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## Measuring Help-Seeking Intentions: Properties of the General Help-Seeking Questionnaire

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### ABSTRACT

Understanding help-seeking intentions and behaviour is fundamental to the identification of factors that can be modified to increase engagement in counselling. Despite considerable research on these variables, integrating prior research has been impeded by a lack of consistent and psychometrically sound help-seeking measures. The General Help-Seeking Questionnaire (GHSQ) was developed to assess intentions to seek help from different sources and for different problems. Using a sample of 218 high school students, the GHSQ was found to have satisfactory reliability and validity, and appears to be a flexible measure of help-seeking intentions that can be applied to a range of contexts.

### RÉSUMÉ

Il est important de comprendre les intentions de demande d'aide et leur comportement si on veut reconnaître les facteurs à modifier afin d'augmenter l'engagement dans la relation thérapeutique. Des recherches considérables ont été menées sur ces variables, mais elles n'ont pu être intégrées faute de mesures psychométriques homogènes et fiables pour les analyser. Le questionnaire général de demande d'aide (QGDA) a été mis au point pour évaluer les intentions de demande d'aide provenant de diverses sources et relatives à divers problèmes. Utilisant un échantillon de 218 étudiants d'écoles secondaires, le QGDA s'est avéré d'une fiabilité et d'une validité satisfaisantes, et semble constituer une mesure flexible des intentions de demandes d'aide pouvant s'appliquer à une variété de contextes.

Young people generally prefer the informal help of friends and family before the formal help of medical or psychological professionals when psychologically distressed (Boldero & Fallon, 1995; Offer, Howard, Schonert, & Ostrov, 1991). Many young people indicate a preference for seeking help from "no one" for personal-emotional and suicidal problems (Deane, Wilson, & Ciarrochi, 2001). Although some consistent help-seeking patterns appear in studies of young people, there are also variations between studies. Due to different measurement strategies, it is difficult to know whether these differences are substantive or due to methodological variation. For example, reported rates for friends as the most preferred help source for personal-emotional problems vary by up to 67.2% (e.g., 21.1%, Boldero & Fallon; 88.3%, Offer et al.). Similarly, a 40% variation can be found in

preference rates for parents (e.g., 19%, Boldero & Fallon; 59%, Schonert-Reichl & Muller, 1995), and a 22% variation can be found in preference rates for formal help from medical or mental health professionals (e.g., 7%, Benson, 1990; 29%, Naginey & Swisher, 1990). By proposing core components of a help-seeking measure, the capacity to compare across studies will be enhanced. The General Help-Seeking Questionnaire (GHSQ) was developed to meet this need. The current study describes the development and psychometric properties of the GHSQ, along with the help-seeking intentions of a sample of high school students.

A variety of measures have been used to assess help-seeking, in particular, those that measure attitudes (e.g., Cash, Kehr, & Salzbach, 1978) and intentions (e.g., Deane & Todd, 1996). Of these measures, the attitude-behaviour literature and specifically the Theory of Planned Behavior (TPB; Ajzen, 1991, 2002), suggest that help-seeking intentions may be more closely related to actual behaviour than other constructs. Kim and Hunter (1993) reported that the correlation between intentions and behaviour was generally higher than the correlation between attitudes and behaviour.

Although the intention-behaviour relationship is well established for a wide range of behaviours (Armitage & Conner, 2001), only recently have studies been conducted to assess the intention-behaviour relationship within the context of seeking counselling. While a number of studies have established the relationship between prior help-seeking behaviour and intentions, we could not locate any published articles that have assessed intentions then subsequent help-seeking intentions and/or behaviour. The construct validity of a measure of intentions would be supported if the measure was able to predict actual help-seeking behaviour. Using the GHSQ, the current study examines the relationship between high school students' self-reported intentions and their subsequent help-seeking behaviours over a three-week period, along with the consistency of their intentions across this time.

#### EXISTING MEASURES OF HELP-SEEKING INTENTIONS

A large number of help-seeking studies have measured intentions as a dependent variable. However, limitations in these measures include unclear construct definition and highly idiosyncratic items that relate to study-specific goals. There is also a paucity of data reporting psychometric properties for individual measures.

