

Men in suicidal crisis: Differences in engagement at a London-based suicide prevention service

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Executive summary

This mixed-methods study explores barriers to accessing support at James' Place London, a suicide-prevention charity providing rapid, therapeutic intervention for men in suicidal crisis. This work was commissioned by [James' Place](#), a suicide prevention service, and undertaken by the Research Department of Clinical, Educational and Health Psychology at University College London (UCL) and the National Collaborating Centre for Mental Health (NCCMH) (see [Developers](#)).

The purpose was to understand differences between men who received support, those who were not accepted, and those who declined support, with a particular focus on potential inequalities in access and opportunities for service improvement.

A quantitative survey was emailed to 798 men who had previously been referred to James' Place in London, with 88 respondents (11%) providing responses. Most respondents (66%) had been supported by the service (66%); 28% of respondents had not been accepted by the service, and 6% had declined the service. The study found that age and living situation were the main factors associated with being accepted for support (compared with not being accepted). Men who received support tended to be younger and more likely to be living with a partner or family, whereas being over 36 years and living alone increased the likelihood of not being accepted.

Other characteristics – such as ethnicity, education level, employment status, previous episodes of suicidal crisis, and length of time living locally – did not show statistically significant differences between groups, though some moderate to large effect sizes suggest areas for further exploration, particularly ethnic differences. Most respondents who received support from James' Place London reported positive experiences: 90% said they would recommend the service to someone else. Suggestions for improvement include clearer information, service timings, location options and varied support options.

Among those not accepted, the most common reason cited was the need for a different type of support. Forty percent reported being unhappy with the decision, and only 44% found it easy to access alternative services, indicating potential gaps in signposting for individuals in crisis.

A planned qualitative interview study could not be completed because of low recruitment, despite multiple attempts. The small number of prospective participants meant the study could not reach data saturation.

Overall, the study indicates that while James' Place delivers highly valued care, inequalities in access may exist for older men and those living alone or in unstable housing. Continued monitoring of referral patterns, enhanced communication about the service, and more sensitive approaches to explaining non-acceptance may help improve equity and support pathways. The report also highlights the need for improved engagement strategies for men who do not access or decline support, and recommends strengthening research infrastructure to better understand this group.

Introduction

Global and national context of suicide

Suicide is a global problem, with over 700,000 people estimated to die by suicide each year across the world.¹ In England and Wales, more than 6,000 people died by suicide in 2023, with suicide considerably more common in males than females.² Gender differences in suicide are well established and include differences in age-specific suicide rates, with males' highest risk of suicide falling between the ages of 45 to 49 years, compared with 50 to 54 years in females.² However, the prevalence of common mental health conditions such as depression and anxiety is considerably higher in women,³ who make up two-thirds of referrals to routine NHS psychological treatment services.⁴

Barriers to men seeking help

It is widely reported that men experience barriers to seeking help for mental health problems due to stigma and stereotypes associated with masculine traits,⁵ and reluctance to discuss and disclose negative emotions,⁶ which is in part linked to feelings of shame.⁷ Further barriers include fear of being a burden to loved ones, or being isolated from them due to their thoughts.⁸ Such concerns can make it difficult for men to recognise that they need support, and also are deserving of it. This can create a particularly difficult situation for men in suicidal crisis, which is often associated with intense feelings of hopelessness and isolation.⁹

Challenges in accessing support

For men in suicidal crisis who do attempt to seek support, many report difficulties knowing how and where to seek support, and, when they do reach services, consider the support provided to be unhelpful. Richardson and colleagues¹⁰ interviewed 12 men who had previously attempted suicide and identified struggling to know where to seek help as a central theme. Further evidence from a study that interviewed 20 men with recent experience of losing a close male friend to suicide,¹¹ found that a desire to hide their need for help from others, and a perception that their problems could not be solved, were seen as major factors in their deaths.

Despite perceptions that men do not receive help, evidence suggests around 75–83% who die by suicide have been in contact with healthcare services the year before their death.^{12,13} Consequently, this suggests that it is important for early signs of suicidality and self-harm to be recognised to ensure that support is given in a timely manner.

The James' Place service model

James' Place is a charity offering free, life-saving therapy for men in suicidal crisis. The charity has three safe, friendly and non-clinical centres in Liverpool, London and Newcastle where men can receive quick-to-access, focused, one-to-one therapy delivered by trained professional therapists. The model of treatment is designed specifically for men and aims to get quickly to the heart of a man's suicidal crisis, and help him solve it. The charity does not operate a waiting list and men are seen for an initial assessment within 2 working days.

Short-term work is provided for people in urgent crisis to build support for the longer term, and James' Place staff work closely with NHS partners to ensure transitions in care. Evaluations of the services have demonstrated their effectiveness in improving mental health and enabling recovery from suicidal crisis.¹⁴ Further research has indicated therapist acceptability and adherence to the James' Place model.¹⁵

Gaps in understanding and need for this study

Despite clear effectiveness for men who receive support from the service, little is known about men who were referred but then did not complete the intervention. Some referrals may not be taken on by James' Place (for example, because of the need for specialist psychiatric treatment or not being in a suicidal crisis), but also some individuals may not feel the service is right for them and decline care.

Having a better understanding of the men for whom the James' Place service model is less suitable could help to identify groups experiencing inequalities in access. It may also highlight opportunities to enhance the service to support more men in suicidal crisis, for example by improving referral processes and adjusting care pathways.

Aim of this study

The aim of this study was to address gaps in understanding about access to James' Place London by:

- Carrying out surveys of three groups of men: (1) those who previously received support from James' Place London; (2) those for whom the service was not suitable; and (3) those who did not wish to pursue their referral, to compare differences in:
 - sociodemographic factors among these three groups.
 - individuals' expectations of whether James' Place would be able to support them.
- Conducting qualitative interviews to gather perspectives about potential barriers to accessing support at James' Place London.

Methods

A mixed-methods approach was adopted. A quantitative cross-sectional survey design was used to compare men who received support for a suicidal crisis at James' Place London, with those for whom the service was not suitable and those who declined support from James' Place.

A qualitative interview approach was designed later in the project as an additional method to gather perspectives of men who had previously been referred to James' Place London.

Quantitative study methods

Participants and settings

This study was conducted from January 2023 to December 2024 in the James' Place service in London, which opened in July 2020, following the success of the James' Place service in Liverpool. The London service received 643 referrals in 2023, delivering 1,721 sessions, which increased to 980 referrals (2,289 sessions) in 2024. In 2025, the number of referrals to the London service was 1,147 of which 453 completed welcome assessments, which underlines the need to understand differences in those offered and given support compared with those who were not.

Data collection and measures

Data collection was carried out by staff at James' Place as part of a service evaluation, with the UCL team conducting analysis of the data. The survey was built into Microsoft Customer Voice and completed anonymously. It was considered important to collect information in a standardised form to allow comparison between the participant groups. However, individual groups were asked some specific questions (for example, only people who declined the intervention were asked about what would make them more likely to accept support). The data collected are presented in [Table 1](#) in Appendix A.

James' Place staff identified men who had either received support, not been accepted or those who declined support from system records. Men were sent an email describing the study and asking them if they would like to take part. Potential participants could follow the link to the survey, where they were provided with more information on the study, were asked to consent and then completed a short questionnaire about their views of James' Place, other types of support they received and a small amount of sociodemographic information.

