

# Validation of the Malay Mental Help Seeking Attitude Scale

Norhayati Ibrahim, A'isyah Mohd Safien, Ching Sin Siau

**Abstract:** *There is a rise in the incidence and prevalence of mental distress among Malaysians. However, the rate of mental health service utilization is low. As mental help-seeking attitude is a strong predictor for seeking mental health treatment, it is important to validate a feasible and psychometrically sound instrument in the Malaysian context. This study aimed to investigate the reliability and validity of a recently developed help-seeking attitude scale, the Mental Help Seeking Attitude Scale (MHSAS) among Malaysian youth. A total of 261 students from a secondary school (n=127) and a university (n=134) from the Klang Valley, Malaysia participated in this study. They were self-administered the 9-item Malay MHSAS along with the General Help-seeking Questionnaire (GHSQ) and Self-Stigma of Seeking Help Scale (SSOSH). Retest of the MHSAS was conducted with 47 students three months later. Factor analysis was employed to evaluate construct validity, while concurrent validity was determined through bivariate correlation with the SSOSH and GHSQ scales. Paired-samples t-test was conducted to evaluate test-retest reliability. The single dimensionality of the MHSAS's original version was supported. Factor loadings ranged from .636 to .799, and inter-item correlation ranged from .547 to .726. Results revealed high internal consistency and test-retest reliability was confirmed. The scale also demonstrated acceptable concurrent validity when compared with the GHSQ and SSOSH. The Malay version of the MHSAS demonstrated good psychometric properties to measure help-seeking attitudes in the Malaysian youth population.*

**Keywords:** *mental help-seeking, MHSAS, validation, Malaysia, youth.*

## I. INTRODUCTION

The mismatch between the increase in the incidence and prevalence of mental illness with the lack of utilization of mental health services is an issue of concern globally. The National Comorbidity Survey Replication in the US revealed that only 17% of the participants had used mental health services in the previous year, of which 41% had a diagnosable psychiatric disorder, and 80% of them only sought treatment on an average of 10 years after symptoms first appeared [1]. Recent population studies indicated

that mental health service utilization continues to be low: only 11.6% of men diagnosed with a mental disorder in Germany [2] and 13.3% of children and youth in the US [3]. In developing nations, an estimated 86% of individuals with a serious mental disorder were left untreated [4].

According to the Malaysian National Health and Morbidity Survey [5], approximately one-third of the population has a diagnosable mental disorder, and 11.0% of youths reported suffering from severe depression [6]. However, the rate of help-seeking for mental illness is low, and psychiatric treatment is sought at a late stage [7-8]. This situation could be attributed to a few factors, such as the cultural stigma surrounding mental illness and the resulting reluctance to seek help [9-11]. In spite of the magnitude of the problem, there is a paucity of research on Malaysians' attitudes towards mental health help-seeking. This may be due, in part, to the lack of a feasible and validated instrument to measure mental help-seeking attitudes.

Over the past 40 years, researchers have extensively studied help-seeking attitudes and behavior through a number of instruments, such as the widely used Attitudes towards Seeking Professional Psychological Help scale (ATSPPH) [12] and the Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS) [13]. However, these instruments were relatively long and lacked grounding in a theoretical framework, or had defined help-seeking too broadly, which may have compromised the rigor of their psychometric properties, especially when tested in non-Western populations [14-15]. Based on these considerations, Hammer et al. [16] constructed the Mental Help Seeking Attitudes Scale (MHSAS), which aimed to be internally consistent, relatively temporally stable, and based on the Theory of Planned Behavior [17].

In order to advance research in Mental Help Seeking Attitudes in Malaysia, the present study aims to examine the Malay MHSAS's psychometric properties, i.e. reliability, factorial structure and validity, in the Malaysian population.

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**Norhayati Ibrahim**, Health Psychology Programme, Faculty of Health Sciences, National University of Malaysia, Jalan Raja Muda Abdul Aziz, Kuala Lumpur, 50300, Malaysia. Email: yatieibra@ukm.edu.my

**A'isyah Mohd Safien**, Health Psychology Programme, Faculty of Health Sciences, National University of Malaysia, Jalan Raja Muda Abdul Aziz, Kuala Lumpur, 50300, Malaysia. Email: aisyahmohdsafien@gmail.com

**Ching Sin Siau**, Health Psychology Programme, Faculty of Health Sciences, National University of Malaysia, Jalan Raja Muda Abdul Aziz, Kuala Lumpur, 50300, Malaysia. Email: chingsin.siau@gmail.com

## II. MATERIAL/SUBJECTS AND METHODS

### A. Study Design and Participants

In order to validate a questionnaire, between 2 and 20 participants per item are needed [18-19] with a minimum of 250 participants [20]. A total of 261 participants were included in this cross-sectional study. Participants aged between 13 to 25 years old were recruited from a university and a secondary school in the Klang Valley, Malaysia. A subgroup of the secondary school students ( $n=57$ ) was administered the MHSAS three months later to measure test-retest reliability.

