



Development of the Adolescents' Attitude towards Psychological Help Scale and the Adolescents' Intention to Seek Psychological Help Scale: Validity and Reliability Study

Ergenlerin Psikolojik Yardım Alma Tutumu Ölçeği ve Ergenlerin Psikolojik Yardım Alma Niyetini Belirleme Ölçeklerinin Geliştirilmesi: Geçerlik ve Güvenirlik Çalışması

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ABSTRACT

Objective: This study aimed to develop the Adolescents' Attitude Towards Psychological Help Scale (AATPHS) and the Adolescents' Intention to Seek Psychological Help Scale (ISPHS) in order to determine adolescents' attitudes and intentions towards seeking psychological help.

Method: In this study, AFA and DFA were applied to examine the construct validity of the measurement tools. AFA was used to discover the underlying factor structure of the scale items, and the accuracy of the obtained structure was tested with DFA.

Results: The total variance explained by AATPHS was found to be 60.56%, and the total variance explained by ISPHS was found to be 57.48%. A total of 600 students participated in the study for AATPHS and 684 students for ISPHS. AATPHS consists of two subscales (self-stigmatisation, social stigmatisation) and nine items. The Cronbach's alpha coefficient for AATPHS was 0.86; 0.85 for the social stigmatisation subscale and 0.73 for the self-stigmatisation subscale. ISPHS consists of three subscales problems related to negative emotions (PRNE), problems related to negative thoughts (PRNT), and personal and social development (PSD) and 22 items. The Cronbach's alpha coefficient for ISPHS was found to be 0.94; for the PRNE subscale, it was 0.91; for the PRNT subscale, it was 0.77; and for the PSD subscale, it was 0.89. According to criterion validity results, a relationship was found between AATPHS and the Attitude Scale Towards Psychological Help (ASTPH) ($r = 0.71$; $p < 0.001$) and between ISPHS and the Psychological Help-Seeking Intention Inventory (PHSII) ($r = 0.71$; $p < 0.001$).

Conclusion: The research findings indicate that the AATPHS and ISPHS scales are valid and reliable measurement tools that can be used to determine attitudes and intentions toward seeking psychological help.

Keywords: Psychological help-seeking attitude and intention, adolescents, scale development

ÖZ

Amaç: Bu çalışmada ergenlerin psikolojik yardım alma tutumu ve niyetini belirlemek amacıyla Ergenlerin Psikolojik Yardım Alma Tutumu Ölçeği (EPYATÖ) ve Ergenlerin Psikolojik Yardım Alma Niyetini Belirleme Ölçeklerinin (EPYANÖ) geliştirilmesi amaçlanmıştır.

Yöntem: Bu çalışmada ölçme araçlarının yapı geçerliliğini incelemek amacıyla AFA ve DFA uygulanmıştır. AFA, ölçek maddelerinin altında yatan faktör yapısını keşfetmek için kullanılmış; elde edilen yapının doğruluğu ise DFA ile test edilmiştir.

Bulgular: EPYATÖ'nün açıkladığı toplam varyans %60,56, EPYANÖ açıkladığı toplam varyans %57,48 olarak bulunmuştur. Araştırmaya EPYATÖ için 600; EPYANÖ için 684 öğrenci katılmıştır. EPYATÖ iki alt boyut (kendini damgalama, sosyal damgalanma) ve dokuz maddeden oluşmaktadır. EPYATÖ Cronbach Alpha katsayısı ,86; alt boyutlardan sosyal damgalanma için ,85; kendini damgalama için ,73 olarak bulunmuştur. EPYANÖ olumsuz duygularla ilgili sorunlar (OSZD), olumsuz düşüncelerle ilgili sorunlar (OSDC), kişisel ve sosyal gelişim (KSG) altboyutlarından ve 22 maddeden oluşmaktadır. EPYANÖ Cronbach Alpha katsayısı ,94; alt boyutlardan OSZD için ,91; OSDC için ,77 ve KSG için ,89 olarak bulunmuştur. Ölçüt geçerliği sonuçlarına göre EPYATÖ ile Psikolojik Yardım Almaya İlişkin Tutum Ölçeği (PYATÖ) arasında ($r = ,71$; $p < ,001$); EPYANÖ ile Psikolojik Yardım Alma Niyeti Envanteri (PYANE) arasında ($r = ,71$; $p < ,001$) ilişki olduğu bulunmuştur.

Sonuç: Araştırma bulguları EPYATÖ ile EPYANÖ ölçeklerinin psikolojik yardım alma tutumu ve niyetini belirlemede kullanılabilecek geçerli ve güvenilir birer ölçme araçları olduğunu göstermektedir.

Anahtar sözcükler: Psikolojik yardım alma tutumu ve niyeti, ergenler, ölçek geliştirme

Introduction

Many individuals experience various problems in their daily lives that significantly affect their lives. Adolescents, in particular, face many problems due to the nature of their developmental process. Adolescence is considered a critical developmental stage during which individuals undergo physical changes and mature socially, cognitively, and psychologically, transitioning into adulthood (Ocakçı 2015, Erkek et al. 2021). During this period, adolescents experience significant changes in physical, social, and psychological areas and may encounter various adjustment problems and mental health issues as a result of these changes (Geldard and Geldard 2013). Indeed, Saföz Güven and Güçray (2013) note that adolescents experience serious mental health issues such as depression, anxiety, psychosomatic symptoms, and suicide attempts. In addition, factors such as parental pressure, family communication problems, exam anxiety, and educational stress can also negatively affect mental health (Sezer and İşgör 2010, Odacı et al. 2022, Demir-Kaya and Kaya 2024). Furthermore, it is emphasised that risky situations such as substance use, abuse, and academic failure are also among the problems frequently encountered during adolescence (Aluede et al. 2006). Mood disorders, eating disorders, and substance addiction are other important problems commonly observed during adolescence (Onar et al. 2021). Savi-Çakar et al. (2020) state that the most common problems adolescents experience and need psychological help for are anxiety, emotional difficulties, anger, unhappiness, exam anxiety, family conflicts, and harmful habits. Accordingly, it can be said that adolescents experience many problems during adolescence.

