

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Help-seeking Behaviors among Older Adults: A Scoping Review Protocol
AUTHORS	Teo, Kelly; Churchill, Ryan; Riadi, Indira; Kervin, Lucy; Cosco, Theodore

VERSION 1 – REVIEW

REVIEWER	Dr. Tanica Lyngdoh Indian Institute of Public Health-Delhi, Public Health Foundation of India, New Delhi, India
REVIEW RETURNED	19-Oct-2020

GENERAL COMMENTS	I suggest incorporating the keyword "healthcare utilization" into the search term(s) to enable a more comprehensive and exhaustive search.
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REVIEWER	Emily Garman University of Cape Town, South Africa
REVIEW RETURNED	26-Oct-2020

GENERAL COMMENTS	<p>Thank you for giving me the opportunity to review the manuscript entitled "Help-seeking Behaviors among Older Adults: A Scoping Review Protocol" (bmjopen-2020-043554). The manuscript is well written and concise. The rationale and objectives for the scoping review is clearly explained and the methods are sound. I only have minor comments to improve clarity on the extent of the review and ensure the methods generate a comprehensive overview of the evidence available on the topic.</p> <ul style="list-style-type: none"> - Authors explain the importance of exploring the factors associated with help-seeking among ethnic minorities, which I agree with, but then only English articles will be included in the review – this inclusion criterion may lead authors to miss important evidence on these specific populations. Similarly, to ensure all relevant articles are identified to address this sub question, authors should consider running a separate analysis with keywords pertaining to (1) help seeking, (2) older adults AND (3) minority populations. It is unlikely that the current search term "Ethnic minority older adult" alone will generate much information. - It is unclear to the reader whether or not authors intend to review the literature globally, i.e. from both developed and developing countries. Evidently, barriers or facilitators to help seeking will be very different in low-income settings. Authors should clarify this in the abstract and the introduction. - P4, line 18 – Unclear why authors refer to "Another potential contributor to this knowledge gap", when the previous sentence
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	<p>refers to contributors to help seeking behaviours, not the knowledge gap in the field.</p> <ul style="list-style-type: none"> - P5 line 18 – authors should explain why the sixth stage (consultation) is not undertaken in this review - P7 line 11 – Factors associated with access to health care for mental health problems are likely to differ from those associated with access to health care for physical conditions. Depending on the results, barriers/facilitators may have to be reported by type of health challenge, especially if one of the study’s objectives is to help programme implementers and policy makers to improve access to specific health services.
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REVIEWER	Ruth Plackett University College London, UK
REVIEW RETURNED	18-Dec-2020

GENERAL COMMENTS	<p>This is a well written and interesting protocol and I look forward to reading the review. I think the authors have identified an important research gap and need for this review. There are some minor comments that I would encourage the authors to address.</p> <ol style="list-style-type: none"> 1. The introduction would benefit from more definition of help-seeking. In the methods you refer to the definition so maybe this could be moved to the introduction. 2. Linked with the above comment, perhaps the authors could expand more on the concept of help-seeking and how it has been conceptualised in the literature. Perhaps they could refer to models such as the health belief model or Anderson’s behavioural model of health service use, which distinguishes between contextual and individual characteristics influencing service utilization and health-related outcomes. 3. In the methods it would be useful for the authors to present a timeline for the study e.g., when will the search take place, when is it anticipated they will do data charting and analysis? 4. The PRISMA-ScR Checklist requires that authors present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated. Is it possible to include this a supplementary file? 5. In the study selection section, the authors do not report whether they intend to calculate the reliability of the study selection between the two reviewers. Will this be calculated and if so how e.g., kappa? 6. In the eligibility criteria section, it is not clear how the authors will manage papers that include populations with both younger adults and adults aged over 65. Will they extract just the information about those over 65 from the paper if possible and exclude if not? 7. It could be useful for the authors to use a model or framework to help them extract information from the papers and categorise the barriers and facilitators of help-seeking. For example, Anderson’s behavioural model of health service use could be used to explore individual and contextual characteristics that affect help-seeking or Barker’s 2005 article “Young people, social support and help-
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	<p>seeking” distinguishes between structural and individual determinants of help-seeking behaviour and may be useful?</p> <p>8. Could the authors provide references for their definitions of facilitators and barriers on page 7?</p> <p>9. It seems that this review may benefit from patient and public involvement and perhaps a consultation with older adults to discuss and verify the results but appreciate that this can be difficult to coordinate in practice. Perhaps the authors could provide a justification for why they feel this step is not necessary or discuss some potential ideas for how they might involve older people/other stakeholders.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer #1: Dr. Tanica Lyngdoh

1. I suggest incorporating the keyword "healthcare utilization" into the search term(s) to enable a more comprehensive and exhaustive search.