Threats to construct validity include unclear construct definition. For example, Cohen's (1999) Willingness to Seek Help Questionnaire is reported as comprising 25 items that are statements about seeking help for particular problems. There are several potential limitations with Cohen's measure. Some items appear to assess respondents' attitudes and beliefs about help-seeking, rather than their specific help-seeking intentions (e.g., "If I were afraid of heights, I would try to conceal this from my friends," "If both my legs were to be broken in an accident, I would prefer to stay at home for a few months rather than be pushed around in a wheelchair," pp. 80–81). Moreover, several items appear related to social support

(e.g., “I believe that a time of mourning for a loved one would be a time when I would need other people”). Because individuals seek help from different sources for different problems (Boldero & Fallon, 1995; Offer et al., 1991), a comprehensive measure of help-seeking would examine intentions for different problem-types, something that is limited in Cohen’s measure. Another concern is that “willingness” and intentions may be related, but are not the same constructs. Part of the definition of intentions involves aspects of a plan or decision to perform a behaviour, whereas willingness suggests openness but not necessarily a plan. Intentions are operationalized as “a person’s motivation in the sense of her or his conscious plan or decision to exert effort to perform the behavior” (Conner & Norman, 1996, p. 12). Several other measures of help-seeking also focus on willingness rather than intentions (e.g., Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998). Many measures that aim to tap intentions typically have respondents rate the “likelihood” rather than “willingness” that they will conduct a particular behaviour (e.g., Ajzen, 2002).

Using a matrix structure, a number of studies have asked respondents to indicate intentions to seek help for study-specific problems from a list of potential formal and informal help sources. Many studies ask respondents to indicate simply “yes” or “no” but mix willingness and intentions in the item stem (e.g., Naginey & Swisher, 1990; Windle, Miller-Tutzauer & Barnes, 1991). Although dichotomous yes-no items are relatively simple, they do not allow respondents to indicate degrees of intentionality and do not provide information about differences between participants’ help source preferences.

Several studies have addressed the preference issue by extending the matrix-style survey to rank response options. For example, Tinsley, de St. Aubin, and Brown (1982) measured the professional psychological help-seeking intentions of 136 college students using 16 personal-emotional or vocational problem items (e.g., “difficulties relating to the opposite sex” and “thinking about suicide”). These items were preceded by the stem: “Who would you talk to if...”, and followed by a list of eight potential help sources (“self” included). Respondents ranked their preference for each help source (e.g., close friend, professional counsellor, clergyman). However, ranking is a relatively difficult task for many respondents.

Several studies have used a single response item (one help source for one problem-type) with concomitant problems with reliability. For example, Deane and Chamberlain (1994) used a single item (“If you have a personal problem, how likely is it that you would seek help from a professional psychologist or counsellor?”) rated on a 9-point Likert scale (1 = “extremely unlikely,” 9 = “extremely likely”). In later studies, Deane and colleagues used the same single response item but for two problem-types (personal-emotional problems and suicidal thoughts) (Deane, Skogstad, & Williams, 1999; Deane & Todd, 1996). Other researchers have used multiple items to measure intentions for different problem-types but again, for only one help source (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). For example, the Intention of Seeking Counselling Inventory (ISCI; Cash et al., 1978) has 17 items related to issues that college

students bring to counselling (e.g., course-related, weight control, relationship difficulties, self-confidence problems, drug and alcohol misuse, fear of failure). Intentions for each item are rated on a Likert scale from 1 ("very unlikely") to 6 ("very likely"). Cronbach's alphas between .84 and .89 have been reported for the measure (Cepeda-Benito & Short; Kelly & Achter).

Addressing both the strength of intentions and preference issues, Hinson and Swanson (1993) used an elaborate matrix design to measure intentions to seek professional psychological help. The researchers provided two personal-emotional problem vignettes (one of high severity and one of low severity). Respondents were asked to rate the following probe: "If you found yourself in the above situation, what is the likelihood that you would seek help from a counselling centre or mental health service?" on a Likert scale ranging from 1 ("not likely at all") to 7 ("very likely"). Respondents were also asked to indicate the order in which they would seek help from a list of help sources (i.e., best male friend, best female friend, faculty advisor or professional, mother, counsellor at counselling centre, minister or clergy, father, yourself). Unfortunately, respondents were not asked to rate the likelihood that they would seek help from these sources. Although respondents' preference for professional psychological help could be compared to other sources, their intentions for a professional source could not.