Adolescents can sometimes overcome the problems they face on their own, but at other times they need psychological help (Fry et al. 2013). Seeking help is defined as asking others for support in relation to the problems the individual is experiencing and attempting to cope with social or interpersonal problems (Rickwood et al. 2005). In other words, seeking help is when someone turns to formal or informal sources of help to find a solution when they can't deal with their problems on their own (Aras 2024). Formal sources of help include psychologists, psychiatrists, and psychological counsellors, while informal sources are classified as family members, friends, and close acquaintances (Arslantaş et al. 2011). Adolescents' use of professional psychological help contributes to the early resolution of their problems and the maintenance of their mental health. However, findings in the literature indicate that adolescents' behaviour in seeking professional psychological help is quite limited (Rickwood et al. 2005, Gulliver et al. 2010). Although adolescents feel the need for psychological help, their behaviour in seeking professional help is inadequate. It is noted that adolescents often first turn to their friends, then their teachers, family members, and finally mental health professionals for help (Savi-Çakar et al. 2020). However, support obtained from non-professional sources may not always be sufficient or healthy. Therefore, it is considered important for adolescents to seek professional help sources in particular.

When the literature is examined, it is seen that individuals' behaviour in seeking psychological help is influenced by many factors. These factors include fear of stigmatisation, perception of the problem, self-stigmatisation, trust in treatment, past experiences of seeking help, trust in the professional, age, gender, tendency to conceal oneself, difficulties in expressing emotions, cognitive distortions, and attitudes toward seeking help (Rothi and Leavey 2006, Arslantaş et al. 2011, Aras 2024). One of the most important factors influencing attitudes toward seeking psychological help is self-stigmatisation. Self-stigmatisation refers to the negative evaluations an individual makes about themselves during the process of seeking help (Larson and Corrigan 2010). Self-stigmatisation reduces an individual's intention to seek psychological help and may cause them to delay seeking help (Vogel et al. 2006). This delay can lead to problems becoming more serious over time (Bilge and Çam 2010). Another important factor influencing the behaviour of seeking psychological help is social stigmatisation. Social stigmatisation is defined as the negative perception and labelling of an individual by society (Vogel et al. 2006). During the process of seeking help, individuals may fear being negatively evaluated by their peers, which may cause them to avoid seeking help, terminate the help process, or experience negative emotions (Vogel et al. 2013). Furthermore, Wahto et al. (2016) emphasised that social stigmatisation increases self-stigmatisation. Based on these findings, it can be said that the stigmatisation factor negatively affects individuals' psychological help-seeking behaviour and reduces such behaviour.

Attitudes toward seeking psychological help significantly influence the intention to seek such help. Topkaya (2011) defines the intention to seek psychological help as an individual's willingness to obtain support from a professional. Negative attitudes toward help-seeking reduce the intention to seek help and lead individuals to distance themselves from pursuing professional assistance (Topkaya and Meydan 2013). Within this context, both social stigma and self-stigma can be considered significant factors in determining attitudes and intentions toward seeking psychological help. A review of the literature in Türkiye reveals a limited number of measurement tools developed to assess adolescents' attitudes and intentions toward seeking psychological help. In this regard, the Self-Stigma of Seeking Psychological Help Scale has been adapted to Turkish culture (Acun-Kapıkıran and

Kapıkıran, 2013). However, this scale was developed using a university student sample and focuses solely on the dimension of self-stigma. Additionally, the psychological help-seeking subscale of the Psychological Mindfulness Scale for Adolescents, developed by Uzun et al. (2020), aims to evaluate adolescents' attitudes toward help-seeking. However, the subscale's limitation to only five items restricts its ability to comprehensively assess attitudes toward seeking psychological help. Another measurement tool in the literature is the Internalized Stigma in Mental Illness Scale developed by Ersoy and Varan (2007). The scale's focus on adult individuals and its exclusive measurement of stigma related to mental illnesses are considered limitations. On the other hand, the Scale of Social Stigmatisation Due to Seeking Psychological Help was adapted by Topkaya (2011). The scale was developed using a sample of university students and has a unidimensional structure. The Attitude Scale Towards Seeking Professional Psychological Help, developed by Şahin-Baltacı (2012), is the only scale designed for high school students. This scale consists of three sub-dimensions: belief and trust in psychological help, reluctance to seek psychological help, and distrust of the psychological counsellor and the process. In general, it is observed that most of the developed scales are focused on mental illnesses, prepared for adult and university samples, and address general stigmatisation. This situation highlights the need for comprehensive measurement tools that are appropriate for the developmental characteristics of adolescents and can measure their attitudes and intentions towards seeking psychological help. It is expected that meeting this need will expand the scope of studies conducted on adolescents and contribute to protective mental health services by enabling the early identification of attitudes towards seeking psychological help.

The Psychological Help-Seeking Intention Inventory (PHSII), developed to measure the intention to seek psychological help, was designed for university students and consists of three sub-dimensions: traumatic problems, behavioural problems, and relational problems (Topkaya 2011). However, the absence of a unique measurement tool to assess the intention to seek psychological help among adolescents is considered a significant gap in the literature. Developed within this scope, Adolescents' Intention to Seek Psychological Help Scale (ISPHS) consists of three sub-dimensions: problems related to negative emotions, personal and social development, and problems related to negative thoughts, and it offers the opportunity to evaluate adolescents' intentions to seek help in different dimensions. In this respect, it is expected that the developed scale will contribute to guidance and psychological counselling services to be provided to adolescents. When reviewing the literature in the field, it is observed that scales measuring adolescents' attitudes towards seeking psychological help are largely foreign-sourced and are used by being adapted into Turkish. However, considering that attitudes towards seeking psychological help may vary according to cultural contexts, the development of measurement tools specific to the Turkish cultural structure emerges as an important necessity. The contribution of this study to the literature is the addition of original scales developed in a Turkish sample, with validity and reliability studies conducted, that measure both adolescents' attitudes toward seeking psychological help and their intentions to seek help. The fact that no scale capable of measuring adolescents' intentions to seek psychological help has been developed before demonstrates that this study offers a unique contribution to the field. Accordingly, the primary objective of this study is to develop two new scales that can measure adolescents' attitudes and intentions toward seeking psychological help in a valid and reliable manner.

