Research Article

Evaluation of Attitudes Towards Seeking Mental Health Services From a Cultural Perspective: Turkish Adaptation of Barriers to Seeking Mental Health Counseling Scale

Gülden Daşçı[1]
Marmara University

Bilge Nuran Aydoğdu[2]
Marmara University

Derya Eryiğit[3]
Marmara University

Halil Ekşi[4]
Marmara University

[1] Marmara University, Atatürk Faculty of Education, Department of Educational Sciences, Guidance and Psychological Counseling, Kadikoy, Istanbul. E-mail: guldendasci@gmail.com.
[2] Marmara University, Atatürk Faculty of Education, Department of Educational Sciences, Guidance and Psychological Counseling, Kadikoy, Istanbul. E-mail: bilge. aydogdu@marmara.edut.tr.
[3] Marmara University, Atatürk Faculty of Education, Department of Educational Sciences, Guidance and Psychological Counseling, Kadikoy, Istanbul. E-mail: derya.eryigit.@marmara.edu.tr.
[4] Marmara University, Atatürk Faculty of Education, Department of Educational Sciences, Guidance and Psychological Counseling, Kadikoy, Istanbul. E-mail: halil. eksi@marmara.edu.tr.

Abstract

The aim of this study is to adapt the Barriers to Seeking Mental Health Counseling Scale (BSMHCS) developed by Shea, Wong, Nguyen and Gonzalez (2019) to Turkish. Data were collected from 465 university students and 302 adults. The six-factor structure in the original form of the scale was tested with CFA in university students, and the six-factor model gave an acceptable fit. The factor loadings of the items in the scale varied between .45 and .91, and the item-total score correlation coefficients varied between .30 and .54. The Cronbach Alpha internal consistency coefficient was found as .870. Test-retest correlation coefficients for the total scale was calculated as .764. The Cronbach Alpha value was found as .843, and the item total correlations varied between .32 and .70 for the adult study group. As a result of CFA, it was found that the factor loadings varied between .31 and .93. The positive correlations between the BSMHS and the BSPHS revealed that the criterion-related validity of the scale was at an acceptable level. The results showed that the Turkish form of the BSMHCS is a valid and reliable measurement tool for both university students and adults and can be used in Turkish culture.

Keywords:

Barriers to seeking help • Mental health service • Psychological help • Reliability • Validity.

Ruh Sağlığı Hizmeti Aramaya Yönelik Tutumların Kültürel Açıdan Değerlendirilmesi: Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller Ölçeği Türkçe Geçerlik ve Güvenirlik Çalışması

Öz

Bu çalışmanın amacı Shea, Wong, Nguyen ve Gonzalez (2019) tarafından geliştirilen Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller Ölçeği'ni (RSDAÖEÖ) Türkçe'ye uyarlamaktır. Çalışma, üniversite öğrencileri ve yetişkinler olmak üzere iki grupta gerçekleştirilmiş, çalışma grubunu 465 üniversite öğrencisi ve 302 yetişkin birey oluşturmuştur. Dilsel eşdeğerlik çalışması Psikolojik Yardım Aramanın Önündeki Engeller Ölçeği (PYAÖEÖ) ile gerçekleştirilmiş ve iki ölçek arasındaki pozitif korelasyon, ölçeğin ölçüt geçerliliğinin kabul edilebilir düzeyde olduğunu ortaya koymuştur. Ölçeğin test-tekrar test korelasyon katsayıları .764 olarak hesaplanmıştır. Ölçeğin orijinal formundaki altı faktörlü yapı üniversite öğrencilerinde DFA ile test edilmiş ve altı faktörlü model kabul edilebilir bir uyum sağlamıştır. Üniversite öğrencileri çalışma grubunda ölçekte yer alan maddelerin faktör yükleri .45 ile .91 arasında, madde-toplam puan korelasyon katsayıları ise .30 ile .54 arasında değişmektedir. Ölçek fromunun Cronbach Alpha iç tutarlılık katsayısı .870 bulunmuştur. Yetişkin çalışma grubu için Cronbach Alpha değeri .843 bulunmuş, madde toplam korelasyonları .32 ile .70 arasında değiştiği görülmüştür. Yapılan DFA sonucunda faktör yüklerinin .31 ile .93 arasında değiştiği bulunmuştur. Sonuçlar, RSDAÖEÖ'nün Türkçe formunun hem üniversite öğrencileri hem de yetişkinler için geçerli ve güvenilir bir ölçme aracı olduğunu ve Türk kültüründe kullanılabileceğini göstermiştir.

Anahtar Kelimeler:

Yardım aramanın önündeki engeller • Ruh sağlığı hizmeti • Psikolojik yardım • Güvenilirlik • Geçerlilik.

Seeking help to solve a problem is a natural process that many individuals engage in almost every day, and this help process covers a wide area from working on family issues to grief (Hinson & Swanson, 1993). Individuals can get help from informal sources such as friends and family to solve these problems, as well as from formal sources such as mental health professionals and teachers (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Since many individuals see professional help as a last resort (Cramer, 1999), individuals prefer to refrain from seeking professional help for mental health problems or to delay receiving help (Clement et al., 2014). Andrews, Issakids and Carter (2011) stated that approximately 60% of individuals did not receive professional help during the year following the onset of the mental health problem and only 11% of individuals received direct assistance from a mental health professional. Arslantaş (2003), examined the attitudes of adults seeking professional psychological help and observed that individuals seek help from their families in the first place, rather than their friends and then professionals such as psychiatrists, counselors or psychologists.

