



Validation of the general help-seeking questionnaire for mental health problems in adolescents

Validación del cuestionario general de búsqueda de ayuda para problemas de salud mental en adolescentes

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Abstract

Help-seeking behavior is a protective factor in young people, essential for their mental health, well-being and development. However, some adolescents do not seek professional help when they need to. In this context, it is relevant to study the help-seeking behavior for mental health problems in adolescent population. **Objective:** To adapt and validate the general help-seeking questionnaire for mental health problems in Chilean adolescents. **Subjects and Method:** Cross-sectional and correlational study of a non-random sample of 793 adolescent students, between 14 and 19 years old, from the city of Talca (Chile). The general help-seeking questionnaire, vignette version, (GHSQ-V) was administered after a transcultural adaptation and criterion validation. Descriptive statistics, exploratory factor analysis and non-parametric Mann-Whitney U test were used for analysis. **Results:** An exploratory analysis identified two factors regarding available sources of help: 1) informal sources; 2) formal sources. Reliability was calculated separately for each of the health problems, resulting alpha values ranging from 0.87 to 0.75. In addition, the scale showed significant association with the variables self-efficacy and depression in the hypothesized directions. Finally, significant differences were identified in the willingness to seek help by adolescent's level of mental health literacy, for all mental health issues presented, except suicide. **Conclusion:** The adaptation of the GHSQ-V for Chilean adolescent and youth population is a valid and reliable instrument to measure willingness to seek help for mental health problems in our socio-cultural environment.

Keywords:

Help-Seeking Behavior,
Mental Health,
Adolescents.

Introduction

The help-seeking behavior is a fundamental behavior in young people for their mental health and well-being and is considered a protective factor in the health and development of adolescents¹. A timely search and care for mental health problems may decrease harmful consequences to them¹⁻³. However, a large number of adolescents and young people do not seek professional help, even though they have the need to receive it^{4,5}. In this context, it is very important to study the behavior of seeking help for mental health problems in the teenager population.

To seek for help could be defined as the behavior of actively seeking help from other people. It is about communicating with others to get help in response to a problem or stressful experience⁵. It is a way of coping, based on social relationships and interpersonal skills⁶. It is a learned skill, which is adaptive and is related to psychological well-being⁷. The help can be obtained from a variety of sources by varying the level of formality, from informal sources (e.g. friends and family) to formal sources (e.g. health professional).

In a recent review⁸, it was found that one of the most commonly used measures for the study of seek for help question is 'The General help-seeking questionnaire'⁹. This instrument, besides evaluating the intention to seek help from professionals, allows assessing the intention to seek help from informal sources. This is relevant, since informal sources would be preferred by adolescents when faced with a mental health problem⁹⁻¹², so it is of interest to have a measure that includes both types of sources of help. The GHSQ^{6,9} is an instrument used to identify the support figures favored by the participants, and their intention to seek help.

There are different versions of this questionnaire. The original version evaluates the intent to seek help for suicidal problems, and for general emotional problems. The study of the psychometric properties of this questionnaire has shown that the measure of intention to seek help is related to the search for current help measured during the last month and predicts the future intention of seeking help. Adequate levels of reliability⁹. This questionnaire is one of the most used internationally for research in the topic of seeking help^{11,13,14}.

In the present study, considering that one of the dimensions of the seek for help is the type of problem that the young one presents⁸, the last version of this questionnaire will be adapted, called 'Vignette' version (GHSQ-V, 15), which presents six specific mental health problems and one of physical health, in order to evaluate the seek for help. One of the advantages of this instrument is that it uses a matrix format, which

allows modifying the sources of aid and the types of problem, according to the requirements of the studied population⁹.

Based on the above, the objective of the present study was to transculturally adapt the English version of the GHSQ-V and to study its psychometric properties, in order to have a valid and reliable Spanish instrument in our environment, which allows us to continue advancing in the study of the behavior of seeking help for mental health issues in adolescents and youths.

Material and Methods

Non-experimental, transversal and correlational research.

Participants

The study was performed with a non-probabilistic sample. Participants were 793 young people between 14 and 19 years old; mean: 17.03 years (SD = 1.72). The sample consisted of 499 females (63.2%) and 291 males (36.8%). There were 3 participants who omitted the information. Of the total number of participants, 417 (52.6%) corresponded to students of secondary education and 376 (47.4%) to first-year university students in the region of Talca.