Method

Sample

The exploratory factor analysis (EFA) for Adolescents' Attitude towards Psychological Help Scale (AATPHS) developed in this study was conducted with 623 high school students aged between 14 and 19. The EFA for ISPHS was conducted with 684 students aged between 13 and 19. DFA was conducted in separate working groups for both scales; DFA was applied to 455 students for AATPHS and 480 students for ISPHS. The inclusion criteria for this study were that participants were 9th, 10th, or 11th grade students and voluntarily participated in the study. 12th grade students were excluded from the study because it was thought that their preparation for university entrance exams could negatively affect their participation and focus during the data collection process.

In this study, stratified sampling was used to increase the representativeness of the sample. In stratified sampling, subgroups within the population are predefined, and then the representation ratios of each subgroup within the population are calculated (Büyüköztürk 2012, Tanrıöğen 2014). The study population consists of 10,086 high school students enrolled in the fall semester of the 2020-2021 academic year in the central district of Iğdır Province. The sample size was calculated based on a 95% statistical power ($1-\beta = .95$) and a significance level of $\alpha = .05$ (Creswell 2014). Within this scope, the sample size was determined to be 370. The study population consists of a total of 10,086 high school students studying in the centre of Iğdır Province during the

autumn semester of the 2020–2021 academic year. The sample size was determined based on a 95% confidence level ($1-\beta = .95$) and a 5% significance level ($\alpha = .05$); the sample size was calculated as 370 individuals (Creswell, 2014).

The AATPHS working group consists of Anatolian High School 41% (255 individuals); 30% (187 individuals) from Vocational and Technical Anatolian High Schools; 15% (93 individuals) from Anatolian Imam Hatip High Schools; 5% (31 individuals) from Science High Schools; 2% (13 individuals) from Fine Arts High Schools; 5% (31 individuals) from Social Sciences High Schools; and 2% (13 individuals) from Sports High Schools. The ISPHS working group consists of Anatolian High School 41% (280 people); Vocational and Technical Anatolian High School 30% (205 people); Anatolian Imam Hatip High School 15% (103 people); Science High School 5% (34 people); Fine Arts High School 2% (14 people); Social Sciences High School 5% (34 people); Sports High School 2% (14 people).

Formation of the Item Pool

As the first step in forming the item pool, a literature review was conducted on attitudes and intentions toward seeking psychological help. Subsequently, a similar measurement tool was examined to form an item pool. Interviews were conducted with twelve students who had negative attitudes towards seeking psychological help and low intentions to do so, and new items were added based on the interview data. The interviews were conducted at the Guidance and Psychological Counselling Service and each interview lasted approximately 30 minutes. Audio recordings were made with the consent of the participants. Items were written based on the codes obtained from the interview notes. Similar measurement tools in the field literature were then reviewed, and additions were made to the item pool. A draft form consisting of 37 items for AATPHS and 35 items for ISPHS was created. The content validity of the scales was examined by three experts in the field of guidance and psychological counselling, and the language validity was examined by an expert in the field of Turkish language education. The pilot application of the scales was conducted with 30 students. Following the pilot application, feedback from the students revealed that there were difficulties in understanding six items. These items were revised to make them more understandable in accordance with the recommendations of the Turkish language expert.

Data Collection Tools

Psychological Help Attitude Scale (PHAS)

The PHAS was developed by Fischer and Turner (1970) to determine attitudes toward seeking psychological help, and its short form was later created by Fischer and Farina (1995). The original version of the scale consists of 29 items. This scale was adapted into Turkish by Topkaya (2011). The scale is a 4-point Likert-type scale with nine items and a single subscale. Scores on the scale range from 0 to 27, and items 2, 8, 9, and 10 are reverse-scored (Topkaya 2011). Scale items are scored as 'agree' (3) or 'disagree' (0). Sample items from the scale include: 'If I were anxious or depressed for a long time, I would want to seek psychological help.' The Cronbach's alpha coefficient for the scale was calculated as 0.84. The Cronbach's alpha coefficient in this study was found to be 0.86. A high score on the scale indicates a positive attitude toward seeking psychological help.

Intention to Seek Psychological Help Inventory (ISPHI)

ISPHI was developed to determine the intention to seek psychological help and consists of 12 items and three sub-dimensions (Topkaya 2011). The sub-dimensions of the inventory are defined as relational problems, traumatic problems, and emotional and behavioural problems. The Cronbach Alpha coefficient of the scale was calculated as 0.91. The scale is a 4-point Likert-type scale. Scores obtained from the inventory range from 12 to 48. Scale items are scored on a scale from 'I definitely will not seek help' (1) to 'I definitely will seek help' (4). Sample items from the scale are as follows: Adjustment issues (inability to adapt to a new environment or situation) and lack of self-confidence. A high score on the inventory indicates an increased intention to seek psychological help. The Cronbach's alpha coefficient for the scale was calculated as .84. The Cronbach's alpha coefficient in this study was found to be .94. A high score on the scale indicates a high intention to seek psychological help.

Procedure

Ethics committee approval for this study was obtained with the decision of Atatürk University Social and Human Sciences Ethics Committee, Educational Sciences Unit Ethics Committee dated 14.2.2020 and numbered 03/09.

This research was conducted in the centre of Iğdır province. The research data was collected online during the autumn semester of 2020-2021. The data was collected by the researcher after obtaining ethical committee approval and legal permission.

