

# Revisiting the General Help Seeking Questionnaire: Adaptation, Exploratory Factor Analysis, and Further Validation in a Filipino College Student Sample

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This study aims to validate the General Help Seeking Questionnaire (GHSQ; Wilson, Deane, Ciarrochi, & Rickwood, 2005) among Filipinos. Exploratory factor analyses suggest a two-factor structure (Family and Non-Family) for past behavior, and three-factor structure (Family, Professionals, and Other Sources) for intent to seek psychological help. Intent and past help-seeking behavior were associated with stigma, attitudes towards help-seeking, social support, and problem severity. Implications regarding the use of GHSQ in studying Filipino help-seeking behavior are discussed.

*Keywords:* Filipinos, Help-seeking behavior, General Help Seeking Questionnaire

Most research on help-seeking behavior of Filipinos focus primarily on Filipino American immigrants; furthermore, a considerable number of studies subsume Filipino Americans under the more general label of Asian Americans, together with other ethnicities and subgroups (see Abe-Kim et al., 2007; David, 2010; Gong, Gage, & Tacata, 2003; Kim & Chun, 1993). Hence, a lack of focus on native

Filipinos seems to be the prevailing condition in terms of help-seeking behavior and its related constructs.

A review of literature has indicated the dearth of studies that tackle help-seeking behaviors among native Filipinos (i.e., born and living in the Philippines). Although studies on Filipino immigrants and Filipino Americans exist, generalization to native born Filipinos could be problematic. For one, help-seeking behavior research of Filipinos in the United States are anchored on a paradigm of multiculturalism and have included variables such as acculturation, cultural mistrust, and language barriers (Abe-Kim, Gong, & Takeuchi, 2004; David, 2010; Gong et al., 2003), issues that may not be relevant to Filipinos born and living in the Philippines. A multicultural paradigm addresses issues of racial discrimination and prejudice in the U.S. mental health system, and is involved in sociopolitical and cultural issues specific to the United States (Leung & Chen, 2009), a reality that may not be as apparent among Filipinos in their native country. Furthermore, proponents of internationalizing counseling psychology assert that unless U.S.-originated models have demonstrated validity in other cultures and countries, these models should be considered as indigenous, culturally specific theories (Leong & Ponterotto, 2003).

In line with this, an adaptation of U.S.- or Western-originated instruments that measure help-seeking can be of great utility to clinicians and researchers in the Philippines. A nuanced and culturally sensitive instrument that shares similar properties with established instruments (such as the GHSQ) and possesses validity for local samples not only addresses the need to improve mental health provisions and initiatives, but advances research in help-seeking in this context as well.

Before studies can be pursued to understand Filipino help-seeking behaviors, there is a need to assure that measurements are culturally valid. Although there is a tremendous amount of work done on help-seeking behaviors, measurements of intent and past psychological help-seeking behavior have been suspect (Wilson, Deane, Ciarrochi, & Rickwood, 2005). First, a number of studies utilized dichotomous "Yes/No" items, such as "Have you seen a counselor before?" or "Will you seek a counselor for depression?" (e.g., Ang & Yeo, 2004; Komiti, Judd, & Jackson, 2006; Rickwood & Braithwaite, 1994). This format

does not provide the frequency of such visits to the mental health practitioner, nor does it give the degree of intent in going to these professionals (Wilson et al., 2005). Second, although using a rating scale, such as was used in the Intention to Seek Counseling Scale (Cash, Begley, McCown, & Weise, 1975), some studies have focused solely on seeking help from professionals, such as counselors, psychiatrists, and general practitioners (e.g., Barksdale & Molock, 2008; Barney, Griffiths, Jorm, & Christensen, 2006; Vogel, Wade, & Hackler, 2007). This could limit our understanding of help-seeking behavior of Asians in general, and of Filipinos in particular, because they prefer to consult with their lay networks (e.g., family and/or friends), folk healers (e.g., herbalists, shamans, witch doctors, and acupuncturists), and religious leaders, as opposed to seeking help from professional mental health workers (Abe-Kim et al., 2004; Gong et al., 2003; Sue & Sue, 1999). In the Filipino American Epidemiological Study (FACES), 17% of the sampled Filipino immigrants and Filipino Americans sought help from lay networks, 7% from the general medical sector (e.g., general practitioner, internists, or other medical professional other than mental health professional), 4% from the folk system and religious leaders, and only 3% sought help from mental health practitioners (e.g., counselors, psychologist, psychiatrists, or social workers) (Gong et al., 2003). For a thorough understanding of Filipino help-seeking behavior, instruments should also be able to tap sources of psychological help outside of the mental health profession.