There are several reasons why getting help directly from a mental health professional is one of the last choices and its low preference. Some individuals consider receiving help from experts as embarrassing, difficult and risky (Kushner & Sher, 1989), while others relate it to failure in daily life (Carnevale, 2001). Also, individuals may be reluctant to receive professional mental health services due to attitudinal and instrumental obstacles (Salaheddin & Mason, 2016). Problems such as lack of awareness about the problem, denial of the problem, not knowing the source to ask for help, lack of time, and having difficulty expressing emotion are among these obstacles (Gulliver, Griffiths & Christensen, 2012). In addition to these obstacles, variables that affect the attitudes and intentions of individuals in seeking / receiving psychological help in adult studies are gender (Mackenzie, Gekoski & Knox, 2006; Thao, 2004), social stigmatization and self-stigma (Barney, Griffiths, Jorm & Christensen, 2006), the fear of treatment (Skultety, 2003) and self-hiding (Serim and Cihangir-Çankaya, 2015). According toThompson, Brazile and Akbar (2004), besides stigmatization, variables such as lack of knowledge, lack of cultural understanding, and financial barriers are also affecting the decision of getting psychological help. Topkaya (2015) also concluded that individual, cultural and practical obstacles are factors that affect the preference of seeking psychological help. Bicil (2012) and Topkaya (2011) stated that social stigmatization negatively affects individuals' intention to seek psychological help.

University students also experience problems related to relationships, stress / anxiety, family problems, personality disorders, suicidal ideation, sexual abuse, depression, problems in academic and professional life, eating disorders, grief, alcohol and substance abuse, economic and emotional problems (Benton, Robertson,

Tseng, Newton & Benson, 2003; Topkaya & Meydan, 2013) and thus is one of the groups that needs professional psychological support. Yeşilyaprak (1986) stated that students who applied to the psychological counseling service have complaints such as distress, unhappiness, unwillingness, tension, and difficulty in controlling anger. They try to solve these problems on their own first and if they cannot, then they get help from their parents, friends, teachers and a mental health professional (Cramer, 1999; Özbay, Terzi, Erkan & Cihangir Çankaya, 2011). It was seen that their descending sort in seeking help for these problems would be their family, friends and finally to a mental health professional (Kıranşal, Biçer, Alkan & Akça, 2008; Koydemir & Demir, 2005; Topkaya & Meydan, 2013). In their study with university students, Vogel, Wade, Wester, Larson, and Hackler (2007) concluded that only 15% of students with mental health problems seek help. Harrar, Affsprung and Long (2010), mentioned that the studies that investigate the problems of university students, focus mostly on students who apply to university counseling centers yet there is less focus on students who need mental health counseling but do not apply to counseling centers, and there are also students who do not apply to counseling centers although they have psychological problems.

As in adults, there are barriers that prevent university students from seeking help. Similarly, barriers that affect the attitudes of seeking / receiving psychological help to solve the problems experienced by university students can be listed as stigmatization by society (Kavas, Topkaya & Gençoğlu, 2014; Shea & Yeh, 2008; Topkaya, 2011; Vogel, Wester & Boysen, 2005), self-stigmatization (Corrigan, 2004; Gürsoy and Gizir, 2018; Ina and Morita, 2015; Sezer and Gülleroğlu, 2016; Topkaya, 2014; Vogel, Wade and Hackler, 2007), self-hiding (Cramer, 1999; Liao, Rounds and Klein , 2005; Özbay, Terzi, Erkan and Cihangir Çankaya, 2011), gender (Erkan, Özbay, Cihangir-Çankaya and Terzi, 2012; Kalka and Odacı, 2005; Komiya, Good and Sherrod, 2000; Topkaya and Meydan, 2013; Türküm , 2000; Vogel, Wade, Wester, Larson & Hackler, 2007; Vogel, Wester, & Larson, 2007), fear of treatment (Carlson, 2001; Deane & Chamberlain, 1994; Kushner & Sher, 1989), culture (Yakunina and Weigold , 2011) and whether or not receiving psychological help before (Sezer & Gülleroğlu, 2016).

Since there are many factors affecting individuals' search for psychological support, there are many research and measurement tools in the current literature that examine individuals' attitudes and intentions to seek professional psychological help. While there are two measurement tools (Mansfield, Addis, and Courtenay, 2005; Shea, Wong, Nguyen, and Gonzalez, 2019) in the foreign literature for individuals' barriers to seeking psychological help, there is only one measurement tool in the Turkish literature (Topkaya, Şahin & Meydan, 2013). It is thought that the Barriers to Seeking Mental Health Counseling Scale developed by Shea, Wong, Nguyen and Gonzalez in 2019 differs from other scales with sub-dimensions such as lack of

access and cultural barriers, and the item designed just to receive information about cultural definitions of the individual. With this research, it was aimed to adapt the Barriers to Mental Health Consultancy Scale developed by Shea, Wong, Nguyen and Gonzalez in 2019 to Turkish culture and to examine its psychometric properties. The scale is thought to be useful for researchers and practitioners serving in the field of mental health.

Identifying common factors that prevent individuals from getting mental health counseling is of great importance for both individual and community mental health. By contributing to the identification of these obstacles, this measurement tool is expected to be beneficial to mental health counselors in studies to positively support the mental health of university students and adults, eliminate existing obstacles or take precautions. It is foreseen that it will contribute to the studies aiming to test whether the culture is effective in the formation or overcoming of the obstacles with the cultural barriers sub-dimension especially in the countries with different cultures. In addition, the validity and reliability study of the scale was made on both the university students and the adult sample, and this scale could be used in adults. For this reason, it is thought that the adaptation of the Barriers to Seeking Mental Health Counseling Scale to Turkish will have an important place in future studies.

METHOD

Research design
This research is a measurement tool adaptation study. In line with the purpose of the study, the Barriers to Seeking Mental Health Counseling Scale, developed by Shea, Wong, Nguyen and Gonzalez (2019) to determine the barriers to getting help for university students, was adapted to Turkish culture. After the scale was translated into Turkish by following the adaptation stages of a measurement tool, a linguistic equivalence study was carried out, and confirmatory factor analysis, criterion-related validity, internal consistency, test-retest study and item analysis were carried out within the scope of validity and reliability analysis. The ethical approval of the study is received from Marmara University Educational Sciences Ethics Commission with the approval code of 200223319.

