list-style-type: none"> • Readiness to change/ willingness to seek help • Want to handle the problem on their own • Too embarrassed • Worried they would be treated differently • Gender • Intentions to seek help if difficulties arose 	Lack of perceived need Preference for self-management Stigma Sociodemographic factors Felt need

Study	Location in UK	Sample; Demographics (sample size (n), age, female (n, %))	Method	Help seeking/ giving (additional information)	Factors identified	Report headings
Han et al. (2018)	Not available	Four UK studies included (no further details)	Systematic review	Giving (Formal)	<ul style="list-style-type: none"> • Contact with primary care services • no presence of suicide attempts • no communication of suicidal intent • Help resistance • Gender • living with others • Previous contact with primary services • Diagnosis of mental illness 	Community resources offered Lack of perceived need Preference for self-management Sociodemographic factors
Harber-Aschan et al. (2019)	Southeast London	Community sample N= 1052 ≥16 years old	Longitudinal quantitative survey	Giving Mental health services unit	<ul style="list-style-type: none"> • Mental health service engagement was greater in those with comorbidity 	Community resources offered
House et al. (2018)	London	Outpatient and community sample with depression N= 29 Mage= 55 (≥18 years) Females = 0 (0%)	Q methodology (qualitative)	Seeking (Formal)	<ul style="list-style-type: none"> • Understanding of the nature and availability of care • Media messaging 	Other
McDermott et al. (2018)	Northeast, Southeast and	Sexual minority sample	Cross-sectional quantitative survey &	Seeking	<ul style="list-style-type: none"> • Difficulty verbalising emotions and feelings 	Emotional literacy

Study	Location in UK	Sample; Demographics (sample size (n), age, female (n, %))	Method	Help seeking/ giving (additional information)	Factors identified	Report headings
	Northwest of England	N= 789 Mage = 18.59 (<25 years) Females= n262 (33.2%)	qualitative interviews	(Formal and informal)	<ul style="list-style-type: none"> Happened infrequently and they could cope alone. I didn't want to be seen as attention seeking I did not want them to worry about me 	Lack of perceived need Stigma Other (burdensomeness)
Miller et al. (2024)	UK-wide	Elite athletes N = 9 Mage = 22.8 ± 1.86 Female = 6	Qualitative interviews	Seeking (not specified)	<ul style="list-style-type: none"> Lack of accessibility to mental health services (compared to physical; a Lack of Signage) Negative attitudes of others (Public Scrutiny/ Sign of Weakness) 	Structural factors Stigma

Mage= mean age; ± = standard deviation. Formal services include mental health services unit, general practitioner, therapist, counsellor. Informal services include friends, family, peers etc.

3.2 Community resources offered

Two studies (Han et al., 2018; Harber-Aschan et al., 2019) explored help giving services, additionally, one study (Ennis et al., 2019) investigated participant engagement with a mental health resource.

Harber-Aschan et al. (2019) found that those with a diagnosis of physical or mental comorbidity in addition to suicidal ideation were more likely than those with no comorbidity to maintain service engagement (including a general practitioner, psychological therapist or other source of help). A review by Han et al. (2018) included four UK studies which explored professional services (GP, outpatient mental health treatments, psychiatric inpatient care and 'primary health care service and mental health service' where departments were unspecified). The review of these four studies indicated that engagement with dedicated mental health services were linked with numerous demographic and psychological factors (see section 3.3). Additionally, Ennis et al. (2019) explored university student engagement with mental health services for suicidal ideation, with most participants stating they would use university mental health services for their wellbeing. Via a follow-up question, most students stated they would not consider seeking help elsewhere (e.g., general practitioner, religious leader).

3.3 Barriers and motivations to help seeking behaviour

In this section, barriers to help seeking behaviour have been grouped, where appropriate, using the factors reported by Hom et al. (2015), as well as 'emotional literacy' and 'other'.