Plan of analysis

Comparison between the three participant groups (treated, not accepted, declined) was conducted through chi-square tests of independence considering the categorical nature of the variables. When categories had limited representation in the sample, we combined groups when it was considered appropriate. The full list of categorisations can be found in [Table 1](#) in Appendix A.

While an alpha of $p < 0.05$ was considered statistically significant, effect size estimation through the use of Cramér's V was also conducted to gauge the magnitude of difference that was not dependent on sample size (see details in [Appendix B](#)).

Ethical approval

Ethical approval for this study was granted on 4 November 2022 by UCL's Ethics Committee (ID: 22749/001).

Qualitative study methods

Participants and settings

The qualitative study aimed to recruit between 12 and 18 men (aged 18 years and older) who had been previously referred to James' Place London in the previous 12 months. Individuals did not have to have previously received support, and therefore people not accepted or who declined support were eligible to take part. We used analysis of themes in the data to identify the point at which no additional insights would be uncovered through further interviews, and thus data saturation had been achieved.¹⁶

Design, procedures and analysis

Given the focus on the influences on men's help-seeking and access to care, we used theory to inform our study design. 'Candidacy' theory explains how individuals gain access to care through a process of interaction with other individuals, services and other institutions.¹⁷ Through these processes, individuals come to identify themselves as appropriate 'candidates' for healthcare, find their way to appropriate support and present their claim to service providers. If this claim is judged to be credible, offers of support are made to the individual, who will then accept or reject these offers. Candidacy theory informs the design by including men who accept and decline offers of support, and asking questions about how they first came to decide to seek help through to the end of their help-seeking. The theory also focuses analysis on both the individual and structural drivers of these behaviours.

Potential participants meeting the inclusion criteria were identified by James' Place staff, who would then make initial contact with them. The staff provided a brief explanation of the study, and for men who expressed an interest in the study, obtained consent to be contacted by researchers at UCL. At this point a member of the UCL research team emailed the potential participant about the study with a patient information sheet, which set out the reason for the study and its aims.

For participants who consented to take part in the study, interviews were arranged with UCL staff. The interviews, which were semi-structured in nature, were conducted online using platforms such as Microsoft Teams and lasted approximately 1 hour. The topic guide for the interviews included questions about how participants would describe James' Place London and the support it provides, their confidence that James' Place could support them, and things that made them feel positive or negative about the service (a copy of the topic guide can be found in Appendix C). The questions initially sought to capture broad experiences of the service, before narrowing down to individual experience and views on what influenced help-seeking.

After the interview, participants received a debrief and a £25 Amazon voucher as compensation for their time.

The interviews were transcribed by a member of the UCL research team at the earliest available opportunity. Qualitative data from the interviews were analysed using a thematic analysis methodology.¹⁸ When sampling, we sought to gain broad representation from across the three groups (treated, not accepted, declined), prioritising representation across categories of ethnicity and deprivation levels.

Ethical approval

Ethical approval for this study was granted on 2 December 2025 by the UCL Ethics Committee (project 26467/002).

Results

Results from the quantitative study

Respondents

Of 798 emails about the study sent to men who had contact with James' Place London,^a a total of 88 individuals responded, resulting in a participant rate of 11%.

Respondents were predominantly men who had received support from the service (n = 58, 66% of the sample); men who were not accepted for support consisted of 25 respondents (28%), whereas only 5 (6%) men who declined support took part (see [Figure 1](#)).

Given the very low number of respondents who declined support, their data are reported separately in many comparisons to avoid risks around overinterpreting differences with the other two groups; instead, their data are presented in [Table 2](#) in Appendix A.

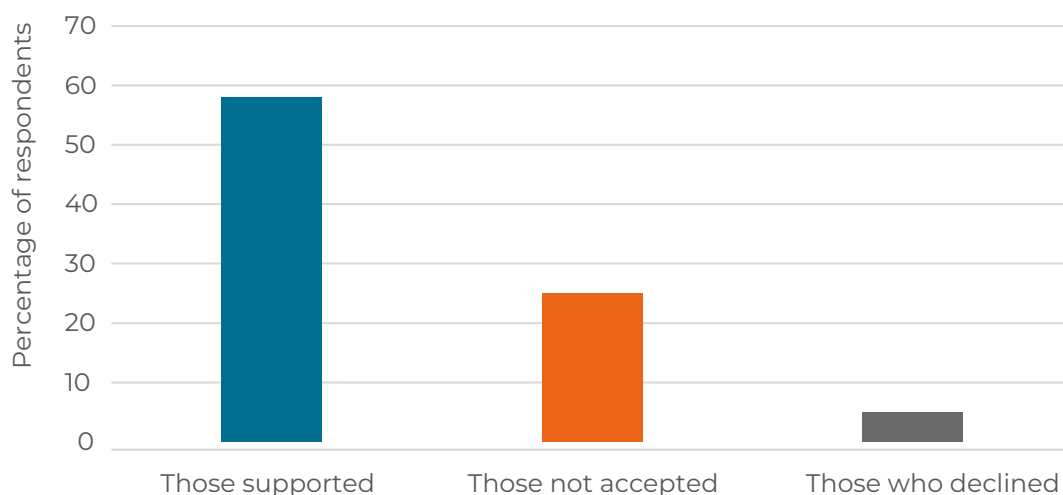


Figure 1:
Responses by
participant group

^a Of the 798 men contacted, 377 had not been accepted into support, 320 had received support and 101 had declined support from James' Place.

Differences in respondents' personal characteristics and circumstances

Age

Comparing age groups in individuals who were supported by James' Place with those who were not accepted (see [Figure 2](#)) indicates that those supported were more commonly from younger age groups, whereas those not accepted had a higher frequency of individuals above the age of 36. The chi-square test indicates a statistically significant difference ($\chi^2[4, N = 83] = 10.34, p = 0.035$), with a large effect size ($\omega = 0.6$) observed.

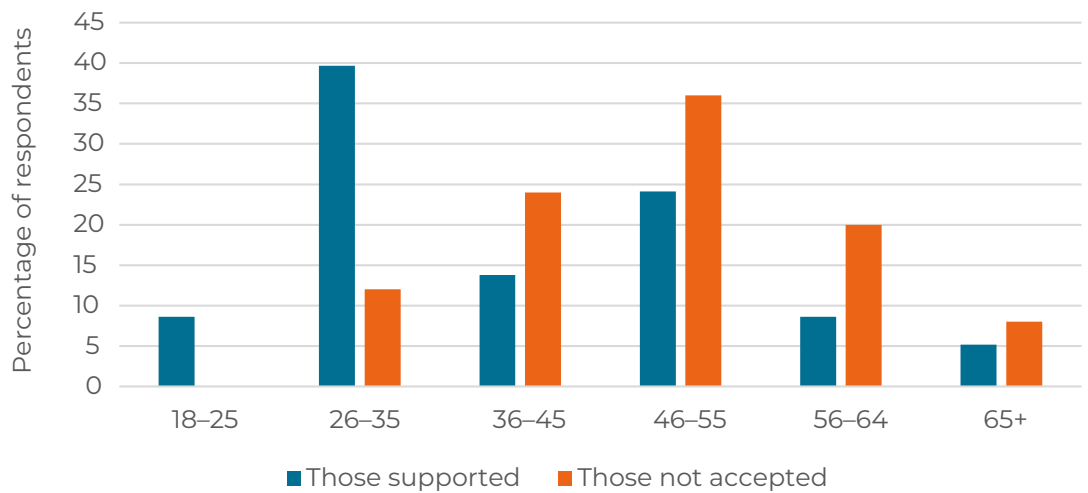


Figure 2:
Comparison of
groups by age

Ethnicity

The distribution of ethnicity between those who were supported by James' Place and those who were not accepted is presented in [Figure 3](#). While 'White British' was the most frequent ethnicity reported by both groups, a larger proportion of those not accepted considered themselves 'White British' compared with those who were supported. The proportion of people of 'White Other', 'Black', 'Asian' and 'Other' ethnicity was higher in those supported than those not accepted. However, the chi-square test indicates that the association is not statistically significant ($\chi^2[5, N = 83] = 5.81, p = .325$), and the effect size is just over the threshold to be considered large ($\omega = 0.52$).