Procedure

In a first stage the cross-cultural adaptation of the questionnaire was carried out, following the recommendations proposed by Hambleton, Merenda and Spielberger, (16) for which the following steps were followed: 1) Obtaining authorization from the original author to carry out the adaptation and validation of the questionnaire; 2) Translation of the original text (from English into Spanish) by 2 bilingual persons from the area of psychology and mental health, who worked independently; 3) Retro translation; 4) Submission to expert judges, to evaluate level of understanding of items and writing of these. After obtaining this revised version by expert judges, a sample of 20 adolescents, both secondary and university students, was applied through cognitive interviews and then applied in a group way to a pilot sample of 60 high school students. In order to detect possible problems of understanding the items and the relevance of the sources of aid. From this piloting, and considering the recommendations of the author of the questionnaire, to verify the cultural relevance of the sources of help, 2 items that did not fit the socio-cultural reality of adolescents were eliminated. Therefore, the questionnaire adapted here does not include the items of "telephone help" or "religious" as a source of help. These items

had been reported in other studies, as being excluded by the youngsters¹¹.

Instead, the source of “counselor or teacher of my educational establishment” is incorporated. In a second stage, participants were enrolled in secondary schools and different careers of a university in the region of Talca. Consent and assent were requested. The questionnaires were applied collectively in the classroom. This study was approved by the ethics committee of Universidad Católica del Maule.

Instruments

In addition to a socio-demographic questionnaire, which included age, gender, level of education, educational establishment, and the general questionnaire to find help to adapt, the questionnaires of general self-efficacy and depressive symptomatology were applied. These last two were included in order to be able to evaluate the validity of the criterion of the instrument to be validated. Thus, self-efficacy would be expected to be directly related to the willingness to seek help, and depressive symptomatology is inversely related to willingness to seek help.

1) General Help-Seeking Questionnaire, ‘Vignette’ version (GHSQ-V¹⁵)

It asks participants to assess the likelihood that they would seek help from different specific sources of help proposed (partners, friends, parents, other family members and mental health professionals). This is applied for seven different types of health problems (Stress, Anxiety, Depression, Suicidal Ideation, Substance Abuse, Psychosis, and Physical Illness). Each question is presented with an example, or vignette, describing a teenager who has one of the health problems listed. An example of a vignette would be:

“In the last two weeks, Juan has found it difficult to relax. He has also been feeling rather overwhelmed, “nervous” and intolerant. He has tended to overreact to things that happen”.

Following each vignette, participants evaluate their intention to seek help for each source of aid on a 7-point Likert scale, ranging from 1 = extremely probable to 7 = extremely unlikely. Then, with each Likert scale completed, 2 questions are indicated: The first (item K), measures mental health literacy issues (MHL). The second question, (item L), measures the need for perceived help. Therefore, each question in the questionnaire consists of 10 items (item a, item j), which measure the intention to seek help, and the additional items described.

2) General Self-Efficacy Scale 17

Has 10 items, in 4-point Likert format. The answers range from ‘Incorrect’ (1 point) to ‘Correct’ (4 points).

The minimum score is 10 points, and the maximum is 40 points.

3) Center for Epidemiological Studies Depression Questionnaire (CES-D) adapted in Chile¹⁸

This instrument measures the frequency of depressive symptoms and depressive mood during the last 2 weeks. It is a 20-item scale with 4 response alternatives in Likert format.

Results

Prior to conducting the main analyzes, a preliminary examination of the data was performed. Of an initial total of 810 participants, 4 were excluded because they had a high number of missing data (> 10%) and 13 because they were identified as atypical multivariate outliers. For this analysis, the Mahalanobis statistic was taken, excluding those that exceeded the critical value ($p < 0.001$).

Statistical descriptions

Table 1 shows the descriptive statistics of the variables evaluated, where it is observed that the intention to seek help is greater for informal sources than for formal sources, in all problem areas.