The measurement tools to be used in the study were prepared online using Google Forms. While preparing the digital version of the form, care was taken to ensure that all items were presented in an understandable manner and that technical controls were applied to ensure that participants answered each question. Since participants were required to answer all questions, there was no data loss. Prior to the implementation of the form, a pre-test was conducted on a small pilot group of 5 participants to ensure that the measurement tool functioned properly from a technical standpoint. As a result of this pre-test, it was observed that the form functioned properly, there were no errors in the item directions, and the data was recorded correctly. As part of the technical testing of the form, connection checks, compatibility with mobile and desktop devices, page transitions, and data recording functions were tested. No technical glitches were observed. Care was taken to ensure that participants volunteered to participate in the data collection. Informed consent was obtained online from participants and their parents. Participants were assured that the data obtained would be kept confidential. The purpose of the study was explained to the students participating in the study; it was stated that they could withdraw from the study if they wished, that the data would be used only for scientific purposes, and that it would not be shared with third parties. Students were administered the personal information form, AATPHS (9 items), ISPHS (22 items), ASTPH (10 items) for criterion-related validity, and PHSII (12 items) in that order. During the data collection process, support was received from school counsellors, class guidance teachers, and school administrators. Participants were contacted via the WhatsApp messaging app. To prevent multiple participation, multiple logins from the same IP address were blocked on the online survey system, and each device was only allowed one participation. The data collection process took an average of 20 minutes.

Statistical Analysis

The data of this study were analysed using SPSS Statistics 22 software. Lisrel 9.1 software was used for confirmatory factor analysis (CFA). In this study, item-total correlations were calculated to test the discriminant validity of the items. A value of .40 was used as the criterion for the factor load of the items (Kozak 2017). Skewness and kurtosis values were checked for normality analysis. These values were found to be between -1.96 and +1.96. Accordingly, it was accepted that the data showed a normal distribution (Tabachnick and Fidel 2007). EFA was performed to determine the factor structure of the scale. Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity values were examined to test the suitability of factor analysis. CFA was performed to validate the obtained factor structure. To evaluate model fit, fit indices such as χ^2/df , RMSEA (Root Mean Square Error of Approximation), CFI (Comparative Fit Index), GFI (Goodness of Fit), and SRMR (Standardized Root Mean Square Residual) were used. Cronbach's Alpha coefficient was calculated to evaluate the internal consistency of the scale.

When examining the CFA fit indices for AATPHS, $\chi^2 = 91.42$, $df = 26$, $\chi^2/df = 3.51$; $p = .00$; CI = .040-.056; NFI (Normed Fit Index) = .98; CFI = .98; RFI (Relative Fit Index) = .97; GFI = .96; SRMR = .046 and RMSEA = .072; When examining the DFA fit indices for ISPHS, $\chi^2 = 777.88$; $df = 205$; $\chi^2/df = 3.79$; $p = .00$; CI = .071-.082; NFI = .97; CFI = .98; RFI = .96; GFI = .90; SRMR = .051; RMSEA = 0.076. In the literature, fit indices are considered acceptable if RMSEA ≤ 0.080 ; SRMR ≤ 0.080 , CFI ≥ 0.90 , RFI ≥ 0.90 , NFI ≥ 0.90 ; RFI ≥ 0.90 , and GFI ≥ 0.85 (Kline 2014). In this study, the explained variance (AVE) and composite reliability (CR) values were also examined. An AVE value above 0.50 was considered a criterion by Hair et al. (2010), and a CR value above 0.70 (Fornell and Larcker 1981) were considered as criteria. Additionally, AVE and CR values between 0.40 and 0.50 are also accepted in the literature (Huang et al. 2013).

Results

Study 1 (Analysis Related to AATPHS)

Exploratory Factor Analysis (EFA)

In this study, EFA was performed to determine the factor structure of AATPHS. KMO value and Bartlett's sphericity tests were used to determine the suitability of the data for analysis. According to the findings, the KMO value was calculated as 0.89 and the Bartlett test χ^2 value as 2021.126 ($p < 0.01$). Based on these values, it is assessed that the sample size is sufficient and the data are within the appropriate range for EFA (Büyükoztürk 2012). This study used principal component analysis. In the principal component analysis technique, factors

with an eigenvalue of at least 1% and a horizontal slope accumulation curve are evaluated. Additionally, the factors must contribute at least 5% to the total explained variance (Field 2013). A value of 0.40 was used as the criterion for item factor loadings (Kozak 2017). To determine the factor structure of items found to be highly correlated with each other based on the findings obtained through AFA, orthogonal factor rotation was performed.

Factor Rotation (Axis Rotation)

At this stage, after determining the number of factors of the scale, factor analysis was repeated. During this process, the Varimax method, one of the orthogonal rotation techniques, was used. As a result of this procedure, it was observed that some items had cross-loadings. Subsequently, the cross-loading items were removed from the dataset, and the rotation was performed again. As a result, a structure consisting of 9 items with eigenvalues greater than 1 and 2 factors was identified. The factor loadings obtained after the Varimax rotation applied to the scale items are presented in Table 1.

Table 1. Rotated component matrix obtained after varimax rotation		
	Factor Structure	
	Social Stigma	Social Stigma
1	.85	
2	.84	
3	.76	
4	.67	
5	.66	
6		.77
7		.75
8		.69
9		.64

When Table 1 is examined, it is observed that the AATPHS has a two-factor structure consisting of a total of nine items: five items under the social stigma subscale and four items under the self-stigma subscale. The factor loadings of the items in the social stigma subscale range between .66 and .85, while the items in the self-stigma subscale have factor loadings ranging from .64 to .77.

Table 2. Total variance explained following rotation						
Factors	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total Eigenvalue	Percentage of Variance	Cumulative Percentage	Total Eigenvalue	Percentage of Variance	Cumulative Percentage
1	4.24	47.06	47.06	4.24	47.06	47.06
2	1.22	13.50	60.56	1.22	13.50	60.56

When Table 2 is examined, it is observed that the AATPHS explains 60.56% of the total variance. The findings indicate that the scale has a two-factor structure, with each factor having an eigenvalue of at least 1 and explaining at least 5% of the variance. An examination of the scree plot presented in Figure 1 shows two points of inflection, suggesting a clear break in the slope. This supports the consistency of the findings obtained after rotation.

