Investigating the Relationship Between Loneliness and Mental Health Help-Seeking Behaviour

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Submission of Thesis and Dissertation

National College of Ireland

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Abstract

Aims: The present study sought to explore the relationship between loneliness and help-seeking within the general population and hypothesised a significant correlation. This study compared differences of help-seeking between men and women and hypothesised that women are more likely to seek help. Lastly this study also investigated how age, gender and perceived social support predicted help-seeking and hypothesised that these would be significant predictors of help-seeking. Research has shown the profound harmful effects that loneliness can have on overall health. Therefore, the present study sought to analyse the role that help-seeking can have to mitigate loneliness. **Method:** A survey was administered to participants (n=103), and they were recruited online via social media, and messaging platforms. This survey consisted of demographic questions of age and gender, the Revised UCLA Loneliness scale was used to analyse loneliness and social isolation, The General Help-Seeking Questionnaire (GHSQ) was used as a self-report measure to investigate future help seeking intentions. The Multidimensional Survey of Perceived Social Support (MSPSS) was used to examine levels of support from family, friends and significant others. **Results:** Findings did not identify a statistically significant correlation between loneliness and help seeking. Follow up independent t-tests found that women show significantly higher levels of help-seeking compared to men. Findings from the multiple regression analysis found that the model explained 29.9% of variance in help seeking and that perceived social support, but not age or gender, was significantly predictive of help-seeking. **Conclusion:** This study challenges the idea that lonely individuals will naturally seek help and suggests clinical implications aimed at more proactive outreach rather than waiting for individuals to seek-help.

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Introduction

Literature review

Loneliness has been a topic of increasing concern within society, to the extent that the World Health Organization (WHO) has declared it to be a 'global public health concern' with risks comparable to those of smoking, drinking and physical inactivity (World Health Organization, 2024). Perlman and Peplau (1981) used a cognitive approach to conceptualise and define loneliness. Loneliness was defined as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (Perlman & Peplau, 1981, p.32). A more recent empirical and theoretical review has built on this definition and states that loneliness is defined as: "a distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships" (Hawkley & Cacioppo, 2010). This definition highlights the importance of quality within social relationships as opposed to the quantity. This study will examine the relationship between loneliness and help seeking, explore gender differences of help seeking, and investigate the predictors of help-seeking.

According to Rickwood et al. (2005), help seeking behaviour is defined by the active searching or requesting of help from others through communication to obtain help by means of understanding, advice, information, treatment as well as overall support during a crisis. This can be obtained by informal or formal means. Rickwood et al (2005) provided further explanation of what is meant by formal and informal means. An example of informal help seeking would be asking a family member or friend for help, whereas formal help seeking would be acquiring professional help from someone who is trained in providing help or advice (e.g. Counsellor, chaplain, teacher). Umubyeyi et al. (2016), for the purposes of their study, defined help seeking as energetically searching for help from trusted people in a person's community or from official

health care professionals. In either situation the source of help may provide understanding, treatment, offer advice or provide overall support when the person is facing a problem and seeking advice. This is the operational definition that would be most in line with the present study. A problem within the realm of help seeking is when those who need help do not ask for help with one study suggesting up to 35% of participants who were facing a mental health difficulty did not seek help (Salaheddin & Mason, 2016). This study however was only assessing young adults in the UK and caution is advised for generalisability. People who are lonely may struggle more with asking for help with one study suggesting that they are likely to cope in other ways rather than use social support (Matthews et al., 2022), and the current study aims to explore this interaction.

Loneliness theories

There are some notable theories that examine loneliness, which must be analysed to gain a deeper understanding in this area. It can be said that John Bowlby's (1969, 1973, 1980) theory of attachment set the foundation for understanding loneliness. This infamous theory describes the importance of a consistent emotional bond between a baby and their caregiver. In relation to loneliness, children with insecure attachment styles (whether it be anxious or avoidant) may subsequently get rejected in future relationships/friendships, as social situations tend to cause distress (Ainsworth et al., 1978). This may lead to social isolation and cause loneliness to develop over time, with recent literature suggesting that insecure attachment styles may be associated with higher levels of loneliness, compared to those who have secure attachments (Shorter et al., 2022). A large and growing body of literature has investigated attachment styles and its implications. This research is extensive and focuses primarily on its effects on overall mental health with a consensus associating insecure attachments with negative mental health – including loneliness (DiTommaso et al, 2003; Kascakova et al, 2025; Zhang et al, 2022).

