

Attitudes to Cancer Help Seeking

The diagnosis and treatment of cancer causes significant psychosocial distress to patients and their families, including anxiety and depression, adjustment disorders, fears about cancer recurrence, and posttraumatic stress reactions (1). Psychosocial interventions can increase well-being, improve adjustment, and reduce distress (2), however, psychosocial care is not yet routine in cancer treatment, uptake of available services is low and many people report that their needs for information and psychological support after cancer are unmet (3,4).

The purpose of this communication is to support researchers who are interested in assessing attitudes towards psychological help-seeking in cancer patients by providing current advice about the administration and scoring of the Attitudes to Cancer Help Seeking Scale (ACHS). The ACHS was developed to assess attitudes to seeking emotional or psychological support after cancer using scale development guidelines based on the theory of planned behaviour (5).

The ACHS scale has now been utilised and validated in a broad range of settings including men with prostate cancer (6), geographically remote cancer patients (7), and recently translated and validated in German cancer patients (8).

The ACHS scale is freely available for use in ethically approved and not-for-profit cancer research. We hope that you will join us in a community of practice to further develop and explore the utility of this scale and encourage you to keep in touch with us about your findings.

For further advice please feel free to contact:

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The Attitudes to Cancer Help Seeking

(Questions)

Please indicate how much you agree with the following statements by circling the number that best matches your response. 1 = "Strongly disagree", 2 = "Disagree", 3 = "Uncertain", 4 = "Agree" and 5 = "Strongly agree".

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1. It would be upsetting for me to contact a health professional for emotional/ psychological support	1	2	3	4	5
2. It would be difficult for me to contact a health professional for emotional/ psychological support	1	2	3	4	5
3. Contacting a health professional for emotional/ psychological support would be a painful experience	1	2	3	4	5
4. I would think less of myself for needing support	1	2	3	4	5
5. It would seem weak to ask for support	1	2	3	4	5
6. I'd feel better about myself knowing I didn't need support from others	1	2	3	4	5
7. I don't have the time to contact a health professional for emotional/psychological support	1	2	3	4	5
8. I don't like other people telling me what to do	1	2	3	4	5
9. Nobody knows more about my problems than I do	1	2	3	4	5
10. There is not much advice around about how to contact a health professional for emotional/ psychological support	1	2	3	4	5
11. It would be beneficial for me to contact a health professional for emotional/ psychological support	1	2	3	4	5
12. My doctor thinks I should contact a health professional for emotional/psychological support	1	2	3	4	5
13. My doctor expects me to contact a health professional for emotional/psychological support	1	2	3	4	5
14. Contacting a health professional for emotional/ psychological support would be a positive experience	1	2	3	4	5
15. Most people who are important to me think I should contact a health professional for emotional/psychological support	1	2	3	4	5

The Attitudes to Cancer Help Seeking (Scoring)

Subscale Descriptions

The ACHS has fifteen items that comprise two subscales: *Negative Attitudes to Help-Seeking* (10 items; $\alpha = 0.81$), *Positive Attitudes to Help-Seeking* (5 items items; $\alpha = 0.75$). The items in each scale are listed in the table above. Items are scored on a one- to five-point Likert scale (1 = “Strongly disagree,” 5 = “Strongly agree”). Subscale scores are generated by summing the items in each subscale.

Sample Syntax (SPSS)

COMPUTE

NegativeAttitudes= (Q1+ Q2+ Q3+ Q4+ Q5+ Q6+ Q7+ Q8+ Q9+ Q10).

PositiveAttitudes = (Q11+ Q12+ Q13+ Q14+ Q15).

EXECUTE.

References

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