Study group
The study group of the research consists of 465 students, studying at various universities in Istanbul in the spring semester of the 2019-2020 academic year. The ages of 155 male and 350 female university students participating in the study vary between 18-28. 110 of the participants had received psychological support before, 355 of them did not. While 402 participants stated that they would want to get

psychological support in case of need, 63 participants stated that they would not. In the adult study group, a total of 302 adult participants, 172 women and 130 men, were reached, observed that the age of the participants was between 22 and 59 and their mean age was 35. While 70 of the participants stated that they had received psychological help before, 232 people stated that they did not receive help. 206 of the participants stated that they would receive psychological help in case of need, and 94 people stated that they would not receive help. While 59 university students applied for the criterion-based validity study; test-retest study was conducted with 39 university students three weeks apart. The ages of 23 female and 16 male students in the test-retest study group ranged from 18 to 25, with an average age of 19.

Data collection tools

In the study, the "Barriers to Seeking Mental Health Counseling Scale (BMHCS)", the "Demographics Form" created by the researchers, and the "Barriers to Seeking Psychological Help Scale (BSPHS)" were used as data collection tools. Even though these two scales seem similar, BMHCS differs from BSPHS in analyzing the effect of cultural barriers and emotions.

Demographics: The form developed by the researchers consists of questions such as age, gender, whether they have received professional help before, and whether they want to receive professional help in need.

Barriers to Seeking Mental Health Counseling Scale (BMHCS): It was developed by Shea, Wong, Nguyen and Gonzalez in 2019 to determine the factors that prevent university students from receiving mental health counseling. The measurement tool consists of 27 items and 6 dimensions called Negative Perceived Value, Discomfort with Emotions, Ingroup Stigma, Lack of Knowledge, Lack of Access, and Cultural Barriers. Items are rated as 6-point Likert type, with options ranging from 1 (strongly disagree) to 6 (strongly agree). The total variance explained varies between .84 and .89. Internal consistency coefficients of the sub-dimensions of the scale are *Negative Perceived Value*.74, *Discomfort with Emotions* .88, *In-Group Stigma* .86, *Lack of Information* .88, *Lack of Access* .82 and *Cultural Barriers* .83.

Barriers to Seeking Psychological Help Scale (BSPHS): It was developed by Topkaya, Şahin and Meydan in 2017 to determine the barriers that affect university students' receiving psychological help. The measurement tool consists of 17 items in five sub-dimensions called Fear of Being Stigmatized by Society, Trust in The Mental Health Professional, Difficulties in Self Disclosure, Perceived Devaluation and Lack Of Knowledge. High scores reflect perceived higher levels of barriers in all dimensions. The scale items were rated in a 5-point Likert type, with answers between 1 (strongly disagree) and 5 (strongly agree). There is no reverse item in

the scale. The total Cronbach Alpha internal consistency coefficients of the scale obtained from different samples are above .70.

Procedure

As the first step, the researchers who developed the original scale were contacted in order to adapt the Barriers to Seeking Mental Health Counseling Scale to Turkish, and the permission to adapt the scale was received. During the adaptation of the scale to Turkish, the scale was translated into Turkish by five experts with sufficient language levels. In line with these translations, Turkish items that express the original items of the scale closest were selected and a temporary Turkish form was created. The created Turkish form was back-translated into English by an expert, apart from the experts involved in the first translation process. Another Turkish form was created by comparing the back translated version with the original form. The English form and the Turkish form of the scale were presented to the opinion of a competent English and Turkish speaking expert, and the final version of the Turkish form was prepared by taking the expert's opinion into consideration. A linguistic equivalence study was carried out by applying the English and Turkish forms of the scale to a group of 36 people who have sufficient knowledge of both languages with an interval of two weeks between two applications.

Structural validity and criterion validity studies were conducted for the validity studies of the Scale of Obstacles for Mental Health Counseling. Chi-Square Fit Test, Approximate Root Mean Square Errors (RMSEA), Comparative Fit Index (CFI), Root Mean Square Errors (RMR), Standardized Root of Mean Errors (SRMR), Normed Fit Index (NFI), Non-Normed Fit Index (NNFI), Akaike Criterion (AIC) and Expected Cross Validity Index (ECVI) were used. For the criterion-related validity study, the relationship between the scale and Barriers to Seeking Psychological Help Scale for College Students was examined. Barriers to Seeking Psychological Help Scle for College Students was chosen because it measures similar characteristics with the original form of the scale. Correlation analysis was performed for the relationship between scales and their sub-dimensions. Cronbach Alpha internal consistency and test-retest analysis were performed for the reliability study of the total and sub-dimensions of the scale.

RESULTS

Linguistic Equivalence

The original scale and Turkish form were applied to 36 participants who are fluently speaking English and Turkish with an interval of two weeks. It has been observed that there are no outliers and the data meet the assumption of normality. The relationship between two forms is given in Table 1.

Table 1.
Findings for the Linguistic Equivalence of BMHC

Dimensions	r
Negative Perceived Value (NPV)	.963*
Discomfort with Emotions (DWE)	.977*
In-Group Stigma (IGS)	.935*
Lack of Knowledge (LK)	.959*
Lack of Access (LA)	.951*
Cultural Barriers (CB)	.988*
Total	.984*

*p<0.01

As seen in Table 1, the correlation coefficients between the subscales of the original and Turkish forms vary between .935 and .988 (p<.01). The correlation coefficient between the total scores of the scale found as .984 (p<.01). The positive and high correlation coefficients between the original and Turkish form reveals that linguistic equivalence is achieved.

3.2 | Item Analysis

In order to examine discriminative and predictive power of items for total score on BHMC, after normality of distribution was determined, item analysis was conducted. Findings of corrected item total correlation are presented in Table 2.

