Considerations for specifying problem-types, help-sources and scoring the General Help-seeking Questionnaire (GHSQ).

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The source article for the GHSQ is: Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help-seeking Questionnaire. *Canadian Journal of Counselling*, *39,* 15-28.

The GHSQ or variants of it have been used in many of the research studies we have published and the reader is referred to the pdf of published articles in the help-seeking area: http://www.uow.edu.au/health/iimh/pdf/help_seeking_journal_articles.pdf

We often get requests for the measure and have provided one of the versions that we use below. One of the key issues in the measurement of help-seeking intentions is that intentions will vary by context, in particular, the problem-type (e.g., depression) and help-sources (e.g., teacher). As such, the GHSQ can be viewed as much as a method as it is a specific questionnaire. Dependent on context, the problem-types and the help-sources may vary. For example, if looking at professional help-seeking by General Medical Practitioners it may be important to list a specific Doctors' Advisory Service as a help-source.

The advantage of this approach is that you make your measure more relevant to the particular context and the research questions you are exploring. The disadvantage is that you get some variation between studies in the types of problems and help-sources, which limits comparisons across studies. In addition, these variations mean that the psychometrics for the GHSQ can change.

As a result, for any particular sample, some work may be required to look at whether items can be combined into "scales" or need to be analysed as separate items. For example, items for several different professional sources that provide counselling and psychotherapy might form a "professional mental health" scale. The difficulty with single items is that they tend to be less reliable than multi-item scales. That said, we have found that the single item analyses we have conducted have generally produced fairly consistent results that suggest underlying reliability and validity (e.g., we uniformly find that in our samples of high school and university students, friends and family are the most likely sources of help followed by professional help-sources). There are some samples where there is less variability between intention ratings by help-sources and we have been able to combine the help-sources into a single summary scale to give an overall help-seeking intention rating for a particular problem. Generally, inspections of correlations between items and Cronbach alpha (usually at or above .70) will provide an indication of whether combining items is advisable.

Again, the context of the study and variability between ratings by help-source and problem-type will determine whether items can be combined in a meaningful fashion.

Frequently Asked Questions:

Can I use as many help-sources as I want to?

Yes, in fact, we think this is highly advisable and we state in our article that both problem-types and help-sources can be changed dependent on the context of the research. For example, we conducted a study with General Medical Practitioners and this required that we include the Doctors' Advisory Service as a source of help. Similarly, if our purpose is to look at a sample of Police, this might include "Police Chaplin" or similar help-sources that are specific to that sample. Recently we fielded an enquiry from someone who was interested in help-seeking but specifically from internet sources. Using the GHSQ to measure help-seeking in this context would require specification of things like, chat rooms, email therapy, real time online therapy, self help programs etc. In other contexts we have been interested in drug and alcohol use, so we have changed the problem-type to specify "use drugs or alcohol".

Often the GHSQ has been administered, scored then analysed as individual items (i.e., intentions for individual help-sources). The benefit of this relates to containing the length of the questionnaire and thus, raising your ability to ask the sample to rate their help-seeking intentions for a variety of help-sources and problem-types without making the survey too big. A range of help-sources is needed to comprehensively assess help-seeking because there is ample evidence to indicate people do differentiate between where or from whom they would seek help on the basis of the type of problem they are faced with.

If I add or remove help-sources from the questionnaire does that change the reliability and validity?

Potentially, yes. How the "scale" is used depends to a large extent on what questions you are asking. We suggested earlier, a preference for looking at the GHSQ as a method as much as a specific "scale". We have had occasion where we would have liked to have used the Total score on the GHSQ, but because there were substantial differences in help-seeking for different help-sources, it did not really make sense to do so. On other occasions we find some samples respond more consistently across help-sources and we think that to some extent this depends on the type of problem that has been specified.

