

Mental Help Seeking Intention Scale (MHSIS)

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 box that best represents your opinion.

If I had a mental health concern, I would intend to seek help from a mental health professional.

1 (Extremely unlikely)	2	3	4	5	6	7 (Extremely likely)
---------------------------	---	---	---	---	---	-------------------------

If I had a mental health concern, I would try to seek help from a mental health professional.

1 (Definitely false)	2	3	4	5	6	7 (Definitely true)
-------------------------	---	---	---	---	---	------------------------

If I had a mental health concern, I would plan to seek help from a mental health professional.

1 (Strongly disagree)	2	3	4	5	6	7 (Strongly agree)
--------------------------	---	---	---	---	---	-----------------------

Scoring Key

The MHSIS contains three items which produce a single mean score. To calculate the mean score, add the scores for all three items then divide by three. The resulting mean score should range from a minimum of 1 to a maximum of 7. Do not calculate a MHSIS mean for a participant who is missing any data on the MHSIS. If you are administering the MHSIS alongside other Theory of Planned Behavior (TPB) items, it is best to intersperse these three MHSIS items among the other TPB items, in a nonsystematic order (see [Ajzen, 2006](#)). If you do so, to ensure that all participants are interpreting the terminology in the MHSIS items consistently, we recommend including the MHSIS instructions (see above) in the survey prior to participants completing the MHSIS items, whether immediately prior, or toward the start of the entire survey.

*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 MHSIS.

Different versions of the Mental Help Seeking Intention Scale (MHSIS) have been used by help-seeking researchers (e.g., Hammer & Vogel, 2013; Hess & Tracey, 2013, Mo & Mak, 2009). Each version was adapted from the three-item intention instrument presented in Ajzen's (2006) "Constructing a TPB Questionnaire" guide. The variation in the construction of the MHSIS across studies has created an opportunity for a formal psychometric evaluation of a standardized version of the MHSIS that could be used in future research.

A standardized version of the MHSIS was examined by Dr. Joseph H. Hammer and Douglas Spiker. The paper detailing the development, reliability, and validity evidence for the MHSIS score is published in the peer-reviewed academic *Journal of Counseling Psychology*. You can download a [pre-press PDF of the paper](#) for free or access a [typeset PDF of the paper](#) via your institution.

Here is the APA-style citation for the paper and instrument:

Hammer, J. H., & Spiker, D. A. (2018). Dimensionality, Reliability, and Predictive Evidence of Validity for Three Help Seeking Intention Instruments: ISCI, GHSQ, and MHSIS. *Journal of Counseling Psychology*, 65, 394-401. doi: 10.1037/cou0000256

What does the MHSIS measure?

The MHSIS is a 3-item instrument designed to measure respondents' intention to seek help from a mental health professional if they had a mental health concern. A higher score indicates greater intention to seek help.

The MHSIS uses the singular term "intention" (rather than the plural term "intentions") because the singular is more commonly used in Ajzen's Theory of Planned Behavior.

How do I administer the MHSIS?

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

How do I score the MHSIS?

Initial research evidence ([Hammer & Spiker, 2018](#)) suggests that the MHSIS is unidimensional. Therefore, only a single MHSIS total score using the three items should be calculated and interpreted.

To calculate the mean score, add the scores for all three items then divide by three. The resulting mean score should range from a minimum of 1 to a maximum of 7. Do not calculate a MHSIS mean for a participant who is missing any data on the MHSIS. More detailed instructions on scoring the MHSIS are provided with the copy of the MHSIS (see below).

How do I interpret the MHSIS score?

The MHSIS score is a measure of help seeking intention ([Hammer & Spiker, 2018](#)), as it is known in the literature on professional mental health treatment seeking behavior. More precisely, the MHSIS score is a numerical quantification of the degree to which a person reports having the intention to seek help from a mental health professional.

What is the factor structure of the MHSIS?

[Hammer and Spiker \(2018\)](#) found evidence that the three items of the MHSIS conform most closely to a unidimensional measurement model. This means that most of the three items' variance was accounted for by a single "help seeking intention" factor.

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

Initial research evidence ([Hammer & Spiker, 2018](#)) provides support for the reliability and validity of the MHSIS score within a community-dwelling U.S. adult sample who self-identified as currently dealing with a mental health concern. Importantly, the majority of respondents in this sample were White, educated women who had sought help in the past and were more willing than not to seek future help from a mental health professional, so the generalizability of these findings to other populations is not yet established (see Limitations header below).

Regarding internal structure evidence of validity, a unidimensional model produced standardized factor loadings (and standardized residual variances) of .92 (.15), .91 (.15), and .92 (.16). Thus, the vast majority of the variance (R^2) for each of the three items (85%, 83%, and 84%) was explained by a single factor, tentatively suggesting that a unidimensional model may provide an adequate fit in the dataset. This provided initial support for modeling the three-item MHSIS as a unidimensional instrument.

Regarding reliability, the MHSIS items demonstrated internal consistency. In addition, the FD (.97) and H index (.94) scores for the MHSIS-3 total score exceeded the recommended minimum cutoffs, suggesting appropriate construct replicability.