Table 2.
Corrected Item-Total Correlation Analyses

Item	*Corrected item total correlation analysis*
1	.191
2	.438*
3	.448*
4	.397*
5	420*
6	.433*
7	.385*
8	.403*
9	.419*
10	.322*
11	.503*
12	.450*
13	.386*
14	.505*
15	.400*
16	.431*
17	.444*
18	.484*
19	.499*
20	.306*
21	.465*
22	.417*
23	.356*
24	.480*
25	.463*
26	.370*
27	.541*

*p<0.01

As observed in Table 2, it was determined that the corrected item total test correlations of all items except the first item ranged from .30 to .54. (p<.01). It can be seen that the correlation coefficient of the first item is found as .19. Since item total correlation coefficient above .30 are considered as good discrimination (Büyüköztürk, 2014), it can be said that all items except the first one have good discrimination.

When the first item was excluded, it was seen that the explained variance and Cronbach Alpha value would increase. For the purpose of examining the possible effect of removing the first item on the factor structure, exploratory factor analysis was conducted. It was observed that the first item did not enter the six-factor structure, but formed a different sub-dimension on its own. In this context, it was found that the first item, "I don't think talking with a mental health counselor would be helpful", did not work in Turkish culture and therefore this item was removed.

After testing the normality of distributions in the adult group and excluding outliers, corrected item correlations were found and presented in Table 3.

Table 3.
Corrected Item Total Correlation Results

Item No	Corrected Item Total Correlation
1	,274
2	,707*
3	,682*
4	,681*
5	,680*
6	,666*
7	,595*
8	,631*
9	,638*
10	,540*
11	,739*
12	,688*
13	,662*
14	,660*
15	,397*
16	,636*
17	,592*
18	,656*
19	,526*
20	,326*
21	,504*
22	,489*
23	,517*
24	,692*
25	,636*
26	,461*
27	,658*

*p<0.01

As can be seen Table 3 was examined, it was found out that all items had a correlation coefficient above .30, and correlation coefficient of the first item was. 27 as in the university students. In this regard, it was decided to remove the first item for the adult population also.

Construct Validity

In order to examine the structure of the original scale consisting of six dimensions and 27 items, confirmatory factor analysis was conducted. Before CFA, sub-dimension and total scores of the scale were found to meet the normality assumptions by examining the normality of distributions, skewness kurtosis values and Kolmogorov Smirnov test (p> .05).

In order to evaluate fit between theoretical model and data, model fit indices was analyzed and presented in Table 4.

Table 4.
Indices for university students of BMHC

Goodness of fit	Model	Perfect Goodness of Fit	Acceptable Goodness of Fit
χ^2	845,52		
sd	284		
χ^2/sd	2.97	≤3	3< χ^2/sd ≤5
RMSEA	.06	≤.05	.05<RMSEA≤.08
CFI	.95	≥.95	.90≤CFI<.95
SRMR	.06	≤.05	.05<SRMR≤.08
NFI	.92	≥.95	.90≤NFI<.95
NNFI	.94	≥.97	.95≤NNFI<.97

90% Probability Confidence Interval for RMSEA (0.062; 0.072)

As presented in Table 4, as a result of factor analysis, it reveals that values of models have perfect and acceptable goodness of fit. Values of RMSEA, RMR, SRMR, NFI and NNFI indicate acceptable goodness of fit and values of χ^2/sd and CFI points out perfect goodness of fit (Çokluk, Şekercioğlu ve Büyüköztürk, 2012). The factor analysis showed that the six-factor structure of the scale was significant at. 05 level (t>1.96, p<.05) and error variances were different from zero. The six-factor structure and factor-loads of the scale are shown in Figure 1.

Figure 1.

Path diagram factor loadings six-factor structure of BMHC for university students
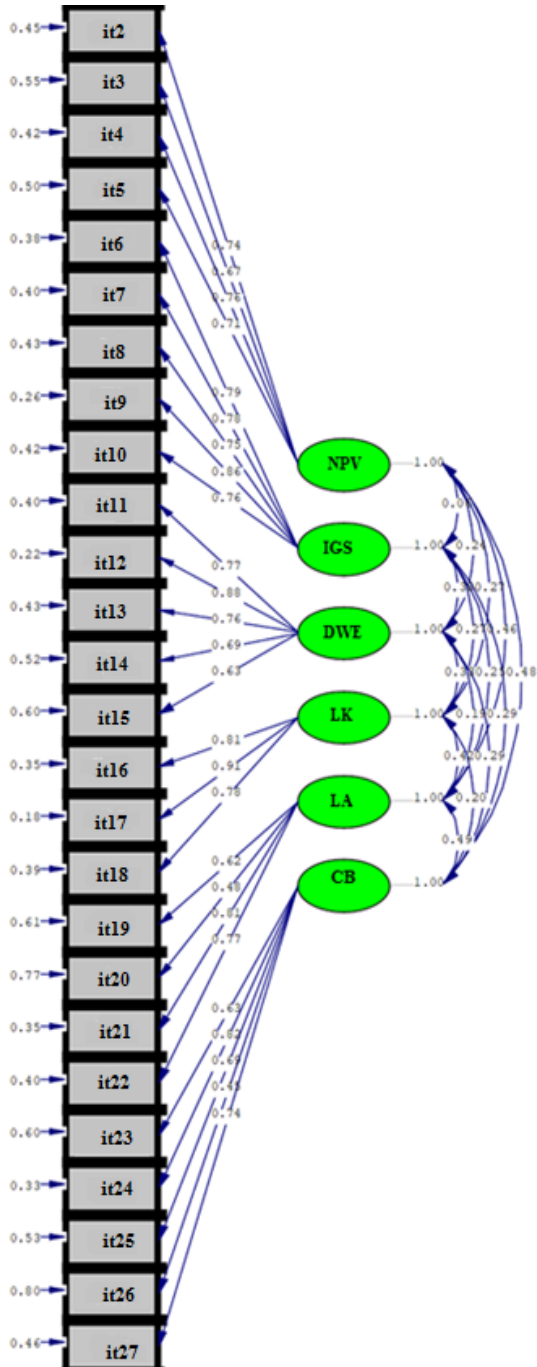
As seen in figure 1, relationship between latent variables and observed variables ranged from .67 to .76 for NPV, .75 to .86 for IGS, .75 to .86 for DWE, .63 to .88 for LK, from .48 to .81 for LA and from .45 to .82 for CB. It was observed that the factor loads of items varied between .45 and .91.