In addition, we evaluated whether there were differences in the intention to seek help in the different problem areas, and in the levels of depression and self-efficacy (variables included to assess the validity of criteria) according to gender. As the variables are not normally distributed, a non-parametric test was initially performed to evaluate differences (Mann-Whitney test). However, the results obtained do not differ from those obtained with a parametric test. Considering this precedent, and also that a large sample was evaluated, we chose to report the results of the t test. In this regard, Table 2 shows that there are differences in the intention to seek help in the areas of stress and anxiety, but not in other problematic areas. Specifically, women indicate a greater intention to seek help while facing stress and anxiety than men.

Differences were also detected in the levels of depression and self-efficacy, with a higher depressive symptomatology in women and higher levels of self-efficacy in men.

Reliability

The reliability coefficients were calculated separately for each problem, as suggested by Wilson et al.⁹.

The alpha values obtained were 0.75, 0.74, 0.82, 0.87, 0.79, 0.83 and 0.74 for the problems of stress, anxiety, depression, suicide, substance abuse, Psychosis and chronic disease, respectively.

Table 1. Means and standard deviations (SD) of help seeking intentions for different problems and from different help sources

Source of help	Type of problem													
	Stress		Anxiety		Depression		Suicide		Substance abuse		Psicosis		Chronic Illnes	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
<i>Informal sources</i>	4.55	1.31	4.66	1.31	4.62	1.48	4.33	1.78	4.36	1.45	4.21	1.66	4.87	1.40
Boyfriend/Girlfriend	4.52	2.00	4.29	2.01	4.60	2.07	4.31	2.25	4.23	2.00	3.82	2.20	4.68	2.01
Friend	4.97	1.71	4.62	1.81	5.00	1.84	4.76	2.12	4.83	1.88	4.19	2.15	4.74	1.91
Father or Mother	4.96	2.07	5.78	1.74	5.14	2.14	4.63	2.42	4.67	2.23	5.08	2.20	5.83	1.70
Other relative	3.73	2.06	3.94	2.02	3.75	2.11	3.61	2.25	3.71	2.14	3.74	2.21	4.25	2.09
<i>Formal sources</i>	2.56	1.47	3.14	1.50	3.13	1.69	3.40	1.93	3.23	1.74	3.75	1.83	3.48	1.44
Psychologist	3.00	2.02	3.20	2.06	3.99	2.22	4.33	2.40	3.95	2.29	4.66	2.29	3.11	2.05
General Practitioner	2.42	1.67	4.35	2.27	2.91	2.05	2.91	2.13	3.30	2.18	3.41	2.26	5.60	1.93
Psychiatrist	2.15	1.67	2.43	1.83	2.86	2.10	3.64	2.45	3.09	2.18	4.27	2.43	2.59	1.91
Counselor or teacher	2.64	1.84	2.57	1.82	2.73	1.93	2.72	2.13	2.57	1.94	2.64	2.00	2.58	1.91
Nobody	2.85	2.12	2.23	1.78	2.41	1.97	2.55	2.13	2.47	1.88	2.44	2.01	2.05	1.75

n = 793.

Table 2. Correlation matrix between variables of interest and the mean difference between males and females

	1	2	3	4	5	6	7	8	M (SD) Females (n = 499)	M (SD) Males (n = 291)	t (gl = 788)	p
1. Stress	--								33.14 (9.81)	31.68 (10.19)	1.98*	0.048
2. Anxiety	0.71**	--							37.21 (9.81)	35.67 (9.92)	2.12*	0.035
3. Depression	0.68**	0.68**	--						36.74 (12.00)	35.60 (11.35)	1.32	0.189
4. Suicidal ideation	0.52**	0.55**	0.73**	--					35.76 (14.42)	36.75 (13.26)	-0.96	0.339
5. Substance Abuse	0.57**	0.58**	0.69**	0.73**	--				35.90 (11.52)	35.11 (11.38)	0.93	0.354
6. Pshychosis	0.47**	0.52**	0.62**	0.71*	0.73**	--			37.54 (12.71)	36.32 (12.97)	1.29	0.196
7. Chronic Illness	0.51**	0.64**	0.60**	0.57**	0.66**	0.61**	--		38.91 (10.08)	39.15 (9.79)	-0.34	0.737
8. Depressive Symptomatology	-0.15**	-0.15**	-0.22*	-0.24**	-0.16**	-0.14**	-0.12**	--	20.63 (11.90)	16.08 (9.70)	5.54**	< 0.001
9. Self-efficacy	0.15**	0.19**	0.20**	0.22**	0.20**	0.19**	0.24**	-0.34**	29.84 (5.24)	30.67 (4.92)	2.19*	0.029

*p < 0.01; **p < 0.05.