Finally, in what appears to be the most promising intentions measure, Raviv, Maddy-Weitzman, and Raviv (1992) attempted to address the strength of intentions and preference issues by using a matrix-style rating scale to measure parents' intentions to seek professional psychological help for dealing with adolescent (child-rearing) problems. The measure comprised eight problem-types that ranged from common to serious and problematic in nature (e.g., communication issues to problems related to drug and alcohol misuse) and that were presented as hypothetical situations at the start of the survey. For each problem-type, nine formal and informal help sources were provided (e.g., grandparents, friends, psychologist, teacher, counsellor, family doctor). Respondents rated the "likelihood that they would seek help from each of the nine sources of help in the event that they were to encounter the situation" (p. 120) on a Likert scale ranging from 0 ("would not seek help") to 4 ("definite likelihood of seeking help").

In short, Raviv et al.'s (1992) measure highlights several desirable core components for a comprehensive measure of help-seeking intentions. Raviv et al.'s measure includes likelihood ratings, multiple help sources relevant to the sample in question, and several target problem-types. However, there is no psychometric data regarding the Raviv et al. method. In an effort to address this gap, the present study aimed to provide reliability and validity data for the GHSQ.

#### THE GENERAL HELP-SEEKING QUESTIONNAIRE (GHSQ)

The GHSQ uses a matrix format that can be modified according to purpose and need. Within this format, help sources and problem-types can be modified to meet sample characteristics and study requirements. From our review of the

literature, we suggest that a comprehensive measure of help-seeking intentions would normally include formal and informal help source options, in addition to “self” or “no one” (e.g., counsellor, family, friends, no one).

Based on recommendations by Ajzen (2002), the GHSQ uses the following standard problem probe within which targeted problem-types can be interchanged: “If you were having [problem-type], how likely it is that you would seek help from the following people?” For example, within the current study, the measure asks high school students to report their formal and informal intentions to seek help from 11 targeted help sources (including “would not seek help”) for “personal-emotional” problems and “suicidal thoughts” (see Table 1). Help sources were determined following consultation with school welfare personnel and students, and have been identified as salient in several supporting studies (Ciarrochi, Deane, Wilson, & Rickwood, 2002; Ciarrochi, Wilson, Deane, & Rickwood, 2003).

Finally, our review of existing intention measures found that a Likert rating scale was most frequently used, was easier than ranking procedures, and provided the capacity to compare levels of intentions across sources and problems. Thus, the GHSQ asks participants to respond to each problem-type by rating their help-seeking intentions on a 7-point scale ranging from 1 (“extremely unlikely”) to 7 (“extremely likely”) for each help source option including “no one.” Higher scores indicate higher intentions. Within this format, help-seeking intentions can be examined as individual scales by combining scores for different problem-types. Similarly, given that help-seeking intentions are a “function of both the particular issues in question and the source of help” (Raviv et al., 1992, p. 128), information for individual help sources may also be of interest.

#### *Preliminary Psychometric Properties of the GHSQ*

The GHSQ has been used in several studies, but this is the first to focus on the reliability and validity of the measure. Research using the GHSQ has demonstrated positive associations with aspects of emotional competence (Ciarrochi et al., 2002, 2003), in addition to retrospective help-seeking behaviour (Ciarrochi & Deane, 2001) and prospective help-seeking behaviour (Deane, Ciarrochi, Wilson, Rickwood, & Anderson, 2001). Deane et al. reported that intentions to seek help from friends and intentions to seek help from a teacher/school advisor were reliable predictors of future help-seeking behaviour. Greater intentions to seek help from a teacher/school advisor and lower intentions to seek help from a friend were associated with more requests to seek help from a school counsellor.

In sum, preliminary evidence suggests that the GHSQ offers potential as an adaptable matrix-style measure of help-seeking intentions. Construct validity of the measure will be supported if, as theory would suggest, current help-seeking intentions are related to future actual help-seeking behaviour. The current study aims to describe the psychometric properties of the GHSQ, along with the help-seeking intentions and source preferences of a sample of high school students for two types of emotional problems. The following psychometric issues will be addressed:

1. Internal and test-retest reliability.
2. Predictive and construct validity will be supported if intentions correlate with future actual help-seeking behaviours.
3. Support for convergent validity will be provided if intentions to seek professional psychological help correlate with perceived quality of prior counselling experience.
4. Divergent validity will be indicated by an inverse relationship between intentions to seek help from formal mental health sources and ratings of barriers to seeking professional psychological help.