### B. Measures

The Mental Help Seeking Attitudes Scale (MHSAS) consists of 9 items and was designed to measure the participant's overall evaluation, either favorable or unfavorable, on getting help from mental health professionals when experiencing psychological difficulties. The items are rated on a 7-point semantic differential scale anchored by bipolar adjectives at either end (e.g., good vs. bad). Items 2, 5, 6, 8 and 9 are reverse scored. Higher scores indicate more positive attitudes towards seeking mental help from mental health professionals. When validated among US adults, exploratory and confirmatory factor analyses revealed a unidimensional factor with acceptable fit indices, and the significant correlations with the ATSPPH and the short form of the IASMHS scales. The internal consistency of this instrument was high ( $\alpha=.92$ ) and test-retest reliability was confirmed through a significant bivariate correlation and a non-significant paired-samples *t*-test of its scores at Time 1 and Time 2, demonstrating an adequate temporal stability [16].

In order to examine concurrent validity, the General Help-Seeking Questionnaire (GHSQ) was utilized. The GHSQ measures participants' likelihood to seek help from informal and formal sources (e.g. intimate partner, mental health professional or phone helpline) on two subscales: personal emotional problems (10 items) and when experiencing suicidal ideation (10 items). Participants respond on a 7-point Likert scale from "1-extremely unlikely" to "7-extremely likely". Item 9 and 18 ("I would not seek help from anyone") is reversed and the overall score is summed up. Higher scores indicate better attitudes towards help-seeking. The GHSQ is considered an internally reliable instrument with high Cronbach's  $\alpha$  value (0.85) and test-retest reliability (0.92) in the original study [21]. When tested on Filipino participants, the Cronbach's  $\alpha$  was .83 and test-retest reliability was .88 for the suicidal subscale, and .70 to .86 for the personal-emotional problems subscale [22]. The present study obtained a total Cronbach's  $\alpha$  value of .787 as well as .567 and .736 for the

suicidal and personal-emotional problems subscales respectively.

Concurrent validity was determined through the 10-item Self-Stigma of Seeking Help Scale (SSOSH) developed by Vogel et al. [23] intended to assess self-stigma towards reaching for help when suffering from mental distress. Participants answered on a 5-point Likert scale ranging from "1-strongly disagree" to "5-strongly agree", and higher scores indicate higher levels of internal stigma to seek help. Scores are summed up to achieve a total score. Items 2, 4, 5, 7 and 9 are reverse scored. The SSOSH obtained Cronbach  $\alpha$  value of .90 when tested among US college students [23] and Turkish college students [24]. The present study revealed an internal consistency of Cronbach's  $\alpha$  of .688.

### C. Procedures

The original MHSAS was back translated from English to Malay by the authors. All of the participants completed the self-administered questionnaires after informed consent was obtained, and the permission to participate for students below 18 years of age was obtained from the school principal. A subgroup of students from the same secondary school ( $n=47$ ) answered the same questionnaires three months later to assess its test-retest reliability. This research has been granted ethical approval from University Kebangsaan Malaysia Research Ethics Committee (UKM PPI/111/8/JEP-2018-267).

### D. Data Analysis

The IBM SPSS Statistics for Windows, Version 22.0 (Armonk, NY: IBM Corp) was used to analyze the data. To evaluate the Malay MHSAS's construct validity, the exploratory factor analysis involving Principal Component Analysis (PCA) extraction and varimax rotation was employed. Factors with eigenvalues greater than one were selected. Concurrent validity was obtained through bivariate correlation of the MHSAS with SSOSH and GHSQ. Cronbach's  $\alpha$  ( $\geq 0.70$ ) was employed to assess the overall internal consistency of the scale. Bivariate correlation and paired samples *t*-test was conducted to examine test-retest reliability of MHSAS data.