Robert S. Weiss (1973) drew inspiration from Bowlby's attachment theory and developed one of the most influential theories of loneliness. This theory claims that there are two types of loneliness: emotional loneliness and social loneliness. Emotional loneliness is caused by the absence of a close relationship or attachment. In adults this is often a romantic relationship, with Weiss (1994) stating that friendships rarely ever reach the status of a close emotional bond. Whereas social loneliness is caused by a lack of an engaging social network, where the only solution is to engage in a social network that the person enjoys (DiTommaso & Spinner, 1997). This idea of a lack of social network is an interesting topic within the realm of help seeking. There is emerging research which has suggested that there is a cyclical nature identified between loneliness and negative mental health wherein people will withdraw from social situations to cope with mental health, in some cases it can be a valid form of coping with mental health (Birkin et al., 2023). However, socially withdrawing and using certain coping mechanisms such as social media can also lead to higher levels of loneliness which can be distressing and therefore, deteriorate mental health even further (Gupta & Sharma, 2021). The implications for this cycle of people isolating themselves highlights the unhealthy coping strategies adopted by people experiencing loneliness and identifies the need for healthy coping mechanisms for those struggling to reach out for help after withdrawing. A potential need for education of help-seeking strategies is identified for people who socially disengage (Abram et al., 2008; Lindsey et al., 2006)

Loneliness and Help-Seeking

In contrast to this research, Matthews et al. (2022) suggests that those who experience higher levels of loneliness are more likely to seek help from a professional, which sheds a different light on the impact of loneliness on help seeking behaviours. It is possible that since people experiencing frequent loneliness (particularly emotional loneliness as described by

Weiss) may not have close relationships, the only people they perceive available to seek help from are professionals. This is highlighted by one such study which suggests individuals with poorer levels of social support tend to engage more in medical settings or more formal levels of help seeking (Wu et al., 2011). Furthermore, a growing body of research has suggested that low levels of help-seeking within a time of distress is a significant risk factor for suicidal tendencies, whereas high levels have a delaying effect on self-harm behaviours (Gunnell et al., 2004; Lustig et al., 2021; McClelland et al., 2020). This research does not account for those experiencing loneliness who do not seek any form of help, despite needing to.

Salaheddin & Mason (2016) identified several barriers which may explain a reluctance to seek help and included; stigma, difficulty accessing help and an overreliance on self within a young adult population. However, research is indicating that loneliness itself is a barrier for help seeking (Cogan et al., 2023; Maiden et al., 2021). With loneliness being declared a global health concern, this should be a major problem to be addressed (World Health Organization, 2024). Examining the likelihood of those experiencing loneliness to seek help may be an area worth exploring within a broader population.

Prevalence of Loneliness and Consequences

Loneliness is a prevalent problem, as suggested by Rubinstein et al. (1979), who reported in a newspaper with a sample of 25,000 people that 79% experienced loneliness occasionally. Although newspaper sources are subject to bias, and the source limits the academic rigor of the findings, this article insists the findings are valid and representative. The large sample size is reassuring, and the article emphasises the range of diversity included within the study. However, it is also a dated source and should be interpreted with caution. In reference to the amount of people experiencing loneliness within this article, perhaps this is why it is not

taken as seriously as it ought to be. If most people experience loneliness, someone who suffers from frequent loneliness may have their feelings dismissed due to the sentiment that everyone gets lonely sometimes, which leads to stigma (Neves & Peterson, 2024). Although most people do not suffer from chronic loneliness, more recent surveys suggest that over 20% of adults (in the US) experience frequent loneliness (Cacioppo & Cacioppo, 2012). Similarly, research within a German population reported coinciding data, with 10.5% experiencing some degree of loneliness (Beutel et al., 2017). These findings are considerably different from the earlier finding from Rubinstein et al. (1979). There appears to be growing interest in the prevalence rates within specific niche groups (elderly, young adults, within specific cultural contexts), but there is a lack of research within a general population. However, the large prevalence of loneliness was examined through a recent meta-analysis by Buecker et al. (2021) which found that loneliness levels have linearly increased between 1976 and 2019, with particular concern in emerging adulthood. This finding is very dangerous, considering the harmful effects that are linked with loneliness.

Research has suggested the serious harmful consequences prolonged loneliness can have on overall health (Cacioppo et al., 2002). Beutal et al. (2017) upholds this view in a more recent study which links chronic loneliness to outcomes such as depression, anxiety and suicidal ideation. Similarly, in a systematic review Lapane et al. (2022), found an association between loneliness and depression. Although, this review focused on samples of older adults, with no insight into effects of loneliness on the general populations' health. The WHO (2024) has also explored the impacts of loneliness and social isolation and has stated that people lacking social connection have a higher mortality rate. The profound effect loneliness can have on overall health is demonstrated in a recent meta-analysis, which indicates a medium to large effect of loneliness on all health outcomes (mental health, general health, well-being, physical health,

sleep and cognition), with the largest effect on mental health (Park et al., 2020). This has implications for the healthcare system if the prevalence rate of loneliness increases. It is clear through the robust number of studies that highlight the negative effects associated with loneliness, that this is an area of further exploration. For these reasons it is important that loneliness is not overlooked, and more education on the importance of seeking help for feelings of loneliness is needed to mitigate the risk of triggering or exacerbating overall health issues.

