

Mental Help Seeking Attitudes Scale (MHSAS)

INSTRUCTIONS: For the purposes of this survey, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, “mental health concerns” include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking help from a mental health professional would be...

	3	2	1	0	1	2	3	
Useless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Useful
Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unimportant
Unhealthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Healthy
Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Effective
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bad
Healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hurting
Disempowering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Empowering
Satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unsatisfying
Desirable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Undesirable

Scoring Key

The MHSAS contains nine items which produce a single mean score. The MHSAS uses a seven-point semantic differential scale. Please note that the scale labels (3, 2, 1, 0, 1, 2, 3) are only provided to assist participants, and are not to be used in scoring the MHSAS. To counteract possible response sets, the valence of the item anchors was counterbalanced across the nine items. For example, the “useless – useful” item had the positively-valenced term (i.e., useful) on the right side of the scale, whereas the “important – unimportant” item had the positively-valenced term (i.e., important) on the left side of the scale. In order to properly calculate the MHSAS mean score, where a higher mean score indicates more favorable attitudes, it is necessary to reverse-code items 2, 5, 6, 8, and 9. After reverse coding, a score of “1” (the circle to the farthest left of the seven-point scale) on a given item should indicate an unfavorable attitude, a score of “4” (the middle circle of the seven-point scale) on a given item should indicate a neutral attitude, and a score of “7” (the circle to the farthest right side of the seven-point scale) on a given item should indicate a favorable attitude. Once reverse-coding is complete, calculate the MHSAS mean score by adding the item scores together and dividing by the total number of answered items. The resulting mean score should range from a low of 1 to a high of 7. For example, if someone answers 9 of the 9 items, the mean score is produced by adding together the 9 answered items and dividing by 9. Likewise, if someone answers 8 of the 9 items, the total score is produced by adding together the 8 answered items and dividing by 8. Per Parent’s 20% recommendation (2014; DOI: 10.1177/0011000012445176), a mean score should only be calculated for those respondents who answered at least 8 of the items. For more information about the MHSAS, please visit: <http://DrJosephHammer.com>

*Please see below for information on how to administer, score, interpret, discuss the reliability and validity of, consider the limitations of, and obtain permission to use the MHSAS.

The Mental Help Seeking Attitudes Scale (MHSAS) was developed by Dr. Joseph H. Hammer, Dr. Michael C. Parent, and Douglas Spiker. The paper detailing the development, reliability, and validity evidence for the MHSAS score is accepted for publication in the peer-reviewed academic *Journal of Counseling Psychology*. Here is the *current* APA-style citation for the instrument, which will be updated as the article goes to paper press:

Hammer, J. H., Parent, M. C., & Spiker, D. A. (in press). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSSPH-SF and IASMHS-PO. *Journal of Counseling Psychology*.

What does the MHSAS measure?

The MHSAS is a 9-item instrument designed to measure respondents' overall evaluation (unfavorable vs. favorable) of their seeking help from a mental health professional if they found themselves to be dealing with a mental health concern. A higher score indicates a more positive attitude toward seeking help.

How do I administer the MHSAS?

The MHSAS can be administered via an electronic/internet format or a paper & pencil format.

How do I score the MHSAS?

Research evidence from two studies (i.e., Study 1 and Study 2 of [Hammer, Parent, & Spiker, in press](#)) suggests that the MHSAS is unidimensional. Therefore, only a single MHSAS total score using the nine items should be calculated and interpreted.

The MHSAS score is created by calculating the mean score across all 9 items, after reverse scoring items 2, 5, 6, 8, and 9 (so that a high score on all items indicates a more favorable attitude). The resulting mean score should range from a low of 1 to a high of 7. Per [Parent's \(2014\)](#) 20% recommendation, a mean score should only be calculated for those respondents who answered at least 8 of the 9 items. See [Schlomer et al. \(2010\)](#) for information on best practices regarding the handling of missing item-level data. More detailed instructions on scoring the MHSAS are provided with the copy of the MHSAS (see below).

How do I interpret the MHSAS score?

The MHSAS score is a measure of help seeking attitudes ([Hammer, Parent, & Spiker, in press](#)), as it is known in the literature on professional mental health treatment seeking behavior. More precisely, the MHSAS score is a numerical quantification of the degree to which a person reports having a negative versus positive attitude toward their seeking help from a mental health professional.

What is the factor structure of the MHSAS?

[Hammer, Parent, and Spiker \(in press\)](#) found evidence that the 9 items of the MHSAS conform most closely to a unidimensional measurement model. This means that most of the 9 items' variance was accounted for by a single evaluative "help seeking attitudes" factor.

What evidence exists regarding the reliability and validity of the MHSAS score?

Results across [Hammer, Parent, and Spiker's \(in press\)](#) two studies provide initial support for the reliability and validity of the MHSAS score within community-dwelling U.S. adult samples.

Regarding internal structure evidence of validity, IRT analysis was used to select nine items that discriminate among individuals at different levels (i.e., unfavorable, neutral, or favorable attitudes) of the construct. A unidimensional measurement model accurately reproduced the observed covariation among the nine MHSAS items in both Study 1 and Study 2, providing initial support for the structural generalizability of the MHSAS.

