Mental Help Seeking Attitudes Scale (MHSAS) – "2024 Format"

Note: For more help-seeking resources, including theory, constructs, and measures, please visit HelpSeekingResearch.com

Note: Please visit http://drjosephhammer.com/research/mental-help-seeking-attitudes-scale-mhsas/ 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 and its various formats, versions, and translations.

Note: this document was downloaded from https://drjosephhammer.com/research/mental-help-seeking-attitudes-scale-mhsas/ and contains the "2024 Format" of the MHSAS. When using an internet-based self-report survey, it may be easier for researchers to use this "2024 Format", instead of the original format that used a single "matrix table" *question type* in the Qualtrics survey platform (used in Hammer et al., 2018).

The issue with using a single "matrix table" *question type* is that, when the instrument is completed by respondents using a smartphone, the instrument response options (the 7-point semantic differential scale) are sometimes too wide to easily fit on a typical smartphone screen. Here is a video example of this issue. It requires the respondent to scroll the screen to the right if they wish to select the far-right option. This is not good survey design. To fix the issue, Dr. Hammer recommends reformatting the instrument using a series of 9 "multiple choice" *question type* items, instead of using one "matrix table" *question type* item.

In addition to this *question type* change, Dr. Hammer has recently stopped mixing where the negative (e.g., useless, bad) versus positive descriptor (e.g., useful, good) are placed. Instead of having the positive descriptor appear on the right side of the scale for some items but on the left side of the scale for other items, Dr. Hammer suggest simplifying and streamlining the visual presentation of the instrument so that the positive descriptor is always listed on the right-hand side of the scale.

Dr. Hammer also has recently started adding the qualifier "very" in front of each negative and positive descriptor to reduce the chances of future ceiling or floor effects – this frames the "1" and "7" endpoints on the scale as more extreme (e.g., "very good" signals a more positive attitude than does just "good") forms of endorsement.

Lastly, to further simplify things for researchers using the instrument, Dr. Hammer has started labeling the leftmost point as "1" and the rightmost point as "7" so that researchers do not have to later transform the 3-2-1-0-1-2-3 labeling into 1-2-3-4-5-6-7 labeling during data cleaning.

Dr. Hammer believes these four changes will improve the respondent and researcher experience with the MHSAS. He does not anticipate that the psychometric properties of the instrument will be drastically altered as a result of this format adjustment. In fact, he collected data using a version of the MHSAS that incorporated these four changes and found that the psychometric properties associated with this format were satisfactory (Hammer et al., 2024).

Therefore, Dr. Hammer encourage users of the MHSAS to use the below "2024 Format" instead of the old 2018 format. Below is the "2024 Format" of the MHSAS, in which the scale instructions have been simplified to reflect this updated format. The item stem also explicitly specifies "my" in front of "seeking help" to ensure it is clear to participants they are being asked about their own help seeking; this clarification becomes more important if and when administering a version of the instrument that does not use the conditional prefix of "If I had a mental health concern" or other similar language that references a first-person perspective.

Please note that it is not advised to list the name of the scale for participants to view. That may bias their responses. It is better to list the abbreviation, if you must label the instrument for the respondents' eyes.

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).

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

1 (Very useless)	2	3	4	5	6	7 (Very useful)

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

1 (Very unimportant)	2	3	4	5	6	7 (Very empowering)

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

1 (Very unhealthy)	2	3	4	5	6	7 (Very healthy)

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

1 (Very ineffective)	2	3	4	5	6	7 (Very effective)

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

1 (Very bad)	2	3	4	5	6	7 (Very good)

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

1 (Very hurting)	2	3	4	5	6	7 (Very healing)

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

1 (Very disempowering)	2	3	4	5	6	7 (Very empowering)

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

1 (Very unsatisfying)	2	3	4	5	6	7 (Very satisfying)

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

1 (Very undesirable)	2	3	4	5	6	7 (Very desirable)

Scoring Key (updated to align with the “2024 Format” used by Hammer and colleagues 2024)
The MHSAS contains nine items which produce a single mean score. The MHSAS uses a seven-point semantic differential scale. No reverse scoring is necessary. 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. Parent (2012) originally recommended a 20% cutoff such that a mean score should

only be calculated for those respondents who answered at least 80% (i.e., 8) of the MHSAS items. However, modern missing data best practices provide a more complicated set of recommendations for handling missing data, so researchers are encouraged to read about modern missing data management best practices before deciding how to handle missing data on the MHSAS. The more MHSAS items are missing data for a given respondent, the less confident we are that calculating the MHSAS score as an average of the remaining completed items is going to provide an accurate picture of the true level of attitude for that respondent.