In an effort to overcome the abovementioned and other instrumental constraints, Wilson and colleagues (2005) developed the General Help-Seeking Questionnaire (GHSQ). Help-seeking was conceptualized as a process of translating the very personal domain of psychological distress to the public or semi-public interpersonal domain of help-seeking; and as such, factors that were expected to facilitate or hinder this process were studied (Rickwood, Deane, Wilson, & Ciarrochi, 2005). These factors included past help-seeking behaviors, attitudes towards mental health interventions, stigma, and social support, among others (Rickwood et al., 2005; Wilson et al., 2005).

Wilson and colleagues sought to overcome issues with construct validity and the inability to differentiate “willingness” from “intention”

found in other instruments (e.g., Cohen, 1999). Second, the GHSQ incorporated several other possible sources of psychological help aside from mental health professionals (e.g., family members, friends, parents, etc.) and expanded the dichotomous choices into a rating scale ranging from extremely unlikely to extremely likely.

Although the GHSQ is a significant improvement from previous instruments, it can be argued, however, that the present instrument may be inadequate in comprehensively capturing Filipino intent to seek psychological help. First, as already mentioned, there are segments of the Filipino population that go to folk healers for their psychological problems (Gong et al., 2003), and the GHSQ was seemingly unable to include these in its options. Second, although the GHSQ included husbands/wives/significant others, parents and other family members as viable options for help, this limited number may not be sensitive to the nuances of Filipino family relationships. Filipinos, as some authors suggest, have close-knit ties with extended families, which includes maternal and paternal grandparents, aunts and uncles, and cousins (Herrera, 1997). Furthermore, Filipinos form fictive familial ties (i.e., individuals unrelated by blood but are treated as family members) in their communities (e.g., neighbors and school teachers), which could also serve as sources of psychological support (Medina, 2001). These familial relationships, however, have varying cultural roles that might influence an individual's openness to relate one's problems to them. For example, grandparents and parents are treated as authority figures and are held in a high esteem that seeking help with them are unlikely (Herrera, 1997; Samia, 2005). On the other hand, siblings and cousins are more likely sources of help because they are treated as contemporaries. Hence, aggregating grandparents with cousins and siblings under a category of other family members, which the GHSQ has, might be incapable of capturing nuances in typical Filipino family relationships.

Apart from adapting the GHSQ items to fit the possible sources of psychological help among Filipinos, this paper also intends to extend the investigation of the GHSQ's psychometric properties. First, an exploratory factor analysis will be conducted on the GHSQ, which Wilson and colleagues (2005) were unable to do in their study. Second, the GHSQ will be correlated with other measures of intent

to seek psychological help and past help-seeking behaviors, as well as other variables found to be related to psychological help-seeking, such as attitude towards counseling, stigma, and social support (Liao, Rounds, & Klein, 2005; Vogel, Wester, & Larson, 2007).

## METHOD

### Participants and Procedure

Data for this study were derived from a larger study on Filipino help-seeking behavior, which included 359 (52% females, mean age = 17.69,  $SD = 0.98$ , age range = 16-21) university students taking an Introduction to Psychology course during the summer semester. Data were gathered from one university in Manila, the capital of the Philippines. Undergraduate research assistants went to the classes, introduced the background and purpose of the study, and distributed the questionnaires. Forty-one students refused to participate in the study. Majority of the participants were sophomores ( $n = 322$ , 89.69%), followed by juniors ( $n = 19$ , 5.29%), seniors ( $n = 13$ , 3.62%), and finally freshmen ( $n = 5$ , 1.39%). Students were given course credits for participating in the study.