Perceived Social Support, Age and Gender

In addition to the prevalence and implications of loneliness, it is important to consider potential risk or protective factors. Ernst et al. (2022) argues that loneliness is on the rise, particularly in the timeframe of pre-pandemic (Covid-19) to during pandemic times. However, this should be interpreted with caution as this may have changed since this time. The relationship between loneliness and help seeking must be explored deeper, and furthermore what individual factors can predict help seeking. One protective factor that has been identified is social support - and negative effects of loneliness can be offset whether this be from family, friends or other sources (Chen et al., 2014). A more recent study has identified peer support as an important factor towards seeking help, and this was achieved through means of peer support groups (Rüsch et al., 2019). Peer support groups may be a possible solution to open more avenues of support for those experiencing loneliness. Peer support is an informal method of help seeking, and it is important for people to utilise informal routes of help seeking as Vogel and Wei (2005) found that perceived social support may be a predictor of intent to seek help. However, as previously mentioned, people experiencing frequent amounts of loneliness may have socially withdrawn, to the point that they perceive there is a lack of social support available to them (Birkin et al., 2023). Although it has been previously argued that lonely people may use more formal methods of help seeking, this becomes a problem for those who experience loneliness and do not seek any

type of help. Therefore, the interaction between perceived social support and help seeking must be further explored among those who are experiencing loneliness.

Demographic factors such as age and gender have also been highlighted to influence help seeking. There is a robust amount of research which has indicated that men seek help less frequently than women when faced with mental health issues whether this be informal or formal help seeking (Liddon et al., 2018; Yousaf et al., 2015). One study analysing age and gender differences in seeking professional help found a distinct difference between men and women's attitudes in seeking help, which suggest men exhibit less favourable intentions to seek help (Mackenzie et al., 2006). Encouragingly, within this demographic this study found a positive influence of higher levels of psychoeducation on help seeking in men, which implies further education and interventions exploring help seeking is vital for men and their higher stigmatising attitudes. However, one study within a Mexican sample indicated more positive help seeking behaviour in males, which differs from previous findings – but the authors state that this is possibly a cultural difference or a Type I error in the stepwise model, but there is a possibility of a need for future research within a diverse sample (Pérez-Zepeda et al., 2013).

Turning now to age and help seeking, Mackenzie et al. (2006) also highlighted that older adults have more positive attitudes of seeking help compared to younger adults, and this finding was consistent within a Dutch sample which found contact with mental health services increased with age (Holvast et al., 2012). This challenges the stereotypes that older adults avoid any sort of help-seeking and the ageist belief that older adults are more stubborn. Another interesting finding from Mackenzie et al. (2006), is that single older adults held very positive formal help seeking beliefs. It is possible that they experience higher levels of loneliness than married individuals. This is consistent with studies mentioned earlier which suggested that people experiencing high levels of loneliness are more likely to seek help formally (Matthews et al., 2022). The main

limitation of this study is that it may not be generalisable to all older adults, due to the participants being very well educated and ethnically homogeneous and is also quite dated. Further research within a more diverse sample regarding the predictive power of age and gender on help-seeking is a possible area worth exploring.

Rationale

Identification of a gap in understanding general populations loneliness and patterns of help seeking has led to this study. This will examine the general population and explore the predictive power different demographics will have (age and gender), as well as perceived social support on help seeking behaviours in. Furthermore, there is established research which suggests that men and women often have different patterns of help seeking, with a trend of men being less likely in general to seek help (Galdas et al., 2005). This study will further examine whether there are differences among genders help-seeking behaviours.

Aims

Loneliness has been identified as a rapidly increasing problem globally. This study aims to understand the association between loneliness and help seeking behaviours in the general population. Furthermore, it aims to explore the role of demographic factors (age and gender) as well as perceived social support on help seeking behaviour among individuals within a diverse sample. This study further aims to understand the differences between genders and help seeking trends.

Research Questions and Hypotheses

RQ1. Is there a correlation between loneliness (using the UCLA Loneliness Scale) and help seeking behaviour (using the General Help Seeking Questionnaire) in the general population?

H1: There is a significant correlation between loneliness and help-seeking behaviour in the general population (measured by the UCLA Loneliness scale and General Help-Seeking questionnaire).

RQ2. Are there any differences in help seeking behaviour between men and women?