## METHOD

### *Participants and Procedure*

The study received ethical approval from the University Human Ethics Committee and the New South Wales (NSW) Department of Education and Training. Two hundred and eighteen students ( $n = 112$  males,  $n = 106$  females), aged 12 to 19 ( $M = 16.39$ ,  $SD = 1.49$ ), took part in the study. Students were recruited from Grades 7 to 12 of an NSW Australian public high school located in an industrial area during weekly scheduled grade meetings (compulsory administration meetings that include all students from within a particular grade). Students were informed of the study through presentations to each grade meeting by peer presenters and an accompanying information sheet. Both parental and student consent was required prior to participation. The information sheet explained the study procedure and stressed the voluntary nature of participation. The research survey was completed anonymously by participating students during grade meetings. Consistent with the method outlined by Millstein (1996) for measuring the relationship between intentions and prospective behaviour in a test of the Theory of Planned Behavior, surveys were re-administered using the same methods after a three-week period. Unique identifiers were used to match participant responses at both test times. Debrief information was supplied at the completion of data collection, and school welfare personnel were available for counselling and support if needed by students.

### *Measures*

The research survey (administered at Times 1 and 2) comprised the GHSQ as outlined, the Actual Help-Seeking Questionnaire (AHSQ; Rickwood & Braithwaite, 1994), four items used in previous studies to measure prior counselling experience (Carlton & Deane, 2000; Deane et al., 1999, 2001), and a brief version of the Barriers to Adolescents Seeking Help scale (BASH; Kuhl, Jarkon-Horlick, & Morrissey, 1997). In view of items that related to suicidal thoughts, the University Human Ethics Committee wanted items regarding help-seeking to occur at the end of the questionnaire; thus items were administered in the same order at Times 1 and 2.

The AHSQ was derived from an earlier measure used by Rickwood and Braithwaite (1994) and developed to measure recent actual help-seeking behaviour from formal and informal sources. Help-seeking behaviour is measured by listing potential help sources and asking whether or not help has been sought from each source within a specified time-period for a specified problem. To ensure that respondents are reporting their help-seeking behaviours in the appropriate way, they are asked to briefly elaborate on the nature of the problem for which help was sought. Respondents can also indicate that they have had a problem, but have sought help from no one. Generally, this measure is reported as three sub-scales: whether or not informal help has been sought; whether or not formal help has been sought; and whether no help has been sought. However, information for individual sources of help is often of interest, particularly if matched to intentions to seek help from specific help sources as in the present study. The AHSQ asked participants to indicate if they have sought help for either of the problem-types identified in the GHSQ (personal-emotional or suicidal), within the previous three weeks. Participants provide a "yes" or "no" response for each help source option that matched those listed in the GHSQ. If help has been sought, the AHSQ asks respondents to specify the help source (e.g., mother, counsellor, priest) and indicate the category of the problem (e.g., personal-emotional or suicidal).

The prior counselling measure comprises four items that have been used in samples of prison inmates (Deane et al., 1999), high school students (Carlton & Deane, 2000), and college students (Deane et al., 2001). The four items in the current prior counselling measure included: "Have you ever seen a mental health professional (e.g., counsellor, psychologist, psychiatrist) to get help for personal problems?" ("Yes" or "No"), "How many visits did you have with the health professional(s)?" "Do you know what type of health professional(s) you've seen (e.g., counsellor, psychologist, psychiatrist)?" and "How helpful was the visit to the mental health professional?" This evaluation was rated on a 5-point Likert scale ranging from 1 ("extremely unhelpful") to 5 ("extremely helpful").

The brief version of the BASH was derived from the longer scale developed by Kuhl et al. (1997). The abbreviated measure (BASH-B) contains 11 of the 37 self-report items included in the full scale and specifically targets barriers to seeking professional psychological help (e.g., "A therapist might make me do or say something that I don't want to," "If I had a problem and told a therapist, they would not keep it a secret," and "I think I should work out my own problems"). Each item is rated on a 6-point scale (1 = "strongly disagree" to 6 = "strongly agree") so that greater scores indicate higher barriers to professional psychological help-seeking. The full scale had satisfactory reliability and validity, but a high Cronbach alpha for the full measure ( $\alpha = .91$ ) suggested there might be item redundancy. The 11 items used in the present study were selected to reduce item overlap and were based on pilot data with a high school sample that identified those barriers most strongly endorsed by students. The brief 11-item BASH-B had a Cronbach alpha coefficient of .83 in the present study.