### Instruments

**General Help-Seeking Questionnaire (GHSQ).** To overcome previous methodological issues with help-seeking behavior measurements, Wilson and colleagues (2005) developed the GHSQ. Using personal or emotional problems and suicidal ideation as target problems, the GHSQ asks test-takers to rate, using a 7-point Likert scale ranging from “Extremely Unlikely” to “Extremely Likely,” the possibility of seeking help among eight professional (e.g., general practitioner or mental health professional) and lay (e.g., parents and friends) possible sources (see Table 1 for the original items). The item, “I would not seek help from anyone,” as well as an item asking for other possible sources of psychological help other than the ones already included were also added. For the suicidal problems subtest, Cronbach’s  $\alpha$  was .83 and the test-retest reliability over a three-week

period was .88. Cronbach's  $\alpha$  and test-retest values were .70 and .86, respectively, for the personal-emotional problems.

For the GHSQ to be responsive to the Filipino population, other possible sources of psychological help were added. Prior to the adaptation of the GHSQ, the authors surveyed college students using *pagtatanung-tanong* (informally asking around), a recommended indigenous research method for Philippine social science research (Pe-Pua, 1989). The college students reported more family members as sources of psychological help (grandparents, siblings, and other family members) compared to that provided by the GHSQ (parents and other family members). The students also reported asking non-family individuals treated as fictive family members (e.g., teachers or professors and neighbors) for advice and help. In the FACES, Gong et al. (2003) reported that Filipinos sought help for psychological problems from friends, relatives, priests or ministers, herbalists, spiritualists, and fortune-tellers. Because herbalists, spiritualists, and fortune-tellers were not initially part of the GHSQ, the Filipino equivalent faith healers, *albularyo* (herbalists/witch doctors), and *manghihilot* (masseurs/chiropractors) were added.

Based on the preliminary study using *pagtatanung-tanong*, other revisions to the GHSQ were made. First, because the participants were unaware of what constitutes mental health professionals, "mental health" was replaced with "professional counselor, psychologist, psychiatrist, or social worker." Second, seeking help when experiencing suicidal thoughts was an uncomfortable topic for the participants, and was subsequently dropped from the adapted GHSQ. Finally, the range of the Likert scale was reduced from seven to five. The rationale for the reduction of the Likert scale is consistent with the findings of Pearse (2011), in that reduction allows for quicker response time; with fewer points in the scale preventing distortion effects of reference points, avoiding triviality of categories, and reducing bias for cognitive ability of respondents.

**Intent to Seek Counseling Inventory.** Unlike the GHSQ that measures intent to seek counseling across possible providers, the Intent to Seek Counseling Inventory (ISCI; Cash et al., 1975; Cepeda-Benito & Short, 1998) asks participants to rate the likelihood of seeking psychological help, from 1 (never) to 4 (definitely) across 17 problems

commonly experienced by college students. The ISCI was also revised to measure problem severity, asking the participants to rate the frequency problem occurrence, from 1 (never) to 4 (always). The ISCI has a reported alpha coefficient of .89 (Cepeda-Benito & Short, 1998) and .94 for the present study.

**Correlates of Help-Seeking Behavior.** Apart from problem severity, the GHSQ was also correlated with three other variables: attitude towards counseling, stigma, and social support. These three constructs have been found to be strongly associated with help-seeking behavior, and as such would provide considerable evidence of convergent validity (Rickwood et al., 2005; Wilson et al., 2005). The 24-item Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004) was used to measure attitudes towards counseling. The ISCI improves upon the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970).

Stigma was measured using the 10-item Self-Stigma of Seeking Help Scale (SSOSHS; Vogel, Wade, & Haake, 2006). The SSOSHS measures private stigma, or the reduction of self-esteem or self-worth, as a result of labeling oneself as socially unacceptable, and asks participants to rate their agreement on each item from 1 (strongly disagree) to 5 (strongly agree). Sample items include “I would feel inadequate if I went to therapist for psychological help” and “I would feel worse about myself if I could not solve my own problems.” Reported alpha coefficient ranged from .88 to .91 (Vogel et al., 2006).