Response: Our focus on help-seeking behavior is meant to explore the ways in which older adults may or may not engage with formal and/or informal support services when they have a physical or mental health challenge. In this case, healthcare utilization may not be a preferred choice or avenue for the older adult population and including it as a search term would expand the topic into another field that is outside the scope of this review. As such, we have chosen to keep healthcare utilization out of the search terms.

Reviewer #2: Ms. Emily Baron

1. Authors explain the importance of exploring the factors associated with help-seeking among ethnic minorities, which I agree with, but then only English articles will be included in the review – this inclusion criterion may lead authors to miss important evidence on these specific populations. Similarly, to ensure all relevant articles are identified to address this sub question, authors should consider running a separate analysis with keywords pertaining to (1) help seeking, (2) older adults AND (3) minority populations. It is unlikely that the current search term “Ethnic minority older adult” alone will generate much information.

Response: We will include both English and non-English papers from all countries as suggested, translating them as needed. The suggested separate analysis to evaluate the sub-question has also been added to the search strategy.

Additional text: English or non-English studies from any country must (1) address research on the help-seeking behaviors of older adults, (2) be published from January 2005 to the date of search commencement, and (3) be full-text peer-reviewed studies.

Title, abstract and keyword fields will be searched using a combination of the following terms: (“help seek*” OR “treatment seek*” OR “health information seek*” OR “healthcare seek*” OR “care seek*” OR “health seek*”) AND (“older adults” OR “older people” OR “elderly” OR “seniors” OR “geriatrics”). To address the sub-question for ethnic minority older adults, we will also conduct a separate analysis using a combination of the following terms: (“help seek*” OR “treatment seek*” OR “health information seek*” OR “healthcare seek*” OR “care seek*” OR “health seek*”) AND (“older adults” OR “older people” OR “elderly” OR “seniors” OR “geriatrics”) AND (“immigrants” OR “ethnic minority” OR

“minority populations”).

2. It is unclear to the reader whether or not authors intend to review the literature globally, i.e. from both developed and developing countries. Evidently, barriers or facilitators to help seeking will be very different in low-income settings. Authors should clarify this in the abstract and the introduction.

Response: As this scoping review is meant to explore the breadth of help-seeking behaviors that can occur among older adults and minority populations, we will review literature from all countries. This has been clarified in the abstract and introduction.

Additional text:

Abstract: This scoping review aims to explore the global literature on the factors associated with help-seeking behaviors of older adults, and how cultural values and backgrounds may impact ethnic minority older adults' help-seeking behaviors in different ways.

Introduction: Due to the exploratory nature of these questions, a scoping review of papers from any country will be conducted to assess the breadth of knowledge in this area.

3. P4, line 18 – Unclear why authors refer to “Another potential contributor to this knowledge gap”, when the previous sentence refers to contributors to help seeking behaviours, not the knowledge gap in the field.

Response: This has been amended for clarity.

Additional text: Another potential contributor to their unmet needs is that most studies focus on samples of older adults who are already existing service users, thereby limiting the information available on older adults that do not seek help in the first place[6].

4. P5 line 18 – authors should explain why the sixth stage (consultation) is not undertaken in this review

Response: This is an excellent suggestion; we will aim to involve older adults in the review process, consulting, discussing, and verifying the results of this review.

Additional text: We will aim to complete the optional sixth stage, (6) consultation, by consulting, discussing, and verifying the results of this review with older adults.

5. P7 line 11 – Factors associated with access to health care for mental health problems are likely to differ from those associated with access to health care for physical conditions. Depending on the results, barriers/facilitators may have to be reported by type of health challenge, especially if one of the study's objectives is to help programme implementers and policy makers to improve access to specific health services.

Response: We agree that this may be the case and will include a discussion or subgroup analysis by health challenge if necessary.

Reviewer #3: Dr. Ruth Plackett

1. The introduction would benefit from more definition of help-seeking. In the methods you refer to the definition so maybe this could be moved to the introduction.

Response: The definition included in the methods has been moved to the introduction as suggested.

2. Linked with the above comment, perhaps the authors could expand more on the concept of help-seeking and how it has been conceptualised in the literature. Perhaps they could refer to models such as the health belief model or Anderson's behavioural model of health service use, which distinguishes between contextual and individual characteristics influencing service utilization and health-related outcomes.

Response: Along with the addition of the definition to the introduction section, we have further conceptualized and referenced these models.

Additional text: Within the literature, there are several models that have conceptualized help-seeking behavior. For example, the health-belief model suggests that an individual's behavior and desire to change is tied to their beliefs about their health situations and will depend on their perceived health threat or susceptibility, the benefits of change, and the support of internal or external sources (e.g. symptoms or mass media)[11-12]. In this case, individuals will use the information that they have about their health issue to decide whether they will change their behaviors[11-12]. In addition, the behavioral model of health services utilization by Aday and Andersen suggests that service use is impacted by several variables; predisposing variables, enabling variables, and need variables[12]. Expansions to this model also recognize how the environment, individual practices, and patient satisfaction can influence subsequent help-seeking behavior[12]. In this way, this scoping review will explore how these various factors may impact the diverse older adult population and discuss which factors may be more salient for this group.