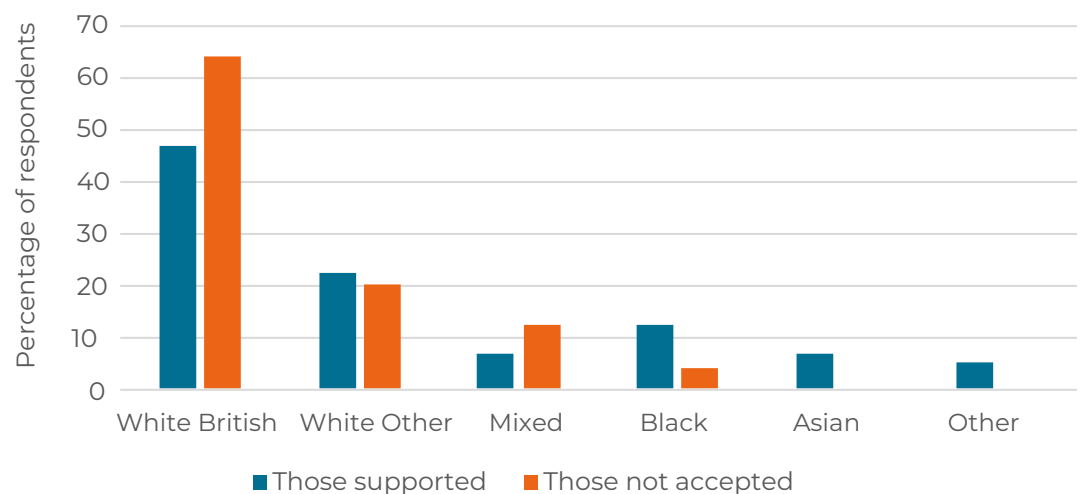
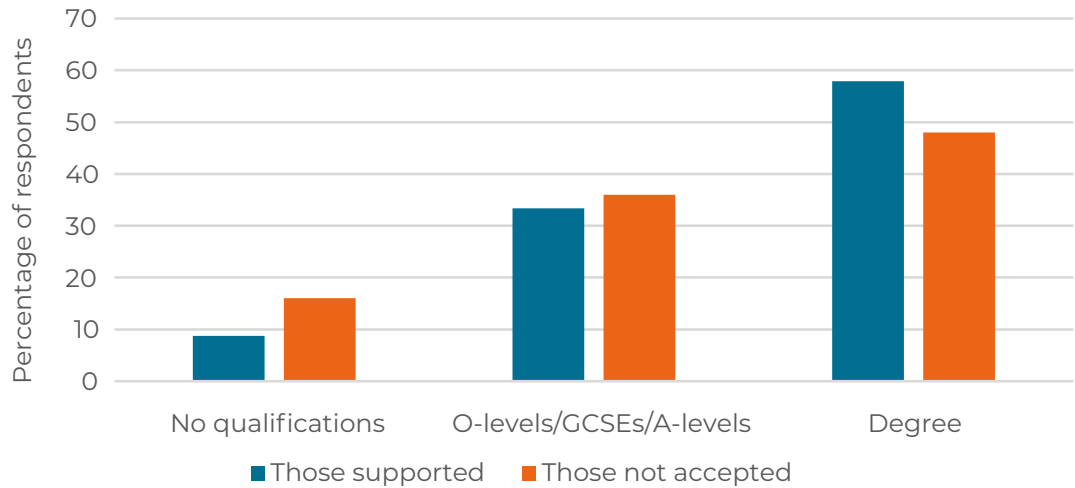


Figure 3:
Comparison of
groups by
ethnicity

Education level

We compared the education level of men supported by James' Place with those not accepted, looking at those with no qualifications, those with O-levels, GCSEs, A-levels and, those with a university degree (see [Figure 4](#)). The chi-square test finds no significant difference between groups ($\chi^2[2, N = 82] = 1.17, p = .556$), with a small effect ($\omega = 0.12$) observed. One individual not reporting these data was excluded from analyses.

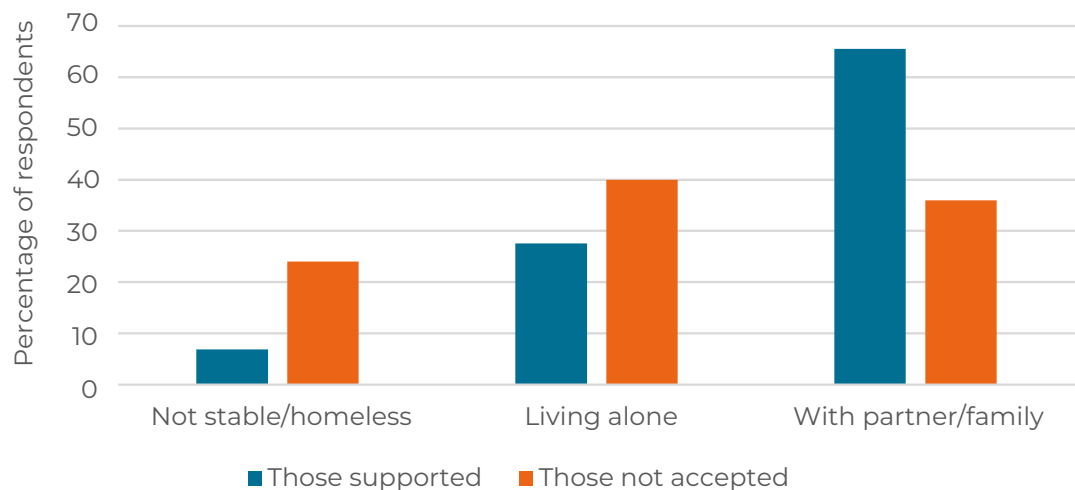
Figure 4:
Comparison
of groups by
education level



Living situation

Comparing the living situation of those supported by James' Place with those not accepted (see [Figure 5](#)), the former were more likely to be living with a partner or family, rather than living alone, homeless or in unstable accommodation. Those not accepted by James' Place had a higher proportion of people living alone. The association is statistically significant ($\chi^2[2, N = 83] = 7.29, p = .026$), with a medium effect observed ($\omega = 0.30$).