In dealing with the issue of help-source selection, across general help-seeking studies there are likely to be some common help-sources that can be retained (e.g., friends) and others that can be included as needed. For studies with a specific purpose, as described in more detail below, listing help-sources that relate only to a particular domain might be appropriate. In your method section you can report that you retained all (or what ever number) of the items that were used in the reference article method (Wilson et al., 2005) and then specify any other help sources that you added. Again, dependent on the goals of your study you would look at internal reliability (e.g., Cronbach alpha) to determine what the limitations might be in using a group of help-source items together.

When deciding on the number of items to be included in a study, it is possible to

include all possible help-sources in a single measure, but it would be a mighty long measure. The reference article provides preliminary psychometrics and a review of general considerations when measuring help-seeking intentions.

What if I want to create a multi-item scale?

If in your study you are interested in examining help-sources from one domain only, for example, if you are only looking at "mental health professional" sources, then this allows you the opportunity to create a multi-item scale. Continuing the mental health example, you could ask participants to report their help-seeking intentions for "psychiatrist", "psychologist", and "counsellor". Given the limited range of help-sources that fall into a general category of "mental health professional" it is less likely that there will be significant differences between these sources, but more likely that you will be able to average responses to these sources as a single mental health help-seeking scale.

When averaging responses, as a rule, we test for any significant differences between the help-sources prior to combining items, to make sure we are not losing important information. If source items can be averaged, the ratings are likely to have high correlations with each other. Under these circumstances you can probably create a "scale" by generating a mean of the three items. However, even if there are differences between items, it may be that in the context of your study this is not important and you may still choose to combine your items.

Another approach to creating multi-item scales is to choose closely related problem-types. For example, we have found in some samples that high school students tend to respond very similarly to "depression", "anxiety" and "personal-emotional" problems. This provides the opportunity to combine each of the help-sources across these problem-types to create an intentions scale.

Example: General Help-seeking Questionnaire

Please circle your answers.

1) If you were having a **personal-emotional problem**, how likely is it that you would seek help from the following people?

	Extremely Unlikely						Extremely Likely
Intimate partner (e.g., significant boyfriend or girlfriend, husband, wife).	1	2	3	4	5	6	7
NOTE: If you do not have an intimate partner, please skip this question. Please answer all the remaining questions.							
Friend (not related to you)	1	2	3	4	5	6	7
Parent	1	2	3	4	5	6	7
Other relative/family Member	1	2	3	4	5	6	7
Mental Health Professional (e.g., Counsellor, psychologist, Psychiatrist)	1	2	3	4	5	6	7
Phone help line (e.g., Lifeline)	1	2	3	4	5	6	7
Doctor/GP	1	2	3	4	5	6	7
I would not seek help from anyone	1	2	3	4	5	6	7
Other not listed above (Please list)	1	2	3	4	5	6	7

_____
(If no other, leave blank.)

2) If you were experiencing **suicidal thoughts**, how likely is it that you would seek help from the following people?

	Extremely Unlikely						Extremely Likely
Intimate partner (e.g., significant boyfriend or girlfriend, husband, wife). **NOTE: If you do not have an intimate partner, please skip this question. Please answer all the remaining questions.**	1	2	3	4	5	6	7
Friend (not related to you)	1	2	3	4	5	6	7
Parent	1	2	3	4	5	6	7
Other relative/family member	1	2	3	4	5	6	7
Mental Health Professional (e.g., counsellor, psychologist, psychiatrist)	1	2	3	4	5	6	7
Phone help line (e.g., Lifeline)	1	2	3	4	5	6	7
Doctor/GP	1	2	3	4	5	6	7
I would not seek help from anyone	1	2	3	4	5	6	7
Other not listed above (Please list) _____ (If no other, leave blank.)	1	2	3	4	5	6	7

Supplementary questions:

3) Have you ever seen a mental health professional (e.g., counsellor, psychologist, psychiatrist) to get help for personal problems? (Circle one)

Yes   No

4) How helpful was this for you?

Extremely Unhelpful				Extremely Helpful
1	2	3	4	5