The 12-item Interpersonal Support Evaluation List (ISEL-12; Cohen & Hoberman, 1983) was used to measure social support. The ISEL-12 is composed of three subscales: appraisal (perceived availability of someone to talk to about one’s problems), belonging (perceived availability of people one can do things with), and tangible (perceive availability of material aid). Participants were asked to rate their agreement to each item using a Likert scale ranging from 1 (definitely false) to 4 (definitely true).

## RESULTS

### **Factor Structure of Psychological Help-seeking: Intent and Past Behavior**

Exploratory factor analysis (EFA) using principal components analysis with a promax rotation was used to uncover underlying factor structure of the intent to seek help version of the GHSQ. Preliminary tests suggest a violation of assumptions (i.e., substantial skewness) on some items. However, a significant Bartlett's test of sphericity ( $\chi^2 = 1250.32$ ,  $df = 66$ ,  $p < .001$ ) and a Kaiser-Meyer-Olkin measure of sampling adequacy (KMO) of .79 reveal that EFA is still appropriate. Parallel analysis (O'Conner, 2000) was conducted to ascertain the optimum number of factors, using the 95th percentile as cut-off. Furthermore, a permutation approach to raw data was used as it is deemed more robust to nonnormal data distribution (O'Conner, 2000).

Parallel analysis results suggest a three-factor solution, with raw data eigenvalue (1.23) exceeding the 95th percentile random data eigenvalue (1.21). This result is consistent with the Kaiser criterion (eigenvalues  $> 1$ ) and the scree plot method of selecting the optimum number of interpretable factors. The first factor, accounting for 33.38% of the variance, included family members and significant others, and was labeled Family. The second factor, accounting for 14.27% of the variance, was labeled Professionals, or individuals who are perceived as having some form of professional training in counseling. Finally, the last factor, labeled Other Sources, included non-professional sources of psychological help such as faith healers and neighbors.

The same procedures were conducted on prior help-seeking behavior. Although preliminary analysis suggest a KMO of .87 and a significant Bartlett's test of sphericity ( $\chi^2 = 1664.96$ ,  $df = 66$ ,  $p < .001$ ), some items had nonnormal distribution, hence indicating minor violations in the assumptions. Parallel analyses suggest two interpretable factor solutions, with a raw data eigenvalue (1.77) exceeding the 95th percentile random data eigenvalue (1.29). The two-factor solution is also consistent with the Kaiser criterion and the scree plot criterion. The factor structure revealed the dichotomy of family

and nonfamily members. The first factor, accounting for 41.27% of the variance, included sources of psychological help such as professional counselors and doctors, whereas the second factor, accounting for 14.78% of the variance, included friends, family members, and significant others. The factors were subsequently labeled as Nonfamily and Family, respectively.

Paired samples t-tests were also conducted between intent and past help-seeking behavior for each possible source. Results suggest that intent scores were significantly higher than actual reported behavior across all possible sources of help. To assure that significant differences are not artifacts of sample size, effect sizes (Cohen's *d*) were also calculated following the recommendations of Morris and DeShon (2002; see Table 1).

### **Correlates of Past Behavior and Intent to Seek Help**

Table 2 presents the intercorrelations among past behavior and future intent GHSQ subfactors, and correlates of intent to seek counseling. Correlation analyses among the intent and past behavior GHSQ subfactors suggest modest association, with *r* ranging from .23 to .57. Furthermore, significant correlations were also observed among GHSQ subfactors and ISCI (*r* = .20 to .34). Results also suggest that past help-seeking behavior from family and nonfamily members were associated with higher problem severity and better attitudes towards help-seeking. On the other hand, intent to seek psychological help from family and nonfamily members were associated with lower stigma and better attitudes towards help seeking.