H2: Women are more likely than men to engage in help seeking behaviour.

RQ3. What influence does age, gender and perceived social support (using the Multidimensional Survey of Perceived Social Support) have in help seeking behaviour among individuals experiencing loneliness?

H3: Age, gender and perceived social support are significant predictors of help seeking behaviour.

Method

Participants

Ethics approval was acquired before recruitment began (Appendix A). Participants were recruited online using convenience sampling and snowball sampling. The survey was posted online via forums, social media and messaging platforms, with participants encouraged to send the survey to people who may be interested. This included Instagram, Messenger, Snapchat and WhatsApp. A copy of this social media post is available (Appendix I). The original number of participants that were recruited was 104, however responses from one participant were excluded due to confidentiality issues so there are (n = 103). Participants were required to be over the age of 18 and can provide informed consent to participate. The mean age of participants was 33.17 and ranged from 18 to 79 years old. People from all diverse backgrounds were included due to the nature of the study analysing the general population. The breakdown of gender was very skewed, and a lot more women (n = 74) took part in this study compared to men *(*n = 24*)*, and non-binary (n = 3) as well as those who preferred to not disclose *(*n = 2).

Materials

The survey included collection of demographic information and the use of three questionnaires via Microsoft forms. Before any information was collected, participants were required to read an information sheet which included an overview of the study as well as information related to the participants' rights and confidentiality (Appendix B). Following this, participants were brought to a consent form to confirm that they understand and agree to participate (Appendix C). Next, demographic information included age and gender (Appendix D).

There were three scales included in this study to examine loneliness, help-seeking and perceived social support. All three scales are self-report measures. The Revised UCLA loneliness scale was used to analyse loneliness and social isolation (Russell et al., 1980). This is a 20-item Likert scale which provides statements relating to personal loneliness and asks participants to rate each item ranging from 1 (Never) to 4 (Often). Items 1, 5, 6, 9, 10, 15, 16, 19, 20 were all reverse scored. Total scores were used to analyse loneliness levels. The full questionnaire is included in appendix E. Reliability was found as the internal consistency of the revised measure was high (with a coefficient alpha of .94) and compared favourably with the alpha coefficient of .96 obtained for the original scale (Russell, 1996). The validity of the scale was confirmed as loneliness scores were significantly correlated with feeling abandoned, depressed, empty, hopeless, isolated, and with not feeling sociable or content. Loneliness scores were not significantly correlated with such conceptually unrelated affects as feeling creative, embarrassed, sensitive, surprised, or thoughtful. This indicated concurrent validity.

The General Help-Seeking Questionnaire (GHSQ) was used as a self-report measure to investigate future help seeking intentions, and to determine different sources of help (Wilson et al., 2005). The measure asks people to rate questions from 1 (extremely unlikely) to 7 (extremely likely) on which people/services they would seek help from. Question 10 in this scale asks “I would seek help from no one” which was reverse scored for the purpose of this study. There are two sections for this questionnaire. This study only included the first section in the interest of time for the participants as well as relevance for the overall study. Total scores were calculated and analysed to assess levels of help-seeking behaviours. The full questionnaire is included in appendix F. It should be noted that in the test format it states that the questionnaire uses a matrix format which can be modified according to purpose if needed. This questionnaire has been found to have satisfactory reliability and validity (Olivari & Guzmán-González, 2017).

The Multidimensional Survey of Perceived Social Support (MSPSS) was used to investigate the levels of subjective support from three different sources: family, friends and a significant other (Zimet et al., 1988). It contains 12 questions and is a 7-point, Likert-type, ranging from 1 (very strongly disagree) to 7 (very strongly agree). Cronbach's coefficient alpha for the total scale was .88. The test-retest reliability for the scale was .85. In terms of validity, criterion validity for perceived support as a scale was significantly negatively related to depression, $r = -.25$, $p < .01$. (Zimet et al., 1990). Total scores were calculated and used to assess overall perceived social support. The full scale is included in appendix G.

Design

The design of this study adopted a quantitative approach. It was a cross-sectional, correlational, and between participant's design. The first research question analysed the relationship between loneliness and help seeking. This was examined using a Pearson's correlation with loneliness as the independent variable and help seeking behaviour as the dependent variable. The second question examined whether there were significant differences in help seeking behaviour between men and women using an independent t-test. Gender is the independent variable (using men and women only) and help seeking behaviour is the dependent variable. The second question was assessing whether age, gender, and perceived social support (predictor variables) predict help-seeking behaviour (criterion variable) using a multiple regression. The predictor variables are age, gender, and perceived social support, with help-seeking as the criterion variable.