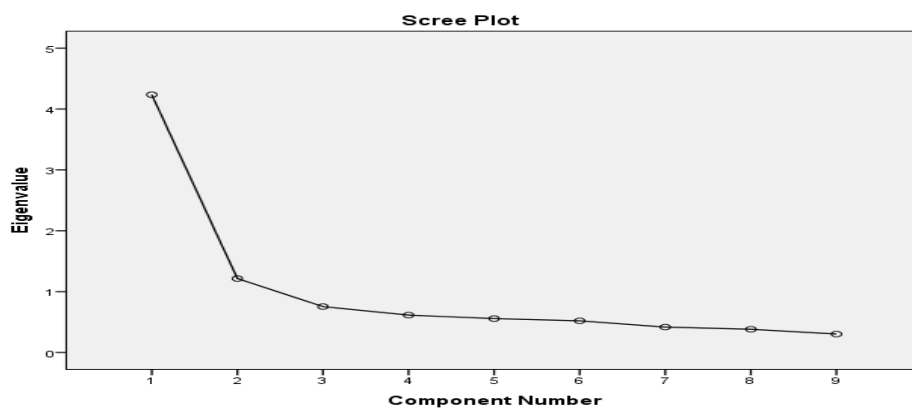
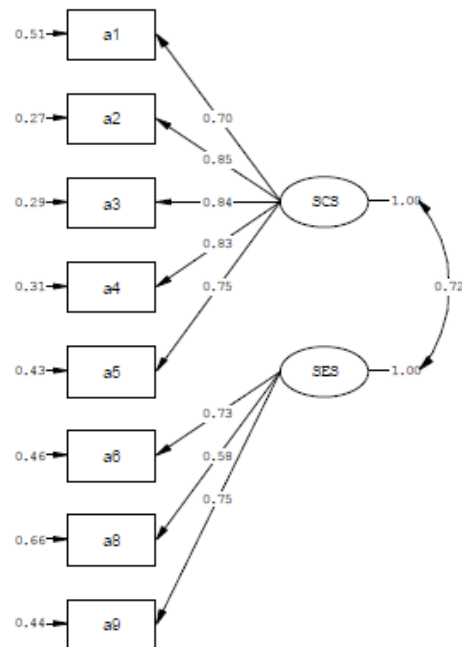


Figure 1. Scree plot

When Figure 1 is examined, the presence of a horizontal line after the second factor suggests that the scale has a two-factor structure.

Confirmatory Factor Analysis (CFA)

In this study, CFA was conducted to determine whether the factor structure identified through EFA was confirmed.



Chi-Square=70.00, df=19, P-value=0.00000, RMSEA=0.075

Figure 2. AATPHS CFA path diagram

* SCS: Social Stigma; SES: Self Stigma

As seen in Figure 2, the scale consists of 2 sub-dimensions and 9 items. The fit indices of the scale were found as follows: $\chi^2 = 91.42$, $df = 26$; $\chi^2/df = 3.51$; $p = 0$; $CI = 0.040-0.056$; $NFI = 0.98$; $CFI = 0.98$; $RFI = 0.97$; $GFI = 0.96$; $SRMR = 0.046$; $RMSEA = 0.072$. These fit indices fall within acceptable ranges (Kline, 2014). The error variances and t-values were observed to be significant. Examination of the t-values indicates that all items are significant at the 0.05 level.

Criterion-Related Validity

In this study, the criterion-related validity of the AATPHS was examined using the PHAS. The resulting correlation coefficients are presented in Table 3.

Table 3. Correlation coefficients for criterion-related validity	
AATPHS	PHAS
Social Stigma	.92*
Self Stigma	.83*
Total Score	.71*

* $p < .05$, **AATPHS: Adolescents' Attitude towards Psychological Help Scale; PHAS: Psychological Help Attitude Scale

When Table 3 is examined, the correlation coefficients between the total score of the AATPHS and social stigma, self-stigma, and PHAS were found to be .71, .92, and .83, respectively. This finding indicates that the scale demonstrates satisfactory criterion-related validity (Büyüköztürk 2012).

Reliability Analyses of the Scale

The results of the internal consistency analyses for the AATPHS are presented in Table 4.

Table 4. Cronbach's alpha and ve split-half analyses			
Factors	Number of Items	Cronbach's Alpha	Split-Half
Social Stigma	5	.85	.83
Self Stigma	4	.73	.71
Total Score	9	.86	.71

When Table 4 is examined, the internal consistency coefficients for the total scale, social stigma, and self-stigma subscales were calculated as .86, .85, and .73, respectively. The split-half reliability coefficients were found to be .71 for the total scale, and .83 and .71 for the social stigma and self-stigma subscales, respectively. The reliability coefficients exceeding the threshold of .70 indicate that the scale has an adequate level of reliability (Büyüköztürk 2012). In this study, the Average Variance Extracted (AVE) and Composite Reliability (CR) values for the AATPHS were also examined. The AVE values were found to be .58 for the social stigma subscale and .51 for the self-stigma subscale. The CR values were .86 and .81 for the respective subscales. AVE values above .50 and CR values above .70 indicate that the convergent validity criteria have been met (Fornell & Larcker 1981, Hair et al. 2010).

Study 2 (Analysis Related to ISPHS)

Exploratory Factor Analysis (EFA)

In this study, EFA was conducted to determine the factor structure of the ISPHS. To assess the suitability of the data for analysis, the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity were used. The results indicated a KMO value of .96 and a Bartlett's test statistic of $\chi^2 = 9892.34$ ($p < .01$). These values suggest that the sample size is adequate and the data are appropriate for EFA (Büyüköztürk 2012). Principal Component Analysis (PCA) was employed in this study. In PCA, factors with eigenvalues of at least 1 and where the scree plot shows a leveling off are considered. Additionally, factors should contribute at least 5% to the total explained variance (Field 2013). A factor loading cutoff value of .40 was adopted for item inclusion (Kozak 2017). Based on the results obtained from the EFA, orthogonal factor rotation was performed to clarify the factor structure of items that were highly correlated with each other (Field 2013).