Validity

In order to examine the factor structure of the GHSQ, an exploratory factor analysis (EFA) was performed with the principal axis extraction and oblique rotation method. This technique was chosen, instead of the confirmatory factor analysis, because the evaluation of the factorial structure of the instrument has been a little explored in previous studies, except for some exceptions (e.g. Tulliao & Velásquez, 2014).

Thus, according to Wilson et al.^{9,15} each problem area can be considered rather a separate scale, EFA were run for each topic.

The results of the Bartlett's tests of sphericity ($p < 0.001$) and the KMO index = 0.77, 0.72, 0.82, 0.85, 0.79 and 0.74, respectively.

The initial EFA, with a freely estimated solution, which considered as eigenvalues greater than 1 and the Scree test, allowed to identify three factors in the case of stress, anxiety and chronic disease, which explain 69%, 45%, 67%, 22% and 69.73% of the variance, respectively. A two-factor solution was then tested for these areas, accounting for 56.47%, 53.62% and 55.87% of the variance for stress, anxiety and chronic disease. In the case of stress and anxiety, the results obtained iden-

tify the first factor that groups informal sources of help (partner, friend, parent and other relatives) and a second factor that groups formal sources (psychologist, physician, psychiatrist, Advisor). In the case of heart disease, the same pattern of results is observed, except that the source represented by the medical professional has no significant load on any factor.

In the other problem areas: depression, suicide, substance abuse and psychosis, the freely estimated solution converged into two factors, accounting for 60.29%, 68.21%, 58.90% and 64.14% % of the variance respectively. In all cases and as shown in Table 3, the same pattern of results is identified, with a first factor that groups the four informal sources theoretically proposed and a second grouping the formal ones.

On the other hand, criterion validity was examined by associating the GSHQ with the variables depression and self-efficacy. As shown in Table 2, scores for all problem areas were inversely associated with depression levels ($p < 0.01$) and directly with self-efficacy ($p < 0.01$). That is, to a greater intention of

seeking help in the face of stress, anxiety, depression, suicide, substance abuse, psychosis and chronic illness, less presence of depressive symptomatology, as predicted.

In addition, and in a manner consistent with the hypothesized, the greater intention of seeking help for problems of stress, anxiety, depression, suicide, substance abuse, psychosis and chronic illness was associated with higher levels of self-efficacy.

On the other hand, it was examined whether there was an association between the intention to seek aid and the MHL. To this end, a series of t-tests were carried out in order to assess differences in the intention to seek help based on whether or not the young person recognized the mental health problem. As shown in Table 4, statistically significant differences in all problem areas are identified, except for suicide. Specifically, those who recognize the mental health problem are more likely to seek help than those who do not, in the area of stress, anxiety, depression, substance abuse, psychosis and chronic illness.

Table 3. Principal Axis Exploratory Factor Analysis of the GSHQ

Source of Help	Type of problem													
	Stress		Anxiety		Depression		Suicide		Substance abuse		Psicosis		Chronic Illnes	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
a. Boyfriend/Girlfriend		0.46		0.54		0.53		0.70		0.61		0.71		0.65
b. Friend		0.54		0.67		0.59		0.80		0.56		0.81		0.72
c. Father or Mother		0.45		0.43		0.67		0.61		0.51		0.49		0.51
d. Other relative		0.54		0.52		0.62		0.57		0.51		0.52		0.47
e. Psychologist	0.82		0.74		0.77		0.83		0.85		0.84		0.89	
f. General practitioner	0.72		0.43		0.74		0.77		0.76		0.72			
g. Psychiatrist	0.86		0.89		0.89		0.96		0.87		0.93		0.88	
h. Counselor or teacher	0.59		0.58		0.56		0.57		0.45		0.43		0.55	

Note: Factor loadings of less than < 0.30 were deleted. Items were grouped according to dimension and factor loadings.

