
Understanding Help-Seeking Behaviour in North West London with the aim of preventing suicides

May 2026

About This Project and Partnership

[Chasing the Stigma](#) (CtS) is a national mental health charity that operates the largest and most widely used digital mental health signposting platform in the UK, the [Hub of Hope](#) (HoH). With over 14,000 community mental health services listed, the Hub of Hope enables both frontline professionals and members of the public to find appropriate mental health support from a diverse range of local and national providers, including community organisations, peer-support groups, NHS services, and private practitioners.

[Social Finance](#) (SF) is a non-profit with experience designing, delivering and scaling data and digital solutions. We have extensive experience in understanding local system challenges and using data to improve outcomes for communities.

Chasing the Stigma and Social Finance have formed a partnership to identify and fix key data gaps to help reduce suicide rates in London. Funded by City Bridge Foundation, over the next seven years our partnership will build on the Hub of Hope's extensive reach and rich dataset to develop additional digital and analytic products which can be used by stakeholders across the system to make decisions.

Context for this research

Help seeking behaviour research is designed to understand the relationship between an individual's health needs and their decision to seek, delay, or avoid support. This relationship is shaped by a range of factors, including how people think and feel about their health, their perceptions or past experiences of services, and wider contextual influences.

Experiencing mental ill health or suicidal ideation can carry stigma in many communities, which can significantly affect decision-making around seeking help. We want to better understand the help-seeking behaviour of at-risk communities in North West London, as well as identify the wider factors and trends influencing local help-seeking patterns.

Through this research, we are keen to understand the nature of help being sought and the steps individuals take from recognising a need for support through to accessing it. For example, are people aware of the Hub of Hope, and does it play a role in their pathway to services? If so, how helpful is it; and if not, why?

We are therefore looking to commission a community-based research partner that is genuinely embedded in local communities, with strong background, skills, and a proven track record in leading research in collaboration with local groups. Ideally this experience will be within mental health, or at a minimum within broader health and wellbeing. This embedded expertise is essential to ensure the research is grounded in lived experience, trusted relationships, and culturally relevant insight.

Geographic Focus

Our initial analysis is centred on communities in North West London, with the intention of later expanding new data models across the wider London region. We would therefore like the research to focus on the boroughs of Westminster, Kensington & Chelsea, Hammersmith & Fulham, Hounslow, Brent, Ealing, Hillingdon, and Harrow. The work does not need to cover all of these areas; it can be based in one or more of the listed boroughs, depending on what is most feasible and meaningful for the research design.

How this research will be used

This research will be conducted in parallel to several other workstreams within our partnership to provide a rich evidence base of qualitative research into how the Hub of Hope and other digital and analytic products can enable people to access the support they need when they need it.

When viewed alongside broader data on Hub of Hope usage, it will provide a more holistic understanding of what support is available in North West London and how this is informing patterns of uptake of support amongst at risk communities.

Objectives and Research Questions

Objectives:

Primary Objective:

- To understand which communities are currently invisible to mental health support services because of their help seeking behaviours (or lack thereof), and to identify the barriers that limit their willingness or ability to seek help, as well as the opportunities that could improve it.

Secondary Objectives:

- To build a clearer picture of help seeking behaviours and trends within North West London.
- To explore how help seeking behaviours differ across communities, including variations in visibility, access, and engagement.

Suggested Research Questions:

Further detail on the questions that we want to explore:

- Who is/isn't seeking help at all (for both general mental health challenges and suicidal ideation / crisis)?
- Who is using HoH, and who isn't using HoH?
 - How does this differ by age, gender, ethnicity, nationality, [other?]
 - If they know of it, but haven't used it, why?
 - If they are using something else, what are they using and why?
- What are the different help-seeking behaviours from different groups in the community?
 - Who is requesting the support, is it the individual or is it a family member/friend/advocate/other?
 - Who are they seeking support from? (e.g. GP, specialist service, faith group, other)
 - What type of service delivery method is being requested and how does this correspond to what they are seeking support with e.g. in person/virtual, talking therapies/CBT/medication
 - At what point in time [in their overall experience of mental ill health] are they seeking support (is it timely, delayed, have they tried to access support before and not been successful)
 - What barriers are they facing throughout the process, e.g. in accessing HoH or other services
 - Are they taking up or completing the programme/offer of support?
- Is there a difference between who accesses general MH support and who accesses suicide prevention services?

