

# Indonesian adaptation and psychometric properties evaluation of the Mental Help-Seeking Intention Scale (MHSIS)

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## Abstract

Mental health has become a global concern due to its substantial impact on individual functioning and well-being. Therefore, the availability of valid and reliable instruments to assess intentions to seek formal mental health help is essential. This study aimed to adapt the Mental Health Seeking Intention Scale (MHSIS) into Indonesian and to examine its psychometric properties among adolescents. Participants were 1,366 adolescents aged 16–18 years in East Java, recruited using convenience sampling. The study was conducted in two stages: instrument adaptation through translation and expert judgment to assess content validity, followed by psychometric evaluation. Content validity was supported by expert ratings using Aiken's V. Construct validity was examined through confirmatory factor analysis, evaluating standardized factor loadings, complemented by convergent and divergent validity analyses. Internal consistency reliability was assessed using Cronbach's alpha. The results showed that all items demonstrated strong, significant factor loadings, and the scale exhibited excellent internal consistency ( $\alpha = 0.937$ ). Overall, these findings indicate that the Indonesian version of the MHSIS is a reliable instrument with adequate validity evidence for measuring formal mental health help-seeking intentions among Indonesian adolescents.

## Keywords

Adolescent, help seeking behavior, mental health issues, scale

## Introduction

Mental health issues are increasingly prevalent in society, including in Indonesia. Based on various studies, more and more young people are experiencing problems related to their mental health (Meltzer *et al.*, 2003). Surveys worldwide state that about 20–25% of mental health disorders are diagnosed in adolescence and early adulthood (Gore *et al.*, 2011). Therefore, it is necessary to identify difficulties early and communicate them to others to seek appropriate health care and obtain further treatment options. This is known as mental health help-seeking (Rickwood *et al.*, 2012). The difficulties adolescents face can be communicated to informal sources of help, such as family members, or to formal sources, such as mental health practitioners.

The increasing prevalence of mental health issues in young people is not matched by the professional help received. Only one-third of adolescents who meet diagnostic criteria for having a mental health disorder seek professional help (Green *et al.*, 2005; Garrison, 2008). Those not listed with more serious mental disorders will likely not seek professional help (Biddle *et al.*, 2006; Goodman *et al.*, 2002).

The impact of inaccessibility to appropriate professional help due to failure to seek information or delays in seeking professional help on young people can lead to more severe losses later in life, such as substance abuse, engaging in risky sexual behaviors, lower quality of life in adulthood and premature death (Anderson & Lowen, 2010; Brindis *et al.*, 2007; Laski, 2015). Therefore, the issue of seeking professional help needs attention.

The younger generation's lack of professional help stems from various personal fears. Based on investigations, one of the factors that causes adolescents to be reluctant to seek professional help is fear of stigma that will be obtained if proven to have a mental health problem and the fear of a doctor's unfriendly attitude towards their psyche (Rickwood *et al.*, 2007; Zachrisson *et al.*, 2006; Corry & Leavey, 2017). Other inhibiting factors are fear of negative judgments from family or friends (Gulliver *et al.*, 2010) and fear of getting negative judgments that make it difficult for him in his social and cultural life (Chen *et al.*, 2014). Another obstacle is the lack of mental health literacy (Andersson *et al.*, 2013; Fox *et al.*, 2001; Sun *et al.*, 2016; Umubyeyi *et al.*, 2016), accessible treatment information, and where it is located (Mehta & Thornicroft, 2014; Umubyeyi *et al.*, 2016), a decision-making process based on the cost required, time required, transportation, and location of professional assistance (Fox *et al.*, 2001; Sun *et al.*, 2016). Therefore, to improve adolescents' help-seeking behavior, it is necessary to first understand the obstacles they face and how to address them.

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In Indonesia, mental health issues experienced by the younger generation, especially adolescents, have begun to attract the attention of researchers. Some researchers focus on investigating prevalence by conducting screening to map adolescent mental health problems and various contributing factors (Majid *et al.*, 2023; Maslina *et al.*, 2022; Widyaswara *et al.*, 2022; Sabrina *et al.*, 2022; Syakarofath, 2021; Syakarofath *et al.*, 2021). Other researchers also sought to map the issues of seeking professional help and its various supporting factors (Novianty & Hadjam, 2017; Syakarofath & Widyasari, 2023). However, among studies in Indonesia, only a few focused on investigating the variables of intention to provide formal assistance and on testing the instrument's validity and reliability.