Procedure

This survey took place on Microsoft Forms and participants required a link to access it. Before any information was collected, participants were required to read an information sheet

which included an overview of the study as well as information related to the participants' rights, confidentiality and further information. This is included in appendix B. Participants were then brought to a consent form to confirm that they understand the nature of the study and agree to participate (see appendix C). This was required to be completed in order to participate. Next, demographic information was collected which asked for age and gender. Afterwards, participants completed the UCLA loneliness scale, GHSQ and the MSPSS which were described previously.

Once participants had completed the survey, there was a debriefing form presented, which thanked them for participating as well as providing links and information on any support that may be needed in case of distress.

There were considerations when it came to ethical implications. The survey may cause distress or risk of harm to those who participate. Some of the questions within the UCLA or general help seeking survey may be considered sensitive information. However, the participants were informed in the information sheet about the nature of this anonymous study and their right to withdrawal (see Appendix B). Furthermore, the inclusion of the debrief sheet which contained relevant resources and support including helplines and websites if they require. This is important to fulfil ethical considerations related to wellbeing (Appendix H). Another possible ethical risk was obtaining consent. This was addressed by providing a detailed information sheet with all the information needed to allow the participant to make an informed decision on whether they want to provide consent. As well as this, there is a possible ethical risk whether the participant wants to withdraw from the survey. Participants have the right to withdraw up until they fully submit their survey. This is because the data was anonymised and there was no way to obtain their data after this point. However, this was outlined very clearly in the information sheet as well as the consent form. Due to the nature of the study, participants may be concerned about the possibility of being identified and their information being known. This was addressed within the

information sheet reassuring participants that their data is anonymised and there is no way that they could be identified through their data. The name and email were not attached to any of their data and there were no other identifiable factors.

Results

Descriptive statistics

The current data is from a sample of 103 participants (n = 103). Gender consisted of 23.3% men (n = 24), 71.8% women (n = 74), a small percentage of the sample 2.9% and 1.9% represented non-binary and those who preferred not to disclose gender respectively.

There are four continuous variables including age, loneliness, help-seeking and perceived social support. The mean, confidence intervals, standard deviation, and range are expressed in Table 1 below.

Table 1

Descriptive statistics for continuous variables

Variable	*M*[95% CI]	*SD*	Range
Age	33.17[30.69, 35.64]	12.64	18-79
Loneliness	56.60[55.78, 57.43]	4.21	48-68
Help-Seeking	32.94[31.15, 34.73]	9.17	11-58
Perceived Social Support	63.07[60.44, 65.70]	13.47	26-84

Inferential Statistics

Correlation

The relationship between loneliness and help-seeking was explored using a Pearson product-moment correlation coefficient. Preliminary analysis of the data indicated that both variables were normally distributed, as the Kolmogorov-Smirnov test reported significance level

for loneliness was .175 and for help seeking .2. Assumptions of linearity and homoscedasticity were satisfied through inspection of the scatter plot. The correlation analysis did not identify a statistically significant correlation between the two variables, $r(103) = -.13$, $p = .181$.

Independent t-test

An independent samples t-test was conducted to compare levels of help seeking between men and women. Preliminary tests were performed to ensure there were no violations on the assumptions of normality and homogeneity of variance. Levene's test for equality of variance was non-significant for help seeking ($p = .589$). Therefore, the data does not violate the assumption of homogeneity of variance. Normality was met by analysis of the Shapiro-Wilk test, and $p > .05$ for both men ($p = .64$) and women ($p = .09$). Q-Q plots and histograms also confirmed normality. There was a significant difference in help seeking scores, with women ($M = 33.97$, $SD = 9.53$) scoring higher than men ($M = 29.41$, $SD = 7.74$); $t(96) = -2.12$, $p = .036$. The magnitude of differences in the means (mean difference = -4.56, 95% CI = -8.81, -.29) was small to moderate (Cohen's d = -.49).

Multiple regression

The minimum sample size for the multiple regression was met using Tabachnick & Fidell (2007) formula as $103 > 50 + 8(3) = 74$. Multicollinearity was analysed by checking the tolerance and variance inflation factor (VIF). Tolerance values were more than .1 and all VIF values were below 10. Outliers, normality and linearity were checked using the normal P-P plot, and a scatterplot. Points on the P-P plot follow the line well, with some slight deviations. There are a few potential outliers according to the scatterplot, however the points are concentrated mostly around the centre which indicates homoscedasticity is met. The correlations between predictor variables and criterion variable are seen in Table 2.