## **DISCUSSION**

In this study, we aimed to adapt and validate the GHSQ onto a Filipino sample, and results were consistent with what was expected. First, the adapted GHSQ was associated with another measure of help-seeking behavior, as well as other variables purported to be correlated with help-seeking behavior, such as higher problem severity, lower stigma, and positive attitudes towards seeking professional help (Liao et al., 2005; Vogel et al., 2007). Second, results of the exploratory

Table 1. Descriptive Statistics, Rotated Pattern Matrix, Paired Samples t-Test, and Cohen's *d*

	Intent to Seek		Past Behavior		<i>t</i>	<i>d</i>
	<i>M (SD)</i>	1 2	3	1 2		
Brothers/sisters	2.99 (1.28)	.78	2.47 (1.31)	.82	-8.73*	.49
Parents <sup>a</sup> /grandparents	3.46 (1.23)	.70	2.67 (1.31)	.80	-11.87*	.66
Friends <sup>a</sup>	3.73 (1.13)	.66	3.31 (1.34)	.85	-6.22*	.36
Other family members <sup>a</sup>	2.37 (1.15)	.66	1.92 (1.11)	.69	-7.75*	.46
Husband/wife, boyfriend/girlfriend, or an intimate partner <sup>a</sup>	3.13 (1.43)	.62	2.13 (1.41)	.47	-12.93*	.72
Professional counselor, psychologist, psychiatrist, or social worker	2.46 (1.37)	.94	1.43 (0.84)	.67	-15.04*	.85
Doctor <sup>a</sup>	2.34 (1.33)	.80	1.48 (0.85)	.70	-12.82*	.71
Priest/pastor/minister/religious leader <sup>a</sup>	2.07 (1.15)	.63	1.51 (0.84)	.62	-11.67*	.67
Teachers/professors	2.16 (1.07)	.41	1.76 (0.98)	.55	-7.93*	.42
Faith healers, <i>albularyo</i> , <i>manghihilot</i>	1.21 (0.58)	.83	1.13 (0.54)	.86	-2.94*	.17
Neighbors	1.55 (0.93)	.76	1.36 (0.77)	.52	-5.12*	.27
Phone helpline <sup>a</sup> , phone counselor, online counselor	1.41 (0.81)	.67	1.12 (0.48)	.95	-6.95*	.40

Note. All factor loadings below .30 were dropped and are not reported.

<sup>a</sup>From the original GHSQ

\*  $p < .01$ .

Table 2. Descriptive Statistics and Intercorrelations Among Variables of Interest

	M (SD)	1	2	3	4	5	6	7	8	9	10
1) Intent GHSQ Factor 1	3.13 (0.87)	.74									
2) Intent GHSQ Factor 2	2.26 (0.96)	.40**	.78								
3) Intent GHSQ Factor 3	1.39 (0.60)	.23**	.44**	.62							
4) Past GHSQ Factor 1	1.40 (0.56)	.29**	.50**	.51**	.85						
5) Past GHSQ Factor 2	2.53 (0.96)	.57**	.15**	.17**	.50**	.79					
6) ISCI	1.95 (0.64)	.23**	.28**	.20**	.34**	.26**	.94				
7) Problem Severity	2.23 (0.42)	-.05	.05	.10	.20**	.15**	.38**	.83			
8) Stigma	2.69 (0.61)	-.11*	-.16**	-.03	-.08	-.12*	-.13*	.09	.80		
9) Attitudes	3.04 (0.43)	.12*	.13*	.04	.13*	.16**	.17**	-.06	-.54**	.77	
10) Social Support	3.18 (0.47)	.23**	.01	-.03	.01	.21**	-.06	-.22**	-.25**	.29**	.82

Note. Values on the diagonal are Cronbach's alpha for each of the scale.

\*  $p < .05$ . \*\*  $p < .01$ .

factor analysis emphasize the differentiation between family and lay social networks as one source of psychological help, and mental health professionals as another. In addition, social support was correlated with intent and past help-seeking behavior from family members, but not among professionals. This seems consistent with the literature, wherein it was discovered that young individuals tend to believe that personal and emotional problems are better dealt with by family members than with professional sources of help (Rickwood et al., 2005).