There are various versions of the instrument used to express intentions to conduct formal help-seeking namely The General Help Seeking Questionnaire (GHSQ; Wilson *et al.* (2005)), Intentions to Seek Professional Help Questionnaire (ISPHQ; O'Connor *et al.*, 2014), and the Mental Help Seeking Intention Scale (MHSIS), which is also widely used by recent researchers (Hammer & Vogel, 2013; Hess & Tracey, 2013; Mo & Mak, 2009). In Indonesia, the scale that has tested the reliability of its instruments for formal help-seeking efforts is the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), consisting of 10 items (Nurdiyanto *et al.*, 2021). In this study, researchers focused on further testing the validity and reliability of the Mental Help Seeking Intention Scale (MHSIS), developed for several reasons (Hammer & Vogel, 2013). The first reason is that the number of items is smaller and unidimensional, making it easier for respondents to complete. Both of these instruments have received the developer's direct permission. They are recommended for further testing to assess their performance across different samples and determine the psychometric properties of MHSIS.

The Mental Help Seeking Intention Scale (MHSIS) consists of 3 instrument items designed to measure respondents' intention to seek help from mental health professionals if they have mental health problems (Hammer & Vogel, 2013). A higher score indicates a greater intent to seek help. The Mental Help Seeking Intention Scale (MHSIS) is a unidimensional instrument that measures only the variable "intention to seek help" (Hammer & Spiker, 2018). Some limitations of this instrument that could be opportunities for improvement in future studies are that the sample is limited to adults in the US and should be expanded to include other samples, such as adolescents outside the US, and to larger sample sizes.

The reason for choosing MHSIS for further investigation to test its psychometric properties is its open-access permission from the original researcher to further develop it across different cultural contexts and population samples. In addition, variations in MHSIS testing from various studies can provide a standardized evaluation of psychometric properties. They can be used in various research settings in the future, especially in the context of Indonesian culture. Therefore, this study aims to adapt the Mental Health Seeking Intention Scale (MHSIS) into the Indonesian context and to examine its psychometric properties. Specifically, this study evaluates content validity through expert judgment (Aiken's V), construct validity through confirmatory factor analysis

and factor loadings, internal consistency reliability using Cronbach's alpha, and convergent and divergent validity.

## Method

### Participants

The subjects of this study were 1,366 adolescents across East Java, with a mean age of 16.62 years (SD = 0.79), consisting of 924 females (67.6%) and 442 males (32.4%). Participants were recruited using an accidental sampling technique. Prior to data collection, informed consent was obtained from all respondents. To ensure data accuracy and prevent duplicate responses, the researchers conducted manual verification by cross-checking personal information, including name, age, gender, regional origin, school affiliation, and email contact.

### Research Instruments

**Mental Help Seeking Intention Scale (MHSIS)** The instrument used in this study is the Mental Help Seeking Intention Scale (MHSIS), which measures intentions to seek formal help for mental health issues, such as psychologists, psychiatrists, counselors, and other clinical experts (Hammer & Spiker, 2018). This unidimensional scale consists of three items to be completed by the research subject. The English-language MHSIS has a high reliability ( $\alpha = 0.93$ ). Participants were asked to choose one of seven alternative answers, considered most appropriate for describing their condition, from a scale. The MHSIS contains three items that produce a single average score. To calculate the average score, sum the scores for all three items and divide by three. The average score should range from 1 to 7. A higher average score indicates a greater intention to ask for help than a lower average score. In addition, participants were asked to complete demographic data, including age, gender, birth order, and preferred sources of help for mental health assistance. Participants were allowed to name more than one source they liked for the latter.