Methodology

CtS and SF invite proposals from local partners to suggest a methodology that would achieve the objectives presented above.

As part of this methodology, we expect the partner to suggest 2-3 communities within North West London who, based on existing research and data, are considered at high risk of suicide and/or already known to have low uptake of support services and help-seeking. The research will be focused within these selected communities (see next page for a list of proposed high-risk groups drawn from notable datasets and research, with particular relevance to London populations).

Where potential communities are not currently known, we expect proposals to present a robust methodology for identifying relevant communities. For example, communities of interest may not just be grouped by demographics, but by barriers or 'personas'. Barriers can include mistrust of local services, mental ill-health stigma, language barriers, fear, self-perception of feeling like a burden, not being aware that there is help, etc. The idea is to identify those who are not seeking help and understand the reasons better, based on local NWL insight.

This research should be qualitative data led, e.g. interviews, focus groups, ethnographic or participatory methods with people with lived or living experience of mental health crisis or suicidal ideation, along with professional/occupational or learnt experience from frontline practitioners and community organisations. Partners could supplement this with quantitative or service-use insights where appropriate.

Proposals should indicate where and how co-production and co-design will be incorporated into the methodology where appropriate and within budget considerations.

Note, while the commissioned research partner will act as the lead organisation for planning, coordination, and delivery of the research, support will be available where appropriate from colleagues across the wider Chasing the Stigma–Social Finance partnership, including periodic advisory input from Social Finance’s specialist Human Centred Design team.

High Risk Groups in London Identified in Research and Data

A review of data in the UK finds the following as high risk (*see references in footnote¹*):

- Middle-aged men (40–50), particularly in boroughs with higher deprivation
- People with disabilities or long-term health conditions
- People experiencing long-term unemployment or economic inactivity
- Single or socially isolated adults
- Residents in boroughs with higher local suicide rates
- White and mixed ethnic groups
- People living in areas with lower green space and higher isolation

Reporting Format

This research is intended as an internal piece of work designed to inform our development and messaging around the help seeking data product, so the report does not need to be highly formatted or publication ready. We’re happy for it to be produced in whichever format is easiest, e.g. Word, PowerPoint, or similar. The focus is on clear insights rather than design. It will be valuable to include testimonials, short stories, or illustrative examples where relevant, as these will help us understand user experience and strengthen future messaging.

Budget

The total budget available for this research is £20k [inclusive of VAT and all project expenses].

Application process

To respond to this call for proposals, we invite you to submit a proposal which covers:

- Your understanding of the brief
- Your proposed approach and methodology to best achieve rich local insight
- Potential risks and mitigations, including ethical and safeguarding considerations

¹ Office for National Statistics (ONS). Sociodemographic inequalities in suicide: England and Wales, 2011 to 2021 ; Office for National Statistics (ONS). Suicides in England and Wales: 2022 registrations ; Office for National Statistics (ONS). Suicide by local authority, UK ; The Lancet Regional Health – Europe. Geographical patterning of suicide and its association with area-level characteristics in England: a 20-year spatial analysis ; The Lancet Psychiatry / The Lancet Public Health. Ethnicity and suicide risk in England and Wales: a population-based cohort study ; Public Health England (now OHID). Suicide Prevention Profile for London.

- Proposed team (or third-party collaborators if necessary)
- Approach to lived-experience involvement
- Proposed timeline and milestones (noting overall completion required by 30th September 2026)
- Evidence of recent experience
- Suggested report format
- Proposed budget to effectively achieve the results outlined in your methodology (please suggest budget items)

Proposals should be **no more than 10 pages** and should be submitted to **chris@chasingthestigma.co.uk** by close of business on the **11th June 2026**.

We are open to holding initial conversations with interested parties prior to this date.

Should we need to conduct interviews as part of the process, these will be conducted **w/b 15th June 2026**.

All partners will be notified of the final decision **w/b 22nd June 2026**.

This research should be completed by **14th October 2026**. We are open to partners to propose how they use the budget within the time available.

Assessment Criteria

The key criteria against which proposals will be judged are:

- A clear understanding of the brief.
- Strong understanding of the local context and relationships with the local community.
- A robust methodology to complete the work within the required timeframe.
- A credible team with relevant expertise and experience.
- Realistic identification of risks and mitigation strategies.