Factor Rotation (Axis Rotation)

After determining the number of factors comprising the scale, factor analysis was conducted again. During this process, Varimax, an orthogonal rotation method, was employed. As a result, some items were found to have cross-loadings. These cross-loading items were subsequently removed from the dataset, and the rotation was performed once more. Consequently, a structure consisting of 9 items with eigenvalues greater than 1 and 2 factors was established. The factor loadings obtained after the Varimax rotation of the scale items are presented in Table 5.

Items	Factor Structure		
	PRNE	PSD	PRNT
3	.761		
10	.736		
11	.725		
12	.674		
13	.639		
14	.621		
15	.591		
16	.582		
21	.569		
1		.776	
2		.707	
4		.705	
5		.642	
6		.627	
7		.613	
8		.584	
9		.547	
19		.501	
17			.789
18			.735
20			.639
22			.620

PRNE: Negative Emotions; PSD: Personal and Social Development; PRNT: Negative Thoughts

When Table 5 is examined, it is observed that the items related to the ISPHS PRNE subscale have factor loadings ranging from .57 to .76; items related to the PSD subscale have factor loadings between .50 and .78; and items related to the PRNT subscale have factor loadings ranging from .62 to .79.

Factor Rotation (Axis Rotation)

After determining the number of factors related to the scale, a rotation procedure was performed to better understand the factor loading structure. As a result of this process, a structure consisting of 22 items and 3 factors emerged. The factor loadings obtained after the Varimax rotation are presented in Table 6.

Table 6. Table of total variance explained after rotation						
Factors	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total Eigenvalue	Percentage of Variance	Cumulative Percent	Total Eigenvalue	Percentage of Variance	Cumulative Percent
1	9.58	43.56	43.56	9.58	43.56	43.56
2	1.66	7.54	51.10	1.66	7.54	51.10
3	1.40	6.38	57.48	1.40	6.38	57.48
4	.90	4.2				
5	.77	3.5				

When Table 6 is examined, it is observed that the ISPHS explains 57.48% of the total variance. The findings indicate that the scale has a three-factor structure, with factors having eigenvalues of at least 1 and contributing approximately 5% to the variance. An examination of the scree plot shown in Figure 4 reveals inflection points at three locations, indicating consistency among the findings obtained after rotation.

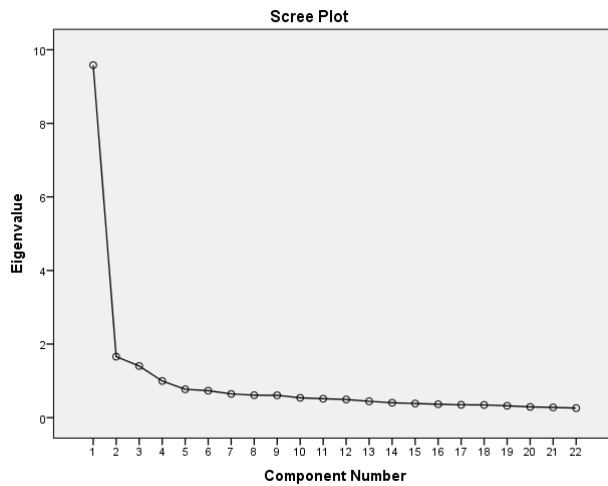


Figure 4. Scree plot

An examination of Figure 4 reveals a leveling off after the third factor, which can be interpreted as evidence that the scale consists of three factors.

Confirmatory Factor Analysis (CFA)

In this study, CFA was conducted to verify whether the factor structure identified through EFA was confirmed.

As shown in Figure 5, the scale consists of 3 sub-dimensions and 22 items. The model fit indices were found as follows: $\chi^2 = 838.36$, $df = 206$; $\chi^2/df = 4.06$; CI = 0.071–0.082; NFI = 0.97; CFI = 0.98; RFI = 0.96; GFI = 0.90; SRMR = 0.051; RMSEA = 0.080. These fit indices are within acceptable ranges (Kline, 2014). The error variances and t-values were significant. Examination of the t-values indicates that all items are significant at the 0.05 level.

Criterion-Related Validity

In this study, the PHSII scale was used to determine the criterion validity of the ISPHS. The findings related to these results are presented in Table 7.

When Table 7 is examined, the correlation coefficients between the ISPHS subscales PRNE, PSD, and PRNT and the PHSII were found to be .93, .90, and .73, respectively. This finding indicates that the scale demonstrates satisfactory criterion-related validity (Büyükoztürk 2012).