**Strengths and Difficulties Questionnaire (SDQ)** Adolescent difficulties assessed using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997; Goodman *et al.*, 1998). The Indonesian translation of the SDQ was compiled by Wiguna *et al.* (2010). This questionnaire measures five main aspects, namely emotional problems, conduct problems, hyperactivity, peer problems, and prosocial behavior Goodman *et al.* However, many studies in Indonesia use 3 versions: internalizing problems, externalizing problems, and prosocial behavior. The Indonesian version of SDQ has a reliability coefficient ( $\alpha$ ) of .77 and uses a cut-off ROC score of  $\geq 5$  for screening. This instrument has a sensitivity of 0.67 and a specificity of 0.68, with positive [LR (+)] and negative [LR (-)] probability ratios of 2.09 and 0.49, respectively (Oktaviana & Wimbari, 2014). Filling out the questionnaire is done by choosing one of three answer options that best suit the adolescent's condition, namely: incorrect (0), somewhat correct (1), and correct (2). There are 20 questions, with each aspect consisting of 5 items. In addition to measuring these five aspects, the SDQ also provides an overview of general mental health status through total scores, which are classified into three categories, namely: (1) normal, (2) borderline, and (3) abnormal.

*Cross-Cultural Translation and Adaptation Research Instruments* The MHSIS translation process refers to methods commonly used in health research (Sousa & Rojjanasrirat, 2011). The purpose of cultural adaptation of research instruments is to achieve cultural equivalence in the content of the instruments used to measure individual mental processes. According to Sousa & Rojjanasrirat (2011), there are three stages of the cross-cultural adaptation process for the instruments used.

The first stage is the translation of English MHSIS into Indonesian as the target language (TL) using forward, or one-way, translation. The forward translation, or one-way translation, process is carried out by two independent translators with psychological backgrounds, with excellent English fluency, who have lived abroad.

The second stage is to compare the results of the MHSIS translation (T1 and T2) with those of other independent translators to identify ambiguities and differences in wording and meaning. The initial translator and researcher confirm the results of the third translator's checks at this stage to achieve good translation and reach consensus or mutual agreement (T-12).

The third stage is blind back-translation to ensure the translation results are under the original grain. The translation process was carried out by two Indonesian citizens who had lived in England and Canada for 1 year, both of whom were fluent in Indonesian and English and had psychology education backgrounds (B1 and B2).

The fourth stage is the comparison process between 2 research teams with backgrounds in science and research related to the topic under study, and the understanding of the use of research instruments. The purpose of implementing this stage is to re-check the suitability of the grammar and procedures to obtain agreement on the instruments to be continued in the following process.

The fifth stage is the trial of the pre-final version of the instrument in Indonesian with experts. The purpose of this stage is cognitive debriefing to obtain a scale based on the content and purpose. There was one expert panel consisting of 3 academics that assessed the suitability of the research instrument's construct and content, including the translation results. Experts are asked to rate the instrument on a scale of 1 (not appropriate) to 5 (very appropriate).

The sixth stage is the initial psychometric testing of the pre-final version of the translated instrument. At this stage, readability tests are conducted with five respondents who meet the criteria of the research sample to assess the readability and understanding of the translated instruments.

The goal stage is complete psychometric testing of a pre-final version of the translated instrument on a sample of the study target population. At this stage, the psychometric properties are tested, including validity, reliability, and the distribution of grain responses from the adopted scale.

### *Data Analysis Techniques*

Data analysis is carried out by examining the results obtained from the scale spread conducted. The data obtained is then processed using the Mplus application. Three stages of data analysis are used. Namely, the first stage tests construct validity with confirmatory factor analysis (CFA), the second

stage tests reliability, and the last Stage Tests Convergent and divergent validity, whose overall flow is shown in Figure 1.

The CFA presented in Figure 1 was conducted to examine the unidimensional structure of the MHSIS. Given that the scale consists of only three items, the CFA model is just-identified ( $df=0$ ). In such models, global fit indices such as  $X^2$ , CFI, TLI, RMSEA, and  $X^2/df$  cannot be meaningfully evaluated because the model will necessarily show perfect fit (Kenny *et al.*, 2015). Therefore, construct validity in this study was primarily evaluated based on the magnitude and significance of standardized factor loadings. Factor loadings greater than 0.50 and statistically significant at  $p < .05$  were considered indicative of strong item contributions to the latent construct. To further support construct validity, convergent and divergent validity analyses were conducted using theoretically related and unrelated constructs.