Table 2

Inter-correlations (Pearson's r) between model variables

Variable	1.	2.	3.	4.
1. Help seeking	-			
2. Perceived Social Support	.54***	-		
3. Age	.01	.07	-	
4. Gender	.17	.19	-.007	

Note: ***<.001

Since no priori hypotheses had been made to determine the order of entry of variables, a direct method was used for the analysis. The model explained 29.9% of variance in help seeking and it was found that the model was statistically significant $F(3, 99) = 14.07$, $p < .001$. Perceived social support was a significant predictor of help seeking and is the strongest predictor in the model, which had a positive relationship with help seeking ($\beta = .52$) as presented in Table 3.

Table 3

Multiple regression model predicting help seeking scores

Variable	R^2	B	SE	β	*t*	*p*
Model	.29***					
Perceived Social Support		.35	.05	.52	6.13	<.001
Age		-.01	.06	-.01	-.21	.828
Gender		1.27	1.39	.07	.91	.364

Note: ***p<.001

Discussion

The present study aimed to explore within the general population the association between loneliness and help-seeking, assess the predictive role of age, gender and perceived social support, as well as explore gender differences in help seeking behaviour. The results indicated three key findings. The first was that loneliness was not significantly correlated with help seeking behaviour. The second finding is that women reported significantly higher levels of help seeking than men. The last finding indicated that perceived social support was the strongest predictor of help seeking, whereas age and gender were not significant predictors in the regression model. These findings will now be discussed in greater detail and regarding the literature.

It was hypothesised that loneliness would be significantly correlated with help-seeking within the general population. However, this hypothesis was rejected, due to the non-significant result between the two variables. This finding suggests that loneliness does not influence an individual's help-seeking behaviour. This is contrary to the findings from previous literature. Understanding the effects of loneliness is important. Although there is limited research examining this specific correlation, literature supports that higher levels of loneliness are associated with seeking help from a professional (Matthews et al., 2022; Wu et al., 2011). Conflicting research has also suggested that loneliness may be a barrier for help-seeking (Cogan et al., 2023; Maiden et al., 2021). The present study challenges the predominant belief within literature that lonely individuals will naturally seek help. Therefore, this finding has implications for clinical settings, as well as policy. More proactive outreach and interventions are recommended to encourage those who face loneliness, due to the harmful effects on health it may have (Beutal et al., 2017; Cacioppo et al., 2002; Park et al., 2020).

The second hypothesis was supported by the present study, due to the independent t-test revealing women reporting significantly higher levels of help-seeking compared to men. This finding is in line with previous research, which shows that men tend to seek help less frequently than women (Liddon et al., 2018; Mackenzie et al., 2006; Yousaf et al., 2015). Furthermore, the effect size (Cohen's d = -.49) in the current study suggests a small to moderate difference between genders. One study however in a Mexican population found significantly lower levels of help-seeking for women compared to men (Pérez-Zepeda et al., 2013). This opens the possibility for cultural variables influencing help-seeking behaviours.

There are several implications from the current t-test findings. As mentioned by Mackenzie et al. (2006), higher levels of psychoeducation had a positive influence on help seeking for men. Therefore, introducing targeted psychoeducation and outreach efforts (support groups, men's sheds) may encourage help-seeking within this demographic. As well as this, these results have implications for policymakers, who could promote accessible and gender inclusive resources within the workplace and community, for example peer support programmes or group activities. A note of caution is advised when interpreting these results, since the current study contained considerably more women (n = 74) than men (n = 24) which may be a concern for generalisability.

The third hypothesis states that age, gender and perceived social support are significant predictors of help seeking behaviour. The results found partial support for this hypothesis due to perceived social support being the only significant predictor of the model, while age or gender did not contribute significantly to the regression model. Findings suggest a positive relationship between perceived social support and help-seeking. The model explained 29.9% of the variance, which suggests a moderate predictive level. This supports established research which found that social support is vital as a protective factor against loneliness as well as a factor towards seeking

help (Chen et al., 2014; Ernst et al., 2022; Gulliver et al., 2010). According to Rüsch et al. (2019), peer support is an important factor which positively influences help-seeking and has emphasised the importance of peer support groups as an effective method of help. The current study contributes to understanding the vital role of perceived social support in fostering help-seeking behaviours, where people who perceive higher levels of support will feel more comfortable seeking help. People experiencing loneliness may have lower levels of perceived support (Birkin et al., 2023). This indicates clinical implications such as accessible peer support groups for people who may not have informal means of help. Furthermore, policy implementation of mental health awareness within schools or workplaces may be a step towards increasing social support. As well as this, research domains should explore different factors predicting help seeking since age and gender were not significant.