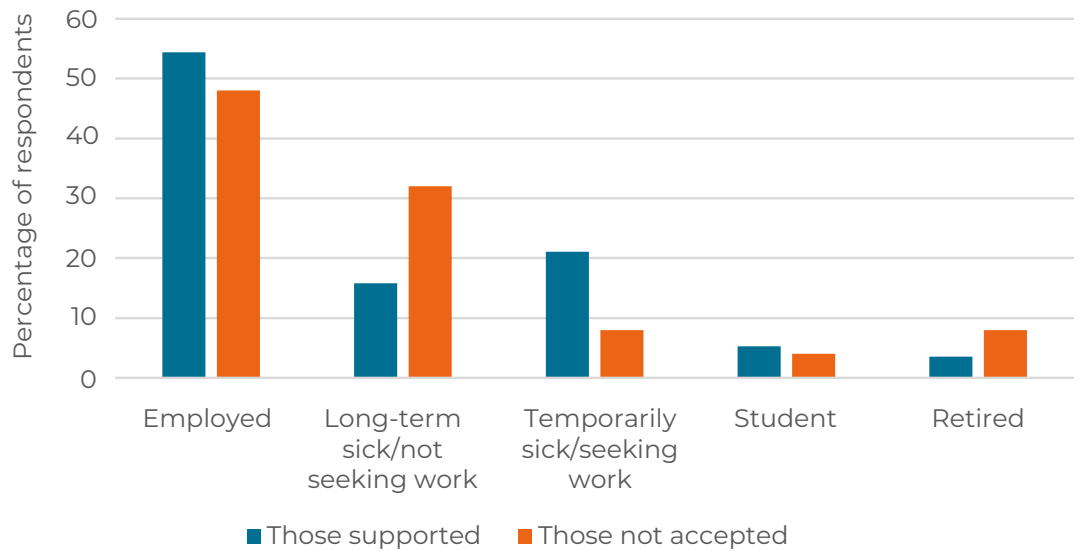
Figure 5:
Comparison of
groups by living
situation



Working situation

Comparing the working situation of those supported by James' Place with those not accepted (see [Figure 6](#)), the chi-square test indicates no statistically significant difference in employment status ($\chi^2[4, N = 82] = 4.85$, $p = .303$), with a medium effect ($\omega = 0.42$) observed. While not statistically significant, people employed or temporarily on sick leave were more likely to be supported than not accepted, whereas a larger proportion of the not accepted group reported they were on long-term sick leave or not seeking work.

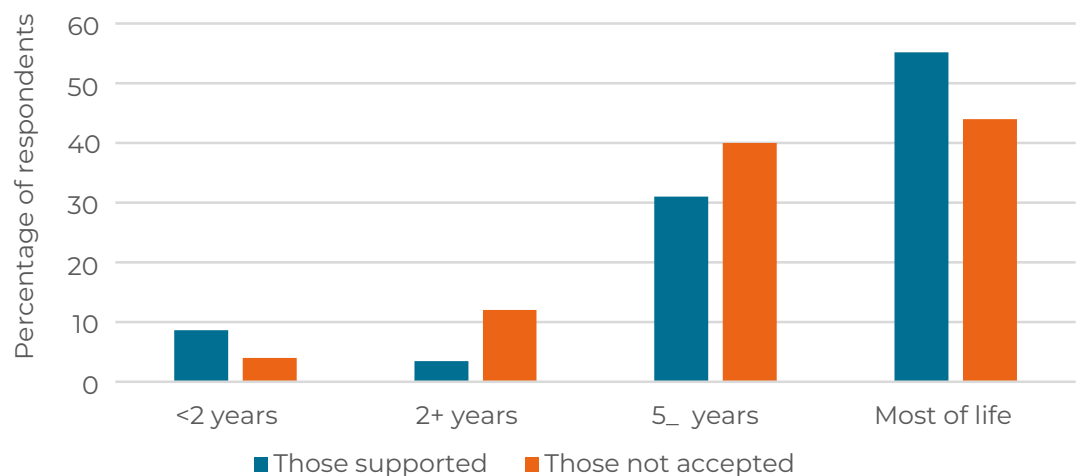
Figure 6:
Comparison
of groups by
working situation



Length of time living in local area

The length of time someone had been living in their local area was not associated with whether people were likely to be supported by James' Place or not (see [Figure 7](#)), with the chi-square test indicating a non-statistically significant difference ($\chi^2[3, N = 83] = 3.45$, $p = .328$), with a small effect size ($\omega = 0.29$) observed.

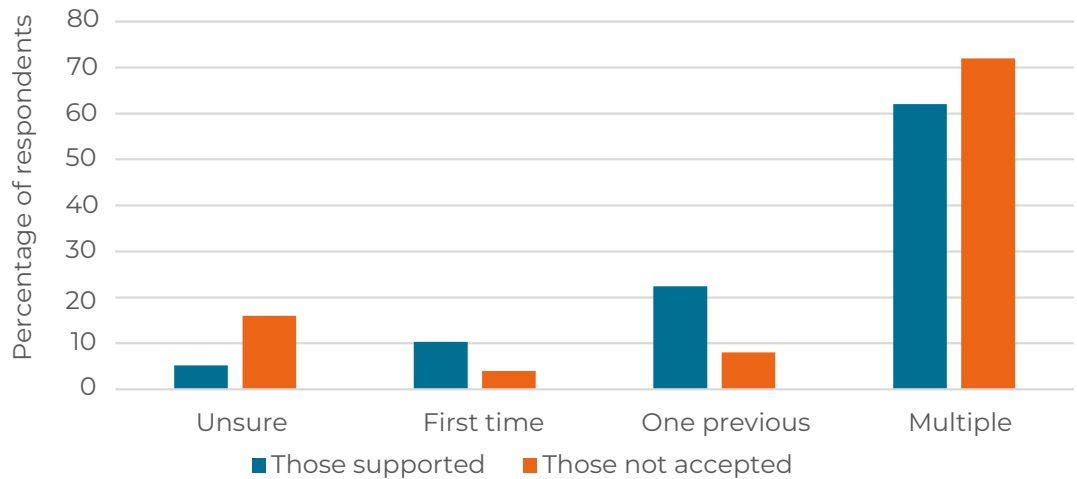
Figure 7:
Comparison of
groups by length
of time living in
local area



Previous episodes of suicidal crises

[Figure 8](#) presents information on the number of previous episodes of suicidal crises that respondents reported, comparing those supported by James' Place with those not accepted. The chi-square test indicates a non-statistically significant difference in number of previous episodes ($\chi^2[3, N = 83] = 5.54, p = .258$), with a medium effect size ($\omega = 0.37$) observed.