Furthermore, convergent and divergent validity tests are conducted to ensure that each construct in the model measures what it is intended to measure and does not overlap with other constructs. Convergent validity was assessed using three criteria: significant loading factor values ( $p < .05$ ), Average Variance Extracted (AVE) values  $\geq 0.5$ , and Composite Reliability (CR) values  $\geq 0.7$ . Meanwhile, divergent validity was assessed by comparing the square root of each construct's AVE ( $\sqrt{AVE}$ ) with the correlation between constructs; divergent validity is considered met if the  $\sqrt{AVE}$  for a construct is greater than its correlation with another construct, indicating that the construct discriminates favorably from other constructs.

## **Result**

### *MHSIS to Indonesian translation*

#### *Content Validity*

Content validity was evaluated using expert judgment involving three academics who assessed the relevance and clarity of each translated MHSIS item using a 5-point rating scale (1 = not appropriate to 5 = very appropriate). The ratings were analyzed using Aiken's V coefficient (Aiken, 1985). According to Aiken (1985), for three raters using a 5-point scale, a minimum V value of 0.92 is required to achieve statistical significance at  $p < .05$ . The results showed that all items achieved Aiken's V values of approximately 0.92, indicating that the content validity of the Indonesian version of the MHSIS was statistically supported. Detailed results are presented in Table 2.

#### *Construct Validity*

Construct validity was examined using confirmatory factor analysis (CFA) to assess the unidimensional structure of the MHSIS. However, because the scale consists of only three items, the CFA model is just-identified ( $df = 0$ ), and therefore global model fit indices cannot be meaningfully evaluated (Kenny *et al.*, 2015). Accordingly, no fit indices are reported.

Instead, construct validity was evaluated based on the magnitude and statistical significance of standardized factor loadings. The results showed that all items loaded strongly and significantly on the latent MHSIS factor, with standardized loadings of 0.909 ( $p < .005$ ), 0.976 ( $p < .002$ ), and 0.922 ( $p < .004$ ), exceeding the recommended minimum threshold



**Figure 1.** MHSIS Scale Psychometric Property Test Diagram

**Table 1.** MHSIS Translation Process to Indonesian

English Version	Indonesian Version
If I had a mental health concern, I would intend to seek help from a mental health professional.	Jika saya memiliki masalah kesehatan mental, saya cenderung akan mencari bantuan dari tenaga profesional kesehatan mental
If I had a mental health concern, I would try to seek help from a mental health professional.	Jika saya memiliki masalah kesehatan mental, saya akan mencoba mencari bantuan dari tenaga profesional kesehatan mental
If I had a mental health concern, I would plan to seek help from a mental health professional.	Jika saya memiliki masalah kesehatan mental, saya berencana untuk mencari bantuan dari tenaga profesional kesehatan mental.

**Table 2.** Aiken's V Index

Item	V	Information
MHSIS 1 If I had a mental health concern, I would intend to seek help from a mental health professional.	0.916	Valid
MHSIS 2 If I had a mental health concern, I would try to seek help from a mental health professional.	0.916	Valid
MHSIS 3 If I had a mental health concern, I would plan to seek help from a mental health professional.	0.916	Valid

of 0.50. These findings indicate that each item contributes substantially to the measurement of mental health help-seeking intention.

The unidimensional structure of the MHSIS is further supported by theoretical considerations from the scale developers and previous research. To complement the CFA results, convergent and divergent validity analyses were conducted to evaluate the theoretical consistency of the construct with related and unrelated measures.

### Reliability

Internal consistency reliability was assessed using Cronbach's alpha. According to Nunnally & Bernstein (1994), a reliability coefficient of 0.70 or higher is considered acceptable for research purposes. In the present study, the MHSIS demonstrated excellent internal consistency, with a Cronbach's alpha of 0.937, indicating that the scale reliably measures mental health help-seeking intention among adolescents.