## III. RESULTS

This study involved 261 Malaysian youth aged from 13 to 25 years old ( $M_{age} = 17.89 \pm 3.34$ ); 127 of them were secondary school students and 134 were university students. The majority of the participants were female (72.0%), Malay (80.5%) and from households with income ranging from RM1001 to RM3000 (44.8%). Most were oldest siblings (69.6%) and were from moderate size families of 4 to 6 siblings (48.7%) (Table 1).



Table- I: Demographic characteristics of the participants  
(N = 261)

Details	Frequency (n)	Percentage (%)
Gender		
Male	73	28.0
Female	188	72.0
Race		
Malay	210	80.5
Chinese	40	15.3
Indian	6	2.3
Others	5	1.9
Household income		
< RM1000	62	23.8
RM1001-RM3000	117	44.8
RM3001-RM3860	22	8.4
RM3861-RM5000	18	6.9
RM5001-RM7000	20	7.7
RM7001-RM10,000	13	5.0
> RM10,000	9	3.4
Order of birth		
1-3	182	69.7
4-6	69	26.4
7-9	7	2.7
10-12	3	1.1
Number of sibling		
1-3	93	35.6
4-6	127	48.7
7-9	34	13.0
10-12	7	2.7

The minimum data required to run a factor analysis was met, with 22 cases per questionnaire item. The exploratory factor analysis revealed Kaiser-Meyer-Olkin measure of sampling adequacy of .899 (above recommended value of .60). Bartlett's test of sphericity was significant ( $\chi^2(36) = 1117.79, p < .001$ ) and indicated that the responses collected were appropriate for analysis. The diagonals of the anti-image correlation matrix of all items ranged between .858 and .931 ( $> .50$ ), and this supported the inclusion of all items into the factor analysis. The communalities for all items ranged between .404 and .638 ( $> .40$ ) (Table 2), indicating reasonable factorability. PCA using varimax rotation revealed a single dimension based on inspection of the scree plot, which indicated that the inflection occurred after the first component. The factor loadings ranged from .636 to .799 (Table 2). The total variance explained by the scale was 54.5%.

The internal consistency of this 9-item instrument was .892 Cronbach's  $\alpha$  ( $> .70$ ). Inter-item correlation ranged from .547 to .726 (Table 2). Since inter-item correlation is also used as a discriminative measure, all of the items suited the function where they obtained more than .40 discriminative coefficient [25]. Test-retest reliability was confirmed through a significant bivariate correlation between test and retest data ( $r = .392, p = .006$ ) and a non-significant paired samples t-test ( $t(46) = -.375, p = .709$ ), indicating the data are not significantly different from one another three months later.

Table- II: Item to total score correlation, factor loadings and communalities based on a principal components analysis with varimax rotation for 9 items of the Malay Mental Help Seeking Attitude Scale (N=261)

Item	Item to total score correlation	Factor loading	Communalities
Q1: Tidak berguna - Berguna	.646	.726	.527

Q2: Penting - Tidak Penting	.547	.636	.404
Q3: Tidak Sihat - Sihat	.620	.713	.508
Q4: Tidak Efektif - Efektif	.644	.733	.537
Q5: Bagus - Teruk	.726	.799	.638
Q6: Menyembuhkan - Menyakitkan	.719	.792	.627
Q7: Melemahkan - Menguatkan	.645	.731	.534
Q8: Memuaskan - Tidak Memuaskan	.677	.757	.573
Q9: Diingini - Tidak Diingini	.666	.747	.558

The results of the bivariate correlations revealed that the Malay MHSAS correlated significantly with the GHSQ ( $r = .213, p = .001$ ) and SSOSH ( $r = -.324, p < .001$ ) scales, indicating acceptable concurrent validity.

#### IV. DISCUSSION

This study aimed to assess the psychometric properties of the Malay version of the Mental Help Seeking Attitude Scale. To our best knowledge, the current study was one of the first studies to validate the MHSAS in a different culture and region. The results supported a single factor solution for the Malay MHSAS and the scale's unidimensionality was consistent with the findings of its developers, Hammer et al. (16). The present study also provided support for the scale's concurrent validity, and demonstrated high internal consistency of  $\alpha = .892$  [26], a value that is close to the original scale's internal consistency value ( $\alpha = .92$ ). In addition, the Malay MHSAS retest data revealed temporal stability three months after the initial testing. The results indicated that the Malay MHSAS is valid and reliable for administration among Malaysian youth.