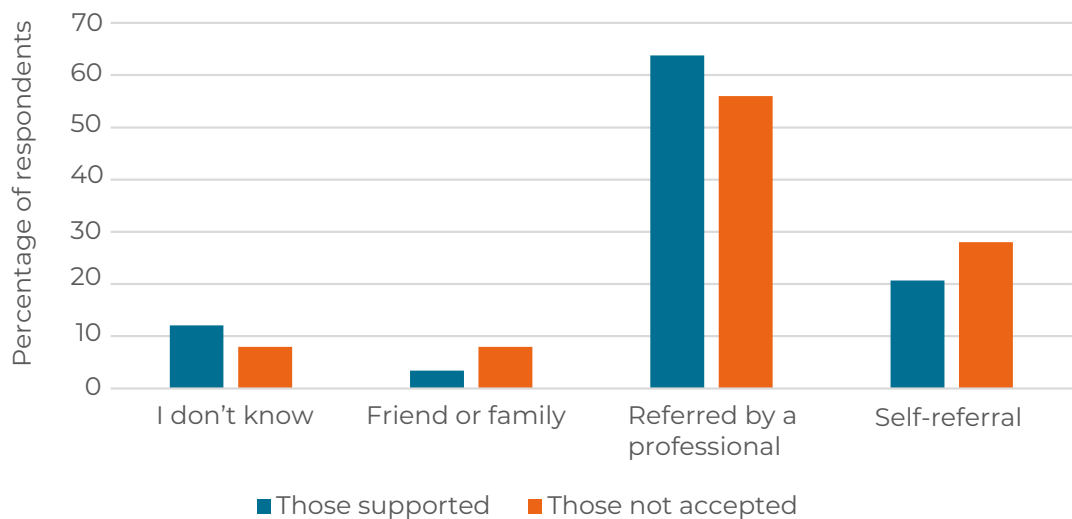
Figure 8:
Comparison of
groups by previous
episode status



Source of referral

How people were referred to James' Place was also compared between the groups (see [Figure 9](#)). The chi-square test indicates no statistically significant difference in source of referral between groups ($\omega = .2[3, N = 83] = 1.60, p = .660$), with a small effect size ($\omega = 0.20$) observed.

Figure 9:
Comparison of
groups by source
of referral



Services used since James' Place

Respondents were able to list the types of services they had accessed since their referral to James' Place (see [Figure 10](#)). This field was not mandatory, and therefore was not completed by all respondents, and as respondents could endorse more than one option, it was not possible to conduct statistical tests. The trends presented suggest that more people supported by James' Place indicated they used no additional support, but were also more likely to report that they used self-funded support and attended A&E. Whereas those not accepted by James' Place had higher endorsement of GP care and use of other NHS services, such as NHS Talking Therapies (formerly called Increasing Access to Psychological Therapies [IAPT]).

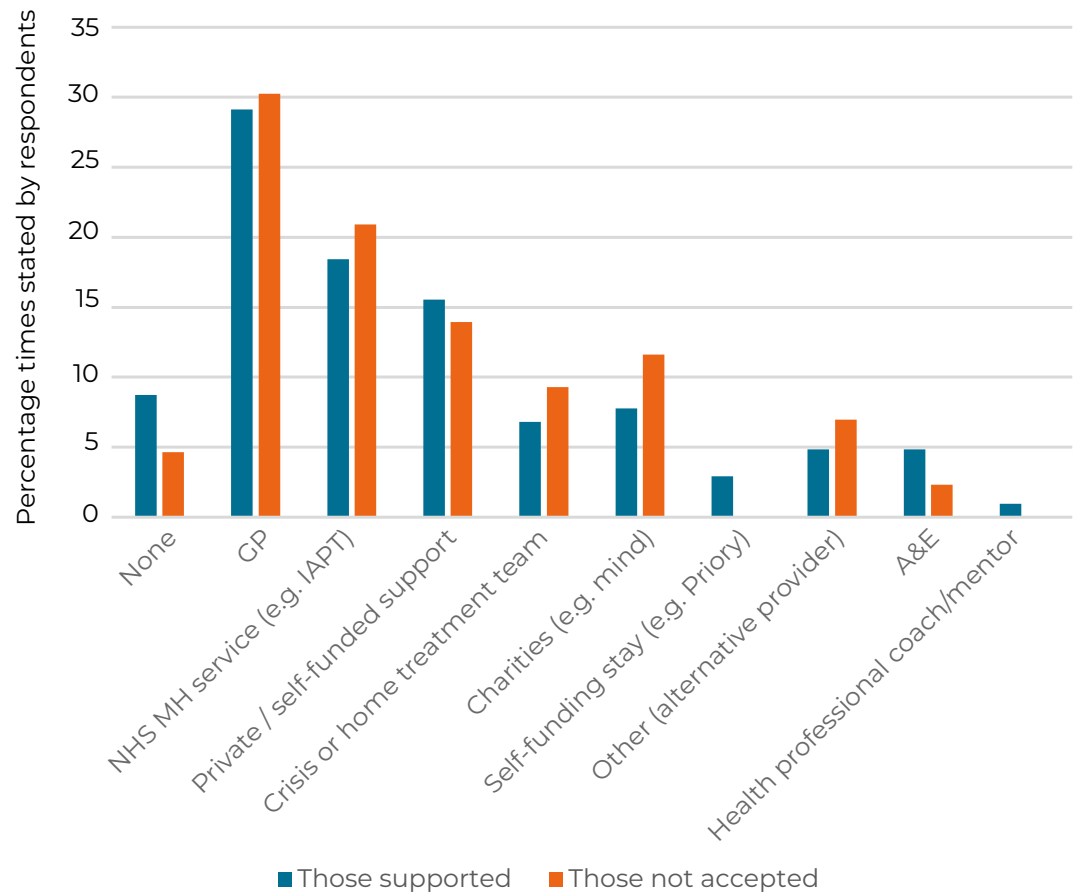


Figure 10:
Comparison of
groups by types
of services used
since referral to
James' Place.

Respondents' views about James' Place

Expectation that James' Place could help

Respondents were asked to what extent they felt James' Place would be able to help them when they first heard they were being referred to the service (see [Figure 11](#)). People who were eventually treated were observed to be more unsure than those who were not accepted. The difference is not statistically significant according to the chi-square test ($\chi^2(2, N = 83) = 3.89$, $p = .143$), and the effect size is small ($\omega = 0.22$).

Of the 58 respondents who were supported by the service, 52 (90%) said they would recommend the service to someone else, while five (8%) said they were unsure and one person said they wouldn't (see [Figure 12](#)).

Figure 11:
Comparison
of groups by
expectation that
James' Place
could help

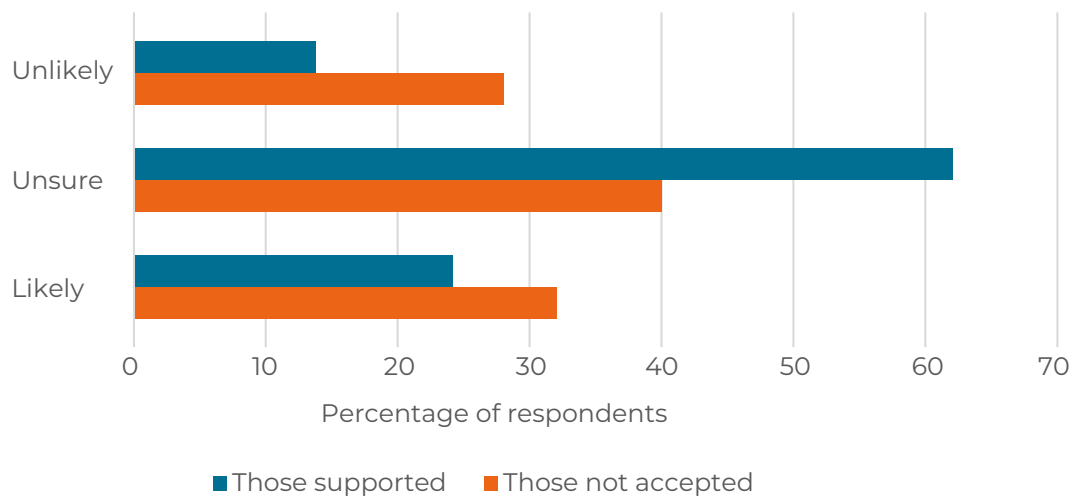
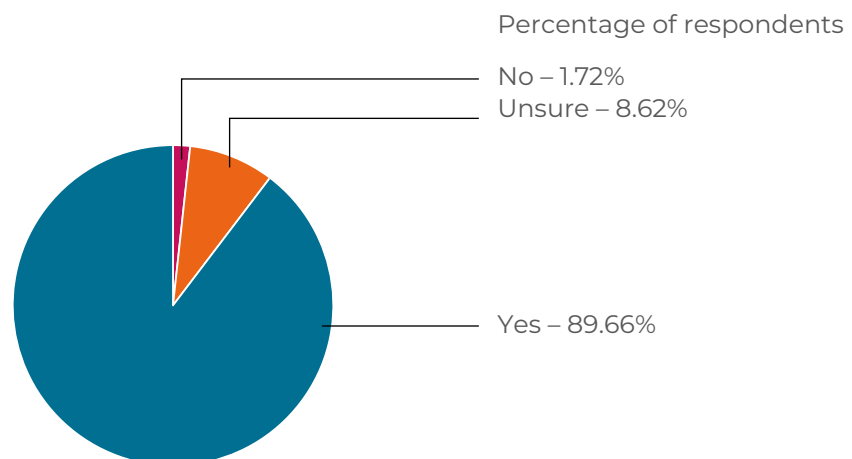