### Convergent and Divergent Validity

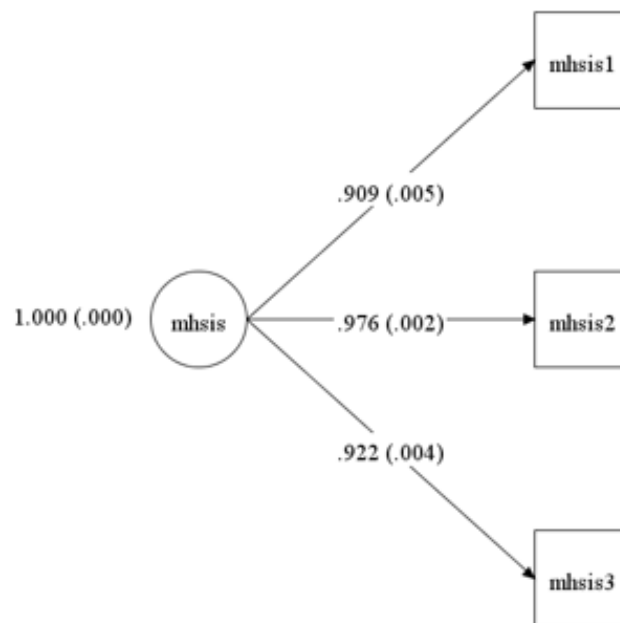
Evidence for construct validity was examined through correlations between the MHSIS and theoretically related and unrelated constructs (Table 3). Convergent validity was assessed by examining the associations between the MHSIS and the Mental Help Seeking Attitudes Scale (MHSAS) as well as the Internalized Stigma of Mental Illness Scale (ISMI). The results indicated weak but statistically significant positive correlations between the MHSIS and MHSAS ( $r = .111, p = .003$ ) and between the MHSIS and ISMI ( $r = .134, p < .001$ ). Although these findings suggest some degree of empirical association, the small effect sizes indicate that convergent validity is only partially supported. Moreover, the positive association between help-seeking intention and internalized

stigma runs counter to theoretical expectations, suggesting that higher stigma does not necessarily translate into lower expressed intention to seek professional help in this adolescent sample.

Divergent validity was examined using the Strengths and Difficulties Questionnaire (SDQ) Internalizing and Externalizing Problems subscales. The MHSIS showed small to moderate positive correlations with SDQ Internalizing Problems ( $r = .262, p < .001$ ) and SDQ Externalizing Problems ( $r = .356, p < .001$ ). These results indicate that help-seeking intention tends to increase as psychological difficulties increase, which is theoretically plausible in adolescent populations. However, because the correlations are statistically significant and not close to zero, the findings do not support divergent validity in the strict psychometric sense. Instead, they suggest that help-seeking intention is meaningfully associated with symptom severity, highlighting the importance of contextual and motivational factors in adolescents' help-seeking behavior.

### Discussion

Various studies have shown that adolescents are a vulnerable group for mental health and psychological well-being problems (Gore *et al.*, 2011; Jurewicz, 2015; Kyu *et al.*, 2016). In Indonesia, these problems include internalizing and externalizing difficulties (Majid *et al.*, 2023; Syakarofath & Widyasari, 2023; Maslina *et al.*, 2022), such as emotional and behavioral problems, hyperactivity, peer relationship difficulties, and prosocial issues (Wiguna *et al.*, 2020), as well as anxiety, depression, and suicide risk (Astutik & Dewi, 2022). Therefore, increasing adolescents' intention to seek formal help is essential to prevent long-term negative impacts on quality of life (Anderson & Lowen, 2010; Brindis *et al.*, 2007).



**Figure 2.** Model Diagram depicting the confirmatory factor analysis (CFA) measurement model of the MHSIS construct, showing standardized factor loadings and standard errors for each observed indicator (mhsis1, mhsis2, and mhsis3)

**Table 3.** Correlations Between MHSIS and Related Construct

Variable	1	2	3	4	5
SDQ Internalizing Problems (IP)	1				
SDQ Externalizing Problems (EP)	.842***	1			
Total MHSIS	.262***	.356***	1		
Total MHSAS	-.064	-.017	.111**	1	
Total ISMI	.199***	.125***	.134***	.080*	1

Note. Pearson's correlation coefficients are shown.  
 $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$ .

