

Mental Help Seeking Attitudes Scale (MHSAS) Recommended 2026 Version

Note: For more help-seeking resources, including [theory](#), [constructs](#), and [measures](#), please visit HelpSeekingResearch.com

Note: 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: [Hammer and colleagues \(2026\)](#) synchronized the language of six measures (i.e., Mental Help Seeking Attitude Scale [MHSAS], Perceived Norm: Injunctive Scale [PN:IS], Perceived Norm: Descriptive Scale [PN:DS], Personal Agency: Autonomy Scale [PA:AS], and Personal Agency: Capacity Scale [PA:CS], Mental Help Seeking Intention Scale [MHSIS]) to a shared definition of mental health help-seeking behavior and provided evidence of reliability and validity for these six synchronized measures. This battery of measures - known as the Integrated Behavioral Model of Mental Health Help Seeking Questionnaire (IBM-HS-Q) - assesses central constructs of the [Integrated Behavioral Model of Mental Health Help Seeking \(IBM-HS\)](#), including the three mechanisms ([attitude](#), [perceived norm](#), [personal agency](#)) and [intention](#). This 2026 version of the MHSAS is drawn from this synchronized IBM-HS-Q battery.

Note: this recommended 2026 version differs from the original 2018 version in several ways:

1. The 2026 version uses a 6-point semantic differential scale instead of the old 7-point semantic differential scale that that 2018 version used.
2. Instead of each MHSAS item using the prefix of “If I had a mental health concern...” (which was the case for the 2018 version), the questionnaire instructions for the 2026 version provide a hypothetical mental health concern scenario that participants should imagine themselves in when completing the MHSAS items. Both the standard 2018 and 2026 versions of the MHSAS measure *conditional* attitude, in that attitude scores are predicated on the hypothetical condition articulated in the scenario vignette (for 2026 version) or their own imagination of what “mental health concern” might look like for them (for 2018 version). Please note, however, that the MHSAS can be adjusted to measure attitude unconditionally, which would involve asking participants to answer the MHSAS questions based on how they feel right now in real life and does not involve providing them with a scenario vignette (for 2026 version) nor including a prefix (“If I had a mental health concern...”). Read Step 2 of the IBM-HS mixed-method protocol webpage (<https://www.helpseekingresearch.com/theory/ibm-hs/applications/mixed-method-protocol/>) for guidance on aligning the MHSAS and other reasoned action tradition measures with the TACT principle.
3. When using an internet-based self-report survey (e.g., SurveyMonkey or Qualtrics), it is better for researchers to use nine separate multiple-choice-*question type* items instead of a single matrix-table *question type* item.
4. In 2024, Dr. Hammer stopped encouraging 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 suggests 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.
5. Starting in 2024, Dr. Hammer also 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 “6” endpoints on the scale as more extreme (e.g., “very good” signals a more positive attitude than does just “good”) forms of endorsement.
6. Starting in 2026, Dr. Hammer included the timeframe of “in the next 3 months” in the item stems, as part of aligning the MHSAS with the remaining IBM-HS-Q measures.

7. Lastly, to further simplify things for researchers using the instrument, in 2024 Dr. Hammer started labeling the leftmost point as “1” and the rightmost point as “6” so that researchers do not have to later transform the old 3-2-1-1-2-3 labeling into 1-2-3-4-5-6 labeling during data cleaning.
8. Dr. Hammer believes these changes improve the respondent and researcher experience with the MHSAS. He did not anticipate that the psychometric properties of the instrument would 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). Furthermore, he collected data using a 6-point semantic differential version of the MHSAS that used the hypothetical mental health concern vignette scenario, and found that the psychometric properties associated with this format were satisfactory (Hammer et al., 2026).
9. Therefore, Dr. Hammer encourage users of the MHSAS to use the below “2026 Version” instead of the old 2018 format or old 2024 format.

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.

Questionnaire Instructions

For the purposes of this questionnaire, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and mental health therapists and counselors.

As you answer the questions in this questionnaire, we would like you to imagine something.

Imagine that you have been experiencing a serious mental health concern for the last month. You feel significantly more nervous, restless, hopeless, and isolated, and are having trouble sleeping and concentrating on your work.