Figure 12:
Proportion of
those supported
by James' Place
who would
recommend the
service

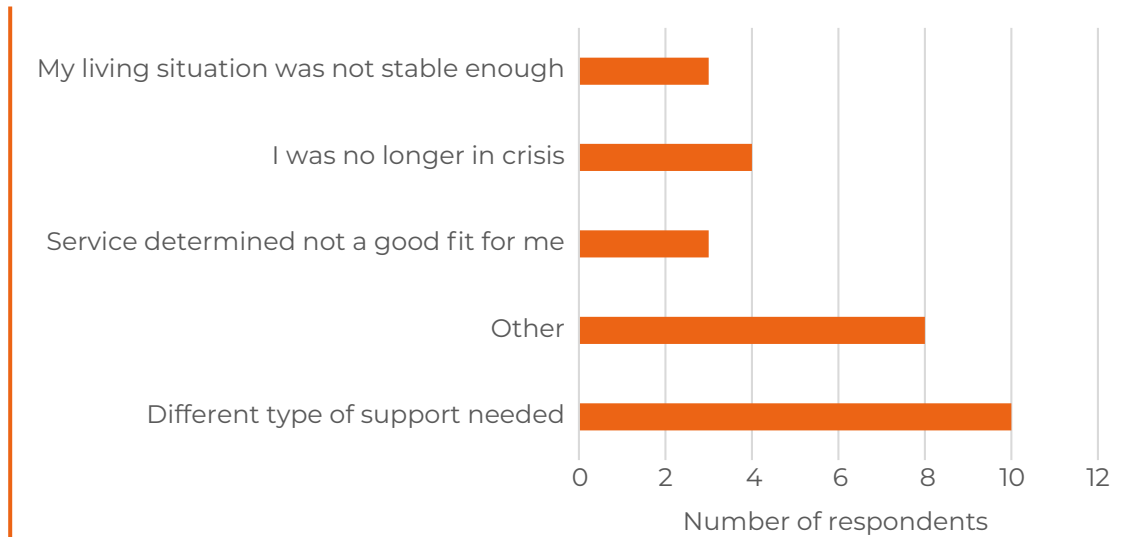


A total of 31 (53%) of those supported by James' Place London provided a response when questioned about any changes to the referral process that they thought would be beneficial. Of the 31, eight suggested they were happy with the process, eight indicated that 'clearer information about the service and what it offers' would help, five suggested 'providing different support options', five thought that 'providing services at different times of the day' would be helpful, and four suggested 'providing services from a different location'.

Individuals not accepted

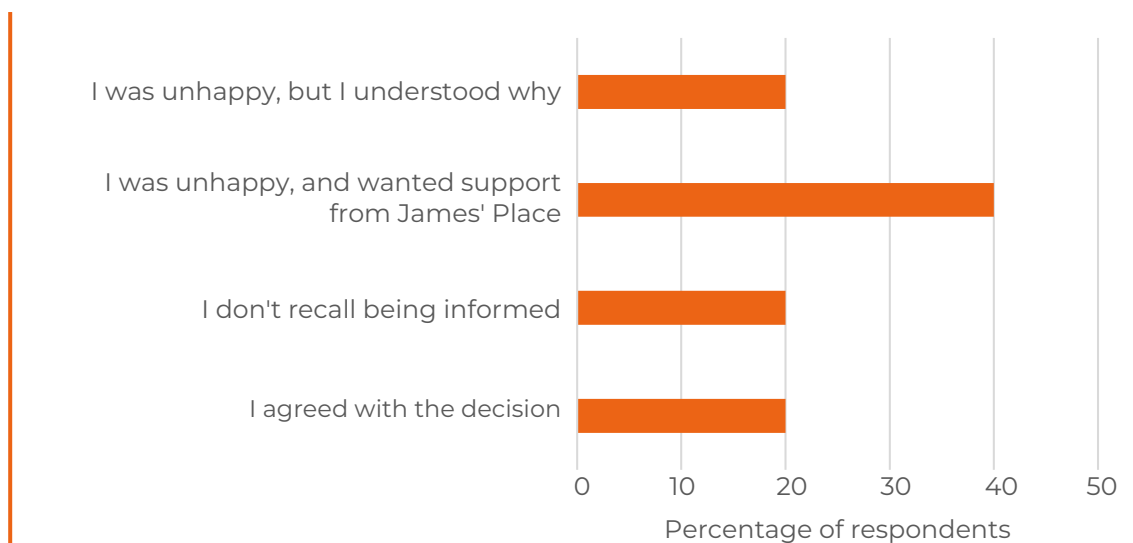
The self-reported reasons given by respondents who were not accepted for support from James' Place are presented in [Figure 13](#). The need for a different type of support (i.e., not James' Place) was the most commonly cited reason (n = 10). 'Other' was the next most cited reason; examination of free-text fields suggests those reporting 'Other' often didn't provide more detail about why they had chosen this option, but when they did they stated they weren't provided the reason, they couldn't travel to James' Place, or that they didn't want their GP involved.

Figure 13: Reasons why referral not accepted (multiple reasons could be chosen by participants)



When respondents were asked how they felt about their referral not being accepted by James' Place, 40% said they were unhappy and wanted support from the services, 20% agreed with the decision, 20% didn't recall being told why, and the final 20% were unhappy but understood the reason why the service couldn't support them (see [Figure 14](#)). Importantly only 44% of those not accepted said it was easy to find further support from other services.

Figure 14: Feelings about not being supported



Results from the qualitative study

Those who completed the survey were asked whether they would be willing to take part in the qualitative study. While the proportion of individuals who said they would be happy to take part in the interview was around 50% of those supported and 65% of those not accepted, when the research team contacted the respondents directly the vast majority said that they did not wish to take part, or did not reply to requests.