Since the original form of the scale was conducted on a sample of university students, the construct validity of the scale in the adult sample was examined with the CFI through the data collected from 302 adults. A modification was made between item 19 and item 20 and between item 23 and item 25 in line with the modification suggestions of analysis. Fit indices of final model are given in Table 5.

Table 5.
Indices for adults of BMHC

Goodness of fit	Model	Perfect Goodness of Fit	Acceptable Goodness of Fit
χ^2	790,59		
sd	282		
χ^2/sd	3.01	≤ 3	$3<X^2/sd \leq 5$
RMSEA	.07	$\leq .05$	$.05<RMSEA \leq .08$
CFI	.97	$\geq .95$	$.90 \leq CFI<.95$
SRMR	.06	$\leq .05$	$.05<SRMR \leq .08$
NFI	.95	$\geq .95$	$.90 \leq NFI<.95$
NNFI	.96	$\geq .97$	$.95 \leq NNFI<.97$

90% Probability Confidence Interval for RMSEA = (0.072; 0.080)

As can be observed in Figure 2, relationships between latent variables and observed variables were between .85 and .91 for the NPV, .70 and .93 for the IGS, .58 and .90 for the DWE, .70 and .93 for the LK, .35 and .93 for LA, .56 and .82 for the CB. As a result, in the version of the scale applied to adults, the factor loadings varied between .35 and .93.

Figure 2.

Path diagram factor loadings six-factor structure of BMHC for adults
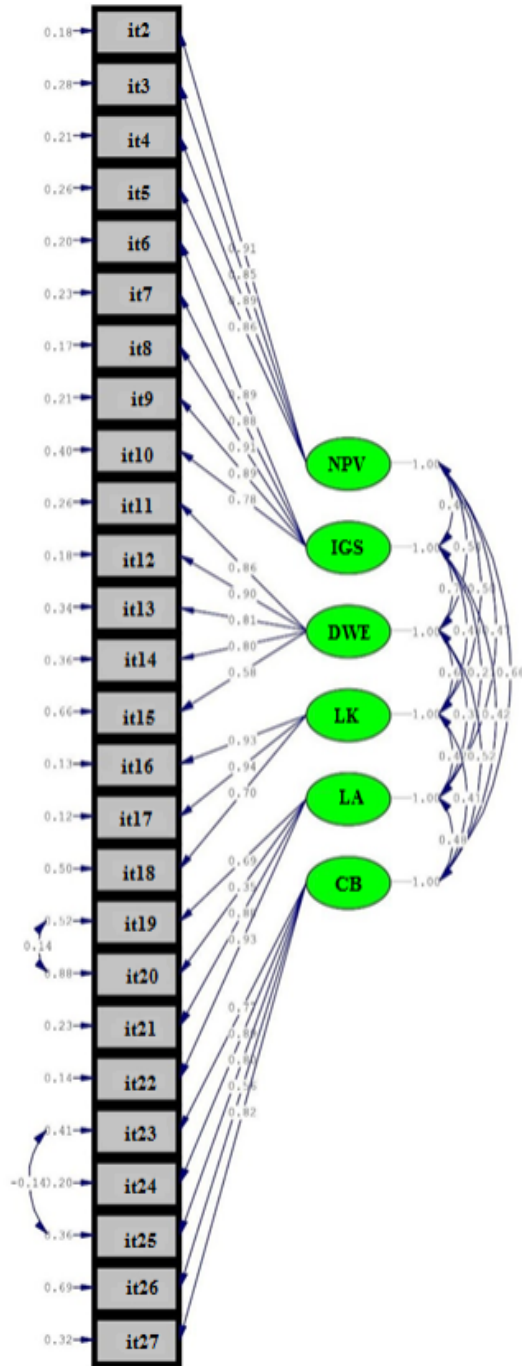
Criterion-Related Validity

For the purpose of examining criterion-related validity of BMHC, Barriers to Seeking Psychological Help Scale were applied to 59 university students and correlation analysis conducted between them. Correlation coefficient of scales and factors are presented in Table 6.

Table 6.
Correlation coefficient between BMHC and BSPHS

Factors	NPV	DWE	IGS	LK	LA	CB	BMHC
Fear of Being Stigmatized by Society	,292*	,410**	,535**	,391**	,232	,395**	,481**
Trust in The Mental Health Professional	,752**	,720**	,586**	,769**	,474**	,583**	,877**
Difficulties in Self Disclosure	,313*	,626**	,456**	,285*	,193	,302*	,461**
Perceived Devaluation	,350**	,477**	,488**	,378**	,280*	,462**	,530**
Lack of Knowledge	,658**	,381**	,374**	,651**	,581**	,670**	,781**
(BSPHS)	,509**	,642**	,585**	,561**	,416**	,627**	,738**

*p<0.05
**p<0.01

According to Table 6, a significant positive correlation was found between the total score of BHMC and SSRPH (r = .738, p <.01).

Reliability

Internal consistency coefficients and test-retest reliability coefficients were calculated to determine the reliability of the Turkish form of the scale, and the Cronbach Alpha internal consistency coefficients for scores of factors and whole scale are presented in Table 7.

Table 7.
Reliability Analysis Findings for Internal Consistency of BMHC for university students

Factors	Number of items	Cronbach α
NPV	4	.734
DWE	5	.872
IGS	5	.855
LK	3	.850
LA	4	.735
CB	5	.758
Total	27	.870

As seen in Table 7, the Cronbach Alpha internal consistency coefficient was found to be .870 for the total score. It was calculated as .734 for the negative perceived value, .855 for ingroup stigma, .872 for discomfort with emotions, .850 for the lack of knowledge, .735 for the lack of access and .758 for cultural barriers.