Preference for self-management

In a small sample of predominantly young university students, Bell et al. (2018) found that preference for self-management was a major barrier to help seeking behaviour. Similarly, Ennis et al. (2019) found that, compared to individuals with no suicide history or mental health diagnosis, adults age between 18 and 47 years old, with both a diagnosis of mental illness and suicidality were almost twice as likely to try to handle their problems on their own. Furthermore, Ennis et al. (2019) reported intentions to seek help were low overall (22.7% of the participant sample) and that males were less likely than females to look for other sources of support (e.g., doctor, health professional, religious advisor). Additionally, one UK study included in a review by Han et al. (2018; Owens et al., 2005) reported that high help resistance was linked with reduced engagement with health services for suicidality (including ideation and behaviour).

Lack of perceived need

Four studies explored factors pertaining to lack of perceived need (Bell et al., 2018; Ennis et al., 2019; Han et al., 2018; McDermott et al., 2018). Bell et al. (2018) found that in a student sample of 19- to 25-year-olds, over half would question how serious their needs were before reaching out for help, while one study included in a review by Han et al (2018; Hamdi et al., 2008) reported that absence of suicide attempt and of communication of suicidal intent were associated with reduced engagement with professional health services.

Qualitative interviews with sexual minority individuals under 25-years old, indicated that the likelihood of help seeking behaviour, was linked with the frequency of the suicidal thoughts; intermittent thoughts were perceived as manageable and therefore did not require external support (McDermott et al., 2018). Ennis et al. (2019) found that over half of individuals with a lifetime history of mental illness and suicidality did not consider themselves to have a problem, or feel a need to change, despite expressing a greater willingness to seek help if needed when compared to those with no history of mental ill-health or suicidality.

Emotional literacy

Two studies (Bell et al., 2018; McDermott et al., 2018) explored emotional literacy in young adults under 25 years of age. Both reported that uncertainty of “what they would say” to mental health services about their thoughts of suicide was a barrier to engaging with help services.

Stigma

Five studies explored stigma in relation to help seeking behaviour for suicidal ideation (Bell et al., 2018; McDermott et al., 2018; Ennis et al., 2019; Han et al., 2018; Miller et al., 2014). Both Bell et al. (2018) and Ennis et al. (2019) found that embarrassment/public perception was a major barrier to help seeking in adults between 18 and 47 years old, with Ennis et al. (2019) finding this attitude significantly more prevalent in females. Similarly, females were more likely to have concerns that they would be treated differently by others if it was known that they were receiving treatment (Ennis et al., 2019). This finding was supported via qualitative interviewing of elite athletes where public scrutiny was a concern (Miller et al. 2014). In this sample, the athletes felt that seeking mental health support may have been considered a sign of weakness by others. A sample of sexual minority youth indicated that help seeking for suicidal ideation might be interpreted as ‘attention seeking’ (McDermott et al., 2018). One study included in a review by Han et al. (2018; Owens et al. 2005) reported that other people’s low awareness of the individuals distress linked with suicidal thoughts was linked to lower engagement with services. This could be caused by from felt stigma and result in individuals concealing the severity of their psychological pain.

Sociodemographic factors

Ennis et al. (2019) found that in a sample of adults with a history of mental illness, males were significantly less likely than females to have received treatment for their wellbeing. Han et al. (2018) found that males were significantly less likely to engage with health services for suicide (it is unknown if the fourth study included in their review explored gender). Based on the four UK studies included in the review by Han et al. (2018), other factors possibly linked with lower service engagement for suicidal ideation included living with others, having had no previous contact with primary services and not having a mental illness.

Structural factors

Structural factors were only identified in one study. Using qualitative interviews, Miller et al. (2014) reported that elite athletes felt there was poorer signposting to mental health and that mental health services more difficult to access, when compared to physical health services.