## RESULTS

Prior to analysis, scores for the GHSQ, AHSQ, BASH-B, and prior help-seeking items were examined through SPSS programs for the extent to which the data met the assumptions of the analyses conducted. BASH-B and quality of prior help data met the assumptions of the analyses used. However, normality could not be assumed for GHSQ or AHSQ data. GHSQ scores tended to range between 5 and 7 for informal sources, 1 and 3 for formal sources, and 6 and 7 for seeking help from no one. AHSQ responses tended to be "yes" (scored as 1) for informal sources and "no" (scored as 2) for formal sources. Transformation of the data (e.g., log) improved the distributions however, when analyses were conducted with both transformed and untransformed data, the patterns and statistical significance of the findings were essentially the same. Consequently, the analyses are reported with untransformed data to ease interpretation. As an additional precaution, where possible, the multivariate analyses that were conducted on the GHSQ data were replicated using non-parametric techniques. Similarly, non-parametric analyses did not alter the significance or pattern of findings. Therefore, parametric multivariate findings are reported but analyses are interpreted conservatively. Correlational analyses were conducted using both parametric and non-parametric techniques. Non-parametric analyses did not alter the pattern of findings; however, in some cases, the levels of significance between findings differed. Therefore, as a final precaution, non-parametric correlations are reported.

As presented in Table 1, the means and standard errors of students' help-seeking intentions indicate that students were most willing to seek the informal help of friends and family rather than formal help for personal-emotional and suicidal problems. In order to determine whether measures of help-seeking intentions might need to include different problem-types, further analyses examined whether there were any differences in high school students' preferred help source, and whether there were any help-seeking differences across problem-types. A General Linear Model repeated measures ANOVA was used to examine the impact of help source (boyfriend/girlfriend, friend, parent, other relative, mental health professional, phone help-line, general practitioner (GP), teacher, pastor/priest, youth worker/youth group leader, no one) and problem-type (personal-emotional problem and suicidal thoughts) on intentions to seek help. A repeated measures analysis was used to increase the likelihood that the results found both within and between each problem-type might be generalized to the general high school population from which the participants were drawn (Rutherford, 2001, p. 61). There was a significant main effect for helping source,  $F(10, 1460) = 67.53, p < .001$ . However, this effect was qualified by a significant interaction with problem-type,  $F(10, 1460) = 17.46, p < .001$ , confirming that high school students' preferred source of help depended upon the type of problem they were facing.

To further evaluate the interaction between problem-type and help source, pairwise comparisons were conducted using a Bonferroni adjustment to control

for Type I error at  $p < .05$ . These results are also presented in Table 1. Students indicated they were most likely to seek help from friends for all types of personal problems but less likely to seek help from friends for suicidal thoughts than non-suicidal problems. Students indicated that when experiencing suicidal ideation rather than non-suicidal problems, they were less likely to seek help from parents and other relatives but more likely to seek help from mental health professionals and telephone help lines. When experiencing suicidal and non-suicidal problems, students indicated they would seek some form of informal help or mental health care before that of no one, general practitioners, or teachers and other community welfare help sources (Table 1).

#### *Scale Reliability*

The GHSQ items could be scored in two ways: first, as a single scale that included all specific help source options for suicidal and non-suicidal problems (Cronbach's alpha = .85, test-retest reliability assessed over a three-week period = .92). Second, the ANOVA results (Table 1) confirmed the need to distinguish between problem types so items could be analyzed as two scales, one for each problem-type: suicidal problems (Cronbach's alpha = .83, test-retest reliability

Table 1  
*Means (M) and Standard Errors (SE) of Help-Seeking Intentions (GHSQ<sup>1</sup>) for Personal-Emotional Problems (Per-Emot), Suicidal Thoughts (Suicide-Thts), and Different Sources of Help for a High School Sample (N = 218)*