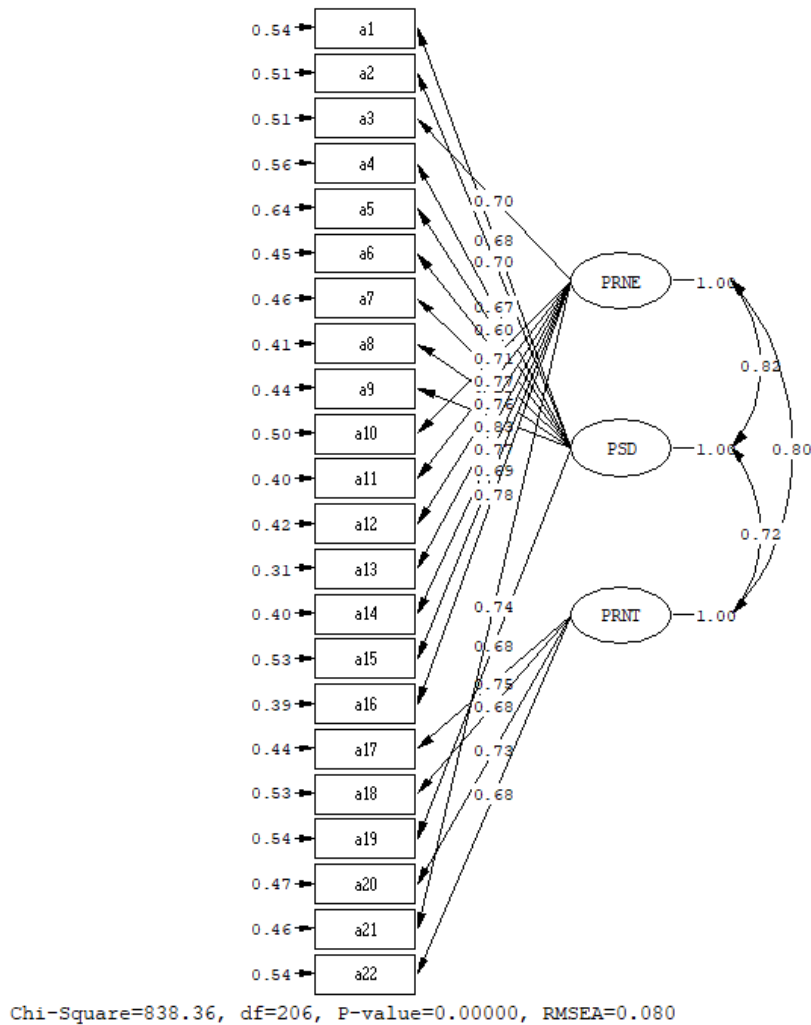


Figure 5. ISPHS CFA path diagram

*PRNE: Negative Emotions; PSD: Personal and Social Development; PRNT: Negative Thoughts

Table 7. Results related to criterion-related validity

ISPHS	ISPHI
PRNE	.93*
PSD	.90*
PRNT	.73*

*P<.05, ISPHS: Adolescents' Intention to Seek Psychological Help Scale; ISPHI: Intention to Seek Psychological Help Inventory; *PSD: Personal and Social Development; PRNE: Negative Emotions; PRNT: Negative Thoughts

Reliability Analyses of the Scale

The internal consistency coefficients of the ISPHS are presented in Table 8.

Table 8. Cronbach's alpha and ve split-half analyses

Factors	Number of Items	Cronbach's Alpha	Split-Half
PRNE	9	.91	.90
PSD	9	.89	.85
PRNT	4	.77	.80

PSD: Personal and Social Development; PRNE: Negative Emotions; PRNT: Negative Thoughts

When Table 8 is examined, the internal consistency coefficients for the subscales related to problems with negative emotions, personal and social development, and problems with negative thoughts were calculated as .91, .89, and .77, respectively. The split-half reliability coefficients for the scale were found to be .90, .85, and .80, respectively. The obtained reliability coefficients exceeding .70 indicate that the scale has an adequate level of reliability (Büyüköztürk 2012). In this study, the Average Variance Extracted (AVE) and Composite Reliability

(CR) values for the ISPHS were also examined. The AVE values were found to be .44 for the negative emotions problems subscale, .41 for the personal and social development subscale, and .49 for the negative thoughts problems subscale. The CR values were .86, .85, and .79 for the respective subscales. AVE values above .50 and CR values above .70 indicate that convergent validity criteria have been met (Fornell & Larcker 1981; Hair et al. 2010). However, in the literature, AVE values between .40 and .50 are also considered acceptable (Huang et al. 2013).

Discussion

Although various scales exist in the literature to measure psychological help-seeking behavior, most of these instruments have been developed using adult or university student samples. For example, the Self-Stigma in Seeking Psychological Help Scale, adapted to Turkish culture by Acun-Kapıkıran and Kapıkıran (2013), includes only the self-stigma dimension and was developed specifically for university students. Its unidimensional structure excludes the social stigma experienced by adolescents. Similarly, the Social Stigma Due to Psychological Help-Seeking Scale, adapted by Topkaya (2011), addresses social stigma but is based on a university sample and is unidimensional. Among the limited number of studies developed with adolescent samples, the Professional Psychological Help-Seeking Attitude Scale by Şahin-Baltacı (2012) is the only scale prepared for high school students; however, it covers only the subdimensions of belief and trust in psychological help, reluctance to seek help, and distrust toward the counseling process. This structure does not directly encompass stigma or developmental characteristics. Likewise, the Psychological Mindfulness Scale for Adolescents developed by Uzun et al. (2020) includes a psychological help-seeking subscale composed of only five items, which is considered limited in assessing help-seeking attitudes. Moreover, the Internalized Stigma Scale for Mental Illness developed by Ersoy and Varan (2007) measures the level of internalized stigma among adults only in the context of mental illness. Considering the existing measurement tools in the literature, it can be argued that the AATPHS and ISPHS fulfill an important need by offering original and comprehensive structures for measuring psychological help-seeking processes.

The AATPHS measures adolescents' perceptions of the psychological help-seeking process in terms of social stigma and self-stigma, whereas the ISPHS assesses help-seeking intentions through cognitive, emotional, and developmental dimensions. Both structures were developed in alignment with the psychosocial characteristics of adolescence and demonstrated acceptable model fit in the CFA. The explained variance exceeding 57% and Cronbach's alpha coefficients above .70 support the validity and reliability of both scales. The findings indicate that psychological help-seeking behavior is influenced not only by an individual's internal tendencies but also by the level of stigma perceived from the social environment. Considering that adolescence is characterized by identity formation and the search for social approval, it can be asserted that self-stigma and social stigma play a determining role in help-seeking behavior during this period. The developed scales enable a more in-depth analysis of adolescents' psychological help-seeking processes.

This study has several limitations. The restriction of the sample to only 9th, 10th, and 11th grade students limits the generalizability of the findings to 12th grade students and other age groups. It is thought that high anxiety situations, such as preparation for university entrance exams, may influence help-seeking attitudes. Additionally, the study sample was confined to a specific region, which may prevent evaluation of the effects of cultural, socio-economic, and regional differences. Future research could examine the reliability and validity of these measurement tools with larger samples drawn from different provinces and cultural contexts. The AATPHS and ISPHS provide important contributions to the literature as culturally specific and psychometrically robust instruments developed to measure adolescents' psychological help-seeking attitudes and intentions in the Turkish context. These scales can be used both in academic research and in the practices of school psychological counselors and mental health professionals. It is believed that they may contribute to reducing stigma related to help-seeking and to more effective delivery of psychological services to adolescents.