Table 8.
Reliability Analysis Findings for Internal Consistency of BMHC adults

Factors	Number of items	Cronbach α
NPV	4	.751
DWE	5	.758
IGS	5	.745
LK	3	.766
LA	4	.771
CB	5	.751
Total	27	.843

As examined in table 8, Cronbach Alpha internal consistency for the whole score was found as .843. It was calculated as .751 for the negative perceived value, .745 for ingroup stigma, .758 for discomfort with emotions, .766 for the lack of knowledge, .771 for the lack of access and .751 for cultural barriers.

Test-retest study was also conducted to test the reliability of the scale. The test-retest study was carried out with 39 university students in three weeks. Findings are presented in Table 9.

Table 9.
Test-retest reliability results

Factors	NPV	DWE	IGS	LK	LA	CB	Total of post-tests
NPV	.756 *						
DWE		.942*					
IGS			.822*				
LK				.756*			
LA					.775*		
CB						.687*	
Total of pretest							.764*

*p<0.01

As seen in Table 9, the test-retest correlation coefficient of the scale was .764 for the total score. It was found as .756 for the negative perceived value, .822 for the ingroup stigma,.942 for discomfort with emotions, .756 for lack of knowledge, .775 for lack of access and .687 for cultural barriers. In the light of these results, it can be said that there is consistent between results of two applications and the second reliability condition is provided.

Discussion

The aim of this study is to adapt the Barriers to Seeking Mental Health Counseling Scale developed by Shea, Wong, Nguyen and Gonzalez (2019) to Turkish culture and to make validity and reliability analyzes. The Turkish translation of the scale was made by five experts with sufficient English and Turkish levels, and field of knowledge. Later, the scale was translated back into English by an expert different from the five experts involved in the first translation phase. By comparing the translations by the researchers, a draft Turkish form was created by selecting the translated items that give the closest meaning to the English items. The opinion of an expert who is competent in both languages was taken, and the final version of the form was formed by making necessary arrangements in line with the expert opinion. In the linguistic equivalence study conducted in line with the adaptation process of the scale, the relationship between the original form of the scale and the Turkish form was examined. The analysis revealed that all items of the scale provide linguistic equivalence.

In the construct validity study, the six-factor structure of the scale was tested by making confirmatory factor analysis. As a result of the analysis, it was seen that the six-factor structure was valid and the fit indices were at acceptable values. Item analysis of the Scale of Barriers for Mental Health Counseling was examined with corrected item total correlations. In the literature, items with item total correlation coefficient above .30 are considered as items with good discrimination (Büyüköztürk, 2014). Based on the analysis, it can be stated that the discrimination power of the items except the first item is sufficient. It was observed that the first item of the scale was lower than the accepted values and in the exploratory factor analysis, it was not included in the six-factor structure of the original scale and formed a sub-dimension on its own.

Two experts who are competent in both two languages were interviewed in order to discuss the reason for the low correlation coefficient of the item and the reason it creates a different factor. In the English version of the item, the negativity of the sentence can be given with "I don't think…" at the beginning of the sentence, but when this item is translated to Turkish it could be confusing since words with positive and negative meanings are at the end of the sentence. While in English, negative meaning can be given at the beginning of the sentence, in Turkish it is given with negative particle at the end of the sentence (İlhan, 2005). Thus, it is thought that the unexpected confusion is experienced in the Turkish version of the item because of the place of negative meaning in the sentence. This item was excluded from the analysis because the other items were also collecting information about opinions of the individual on receiving psychological help. However, in future studies, it is suggested that the Turkish version of this item could be written and after being discussed with the authors of the scale, can be added to the Turkish version of the scale and re-analyzed. In this context, it was deemed appropriate to remove the scale from the Turkish form because the first item did not give appropriate statistical results and the item did not function well in the Turkish cultural structure, and the psychometric qualities of the scale increased when this item was removed.

In the criterion validity study, the relationship between the Barriers to Mental Health Counseling Scale and the Barriers to Seeking Psychological Help Scale was examined. The analysis revealed that there is a significant relationship between the total score and sub-dimensions of the Barriers to Mental Health Counseling Scale, and the total score and sub-dimensions of the Barriers to Seeking Psychological Help Scale.

Cronbach Alpha internal consistency coefficient and test-retest reliability coefficient were calculated to determine the reliability of the scale. The threshold accepted in the literature for the Cronbach Alpha internal consistency coefficient is specified as .70 (Özgüven, 1994). It has been observed that the internal consistency coefficients of the total and sub-dimensions of the scale are above the acceptable

threshold in the literature. By applying the scale to the same group every three weeks, the relationship between the two applications was examined. The findings obtained show that the reliability of the whole scale and its sub-dimensions is sufficient.

The fact that it is not common to benefit from mental health services among adults as well as university students makes it necessary to understand the factors that prevent adult individuals from receiving mental health services. Accordingly, the scale was applied to individuals between the ages of 22-59 and the six-factor structure of the scale was examined with confirmatory factor analysis. As a result of the findings, it is seen that the six-factor structure of the scale tested in the sample of university students is also valid in the sample of adults and the fit indices are at acceptable levels.

As a result, the Turkish form of the Barriers to Mental Health Counseling Scale is a measuring instrument consisting of six sub-dimensions and 26 items. It is evaluated in 6-point Likert type which is answered between "1- Strongly disagree" and "6- Strongly agree". There are 3 reverse items in the scale. The findings obtained as a result of the validity and reliability analysis reveal that the scale is a valid and reliable measurement tool. It is thought that the validity and reliability analysis of the scale in different sample groups will contribute to the future studies to be conducted. Data was collected in COVID-19 pandemic, which affected people's perspectives about mental health counseling services, thus it is believed that later studies conducted after pandemics would contribute to the literature in seeing the differences in perspectives of people during and after pandemics.