The MHSIS also demonstrated predictive evidence of validity by correctly predicting, with almost 70% accuracy, the future help seeking behavior of community adults with a current mental health concern. It was a more accurate predictor of actual future help seeking behavior than the Intentions to Seek Counseling Inventory (ISCI) and the General Help Seeking Questionnaire (GHSQ).

What are some current limitations of the MHSIS?

All instruments have limitations. The MHSIS is no exception. I believe it is important that potential users of the MHSIS know what these limitations are so that they can make informed choices about how to use the MHSIS. These limitations also present researchers with opportunities to conduct and publish new research studies on the psychometric properties of the

MHSIS. 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. 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 MHSIS. Until these analyses are conducted, the appropriateness of using the MHSIS to make racial/ethnic comparisons remains an open question. The appropriateness of the MHSIS for use with these other populations also remains an open question (this is not an exhaustive list): male-majority samples, 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, validity evidence regarding relationships with conceptually related constructs would provide additional support for the utility of the MHSIS. For example, verifying that the MHSIS score correlates with the scores of instruments measuring conceptually-related constructs (e.g., help seeking attitudes, subjective norms, perceived behavioral control, and self-stigma of seeking help) in the manner one would expect based on established theory and past research would provide additional evidence of validity.
- It is important to know what the MHSIS does, and does not, measure. The MHSIS assesses help seeking intention related to seeking help from mental health professionals as a group (e.g., psychologists, counselors, social workers, psychiatrists). As it is currently constructed, the MHSIS is not designed to help researchers detect differences in intention to seek help from 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 MHSIS to measure intention to seek help from these other help seeking sources would need to first adapt the MHSIS and then provide evidence of reliability and validity for this adapted version of the MHSIS, prior to using it for the desired application. Ajzen (2006) does suggest that Theory of Planned Behavior intention instruments such as the MHSIS can be readily adapted, but we advocate for a conservative approach where evidence of reliability and validity is collected prior to placing wholesale trust in the adapted instrument.

How do I obtain a copy of the MHSIS?

The MHSIS 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 MHSIS 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 MHSIS, we ask that you obtain permission to use the MHSIS by filling out the online [Hammer Instrument Permission Form](#).

Please note that any modifications/adaptations to the MHSIS may affect the reliability and/or validity of results. For this reason, modification of the MHSIS 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 MHSIS.

You may download a copy of the MHSIS instrument in [.doc](#) or [.pdf](#) format. A copy of the MHSIS instrument is also included in the [Supplemental Material](#) of [Hammer and Spiker \(2018\)](#).

You can download the [SPSS Syntax to Score the MHSIS](#) to make cleaning and scoring easier. You can also download sample [Mplus Syntax to Model a Latent MHSIS Factor](#), which will need to be adjusted to work for your specific data file.

You can [view how the MHSIS looks to participants](#) when properly implemented within a Qualtrics.com online survey. You can also download this [.qsf file](#), which will let you import a copy of the MHSAS as a standalone survey into your Qualtrics.com researcher account. Here's [Qualtrics.com's FAQ regarding importing and exporting files](#).

Finally, below is a [step-by-step video example](#) of how I created a Qualtrics online survey containing the MHSIS as well as the [Mental Help Seeking Attitudes Scale](#), which measures another important help seeking factor from the Theory of Planned Behavior.

Should I use the MHSIS, GHSQ, or ISCI to measure help seeking intention?

Two other popular measures of intention are the Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975; Cepeda-Benito & Short, 1998) and the General Help-Seeking Questionnaire (GHSQ; Wilson, Deane, Ciarrochi, & Rickwood, 2005). [Hammer and Spiker \(2018\)](#) compared the dimensionality, internal consistency, and predictive evidence of validity for the MHSIS, ISCI, and GHSQ. They concluded the following:

"Counseling psychologists and allied social scientists interested in improving mental health help seeking behavior can consider the present findings in making decisions about which instrument may offer the best utility for their research, clinical, or program evaluation needs. For example, users interested in a brief intention instrument that has demonstrated initial evidence of reliability and predictive evidence of validity may find the MHSIS suitable for their purposes. Users wishing to directly compare their findings to past studies may find the ISCI or GHSQ preferable, given the more frequent use of these instruments. Users desiring an instrument that asks about intention to seek help for a variety of presenting concerns may find the ISCI advantageous. Those wanting to compare intention to seek help from formal versus informal sources may find the GHSQ appealing.

However, each instrument demonstrated limitations that temper these potential advantages. First, the MHSIS is not yet widely used, so the stability of its psychometric properties is not yet established. Second, the ISCI received the weakest predictive evidence of validity of the instruments tested and is longer than the other two instruments. Given that many

researchers use the ISCI on the assumption that it measures the closest proxy to actual help-seeking behavior (i.e., intention), this weaker predictive evidence of validity is worth careful consideration. Third, the GHSQ demonstrated a lack of simple factor structure and reliability, and less predictive evidence of validity than the MHSIS. Thus, researchers should carefully consider when and if the GHSQ's ability to attend to both formal and informal help seeking intention outweighs the psychometric advantages of the other help seeking intention instruments."