Although several instruments related to help-seeking intention have been used in Indonesia, many lack a comprehensive psychometric evaluation (Nurdiyantoet *al.*, 2021). Accordingly, this study aimed to adapt the Mental Help Seeking Intention Scale (MHSIS) into Indonesian and examine its psychometric properties among adolescents. The adaptation process involved expert review to ensure cultural appropriateness (Elshami *et al.*, 2023), and the results indicated that the items were easily understood by respondents.

Confirmatory factor analysis (CFA) was conducted to examine the unidimensional structure of the MHSIS. However, because the scale consists of only three items, the CFA model is just-identified ( $df = 0$ ), and global model fit indices cannot be meaningfully interpreted (Kenny *et al.*, 2015). Therefore, support for unidimensionality is based on the magnitude and statistical significance of standardized factor loadings, all of which were strong and consistent with the original theoretical framework. As illustrated in Figure 2, all three items showed strong and significant loadings on a single latent factor, visually reinforcing the unidimensional structure of the Indonesian MHSIS.

In terms of reliability, the Indonesian version of the MHSIS demonstrated very high internal consistency (Cronbach's  $\alpha = 0.937$ ). Although this indicates excellent reliability, values above 0.90 may also suggest potential item redundancy

(Tavakol & Dennick, 2011). Nevertheless, the scale can be considered reliable for assessing adolescents' help-seeking intentions.

Construct validity was further examined through convergent and divergent validity analyses. Convergent validity was assessed by examining the associations between the MHSIS, the Mental Help Seeking Attitudes Scale (MHSAS), and the Internalized Stigma of Mental Illness Scale (ISMI). The results showed weak associations, indicating that help-seeking intention is only modestly related to attitudes toward professional help and internalized stigma. This pattern may reflect cultural influences in Indonesia, where mental health issues are often stigmatized, and concerns about social judgment may shape adolescents' help-seeking intentions (Subu *et al.*, 2021).

Within Indonesia's collectivist cultural context, strong emphasis on social harmony, family reputation, and shame may discourage adolescents from openly expressing intentions to seek formal mental health support (Cogan *et al.*, 2024). These cultural dynamics may help explain the limited convergent validity observed in this study.

Divergent validity was supported by weak but statistically significant correlations between the MHSIS and internalizing and externalizing problems measured by the SDQ. This finding aligns with theoretical expectations, suggesting that

help-seeking intention is distinct from the severity of psychological symptoms.

Despite these findings, several limitations should be noted. The sample was dominated by adolescent girls from urban and formal education settings, and the use of convenience sampling may limit generalizability. Additionally, the just-identified CFA model restricted the evaluation of global model fit. Future studies should involve more diverse samples, apply probabilistic sampling where feasible, and consider complementary analytic approaches to strengthen evidence for the scale's dimensionality.

Finally, the development and validation of culturally grounded measurement instruments remain essential in the Indonesian context to reduce cultural bias and improve the relevance and effectiveness of mental health assessment and intervention efforts (Daniel *et al.*, 2024).

## Conclusion

This study provides preliminary evidence that the Indonesian version of the Mental Help Seeking Intention Scale (MHSIS) demonstrates adequate psychometric quality among adolescents. The scale shows satisfactory content validity, strong factor loadings consistent with a unidimensional structure, and excellent internal consistency reliability. Despite the limitation of a just-identified CFA model, the findings support the use of the Indonesian MHSIS as a brief measure of formal help-seeking intention.

The Indonesian MHSIS offers a practical tool for assessing adolescents' intention to seek professional mental health help in research and applied settings. Future studies should further strengthen its validity by using more diverse samples, probabilistic sampling methods, and alternative analytic approaches to enhance generalizability and construct validation.

## Declaration

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### Author contributions

NAS was involved in all stages of the research process, including the formulation of objectives, methodological planning, data collection and analysis, manuscript drafting, and final editing. DCW managed the project and contributed to editing the manuscript, providing methodological guidance and critical reviews. All authors approved the final version of the manuscript.


### Conflict of interest

The authors declare that there is no conflict of interest regarding the research process, manuscript preparation, or publication of this study.

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