This study has several limitations. An important limitation of the study is that the first item in the original form of the scale was removed from the Turkish form because the item discrimination was not sufficient. Another limitation is that the study is only for university students and adults. It is thought that it will be useful to examine the psychometric properties of the scale by applying it to different study groups in future studies. The low number of male participants in the sample of university students constitutes a limitation of the study. Studies with a more balanced participant profile can be carried out in the future. In addition, test-retest reliability analysis was not performed in the sample of adult individuals of the scale.

Reference

Andrews, G., Issakidis, C., & Carter, G. (2001). Shortfall in mental health service utilization. *British Journal of Psychiatry, 179*(5)*,* 417– 425. https://doi.org/10.1192/bjp.179.5.417

Arslantaş, H. (2003). *Yetişkinlerde profesyonel psikolojik yardım arama tutumu ve bunuetkileyen faktörler* [Yayınlanmamış doktora tezi]. İstanbul Üniversitesi, İstanbul.

Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma aboutdepression and its impact on help-seeking intentions. *Australian and New ZealandJournal of Psychiatry, 40*(1)*,*51–54. https://doi.org/10.1080/j.1440-1614.2006.01741.x

Benton, S. A., Robertson, J. M., Tseng, W., Newton, F. B., & Benson, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice,34*(1), 66-72. https://doi.org/10.1037/0735-7028.34.1.66

Bicil, B. (2012). *Yetişkinlerin psikolojik yardım arama niyetlerinin incelenmesi: İzmir iliörneği* [Yayınlanmamış yüksek lisans tezi]. Ege Üniversitesi, İzmir.

Büyüköztürk, Ş. (2014). *Sosyal bilimler için veri analizi el kitabı: İstatistik, araştırma* deseni*, SPSS uygulamaları ve yorum.* (19. Baskı). Ankara: Pegem Akademi

Carlson, J. M. (2001). *Two casual models of white male psychological help-seeking attitudes and preferences for psychotherapy* [Unpublished doctoral dissertation]. Pennsylvania University, Pennsylvania.

Carnevale, J. P. (2001). *Danışmanlık incileri* (Çev. D. Albayrak-Kaymak). İstanbul: Anahtar Kitaplar.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., … Thornicroft, G. (2014). What is the impact of mental health-related stigma on help seeking? A systematic review of quantitative and qualitative studies. *PsychologicalMedicine, 45*(1), 11–27. https://doi.org/10.1017/S0033291714000129

Corrigan, P. (2004). How stigma interferes with mental health care. *AmericanPsychologist, 59*(7), 614–625. https://doi.org/10.1037/0003-066X.59.7.614

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysisusing path modeling structures. *Journal of Counseling Psycholog, 46*, 381-387. https://doi.org/10.1037/0022-0167.46.3.381

Çokluk, Ö., Şekercioğlu, G., ve Büyüköztürk, Ş. (2012). *Sosyal bilimler için çok değişkenli istatistik: SPSS ve LISREL uygulamaları.* Ankara: Pegem Akademi.

Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *Britis Journal of Guidance and Counseling, 22*(2), 207-217. https://doi.org/10.1080/03069889408260315

Erkan, S., Özbay, Y., Cihangir-Çankaya, Z., ve Terzi, S. (2012). Üniversite öğrencilerinyaşadıkları problemler ve psikolojik yardım arama gönüllükleri. *Eğitimve Bilim, 37*(164), 94-107.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry, 12*, 1-14. https://doi.org/10.1186/1471-244X-12-157

Gürsoy, O., ve Gizir, C. A., (2018). Üniversite öğrencilerinin psikolojik yardım almayayönelik tutumları: sosyal damgalanma, kendini damgalama, öznel sıkıntıları açma, benlik saygısı ve cinsiyetin rolü. *Türk Psikolojik Danışma ve Rehberlik Dergisi,8(*49),137-155.

Harrar, W.R., Affsprung, E. H., & Long, J.C. (2010). Assessing campus counseling needs. *Journal of College Student Psychotherapy, 24(3),* 233-240. https://doi.org/10.1080/87568225.2010.486303

Hinson, J. A., & Swanson, J. L. (1993). Willingness to seek help as a function ofselfdisclosure and problem severity. *Journal of Counseling & Development, 71*, 465- 470. https://doi.org/10.1002/j.1556-6676.1993.tb02666.x

Ina, M., & Morita, M. (2015). Japanese university students' stigma and attitudes towardseeking professional psychological help. *Online Journal of Japanese Clinical Psychology, 2*, 10-18. doi:10.2466/pr0.100.2.387-399

İlhan, N. (2005). Türkçede olumsuzluk. *Karaman Dil Kültür ve Sanat Dergisi*, 271-279.

Kalkan, M., ve Odacı, H. (2005). Cinsiyet ve cinsiyet rolünün psikolojik yardım almayailişkin tutumlarla ilişkisi. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 23*(3), 57 62.

Kavas, A., Topkaya, N., ve Gençoğlu, C. (2014). Psikolojik yardım alma nedeniyle sosyal damgalanma, denetim odağı, kendini damgalama ve yaşam doyumu arasındaki ilişkiler. *Ondokuz Mayıs Üniversitesi Eğitim Fakültesi Dergisi, 33*(2), 367-377. https://doi.org/10.7822/omuefd.33.2.3

Kıranşal, N., Biçer, N., Alkan, H., ve Akça, D. (2008). Kars sağlık yüksekokuluöğrencilerinin okuldaki akademik danışmanlık hizmeti ile ilgili görüş ve beklentilerinin incelenmesi. *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi, 1*(2), 13-20.

Komiya. N., Good. G. E., & Sherrod. N. B. (2000). Emotional opennes as a predictor ofcollege students attitudes toward seeking psychological help. *Journal of Counseling Psychology.* 47, 138-143.

Koydemir, S., ve Demir, A. (2005). ODTÜ öğrencilerinde yardım arama davranışı. *M.Ü.Atatürk Eğitim Fakültesi Eğitim Bilimleri Dergisi,* (22)*,* 211-218.