Regarding reliability, the MHSAS items demonstrated internal consistency across both studies, and temporal stability over three weeks. Test content evidence of validity was also provided via feedback from experts and community adults, who rated the MHSAS instructions and items as sufficiently clear, relevant, and representative of the intended construct.

Validity evidence regarding relationships with conceptually related constructs was also presented. Convergent evidence of validity was demonstrated when the MHSAS score demonstrated the hypothesized relationships with the following variables: subjective norms, perceived behavioral control, intention, public stigma, self-stigma, anticipated risks and benefits, and Fischer and Farina's (1995) Attitudes Toward Seeking Professional Psychological Help scale – Short Form (ATSPPH-SF) score and the Psychological Openness subscale score of Mackenzie, Knox, Gekowski, & Macaulay's (2004) Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS-PO). Incremental evidence of validity was demonstrated when the MHSAS demonstrated the ability to account for unique variance, beyond that accounted for by the ATSPPH-SF and IASMHS-PO, in intention to seek help. Finally, known-group evidence of validity was provided when women and those who had previously sought mental health services were shown to report more favorable attitudes than did their demographic counterparts.

What evidence exists regarding the measurement equivalence/invariance (ME/I) of the MHSAS score?

Results from [Hammer, Parent, and Spiker's \(in press\)](#) ME/I analyses indicated that the MHSAS demonstrated strong ME/I (i.e., invariance of all factor loadings and intercepts) across gender, past help seeking experience, and psychological distress. This suggests that, for these key help seeking groups, the MHSAS had a similar theoretical structure and meaning, relations between the MHSAS and external variables could validly be compared, and mean differences in the MHSAS score could validly be compared.

What are some current limitations of the MHSAS?

All instruments have limitations. The MHSAS is no exception. I believe it is important that potential users of the MHSAS know what these limitations are so that they can make informed choices about how to use the MHSAS. These limitations also present researchers with opportunities to conduct and publish new research studies on the psychometric properties of the MHSAS. Feel free to reach out to me if you are interested in conducting such a study with my help.

- First, our findings are tied to the nature of our sample of community adults living in the USA. While one-third of the participants in our sample identified as People of Color, our cell sizes for each racial/ethnic group were not large enough to allow properly-powered ME/I analyses. These analyses are an important next step to verifying the conceptual and measurement equivalence of the attitudes construct, as operationalized by the MHSAS. Until these analyses are conducted, the appropriateness of using the MHSAS to make racial/ethnic comparisons remains an open question. The appropriateness of the MHSAS for use with these other populations also remains an open question (this is not an exhaustive list): children and adolescents, those with less formal education or low socioeconomic status, specific clinical/medical populations, those with little exposure toward mental healthcare specifically and the healthcare system generally, and those who reside in other countries or are not fluent in American English.
- Second, test-criterion evidence of validity would provide additional support for the utility of the MHSAS. Specifically, comparing the ability of the MHSAS, ATSPPH-SF, and IASMHS-PO to predict

future help seeking behavior would provide important predictive evidence of validity for these help seeking attitudes instruments.

- Third, the degree of fit of the unidimensional measurement model for the MHSAS across diverse samples is of central importance. It is possible that, in future studies, some of the nine MHSAS items will evidence correlated residuals (i.e., the desire for certain doublets or triplets of items to correlate with each other even after the overall factor has a chance to account for shared variance among the nine items), which could produce local model misfit and therefore global model misfit. If such a reality comes to pass, our research team will seek to refine the MHSAS to remove this limitation. If you administer the MHSAS and find evidence of poor unidimensional model fit, please [contact Dr. Joseph Hammer](#).
- It is important to know what the MHSAS does, and does not, measure. The MHSAS assesses help seeking attitudes related to seeking help from mental health professionals as a group (e.g., psychologists, counselors, social workers, psychiatrists). As it is currently constructed, the MHSAS is not designed to help researchers detect differences in attitudes toward certain types of mental health professionals versus other types of mental health professionals. Nor is it designed to measure attitudes toward seeking help for mental health concerns from medical physicians, religious professionals (e.g., priests, rabbis), or informal help seeking sources (e.g., family, friends, relatives, teachers). Per the [Standards for Educational and Psychological Testing](#), researchers interested in using the MHSAS to measure attitudes toward these other help seeking sources would need to first adapt the MHSAS and then provide evidence of reliability and validity for this adapted version of the MHSAS, prior to using it for the desired application.

How do I obtain a copy of the MHSAS?

The MHSAS is free for use in nonprofit academic research by those who have (or are being supervised by a professor who has) an advanced professional degree in a mental health profession and relevant training in the use of assessment instruments. Those seeking permission to use the MHSAS for other purposes (e.g., commercial, profit, clinical, republication) may be charged a fee. The authors retain the copyright for the instrument.

Before using the MHSAS, we ask that you [request permission to use the MHSAS from Dr. Hammer via this handy online form](#).

Please note that any modifications/adaptations to the MHSAS may affect the reliability and/or validity of results. For this reason, modification of the MHSAS is generally discouraged, is the sole responsibility of the researcher, and must be clearly described in any published or printed materials mentioning the modified version of the MHSAS.

You may download a copy of the MHSAS instrument in .doc or .pdf format. A full copy of the MHSAS instrument is also included in the [Supplemental Material](#) of [Hammer, Parent, and Spiker's \(in press\)](#).