Help source	Problem type			
	Per-Emot		Suicide-Thts	
	M	SE	M	SE
Partner (boy/girlfriend)	4.77 <sup>a</sup>	.16	4.03 <sup>**</sup>	.19
Friend	5.13 <sup>a</sup>	.13	4.34 <sup>**</sup>	.17
Parent	4.84 <sup>a</sup>	.15	3.56 <sup>a,b,**</sup>	.19
Family (non-parent)	3.75	.16	3.12 <sup>b,c,d,**</sup>	.16
Mental health	2.68 <sup>b</sup>	.13	3.05 <sup>b,c,d,*</sup>	.17
Help line	2.14 <sup>c</sup>	.12	2.63 <sup>c,d,e,**</sup>	.15
Doctor/GP	2.73 <sup>b</sup>	.14	2.63 <sup>d</sup>	.15
Teacher	2.64 <sup>b</sup>	.14	2.19 <sup>e,f,**</sup>	.13
Pastor/priest	1.77 <sup>c</sup>	.12	1.72 <sup>f</sup>	.11
Youth worker	2.08 <sup>c</sup>	.13	2.08 <sup>f</sup>	.13
Would not seek help	2.86	.18	2.61	.17

*Note.* Evaluations were made on a 7-point scale (1 = "extremely unlikely", 7 = "extremely likely"). "Would not seek help" was not included in the contrasts. <sup>1</sup>GHSQ refers to the General Help-Seeking Questionnaire.

<sup>a,b,c,d,e</sup> Means within columns differ from each other at  $p < .05$ , with the exception of those that share a letter.

\*\* Means differ between personal-emotional problems and suicidal ideation in the same row at  $p < .001$  and \*  $p < .01$  using Bonferroni correction.

assessed over a three-week period = .88) and personal-emotional problems (Cronbach's alpha = .70, test-retest reliability assessed over a three-week period = .86).

#### Validity

*Overall help-seeking intentions and prospective help-seeking behaviours.* The relationship between intentions to seek help from different sources and actually seeking help from that source in the following three weeks was examined. Correlations were calculated between the initial ratings of help-seeking intentions (Time 1) with reports of actual help-seeking three weeks later (Time 2). As shown in Table 2, there were a number of positive and significant associations between intentions and prospective help-seeking behaviour for both personal-emotional and suicidal problems. It is notable that even with intentions limited to two specific types of emotional problem and the sampling domain restricted to three weeks, correlations between intentions and actual help-seeking behaviours were moderate for several informal sources (e.g.,  $r_s(181) = .48$ ,  $p < .001$ , intimate partner;  $r_s(218) = .42$ ,  $p < .001$ , non-parent family). It is also notable that even with a small number of participants reporting they had actually sought mental health counselling for their emotional problems at Time 2 (see Table 2 for the number and percentage of students who sought help), the correlation between intentions to seek mental health care for personal-emotional problems and actually seeking counselling was positive and significant, albeit small in magnitude ( $r_s(218) = .17$ ,  $p < .05$ ).

Table 2  
*Correlations ( $r_s$ ) between Help-Seeking Intentions and Self-Reported Actual Help-Seeking Behaviour from Matched Help Sources in the Following Three Weeks for Personal-Emotional Problems (P-E) and Suicidal Thoughts (S-T) in a High School Sample*

Help-seeking intentions <sup>a</sup>	Self-reported help-seeking behaviour		
	P-E	S-T	N (%) <sup>b</sup>
Intimate partner	.48**	.26**	53 (29)
Friend	.31**	.11	120 (55)
Parent	.23*	.11	120 (55)
Non-parent family	.42**	.23*	57 (26)
Mental health	.17*	.04	20 (9)
Phone help line	.14	.14	7 (3)
Doctor/GP	.10	.06	22 (10)
Teacher	.15	.05	28 (13)
Religious leader	.14	-.06	7 (3)
Youth worker	.26*	.22*	7 (3)

<sup>a</sup> $N$  (intimate partner) = 181; <sup>a</sup> $N$  (help sources other than partner) = 218. <sup>b</sup>Number (and percentage of total sample<sup>a</sup>) of participants who sought help from each source for personal-emotional problems or suicidal thoughts at Time 2.

\*\* $p < .001$ , \* $p < .05$ .