Other

In the only male-only study of this review, House et al. (2018) identified two barriers: ‘understanding of the nature and availability of care’ and ‘media messaging’. Specifically, the authors identified that their sample of participants were not aware of talking therapy as a treatment option, with medication believed to be the typical prescription, and that media messaging was off-putting unless one felt in immediate danger. Whereas in a mixed gender (33.2% female), quantitative survey of sexual minority individuals, concern around being a burden to others (‘I did not want them to worry about me’) was a leading barrier to seeking help (McDermott et al., 2018).

4. Discussion

This rapid review identified eight papers which explored help seeking or help giving behaviour for suicidal ideation within a UK population. The review aimed to understand where help-seeking individuals in Scotland go when experiencing suicidal thoughts, the barriers they experience when

considering their options for support and what help-giving resources are currently available. This aim was addressed using three research questions. Findings relating to each research question are summarised below.

Research question one: Where do help-seeking individuals who are experiencing suicidal ideation go for support?

In this review, no study reported asking participants openly where they sought support. Rather, they used closed questions to ask about utilisation of specific resources (internet resources, university mental health services, local general practices, etc.). Two studies (Bell et al., 2018; Biddle et al., 2020) explored internet use and one study (McDermott et al., 2018) explored university mental health services. These studies reported that most participants would, or did, use the respective resource of interest. Additionally, McDermott et al. (2018) found that students would only consider mental health support provided by their university and would not consider using other suggested services for mental health support (e.g., local general practice). However, McDermott et al. (2018) asked their questions hypothetically and did not capture whether their participants had used mental health services in the past.

Studies did not report prompting participants to consider charitable organisations for help seeking, informal support (e.g., friends, family) or other settings (e.g., workplace, community groups, local gym).

Research question two: Which community resources offer support to those experiencing suicidal ideation?

Three studies (Han et al., 2018; Harber-Aschan et al., 2019; McDermott et al., 2018) explored help giving from mental health services, including general practitioner (GP), inpatient and outpatient health services, university provided support and therapists. No studies included in this review explored third sector or charitable organisations or personal support networks. However, Harber-Aschan et al. (2019) included 'other sources of help' without further specification.

Despite these findings, grey literature (which were excluded from this review) report that there has been an increase in community-based services in Scotland recent years (National Health Executive, 2022), for example Men Matter (The National Lottery, 2022) Man On! (2022). The National Health Executive (2022) posit that the increase in new communities, organisations and charities for mental health and suicidal thoughts were developed during the COVID-19 pandemic, however there is a current utility of these services is not reported. Furthermore, there is a dearth of literature exploring community services in rural areas as well as reports exploring demand and supply of community services.

Research question three: What are the barriers and motivations for the choice of supports that help-seeking individuals' approach for help when experiencing suicidal ideation?

Across the eight papers of this review, seven overarching factors that appear to influence help seeking behaviour were identified: preference for self-management; lack of perceived need; emotional literacy; stigma; sociodemographic factors; structural factors; and other. To a great extent, these reflect factors identified by Hom et al. (2015) in a review of help seeking behaviour for suicidality (including suicidal ideation, self-injury and suicide attempt). Inconsistencies between the findings of the current review and that by Hom et al. (2015) are that this review has identified 'emotional literacy' and 'other' (including understanding of the nature and availability of care, media messaging and burdensomeness, all identified in by one study each) in the included studies, while 'absence of, and concerns for, autonomy' and 'help-negation' have not been identified. In the current review, the barriers and motivations associated with help seeking for suicidal ideation were linked to

social factors, such as the anticipation of prejudice (stigma), or support (Bell et al., 2018; Biddle et al., 2020). Indeed, the studies included here seemed to indicate that dedicated mental health services (e.g., NHS) were considered to be appropriate only for the most severe, imminently life-threatening situations (e.g., suicide attempt). When support for early intervention provisions was not provided, informal online support networks were sought out, if any external support was explored at all.