3. In the methods it would be useful for the authors to present a timeline for the study e.g., when will the search take place, when is it anticipated they will do data charting and analysis?

Response: This has been added in the Methods section.

Additional text: The review process will be guided by the five main steps set forth by Arksey and O'Malley[19] and will follow this approximate timeline:

- (1) identifying the research question - completed in Fall 2020
- (2) identifying relevant studies - January-February 2021
- (3) study selection - February 2021
- (4) charting the data – March 2021
- (5) collating, summarizing, and reporting the results – April 2021

4. The PRISMA-ScR Checklist requires that authors present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated. Is it possible to include this a supplementary file?

Response: An example of how this can be done has been added as a supplementary file.

Additional text: An example of the electronic search strategy for MEDLINE/PubMed has been included (supplementary file).

5. In the study selection section, the authors do not report whether they intend to calculate the reliability of the study selection between the two reviewers. Will this be calculated and if so how e.g., kappa?

Response: We will not be calculating the reliability of the study selection. Any discrepancies will be discussed between the two reviewers, and a third reviewer will make the final decision if necessary.

6. In the eligibility criteria section, it is not clear how the authors will manage papers that include

populations with both younger adults and adults aged over 65. Will they extract just the information about those over 65 from the paper if possible and exclude if not?

Response: Only studies examining adult populations aged 65 years or older will be included in the review. Studies with samples inclusive of older adults aged 65 and over as well as any other age group will be excluded.

Additional text: E.g.: In addition, the reviewed literature must include populations of (1) only older adults aged 65 years or older, (2) community-dwelling older adults, (3) older adults experiencing a physical and/or mental health challenge, and (4) older adults exhibiting help-seeking behaviors or experiencing barriers/challenges to help-seeking. Literature including those aged less than 65 years old, hospitalized patients, older adults living in nursing homes or other long-term care facilities as well as non-human studies will be excluded.

7. It could be useful for the authors to use a model or framework to help them extract information from the papers and categorise the barriers and facilitators of help-seeking. For example, Anderson's behavioural model of health service use could be used to explore individual and contextual characteristics that affect help-seeking or Barker's 2005 article "Young people, social support and help-seeking" distinguishes between structural and individual determinants of help-seeking behaviour and may be useful?

Response: As we are taking a broad and exploratory approach to this topic and hope to discuss several barriers and facilitators to help-seeking, we will not be using a specific model to extract information or frame our discussion. However, once the literature review is completed and should we find it helpful to categorize the barriers and facilitators in a certain way, we will include such models to support the discussion.

8. Could the authors provide references for their definitions of facilitators and barriers on page 7?

Response: The reference from which these definitions were adapted has been added.

Additional Text: Facilitators to help-seeking will be defined as any factor that has been shown to support or encourage an older adult to seek help for their mental and/or physical health challenges[22]. Barriers to help-seeking will be defined as any factor that has been shown to prevent or discourage an older adult from seeking help for their mental and/or physical health challenges[22].

9. It seems that this review may benefit from patient and public involvement and perhaps a consultation with older adults to discuss and verify the results but appreciate that this can be difficult to coordinate in practice. Perhaps the authors could provide a justification for why they feel this step is not necessary or discuss some potential ideas for how they might involve older people/other stakeholders.

Response: As above, we will aim to involve older adults in the review process, consulting, discussing, and verifying the results of this review.

VERSION 2 – REVIEW

REVIEWER	Emily Garman University of Cape Town, South Africa
REVIEW RETURNED	26-Jan-2021

GENERAL COMMENTS	The authors have addressed my concerns. A letter with the authors' responses to each of my comments would have been preferable, however, instead of me having to compare my comments with the edits done in the manuscript.
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REVIEWER	Ruth Plackett University College London
REVIEW RETURNED	19-Jan-2021

GENERAL COMMENTS	<p>The authors have addressed all my comments and the changes they have made significantly improve the paper. I look forward to reading the final review.</p> <p>I only have some minor comments about their response to my second point about describing some help-seeking models. For the health belief model, usually the six constructs are described. The authors in most part cover these but some e.g. cues to actions and self-efficacy are missing. The six constructs are: risk susceptibility, risk severity, benefits to action, barriers to action, self-efficacy, and cues to action. They might want to amend their sentence to include these constructs. They might also want to reference some of the original literature e.g. (Hochbaum, 1958; Rosenstock, 1974). The authors could also remove the sentence "In this case, individuals will use the information that they have about their health issue to decide whether they will change their behaviors". I think the HBM suggests it is not just about information but perceptions, beliefs etc. For Andersen's model it would be useful to give examples/expand on what predisposing variables, enabling variables, and need variables are. The authors might want to refer to it as Andersen's model, as I believe this is how it is referred to in the literature. I would also remove "In this way" from the final sentence of that paragraph as not needed.</p>
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