Regarding concurrent validity, the findings of this study confirmed a positive relationship between general help-seeking (GHSQ) and seeking help from mental health professionals (MHSAS). This is in line with D'Avanzo et al. [27] who reported more than half of the participants indicated a high likelihood to seek both informal and formal help. In addition, the GHSQ demonstrated predictive validity for mentally distressed individuals who eventually sought professional mental health treatment [28]. Although previous studies reported that the younger generation preferred to seek informal help for emotional problems from family members rather than professionals [21], [29], a positive attitude in seeking any help upon experiencing mental distress is believed to positively influence their intention to get professional help in the future [28].

Meanwhile, the inverse proportionate relationship between MHSAS with SSOSH is consistent with the theoretical construct that stigma towards the self serves as a direct barrier to seeking help. Corrigan [30] proposed that seeking professional help is perceived as an action that will damage an individual's



self-esteem. In addition, Vogel et al. [23] stated that an individual who seeks help believes that such act is a sign of weakness and an admission of failure. The Malay MHSAS's significant correlations with the GHSQ and SSOSH indicated that attitudes towards professional help-seeking, informal help-seeking and stigma towards mental help-seeking are related constructs as indicated by past literature, therefore provides further evidence for its validity.

## V. LIMITATIONS

This validation study has several limitations. First, the analysis cannot be generalized to the Malaysian population as the sample size is not representative of Malaysians from an older age range and rural areas. Secondly, we validated the Malay MHSAS without preliminary screening of mental illness. This may cause bias in the results, as individuals without mental illness may bear more negative attitudes towards mental illness and help-seeking.

Despite the limitations, the Malay MHSAS is a valid and reliable instrument, which could be utilized to further our understanding of Mental Help Seeking Attitudes in Malaysia among youth, an understudied phenomenon. Malaysian researchers and mental health professionals may benefit by incorporating this simpler version of help-seeking attitude instrument in their future research and practice, rather than the ATSPPH and IASMHS scales.

## VI. CONCLUSION

The Malay MHSAS can be an instrument of choice in measuring help-seeking attitudes among Malaysian youth as it demonstrated good reliability and validity. Future studies utilizing this instrument are indicated to further understand Malaysians' attitudes and to overcome barriers towards seeking help for mental health problems.

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## AUTHORS PROFILE



**First Author** Dr. Norhayati Ibrahim is a Senior Lecturer and doctorate coordinator in the Health Psychology Programme, Faculty of Health Sciences, Universiti Kebangsaan Malaysia. She obtained her BA (Psychology) in 1994, Masters (Counseling Psychology) in 2005 and graduated with a Doctor of Philosophy (Psychology) in 2012 from Universiti Kebangsaan Malaysia. She specializes in mental health and quality of life of chronic illness patients, caregivers' burden, mental health literacy and suicide assessment, epidemiology and intervention. Her H-index is 12 on Google Scholar (423 citations) and 9 on Scival (212 citations) respectively. He has published 72 articles in various high impact journals/proceedings and also published eight books and one book chapter.



**Second Author** A'isyah Mohd Safien is a licensed counselor and a master holder in Guidance and Counseling since 2015 from Universiti Putra Malaysia. Previously, she obtained her medical degree (MbbCh) from Tanta University, Egypt in year 2013 and had more than two years experiences as Research Assistant in a few of Malaysian universities. She wrote quite a number of articles focusing in mental health, suicide and relationship of religion with psychology, in various high impact journals. She is now working on writing a book regarding mental health literacy in Malaysia



**Third Author** Dr. Ching Sin Siau obtained her MA in Clinical Psychology from Wheaton College, IL, USA in year 2008. Subsequently, she taught undergraduate psychology courses at SEGI University, Kota Damansara, Malaysia for seven years. She then obtained a PhD in health psychology in 2018 from the Faculty of Health Sciences, Universiti Kebangsaan Malaysia in Kuala Lumpur, Malaysia. Her research interests include a public health approach to suicide prevention, mental health awareness, and burnout and psychological distress among healthcare workers. Siau also volunteers with the National Cancer Society of Malaysia to provide psychotherapy to cancer survivors and their caregivers. In addition, she also provides psychotherapy services in other settings. She hopes to contribute to suicide prevention and mental health efforts by deepening her knowledge in these areas.