Limitations and Future Research

Although this study provides valuable insights into loneliness and help seeking within a general population, there are also limitations that need to be addressed. First and foremost, the cross-sectional design of this study prevents any causal inferences from the results. In future investigations, it might be possible to consider a longitudinal design to examine these relationships over an extended period. Particularly for examining the relationship between loneliness and help-seeking, as this study reported a non-significant finding, additional research is needed to acquire a deeper understanding of this relationship (for example examining other barriers to help seeking) and therefore qualitative data is recommended. As mentioned, generalisability is also a limitation of this study due to the under-representation of men as well as the limited sample size. More research is needed to better understand gender differences of help seeking with a larger, more heterogeneous sample. Therefore, future investigations should focus on assessing stigma, societal norms and analysis within different cultural contexts. The

recruitment process was also solely on social media and messaging apps and could limit generalisability for those who may not have access to these services. This may block certain demographics of people unintentionally who may not use social media as frequently for example older adults.

Conclusion

Despite these limitations, the current study has enhanced our understanding of the relationship between loneliness and help-seeking in hopes that this will stimulate further investigation into this important area. H1 was rejected and suggests a more proactive outreach may be necessary for loneliness to be mitigated. Although the generality of the current study must be established in future research, the current study provides support for women seeking more help compared to men and provides tentative evidence for targeted psychoeducation for men. Lastly, the current findings indicated perceived social support as the strongest predictor of help-seeking, which emphasises the importance of fostering healthy social support systems.

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Appendices

Appendix A.

Ethics Approval

National College of Ireland

National College of Ireland
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Date: 04th November 2024

Ref: Ethics Approval Number: 04112024x22445462

Proposal Title: *Relationship between Loneliness and Help-Seeking Behaviour*

Applicant: Roisin McKay Doherty

Dear Roisin,

Thank you for your application to the NCI Psychology Ethics Filter Committee, and for responding to clarification requests related to the application. I am pleased to inform you that the ethics committee has approved your application for your research project. Ethical approval will remain in place until the completion of your dissertation in part fulfilment of your BA Honours Degree in Psychology at NCI.

Please note that:

- Students are responsible for ensuring that their research is carried out in accordance with the information provided in their application.
- Students must abide by PSI ethics guidelines in completing their research.
- All procedures and materials should be approved by the supervisor prior to recruitment.
- Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made.

Sincerely,

Dr Robert Fox
Chairperson, Psychology Ethics Filter Committee

Ethics Committee members: *Dr Robert Fox (representative on the NCI Research Ethics Subcommittee), Dr Michelle Kelly, Dr Amanda Kracen, Dr Conor Nolan, Dr Lynn Farrell, Dr Fearghal O'Brien, Dr David Mothersill, Dr Michele Kehoe, Dr Barry Coughlan, Dr Conor Thornberry, Dr Brendan Cullen, Cassandra Murphy, Eden Bryan.*

Appendix B.

Information Sheet

PROJECT TITLE:

The Relationship between Loneliness and Help-Seeking Behaviour

INVITATION:

My name is Roisin McKay Doherty, and I am an undergraduate student in my final year of psychology in National College of Ireland. You are being asked to take part in a research study on exploring the relationship between Loneliness and Help-seeking behaviour. Cassandra Murphy will be supervising this research project.

WHAT WILL HAPPEN?

In this study, you will be asked to fill out a survey via Microsoft forms. Before this survey can be filled out you will need to read this information sheet and provide consent in order to participate. However, you can also decide at any time while filling out the survey to withdraw. We will firstly ask you basic demographic questions. You will then be asked to fill out three questionnaires. The first will be a survey on loneliness, the second is about help seeking behaviours, and the last will be about perceived social support. Participation in this survey will take up to 20 minutes. However, participants are encouraged to read the questions as slowly as necessary, taking breaks if this is needed. Upon completion of this survey, you will be presented with a debriefing sheet, which will contain any relevant information, as well as contact information to relevant supports and resources.

TIME COMMITMENT:

The study takes maximum 10 minutes as it is just one session of an online survey.

PARTICIPANTS' RIGHTS

You may decide to stop being a part of the research study at any time without explanation. You have the right to ask that any data you have supplied to that point be withdrawn/destroyed. However, once you have submitted the survey, withdrawal will not be possible due to the

anonymous nature of this study. If you have any questions as a result of reading this information sheet, you should ask the researcher before taking part in this study.

BENEFITS AND RISKS

There are no known benefits or risks for you in this study. Participation in this study involves completion of some questionnaires including the UCLA Loneliness Scale, the General Help Seeking Questionnaire and the Multidimensional Survey of Perceived Social Support. If any of these questions cause distress, there will be support and resources available at the end of the study, within the debrief sheet. As well as this, participants have the right to withdraw up until the survey is fully completed.