Table 4. Differences in help seeking intentions for mental health problems according to literacy level

	M (SD) Recognizes the problem		M (SD) No reconoce problema Does not recognize the problem		t (gl = 725)	p
Stress	33.92	(9.67)	30.75	(10.15)	-4.30**	< 0.001
Anxiety	37.98	(9.61)	34.70	(9.95)	-4.50**	< 0.001
Depression	37.39	(11.77)	34.46	(11.79)	-3.34**	< 0.001
Suicidal Ideation	36.74	(14.49)	34.76	(13.83)	-1.87	0.061
Substance Abuse	36.76	(11.56)	33.88	(11.60)	-3.34**	< 0.001
Psychosis	38.45	(12.61)	34.94	(13.06)	-3.67**	< 0.001
Chronic Illness	40.38	(9.32)	37.27	(10.46)	-4.23**	< 0.001

n = 727.

Discussion

The present study had the purpose of reporting the process of adaptation and validation, in Chilean adolescents, of the GHSQ-V. Coinciding with previous studies, adolescents tended to seek help from informal sources than from formal sources^{11,19}. An exploratory factor analysis was carried out, which showed two dimensions regarding the sources of help for mental health problems and for physical illness: the formal sources of help and the informal sources of help, which is consistent with the dimensions identified in the study by Tuliao and Velasquez²⁰.

Regarding criterion validity, the scores obtained from the GHSQ-V questionnaire were expected to be related both to the self-efficacy questionnaire scores and to the depressive symptomatology questionnaire scores. Thus, self-efficacy was directly related to the willingness to seek help, which is consistent with the theoretical construct, since people with higher self-efficacy have more favorable attitudes towards seeking help and to seek help in an optimal manner²¹. On the other hand, those who scored higher in depressive symptomatology were less willing to seek help, which has already been documented in studies with adolescents^{22,23}.

Young people with a higher score in MHL are more willing to seek help compared to young people with low scores in this variable, which is consistent with previous studies, which show that a higher level of MHL favors a positive attitude towards these issues, and a greater willingness to seek timely help^{13,24}. However, it is noteworthy that this was achieved for all mental health issues studied, except in the case of suicide. That is, adolescents who recognized suicide presented higher MHL in this subject, but were not more willing to seek help for this issue as expected, compared to those adolescents who did not recognize this issue. This may be linked to what has been described as the process of denial of aid, which implies that when the identified health problem is more serious, the adolescent tends to avoid help or to get away from it²⁵.

Finally, possible gender differences in the variables studied were identified, and adolescents were more willing to seek help for stress and anxiety compared to men. This could be explained by the tendency of female adolescents to experience more emotional discomfort than male adolescents, associated with greater vulnerability to the stressors of this stage of life²⁶. Also, gender differences were observed in the variables of self-efficacy and Depressive symptomatology. Self-efficacy was significantly higher in males, which has been reported in previous studies in adolescent population^{27,28}. Likewise, the fact that depressive symptomatology is significantly higher in female

adolescent, it is also a finding that has been extensively documented in some researches with similar samples^{29,30}.

One of the limitations of this study is that the sample of adolescents was an unrepresentative sample, but was intended by age range, from 14 to 19 years old and belonging to the region of Talca. It will be of interest to perform other psychometric studies broadening the range of the sample and in specific populations of adolescents, such as mental health services consultants for teenagers. Despite this, it is concluded that the adapted GHSQ-V in Chilean adolescent and youth population is a valid and reliable instrument to measure willingness to seek help for mental health issues in our socio-cultural environment.

To have this questionnaire will help further research studies in the field of, for example, the barriers to seeking help, which may be of interest for researchers and for health professionals alike, who, by identifying which willingness barriers to seek help from adolescents are facing, may develop strategies to reduce them and favor a positive attitude towards seeking help from a mental health professional. Promoting a timely seek for help in adolescents may contribute to a reduction in the development of mental health problems, in which, for example, it has been determined that encouraging young people to seek help when they feel depressed is an important strategy for reducing Suicide risk³¹.

Ethical Responsibilities

Human Beings and animals protection: Disclosure the authors state that the procedures were followed according to the Declaration of Helsinki and the World Medical Association regarding human experimentation developed for the medical community.

Data confidentiality: The authors state that they have followed the protocols of their Center and Local regulations on the publication of patient data.

Rights to privacy and informed consent: The authors have obtained the informed consent of the patients and/or subjects referred to in the article. This document is in the possession of the correspondence author.

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Conflicts of Interest

Authors state that any conflict of interest exists regards the present study.

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