These findings reflect a report produced by the Scottish Government (2020) where a range of stakeholders in Scotland expressed that those with lived, or living with, experience of suicidal crisis may be effective in supporting other residents of Scotland experiencing suicidal distress themselves. It may be that those with similar experiences could have developed the emotional literacy to provide effective support to normalise these experiences in others, and then feel understood. Equally, informal, peer-led support may remove the feelings that the literature indicates individuals may experience when considering seeking help from professional health services (e.g., symptoms not being 'severe enough'). However, such associations require robust investigation before inferences can be confidently drawn.

4.1 Limitations

The design of this study was a rapid review. While the database searches and record screening were conducted systematically, the review is not as rigorous or detailed as a classic systematic review. In particular, not all potential databases were included, no inter-rater reliability check was conducted during the screening stage, no quality assessment of included studies was conducted, and the amount of detail extracted and summarised was less. A further limitation was the small number of studies that met eligibility criteria, with none recruiting an exclusively Scottish population.

Additionally, the most recent study was published four years ago, prior to the UK social distancing guidance due to COVID-19, when substantial changes were made to mental health services and resources, which may have affected help seeking behaviour and help giving services. Indeed, a systematic review by Yonemoto and Kawashima (2022) concluded that the prolonged waiting lists for mental healthcare as a consequence of the COVID-19 and government guidance on social distancing, led to a change in help seeking behaviour across all countries included in the review.

4.2 Future research

Future work would benefit from exploring help giving and help seeking behaviour in a Scotland-only participant sample. Given the limited parameters of help behaviour explored in the included reviews, a qualitative approach using open ended questions to explore help seeking behaviour and felt need more broadly among residents of Scotland experiencing suicidal ideation should be given serious consideration.

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Appendix 1. Search terms

Action	Database	Parameter	Hits
S1	PsychInfo	DE "Suicidal Ideation" OR MM "Ideation"	41,292
S2	CINHAL	(MM "Suicidal Ideation/PF")	250
S3	MedLine	(MM "Suicidal Ideation")	23,985
S4	N/A	S1 OR S2 OR S3 "Suicidal ideation"	57,406
S5	PsychInfo	MM "Assistance (Social Behavior)" OR DE "Health Care Utilization" OR DE "Health Care Access" OR DE "Health Care Seeking Behavior" OR MM "Help Seeking Behavior" OR DE "Self-Referral" OR DE "Treatment Barriers"	48,008
S6	CINHAL	(MH "Support Groups/PC") OR "help-giving"	5,923
S7	MedLine	(MM "Helping Behavior")	1,614
S8	PsychInfo	DE "Help Seeking Behavior" OR MM "Social Behavior" OR MM "Health Care Seeking Behavior" OR DE "Assistance (Social Behavior)" OR DE "Self-Referral"	84,562
S9	CINHAL	(MM "Help Seeking Behavior") or "Help Seeking"	10,381
S10	MedLine	(MM "Help-Seeking Behavior") OR (MH "Social Marginalization") OR (MH "Social Stigma") OR (MH "Prejudice") OR (MH "Social Defeat")	45,822
S11		S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR "help giving" OR "help-giving" OR "help seeking" OR "help-seeking"	175,946
S12		S4 AND S11	1,817
L1		English language	1,817
L2		United Kingdom OR UK & Ireland OR Europe 2014- present	1,817 1,380
L3*		metasynthesis, meta analysis, focus group, prospective study systematic review. retrospective study, literature review, followup study, longitudinal study, qualitative study, interview, quantitative study, empirical study	1,380
L4		Academic journals	427

S = Search; L = Limiter

* See appendix 2 for a summary of proposed studies.

Appendix 2. Methodologies indicated by EbscoHost

Study methodology	Hits
Empirical study	229
Quantitative study	211
Interview	58
Qualitative study	26
Longitudinal study	16
Followup study	12
Literature review	7
Retrospective study	6
Systematic review	6
Clinical trial	5
Treatment outcome	4
Mathematical model	3
Prospective study	2
Brain imaging	1
Focus group	1
Meta analysis	1
Metasynthesis	1
Nonclinical case study	1
Scientific simulation	1

Recommended citation:

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