CONFIDENTIALITY/ANONYMITY

The data we collect does not contain any personal information about you, and therefore you will not be identifiable. (e.g., name, address, email). Your data will remain completely anonymous. All the data collected will be analysed and used for presentation purposes at the NCI research conference. As well as this, the data may be retained for secondary data analysis.

FOR FURTHER INFORMATION

Roisin will be glad to answer your questions about this study at any time. You may contact her via email at x22445462@student.ncirl.ie. If you want to find out about the final results of this study, you should also contact Roisin.

Appendix C.

Consent Form

This study aims to examine the relationship between loneliness and help-seeking behaviour within the general population. It focuses on both informal (friends and family) and formal (counselling/therapy) forms of help. It explores how predictors such as age, gender and perceived social support influences individuals' willingness to seek help when experiencing loneliness.

By agreeing to participate in this research, you agree and understand to: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks, (4) you are taking part in this research study voluntarily (without coercion), (5) I have been informed of the nature of this study and agree to voluntarily participate, (6) Once participation has ended, Withdrawal is not possible due to the anonymous nature of the study, (7) Data will be retained and managed in accordance with the NCI data retention policy, and may be used for secondary analysis.

Required question*

Tick this box if all the information is understood, you agree to provide consent in the current study and are over 18 years of age.☐

Roisin McKay Doherty. Contact at: x22445462@student.ncirl.ie if any questions or concerns arise.

Appendix D.

Demographic Information

Age

_____

Gender

- ☐ Man
- ☐ Woman
- ☐ Non-Binary
- ☐ Prefer not to say
- ☐ Other

Appendix E.

UCLA Loneliness Scale

Indicate how you feel about each statement using the following scale: Never; Rarely; Sometimes; Often.

1. I feel in tune with the people around me
2. I lack companionship
3. There is no one I can turn to
4. I do not feel alone
5. I feel part of a group of friends
6. I have a lot in common with the people around me
7. I am no longer close to anyone
8. My interests and ideas are not shared by those around me
9. I am an outgoing person
10. There are people I feel close to
11. I feel left out
12. My social relationships are superficial
13. No one really knows me well
14. I feel isolated from others
15. I can find companionship when I want it
16. There are people who really understand me
17. I am unhappy being so withdrawn
18. People are around me but not with me
19. There are people I can talk to
20. There are people I can turn to

Appendix F.

General Help-Seeking Questionnaire

Please choose the number that represents how likely it is that you would seek help from each of these people for a personal or emotional problem during the next 4 weeks. 1 being extremely unlikely and 7 being extremely likely

Partner (boyfriend/ girlfriend)

Friends (not related to you)

Parent

Other relative or family member

Mental health professional

Phone help line

Family doctor or GP

Teacher (year advisor, classroom teacher)

Someone else not listed above

I would not seek help from anyone

Appendix G.

Multidimensional Survey of Perceived Social Support

Indicate how you feel about each statement on a scale of 1-7. 1= Very strongly disagree; 2= Strongly disagree; 3= Mildly disagree; 4= Neutral; 5= Mildly agree; 6= Strongly agree; 7= Very strongly agree.

1. There is a special person who is around when I am in need,
2. There is a special person with whom I can share sorrows and joys
3. My family really tries to help me
4. I get the emotional help and support I need from my family
5. I have a special person who is a real source of comfort to me
6. My friends really try to help me
7. I can count on my friends when things go wrong
8. I can talk about my problems with my family
9. I have friends with whom I can share my sorrows and joys
10. There is a special person in my life who cares about my feelings
11. My family is willing to help me make decisions
12. I can talk about my problems with my friends

Appendix H.

Debriefing Sheet

I would like to thank you for participating in this study. This study was designed to explore the correlation between loneliness and help seeking behaviours within the general population, as well as the role demographic factors and perceived social support will play in this correlation. This will allow us to further understand the effects that loneliness can have on individuals. Participation in this is greatly appreciated.

What will happen to the information? On completion of this research project, the data will be retained on the National College of Ireland server. After 5 years, all data will be destroyed. If there are any questions or concerns, feel free to contact via email at: x22445462@student.ncirl.ie, or contact my supervisor, Cassandra Murphy at: cassandra.murphy@ncirl.ie. Furthermore, there are supports available if you felt distressed due to this study:

- Aware is a website that offers a range of different supports and resources for those suffering from mental health issues. In particular, their support lines are available seven days a week. Freephone: 1800 80 48 48. They also offer support & self-care groups, face-to-face as well as zoom peer groups. Available on the website: https://www.aware.ie/support/support-groups/
- Text about it is a free 24/7 service for help involving emotional wellbeing. Free text HELLO to 50808 for an anonymous chat.
- Samaritans is a free phone service which is available 24 hours a day. Freephone 116123 at any time.

Appendix I.
Recruitment Post from Social Media