The James' Place team explored several avenues to increase recruitment to the qualitative study, but these did not result in increased participation. It became clear that it would be a challenge to recruit beyond three to five participants. The research team discussed whether such a small sample would be able to draw meaningful results in the context of the study aims. While reviews have examined the potential for data saturation at lower sample sizes, the lower limits indicated are around nine participants, and this is when the research question is narrow in scope.¹⁹

Given the broad focus of the study on the role of barriers to support men in suicidal crisis, and that recent studies considering the role of candidacy have used between 23 and 65 participants,²⁰ it was decided that such a small sample would not yield enough meaningful information to proceed.

Discussion

Summary of findings

This project aimed to compare men in suicidal crisis who received support from James' Place in London with those who did not receive support (either because the service was not suitable for them or because they declined support), and to better understand the potential barriers to accessing support.

In the first phase of the project, surveys were sent out to three groups of referrals to James' Place London: (1) those who received support, (2) those who were not accepted by the services, and (3) those who declined support. While a moderate sample of individuals who received support was recruited ($n = 58$), there were significantly fewer people who were not accepted ($n = 25$), and only five men who declined care agreed to complete the survey.

Comparing those who received support with those who did not, it was observed that age and living situation were the main factors associated with differences, with younger people and those living with family or friends more likely to be offered support and accept it. For other factors examined, statistically significant differences were not observed, but effect sizes suggested some moderate to large effects (for example, for ethnicity), which might imply the need for additional research to better understand the relationship. We observed that 90% of men who received the intervention said that they would recommend James' Place.

The qualitative study, planned later in the project with the aim of collecting more information around the barriers to accessing care, could not be conducted due to difficulties in recruitment and response.

Findings in context

Of the initial 798 previously referred men contacted by the study team, 320 (40%) received support, which is similar to the 38% of referrals to NHS Talking Therapies referrals who go on to receive a course of treatment.²¹ This context is important to understand care pathways into James' Place, in light of available NHS data. However, compared with the NHS, the expected distributions of respondents who received support, who were not accepted by the service, and who declined support were not equally balanced.

Inequalities in access to mental health service access have been observed across a number of personal characteristics in previous research. These include inequalities related to age, ethnicity, religious beliefs and education level, as well as access to primary care mental health services such as NHS Talking Therapies.²² In James' Place London, we observed potential inequalities in access based on age and living situation, with younger people, and those living with family and friends, more likely to receive support than older groups and those living alone or not in stable accommodation. The requirement to state an emergency contact, which is less likely for men living alone, might account for this difference.

International evidence suggests older adults are less likely to initiate and use mental health services.²³ A number of reasons have been proposed for this including poor mental health literacy and stigma.^{24,25} Highlighting the value and relevance of James' Place for different age groups could support referrals for these patients. However, further understanding around why older people who are referred to the service are less likely to be accepted needs further examination as this could not be explored in this study. Potential reasons might be related to increased complexity around life events, or the need for specific services such as bereavement support if it is not within the scope of James' Place.

This study did not find any inequalities in access regarding minoritised ethnic groups, and instead the direction of the effects observed suggest it was those from White British ethnic groups who were less likely to be accepted. Studies have shown that in a number of services, including NHS Talking Therapies, ethnic inequalities are observed in those less likely to access treatment.²⁶ Monitoring inequalities in access to James' Place, including related to men's living and working situations, should ensure equity of care.

The lack of responses from individuals who declined care, as well as those not accepted, compared with those who were treated, suggests the need for new approaches to engage these groups. There is advice on how to work with 'hard to reach' groups, with suggestions of ways to build trust with such groups, including engaging with community leaders (and, potentially, influencers), using multiple channels including face-to-face engagement, and communicating the benefits of engagement.^{27,28,29} However, less research and guidance are focused on individuals who did not receive support, which may make individuals less likely to engage further with services later on. Instead approaches from voluntary organisations, potentially from mental health charities or other voluntary sector groups, might provide a new opportunity for improved engagement.

Limitations

Despite significant effort on behalf of the research team and James' Place staff, which involved sending reminder emails to all men who had recently received support and those who had recently been referred, the final sample size for the study was lower than anticipated. It was decided not to include the five men who declined support in comparative analyses because of the danger of over-interpreting any differences with the other two groups. Furthermore, the limited sample across all groups meant analyses were limited to univariate comparisons, and were not sufficiently powered to examine potential interactions between factors, which might have provided more information to identify those who are less able to access James' Place services. A limited number of variables were selected to minimise burden on respondents, but this meant factors such as relationship status, trauma history and reasons for accessing care were not collected.

A further limitation was that sufficient participants for the qualitative study could not be recruited, despite best efforts. While the qualitative study was considered a supplementary piece of work, and not part of the original research plan, we hoped it would provide additional information about potential barriers to access, and suggestions for how these could be overcome. Future research would need to further build recruitment for such work into the referral process at James' Place, so that the importance and value of research into mental health support is clear, increasing the likelihood men will engage.

Recommendations

Service-related recommendations.

- While the rates of referrals who go on to receive support are similar to treatment rates in services such as NHS Talking Therapies, the finding that many respondents who were not accepted by James' Place found it difficult to receive support from elsewhere suggests appropriate signposting is required.
- Internal consideration as to why James' Place is less likely to support older individuals or those who are living alone or in unstable housing could help understand whether adaptations are appropriate.
- Differences in support rates for older respondents alongside perceptions that James's Place is 'for younger people' highlight that improvements in how the service is presented could be improved across the age range.
- As 40% of those not accepted for support by James' Place were unhappy and didn't appear to agree with the decision, exploring further ways of relaying this information sensitively might improve the onward referral experience.
- Continuous monitoring of referral information related to personal characteristics will support the identification of potential inequalities in access that James' Place can action.

Research recommendations

- Considering the low response rate to the survey for those who declined support from James' Place, and for participation in the qualitative study, further ways of engaging with men are needed to support clinical research.
- Highlighting that James' Place is actively involved in research for patient benefit, alongside service evaluation, at the referral stage may increase the rate at which men reply to responses for research.
- Creating a patient and public involvement and experience group, which includes both men with experience of suicidal crisis and those caring for and supporting these individuals, could provide additional insights to inform research designs that increase recruitment of 'hard to reach' groups.
- Collecting patient experience questionnaires from referral, rather than just for those completing the intervention, could provide more information at an earlier stage.
- Contrasting findings from this study of James' Place London with James' Place sites in Liverpool and Newcastle would help better understand the extent to which findings generalise to other areas.
- The long-term collection of referral data could provide the statistical power to identify profiles of subgroups of referrals (based on age, ethnicity and living situation) who are less likely to access care, which could inform potential changes.
- Linking up with academic institutions in the London area to support applications for research funding could provide further resource to engage and follow up men who experience a suicidal crisis.