We’re going to ask you some questions about how you—given your personal views and experiences to date—might feel about seeking help from a mental health professional **if you were dealing with this hypothetical mental health concern** right now.

1. My seeking help from a mental health professional in the next 3 months would be...

1 (Very useless)	2	3	4	5	6 (Very useful)
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2. My seeking help from a mental health professional in the next 3 months would be...

1 (Very unimportant)	2	3	4	5	6 (Very important)
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3. My seeking help from a mental health professional in the next 3 months would be...

1 (Very unhealthy)	2	3	4	5	6 (Very healthy)
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4. My seeking help from a mental health professional in the next 3 months would be...

1 (Very ineffective)	2	3	4	5	6 (Very effective)
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5. My seeking help from a mental health professional in the next 3 months would be...

1 (Very bad)	2	3	4	5	6 (Very good)
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6. My seeking help from a mental health professional in the next 3 months would be...

1 (Very hurting)	2	3	4	5	6 (Very healing)
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7. My seeking help from a mental health professional in the next 3 months would be...

1 (Very disempowering)	2	3	4	5	6 (Very empowering)
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8. My seeking help from a mental health professional in the next 3 months would be...

1 (Very unsatisfying)	2	3	4	5	6 (Very satisfying)
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9. My seeking help from a mental health professional in the next 3 months would be...

1 (Very undesirable)	2	3	4	5	6 (Very desirable)
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Scoring Key and Suggestions for Valid Administration of the **MHSAS**

- No reverse scoring is necessary.
- The **MHSAS** contains three items which produce a single mean score to measure a single **attitude** dimension/factor.
- To calculate the mean score, add the scores for all nine items then divide by nine.
- The resulting mean score should range from a minimum of 1 to a maximum of 6 (if using the 2026 version that uses the 6-point semantic differential scaling).
- Regarding calculating mean scores in the presence of missing data:
 - 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.
 - If you **ARE** using a best practice method for handling missing data (e.g., multiple imputation, FIML), it may be possible to use cases/participants with significant missing data.
 - If you are **NOT** using a best practice method for handling missing data (e.g., multiple imputation, FIML), here is a decision rule for whether or not it is appropriate to use the MHSAS data for a given case/participant.
 - If a participant has provided data on *at least 7* of the 9 MHSAS items, it is permissible to calculate a mean score using the scores on those 7 items. Thus, if a participant answered 8 of the 9 items, the total score is produced by adding together the scores of the 8 answered items and dividing by 8.
 - If a participant has provided data on *fewer than 7* of the 9 MHSAS items, it is not permissible to calculate a mean score for this participant.
- If you are administering the this measure alongside other *reasoned action tradition-based* measures, it is best to intersperse these **nine** items among the other *reasoned action tradition-based* measure items, in a nonsystematic order (see [Ajzen, 2006](#)).
 - Note: *reasoned action tradition-based* measures include the Theory of Reasoned Action (TRA), Theory of Planned Behavior (TPB), Integrative Model of Behavioral Prediction (IMBP),

Integrated Behavioral Model (IBM), and Integrated Behavioral Model of Mental Health Help Seeking Questionnaire (IBM-HS-Q).

- If you are administering this measure alongside other *reasoned action tradition-based* measures, to ensure that all participants are interpreting the terminology in this measure and other TRA/TPB/IMBP/IBM/IBM-HS-Q measure items consistently, we recommend including the Questionnaire Instructions (see above) in the survey prior to participants completing any **MHSAS** items and other TRA/TPB/IMBP/IBM/IBM-HS-Q measure items, whether immediately prior, or toward the start, of the entire survey. When measuring these help-seeking constructs conditionally, such as by using a hypothetical mental health concern vignette scenario, it is important for responses to all TRA/TPB/IMBP/IBM/IBM-HS-Q measure items to reflect people's conditional perceptions. This consistency is important to ensure compliance the reasoned action tradition's TACT principle. Read Step 2 of the IBM-HS mixed-method protocol webpage (<https://www.helpseekingresearch.com/theory/ibm-hs/applications/mixed-method-protocol/>) for guidance on aligning the **MHSAS** and other *reasoned action tradition-based* measures with the TACT principle.