Beyond adapting and validating the GHSQ onto a Filipino sample, the results of the study also raise important issues that might be the subject of future research. First, results suggest that those who were open to seeking psychological help from family members and lay social networks were also inclined to seek help from professionals. The same pattern is also true for past behavior. These results do not seem to agree with the hypothesis that Asians' dismal utilization of mental health services is due to the presence of other sources of psychological help, such as family members (e.g., Yeh & Wang, 2000). This might be due to other factors influencing the relationship between availability of psychological sources of help and actual help-seeking. Zhang, Snowden, and Sue (1998) proposed two factors: culturally-based psychological barriers such as shame and somatization rather than verbalization of mental distress, and incompatibility of mental health services in terms of language, ethnicity, and cross-cultural understanding. Hence, future research should clarify the relationship between the presence and the willingness to seek help from family members with the intent and actual help-seeking behavior with mental health professionals.

Second, according to the paired samples t-test and the corresponding effect sizes, there are marked discrepancies between past sources of psychological help and intent. For example, intent to seek help from mental health professionals was significantly higher than past behavior ( $d = .85$ ). The pattern is consistent throughout possible sources of psychological help (i.e., intent scores are significantly higher than actual behavior). Results imply that intent and actual behavior might not be similar, and future research should focus on these discrepancies. Indeed, help-seeking has been identified as a complex process; the simplistic model of identifying needs, deciding

to seek help, and carrying out that decision is fraught with a host of factors that might hinder acting upon help-seeking intentions. These factors include, but are not limited to, lack of emotional competence, help-negation, and negative attitudes and beliefs related to seeking professional help, including stigma (Rickwood et al., 2005).

Results of this study should be interpreted with a consideration of its limitation, particularly the sample choice. Participants of this study are educated college students, typically residing in a metropolitan urban area. The age, education, socioeconomic status, and social context of the sample could have influenced the endorsement, variability, and correlations among the variables. For example, although various research suggests that Filipino immigrants reported seeking psychological help from faith healers, herbalists, and the like, the sample of these studies are typically older and are from different areas in the Philippines, both urban and rural, across socioeconomic strata. Such is not the case in the present study, wherein there is a low endorsement for seeking help from faith healers and herbalists.

Another limitation of this GHSQ adaptation is the exclusion of items pertaining to suicidal ideation, which was found to cause considerable discomfort in potential participants during the initial phase of the study, after employing the indigenous process *pagtatanung-tanong*. This exclusion may not be in line with the intention of the original GHSQ as conceptualized by Wilson and colleagues (2005), wherein they identify suicidal thoughts as one of the constructs the GHSQ purports to measure.

In sum, the GHSQ appears to be an adequate instrument in assessing intention to seek help, as evidenced by the application and subsequent analysis of said instrument to a Filipino sample. Three other psychological variables were seen to be significantly associated with seeking help as measured by the GHSQ, consistent with the literature. The GHSQ as adapted in this study serves as a potential method to assist in clinical practice and other mental health projects, such as resilience-building in community settings, among others. Indeed, Wilson and colleagues (2005) identified appropriate help-seeking as a protective factor in mental health, alleviating psychological distress and buffering personal resources. The adapted GHSQ can be a vital instrument in the assessment and improvement of mental health

in the Philippines, given its adaptability and flexibility of use in this particular culture.

Although it can be argued that the GHSQ is an adequate instrument for a Western sample – and it has some utility when applied to other cultures – there seems to be a need for further development of this scale. This study, using a Filipino sample, has identified several areas for further exploration with regard to intent to seek psychological help. In particular, sources of psychological help, such as those received from extended and fictive familial ties, can be included in the instrument to better capture these complex family dynamics that invariably impact individuals' intent to seek psychological help. In turn, these sources of social support were associated with previous help-seeking behaviors, adding another layer of complexity that can be captured with the adaptation of the GHSQ. This study has attempted to showcase the possibilities for adapting the GHSQ for a more nuanced and focused use with particular groups, in a way that bolsters its utility.

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