Conclusion

Determining adolescents' attitudes and intentions toward psychological help-seeking at an early stage is of great importance for mental health services targeting this population. In this context, measurement tools assessing adolescents' psychological help-seeking attitudes and intentions have been developed. These scales are considered capable of effectively identifying adolescents' help-seeking attitudes and intentions and are expected to make significant contributions to future research in this field. Validity and reliability studies of the developed scales were conducted using Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA).

According to the findings, the instruments are structured to adequately measure adolescents' psychological help-seeking attitudes and intentions.

The AATPHS consists of 9 items and 2 subscales. The social stigma subscale includes items 1, 2, 3, 4, and 5, while the self-stigma subscale comprises items 6, 7, 8, and 9. High scores on this scale are interpreted as indicating negative attitudes toward seeking psychological help. The ISPHS, on the other hand, consists of 22 items and 3 subscales. The problems related to negative emotions subscale includes items 3, 10, 11, 12, 13, 14, 15, 16, and 21; the personal and social development subscale includes items 1, 2, 4, 5, 6, 7, 8, 9, and 19; and the problems related to negative thoughts subscale comprises items 17, 18, 20, and 22. High scores in any of these subscales are interpreted as indicating a high level of intention to seek psychological help in that particular domain. The limited availability of valid and reliable instruments measuring adolescents' psychological help-seeking attitudes and intentions in Turkey highlights the original contributions of these developed scales to the literature and practice. These scales are considered effective assessment tools for planning school-based guidance services, developing preventive intervention programs, and supporting adolescent mental health.

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Addendum 1. Adolescents' Attitude towards Psychological Help Scale (AATPHS)

Instruction

Below are the items related to the attitude of seeking psychological help. The data will only be used for scientific purposes. Your answers will never be shared with others. Please read each statement and indicate the extent to which each statement describes you by marking (X). Thank you for your help.

		Kesinlikle katılmıyorum	Katılmıyorum	Bazen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	Ruhsal sorunlarımın olduğunun anlaşılması beni rencide eder.	1	2	3	4	5
2	Başkaları psikolojik yardım aldığımı öğrenirse beni ayıplayacaklarını düşünürüm.	1	2	3	4	5
3	Psikolojik yardım aldığım bilirse itibarımın zedeleneyeceğini düşünürüm.	1	2	3	4	5
4	Psikolojik yardım aldığım bilirse toplumda "deli/hasta" damgası yerim.	1	2	3	4	5
5	Psikolojik yardım aldığım bilirse, arkadaşlarım benden uzaklaşır.	1	2	3	4	5
6	Psikolojik yardım alan insanlar zayıf bir kişiye sahiptir.	1	2	3	4	5
7	Hayatımın bir anında yaşadığım problemlerden dolayı ruh sağlığı uzmanına gitmek kötü bir seçenektir.	1	2	3	4	5
8	Psikolojik sorunlarımla yüzleşmekten korkuyorum.	1	2	3	4	5
9	Yaşadığım sorunları çözememekten dolayı psikolojik yardım almayı kendime yakıştıramam.	1	2	3	4	5

Scoring

Scored as strongly disagree, (1 point); disagree, (2 points); sometimes agree, (3 points); agree (4 points); strongly agree (5 points).

Social Stigma: Items 1, 2, 3, 4, 5,

Self-Stigma: Items 6, 7, 8, 9,

AATPHS items are scored between 1 and 5. Scores obtained from the scale vary between 9 and 45. High scores obtained from the AATPHS indicate that individuals have negative attitudes towards seeking psychological help.

Addendum 2. Adolescents' Intention to Seek Psychological Help Scale (ISPHS)

Instruction

Below is a list of the main problems for which people seek psychological help from a professional (counselor, psychologist, psychiatrist, etc.). If you experience these problems, how likely would you be to seek psychological help from a professional? Please indicate your likelihood of seeking psychological help from a professional by marking one of the numbers opposite each question according to the levels on the left.

		Kesinlikle yardım almam	Yardım almam	Yardım alırım	Kesinlikle yardım alırım
1	Kendimi tanıma	1	2	3	4
2	Özgüvenimi artırma	1	2	3	4
3	Kaygılarla başa çıkma	1	2	3	4
4	Karar alabilme	1	2	3	4
5	Ailevi sorunlara çözüm bulma	1	2	3	4
6	Arkadaşlık ilişkilerini geliştirme	1	2	3	4
7	Okuldaki uyum sorunları	1	2	3	4
8	Sosyal ilişkileri geliştirme	1	2	3	4
9	Değersizlik duygularıyla baş edebilme	1	2	3	4
10	Üzüntü duygusunu atlatma	1	2	3	4
11	Yaşam enerjisinin düşmesi	1	2	3	4
12	Olumsuz yaşam olayları	1	2	3	4
13	Umutsuzluğa kapılma	1	2	3	4
14	Çaresizlik	1	2	3	4
15	Dikkat dağınıklığı	1	2	3	4
16	Huzursuzluk hissetme	1	2	3	4
17	Kendisine ve başkasına zarar verme düşünceleri	1	2	3	4
18	Mükemmeliyetçilik düşüncelerini azaltma	1	2	3	4
19	Duyguları ifade etme	1	2	3	4
20	Yineleyici ölüm düşünceleri	1	2	3	4
21	Sıkıntı veren anıları ve düşünceleri hatırlama	1	2	3	4
22	Sağlıkla ilgili sürekli kaygı duyma	1	2	3	4

Scoring

I definitely do not get help, (1 point); I do not get help, (2 points); I get help, (3 points); I definitely get help (4 points).

Problems related to negative emotions (PRNE): Items 3, 10, 11, 12, 13, 14, 15, 16, 21

Personal and social development (PSD): Items 1, 2, 4, 5, 6, 7, 8, 9, 19

Problems related to negative thoughts (PRNT): Items 17, 18, 20, 22

ISPHS items are scored between 1 and 4. Scores obtained from the scale vary between 22 and 88. High scores obtained from the ISPHS indicate that individuals have a high level of intention to seek psychological help.