Kushner, M. G., & Sher, K. J. (1989). Fears of psychological treatment and its relation tomental health service avoidance. *Professional Psychology: Research and Practice, 20*(4), 251-257. https://doi.org/10.1037/0735-7028.20.4.251

Liao, H. Y., Rounds, J., & Klein, A. G. (2005). A test of Cramer's (1999) Help-seekingmodel and acculturation effects with Asian and Asian American college students. *Journal of Counseling Psychology, 52*(3), 400-411.

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and theunderutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health, 10*(6), 574-582. https://doi.org/10.1080/13607860600641200

Mansfield, A. K., Addis, M. E., & Courtenay, W. (2005). Measurement of men's helpseeking: Development and evaluation of the barriers to help seeking scale. *Psychology of Men & Masculinity, 6*(2), 95–108. https://doi.org/10.1037/1524-9220.6.2.95

Özbay, Y., Terzi, Ş., Erkan, S., ve Cihangir Çankaya, Z. (2011). Üniversite öğrencilerininprofesyonel yardım arama tutumları, cinsiyet rolleri ve kendinisaklama düzeyleri. *Pegem Eğitim ve Öğretim Dergisi, 1*(4), 59-71.

Özgüven, E. (1994). *Psikolojik Testler.* Ankara: Yeni Doğuş Matbaası.

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's helpseeking for mental health problems. *Australian E-Journal for the Advancement ofMental Health, 4*(3), 218–251. https://doi.org/10.5172/jamh.4.3.218

Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. *British Journal of General Practice,66*(651), 686-692. https://doi.org/10.3399/bjgp16X687313

Serim, F., ve Cihangir-Çankaya, Z. (2015). Yetişkinlerin psikolojik yardım aramatutumlarının yordanması. *Ege Eğitim Dergisi, 16(1),* 177-198. https://doi.org/10.12984/eed.79026

Sezer, S., ve Gülleroğlu, D. (2016). Psikolojik yardım arama tutumlarını yordayandeğişkenler: Kendini damgalama, özsaygı, psikolojik yardım almış olma. *Uludağ Üniversitesi Eğitim Fakültesi Dergisi, 29*(1), 75-93. https://doi.org/10.19171/uuefd.52149

Shea, M., & Yeh, C., J. (2008). Asian american students cultural values, stigma and relationalself-construal: Correlates of attitudes toward professional help seeking. *Journal of Mental Health Counseling*, *30*(2), 157-172. https://doi.org/10.17744/mehc.30.2.g662g5l2r1352198

Shea, M., Wong, Y. J., Nguyen, K. K., & Gonzalez, P. D. (2019). College Students' Barriers to Seeking Mental Health Counseling: Scale development and psychometricevaluation.*Journal of Counseling Psychology*. Advance online publication.626-639. https://doi.org/10.1037/cou0000356

Skultety, K. M. (2003). *An investigation of mental health service utilization by older adults* [Unpublished doctoral dissertation]. Massachusetts Universitesi, Massachusetts.

Thao, D. D. (2004). *Gender and acculturation as predictors of attitudes toward seekingprofessional psychological help among the Hmong community* [Doctoral dissertation]. International Alliant University, Fresno.

Thompson, V. L.S., Bazile, A., & Akbar, M. (2004). African Americans' perceptionsof psychotherapy and psychotherapists. *Professional Psychology:Research and Practice, 35*(1), 19-26. https://doi.org/10.1037/0735-7028.35.1.19

Topkaya, N. (2011). *Psikolojik yardım niyetinin sosyal damgalanma, tedavi korkusu,beklenen yarar, beklenen risk ve tutum faktörleriyle modellenmesi*[Doktora tezi]. EgeÜniversitesi, İzmir.

Topkaya, N., ve Meydan, B. (2013). Üniversite öğrencilerinin problem yaşadıkları alanlar, yardım kaynakları ve psikolojik yardım alma niyetleri. *TrakyaÜniversitesi Eğitim Fakültesi Dergisi, 3*(1), 25-37.

Topkaya, N. (2014). Gender, self-stigma, and public stigma in predicting attitudes toward psychological help-seeking. *Educational Sciences: Theory & Practice, 14*(2), 480-487. doi: 10.12738/estp.2014.2.1799

Topkaya, N. (2015). Factors ınfluencing psychological help seeking in adults: A qualitative study. *Educational Sciences: Theory & Practice, 15*(1), 21-31. https://doi.org/10.12738/estp.2015.1.2094

Topkaya, N., Şahin, E., & Meydan, B. (2017). The development, validity, and reliability of the barriers to seeking psychological help scale for college students. *International Journal of Higher Education, 6*(1), 48-62. https://doi.org/10.5430/ijhe.v6n1p48

Türküm, S. (2000). Üniversite öğrencilerinin psikolojik yardım almaya ilişkin tutumları vekendini açma eğilimleri. *Anadolu Üniversitesi Eğitim Fakültesi Dergisi, 10*(2), 205-220.

Vogel, D.L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcomeexpectations and attitudes on decisions to seek professional help. *Journal ofCounseling Psychology, 52*(4), 459–470. https://doi.org/10.1037/0022-0167.52.4.459

Vogel, D.L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and thewillingness to seek counseling: the mediating roles of self-stigma and attitudes towardcounseling. *Journal of Counseling Psychology, 54* (1), 40–50.

Vogel, D.L., Wade, N. G., Wester, S. R., Larson, L., & Hackler, A. H. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology, 63*(3), 233-245. https://doi.org/10.1002/jclp.20345

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling & Development, 85*, 410-422. https://doi.org/10.1002/j.1556-6678.2007.tb00609.x

Yakunina, E. S., & Weigold, I. K. (2011). Asian international students' intentions to seekcounseling: Integrating cognitive and cultural predictors. *Asian American Journal of Psychology, 2*(3), 219-224. https://doi.org/10.1037/a0024821s

Yeşilyaprak, B. (1986). Üniversite öğrencilerinin psikolojik sorunları. *Türk Psikoloji Dergisi, 20, 80-85.*