I Developers

UCL research team

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Appendix A: Supplementary tables

Table 1: Variables collected in the survey

Variable	Response options in the survey	How used in the report	Completed by
Age group (years)	18–25, 26–35, 36–45, 46–55, 56–65, over 65.	As measured	All respondents
Ethnicity	White – English/Welsh/Scottish/ Northern Irish/ British; White – Irish; White – Gypsy or Traveller; White – Any other White background; White and Black Caribbean; White and Black African; White and Asian; Any other mixed/multiple ethnic background; Indian; Pakistani; Bangladeshi; Any other Asian background; Black African; Black Caribbean; Any other Black/African/Caribbean background; Chinese; Arab; Any other ethnic group	White British; White - Other; Mixed; Black; Asian; Other	All respondents
Education level	No qualifications; O-levels/ GCSEs or equivalent; A-levels or equivalent; Degree level qualification or equivalent	No qualifications; O-levels/ GCSEs/A-levels; University level	All respondents
Working situation	Employed full-time; Employed part-time; Student; Voluntary work; Temporarily sick or injured; Long-term sick; Homemaker; Unemployed and seeking work; Unemployed and not seeking work; Retired	Employed; Long-term sick/not seeking; Temporarily sick/seeking work; Student; Retired	All respondents

Variable	Response options in the survey	How used in the report	Completed by
Living situation	I live by myself; I live with a close partner; I live with family/friends; I do not have a stable living situation	Not stable/homeless; Living alone; With partner/family	All respondents
How long lived in London and surrounding area	I have lived in my local area for most of my life; I moved into the area over 5 years ago; I moved into the area over 2 years ago; I moved into the area less than 2 years ago; I only very recently moved into the area	<2 years; 2+ years; 5+ years; Most of life	All respondents
When you heard that you were being referred to James' Place, how likely did you think that the service would be able to help you?	1 = Very unlikely; 2 = Quite unlikely; 3 = Unsure; 4 = Quite likely; 5 = Very likely	Unlikely; Unsure; Likely	All respondents
At the time you were referred to James' Place, how many times would you consider yourself at risk of serious self-harm or of dying by suicide?	This was the first time; One previous occasion; Multiple previous occasions; Unsure	As measured	All respondents
Since your referral to James' Place, which of the following options have you used to support your mental health?	Your GP; NHS mental health services (including IAPT); Crisis or home treatment teams; Charities (e.g., Mind); Private/self-funded support (e.g., counsellor or psychologist, not on the NHS); Accident and Emergency (A&E); Self-funding stay at a residential facility (e.g., the Priory); Other (e.g., alternative healthcare professional)	As measured	All respondents
Do you know how you were referred?	I don't know; Friend or family; Referred by a professional; Self-referral	As measured	All respondents
For what reason(s) were you told that James' Place was unable to offer you support at the time of your referral?	I was no longer in crisis; I needed a different type of support than the service was able to provide; The service determined that it was not a good fit for me; My living situation was not stable enough; Other	As measured	Those not supported

Variable	Response options in the survey	How used in the report	Completed by
How did you feel when you were informed the service thought that alternative options were more appropriate for you?	I agreed with the decision; I was unhappy, but I understood why; I was unhappy, as I wanted support from James' Place at the time; I don't recall being informed about the decision	As measured	Those not supported
Did you find it easy to get support from other services?	Yes; No	As measured	Those not supported
For what reason(s) did you decide not to take up the offer of support from James' Place?	From reading about the service, I thought it wasn't the right fit for me; I didn't feel the service was accessible for me; My initial contact with the service made me think that it wasn't right for me; I was feeling better at the time James' Place contacted me; I was worried what people would think if I was supported by James' Place	As measured	Those who declined
What changes to the service would make more likely for you to accept support?	Clearer information about the service and what it offers; More sensitive/confidential process of contact; Providing services at different times of the day; Providing services from a different location; Providing different support options	As measured	Those who declined
Are there any changes to the referral process or initial contact with the service that would have made it better from your perspective?	Clearer information about the service and what it offers; More sensitive/confidential process of contact; Providing services at different times of the day; Providing services from a different location; Providing different support options	As measured	Those who were supported
If someone was in a similar situation to yourself, would you recommend James' Place?	Yes; No	As measured	Those who were supported

Table 2: Data of those who declined support

Did you think it likely James' Place could help?		
'Unsure'	5	100%
Number of previous episodes		
First time	1	20%
Multiple previous episodes	4	80%
How referred		
Not answered	2	40%
Referred by a professional	1	20%
Self-referral	2	40%
Services accessed since referral to James' Place*		
Mental health service (including IAPT)	3	60%
GP	2	40%
Charities (e.g., Mind)	3	60%
Crisis or home treatment teams	1	20%
Why did you not take up the offer of support?		
I didn't feel the service was accessible for me	1	20%
My initial contact with the service made me think it wasn't right for me	2	40%
I was feeling better at the time James' Place contacted me	1	20%
Not reported	1	20%
Age group (years)		
36–45	1	20%
46–55	1	20%
56–64	3	60%
Ethnicity		
White	3	60%
Other	2	40%
Educational level		
O-levels/GCSE/A-levels	3	60%
University level	2	40%
Living situation		
Not stable/homeless	1	20%
Living alone	2	40%
With partner/family	2	40%

Note: * Could choose multiple options.

I Appendix B: Effect size estimation

To account for differences in available cell counts (categories) across variables, Cramér's V values were converted to Cohen's Omega (ω) through the formula,

$$\omega = V \sqrt{r - 1}$$

where ' $r - 1$ ' is degrees of freedom. Values exist between 0 and 1, and suggested cut-off values for ω are 0.1, 0.3 and 0.5 being indicative of small, medium and large effects respectively.^{30,31}

Appendix C: Interview topic guide

Notes

INTRODUCTION

The purpose of this research is to better understand men's perspectives of the process of accessing support from services such as James' Place. The study aims to explore the experiences of men who have been previously referred to James' Place services, regardless of whether you ended up using the service.

The interview should last about 1 hour. We will go through questions to identify barriers to accessing the service, as viewed from individuals who did, and those who didn't, eventually receive treatment following their initial referral. The project also aims to identify any aspects of the service that may not be suitable for all men, and to explore ways in which the service could be improved to better meet the needs of men in suicidal crisis.

Everything we talk about will be completely **confidential. You will not be identified at any point.** The only time I might need to inform someone is if you indicated you or someone else was at direct risk of harm, however I would always speak to you first about a course of action.

If you don't want to answer a particular question you don't have to, and you can ask me to skip to the next question. If you feel uncomfortable or find the interview difficult, we can stop the interview at any point, and you do not need to provide a reason.

Do you have any questions before we start?

Do you agree to take part? I have your completed consent form do you continue to provide your consent? Are you happy for the recording (and transcription) to start?

INITIAL QUESTIONS

1. Tell me a little bit about yourself.
2. How did you come in to contact with James' Place?
3. What were your initial impressions?

*probe potential
barriers...*

REFERRAL

4. How did you feel about approaching James' Place?
5. How was the referral process for James' Place?

*probe potential
barriers...*

INTERVENTION

6. What was your interaction with James' Place?
7. How long was your interaction with James' Place?
8. How was your first session with James' Place?

*probe potential
barriers...*

TREATMENT

9. What motivated you to work with James' Place?
10. What was going on at the time while you were being seen by James' Place?

*probe potential
barriers...*

POST-INTERVENTION

11. What have you taken forward from your time with James' Place, if anything?
12. What else do you think is important to speak about but we have not mentioned yet?

FINAL STRUCTURED QUESTIONS

Name:

What was your age at the time of referral?

How would you describe your gender?

How would you describe your
sexual orientation?

How would you describe your ethnicity?

What was your employment status at time of
referral?

How many years had you been in London at
the time of your referral?

ENDING

Thank you for taking part. The recording will be kept confidentially only accessible to the researchers in this study. If you have any questions, please contact me by email.

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