*Professional help-seeking intentions, prior help-seeking, and barriers.* To test the validity of the GHSQ with the focus on counselling, the possibility that intentions to seek help from a “mental health professional” might be associated with evaluation of prior counselling experience and barriers to seeking mental health care was examined. The perceived quality of previous mental health care was positively related to intentions to seek help from a mental health professional for personal-emotional problems,  $r_s(55) = .51, p < .001$ , and suicidal thoughts,  $r_s(54) = .57, p < .001$ . This indicates a favourable evaluation of prior mental health care related to higher intentions to seek counselling in the future.

Finally, the 11 BASH-B items were averaged to form a single scale representing participants’ perceived barriers to seeking counselling. A significant but modest negative association was found between barriers and intentions to seek help from a mental health professional for suicidal thoughts,  $r_s(219) = -.22, p < .01$ , but not for personal-emotional problems,  $r_s(219) = -.09, p = .21$ .

#### DISCUSSION

The GHSQ appears to provide a sufficiently flexible and sensitive format for measuring help-seeking intentions. Consistent with most prior studies, the high school students in the current study reported higher help-seeking intentions for informal compared with formal help sources. Intentions to seek help from friends were significantly higher than for any other help source. Students reported they were most likely to seek help from friends then family for problems that were not suicide-related and most likely to seek help from friends then no one for suicidal thoughts. Consistent with previous findings (Deane et al., 2001), students reported intentions that were significantly different for suicide and non-suicide related problems and intentions to seek help from formal health care sources that were significantly lower than for friends or no one. Such findings support the need to assess different help sources in a comprehensive measure of intentions, and also indicate that the GHSQ is sufficiently sensitive to differentiate help-seeking intentions for different problems and help sources. The findings also highlight preferred help sources that can be promoted to increase the likelihood that appropriate help-seeking will be carried out when it is required. In the current study, with respect to formal help sources, the help of a doctor was most likely to be sought for personal-emotional problems and the help of a mental health professional was most likely to be sought for suicidal thoughts.

The benefits of each help source could be promoted among young people to ensure these sources of help are considered when this population becomes distressed. For example, recognition that doctors are viewed as likely sources of professional help for personal-emotional problems led to the development of a “GPs in Schools” program (Wilson, Deane & Fogarty, 2004). This program trains GPs in presentation skills and a lesson plan so they can successfully deliver a presentation in high school classrooms with the aim of breaking down targeted barriers to young people accessing the help of general medical practitioners.

Moreover, the GHSQ makes it possible to identify whether seeking help from someone is desirable for a particular problem and for which sources the preferences and degrees of intentionality change as the nature of problems change.

The study provided preliminary support for the reliability and validity of the GHSQ. Convergent and divergent validity were supported with positive correlations found between students' intentions to seek counselling and the perceived quality of their prior mental health experience, and by a negative correlation between the students' intentions to seek counselling and their self-reported barriers to seeking professional psychological help.

Significant associations between help-seeking intentions and actually seeking help from the corresponding source in the following three weeks support the predictive and construct validity of the measure. Such a finding is consistent with theory indicating that intentions predict behaviour (Ajzen, 1991). While the magnitude of the association was only modest for a number of help sources (most of the correlations were around the .25 level), this was likely due to the relatively low frequency of actual help-seeking from some help sources over the three-week period. Alternatively, it may reflect actual differences in the strength of the intention-behaviour relationship dependent on the problem for which help was being sought. Although coefficients were modest, they are comparable with predictive validity coefficients of other well-established psychological measures. For example, the relationship between IQ and job performance is .25 (Meyer et al., 2001).

In sum, the matrix structure of the GHSQ appears to provide a suitable method for measuring help-seeking intentions and supports the specification of different problem-types and different help sources. Future research is needed to assess the extent that the GHSQ is useful in other populations, different target problems, and different help sources. Research by Raviv et al. (1992) using parents suggests that the matrix structure of measures like the GHSQ appears generalizable to other contexts.

The GHSQ offers potential as a method to assist clinical practice and mental health promotion or prevention initiatives. Appropriate help-seeking is viewed as a protective factor given the potential to reduce psychological distress and improve mental health. Within the context of suicide prevention, by formally assessing an individual's help-seeking intentions, it is possible to identify preferred sources of help. The GHSQ responses may provide structure and prompts to discuss appropriate sources of help or the need to implement additional preventative strategies to increase the probability an individual might seek help. Modification of help-seeking intentions is also a common goal for a range of health promotion programs and the GHSQ provides a flexible method for such assessment.

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