

# THE ROMANIAN VERSIONS OF THE INVENTORY OF ATTITUDES TOWARD SEEKING MENTAL HEALTH SERVICES (IASMHS) AND THE SELF-COMPASSION SCALE (SCS): PSYCHOMETRIC PROPERTIES

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## Abstract

Despite growing interest in mental health literacy, the Romanian literature still lacks psychometrically sound instruments that measure attitudes toward seeking professional help and self-compassion. The present study reports the cross-cultural adaptation and validation of two widely used scales – the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS; Mackenzie *et al.*, 2004) and the Self-Compassion Scale (SCS; Neff, 2003) – for the Romanian population. Following back-translation and expert review, a pilot item analysis ( $N = 100$ ) indicated no items required removal. The main sample comprised 578 university students who completed the Romanian IASMHS, SCS, and additional convergent measures. Internal consistency was acceptable. Exploratory and confirmatory factor analyses supported a four-factor solution with marginal fit for the SCS. For the IASMHS, exploratory analyses supported a five-factor model, which was inadmissible at confirmatory analysis, and the original three-factor model fit suboptimally; a theory-guided trimmed 17-item three-factor model produced improved fit. Convergent validity was supported: SCS total scores correlated negatively with psychological distress and weakly with self-stigma; the trimmed IASMHS total showed small, theorized associations – positive with self-compassion and negative with self-stigma and distress. The findings are limited by the use of self-report data and the high percentage of female participants. These findings indicate that the retained Romanian versions of the IASMHS and SCS showed adequate reliability and validity for research and clinical screening. The scales enable culturally sensitive assessment of help-seeking attitudes and self-compassion, thereby advancing mental health interventions in Romanian settings.

**Cuvinte-cheie:** psihometrie; IASMHS; SCS; atitudini de căutare a ajutorului; autocompasiune.

**Keywords:** psychometrics; IASMHS; SCS; help-seeking attitudes; self-compassion.

## 1. INTRODUCTION

Poor mental health can have severe consequences in the absence of appropriate treatment, making it crucial to understand the factors that influence individuals' willingness to seek professional help. While extensive research has explored attitudes toward mental health services and self-compassion as key determinants of psychological well-being (e.g. Clement *et al.*, 2015), there remains a pressing need to

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use culturally adapted and psychometrically sound instruments to assess these constructs accurately. The main purpose of the present study is to examine and present the factor structure and psychometric properties of Romanian translations of two widely used measures: the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; Mackenzie *et al.*, 2004) and the Self-Compassion Scale (SCS; Neff, 2003). The process of translating, adapting, and validating psychological instruments is complex and requires methodological rigor (Sousa & Rojjanasrirat, 2010). Beyond linguistic accuracy, cultural adaptation ensures that an instrument retains its conceptual validity across different populations. This is particularly relevant in the context of mental health, where attitudes toward help-seeking and self-compassion are deeply embedded in cultural norms, social expectations, and stigma (Rogers-Sirin *et al.*, 2017). Instruments developed in Western contexts may not fully capture the nuances of help-seeking behaviour or self-compassion in Eastern European societies, where collectivist values, skepticism toward mental health services, and societal expectations about emotional resilience shape attitudes toward psychological well-being. Thus, adapting these measures for a Romanian sample is not just a linguistic exercise but a necessary step to ensure their accuracy and applicability within this cultural context.

Help-seeking attitudes have long been studied through psychological theories, such as the Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1980, apud Codd & Cohen, 2003) and its later extension, the Theory of Planned Behaviour (TPB; Ajzen, 1991), both of which propose that attitudes significantly influence intentions and subsequent behaviours. The IASMHS, developed as an extension of Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), was designed to address conceptual and methodological concerns of its predecessor, including outdated language and limited response options. The three-factor model (Psychological Openness, Help-Seeking Propensity, and Indifference to Stigma) aims to provide a more comprehensive understanding of help-seeking attitudes. However, cross-cultural applications of the IASMHS have yielded mixed results, emphasizing the importance of adaptation rather than direct translation (Hyland *et al.*, 2015; Mojaverian *et al.*, 2013; Tieu *et al.*, 2018). Similarly, the concept of self-compassion has gained increasing recognition in psychological research for its role in fostering emotional well-being and resilience. Defined as the ability to treat oneself with kindness and understanding during times of failure or difficulty, self-compassion encompasses three core components: Self-Kindness, Common Humanity, and Mindfulness (Neff, 2003). The Self-Compassion Scale (SCS) has been widely used to assess these dimensions, offering valuable insights into individuals' self-relation and coping mechanisms. However, cultural factors such as collectivist values, societal emphasis on self-reliance, and historical attitudes toward mental health and self-care may influence how self-compassion is understood and expressed in Romania. Given these potential cultural differences, it is essential to adapt and validate the SCS for Romanian populations to ensure that it captures the

theoretical dimensions of self-compassion while aligning with local norms and practices.

This study aims to address these gaps by presenting the adaptation process of both the IASMHS and the SCS for Romania. By examining the psychometric properties of these scales, including their factor structures, reliability, and validity, this research provides culturally relevant and scientifically rigorous tools for assessing help-seeking attitudes and self-compassion. The adaptation of these measures facilitates future research on mental health and self-compassion in Eastern Europe, offering valuable insights for practitioners working in culturally diverse environments. Furthermore, by ensuring that these instruments reflect the Romanian cultural and social landscape, this study contributes to a broader understanding of how psychological constructs function across different populations and contexts, ultimately advancing mental health research and practice in Romania.

The following hypotheses concerning the validity of the instruments were established prior to the commencement of the present study.

H1: Help-seeking attitudes will correlate negatively with self-stigma and distress.

H2: Self-compassion will correlate negatively with self-stigma and distress.

H3: Help-seeking attitudes will correlate positively, with small magnitude, with self-compassion.

## 2. METHOD

### 2.1. PARTICIPANTS

Prior to the main data collection, a pilot study was conducted on a convenience sample of 100 participants in order to evaluate item functioning. Using JASP, an item analysis was performed to assess item difficulty, and no items were removed at this stage. The pilot sample ( $M$  age = 25.34,  $SD$  = 6.82; 76% female) consisted entirely of university students. For the main study, the final sample consisted of 578 participants (84.6% women, 15.4% men), aged between 18 and 51 years ( $M$  = 21.4,  $SD$  = 4.9). All participants completed a battery of self-report measures aimed at assessing attitudes toward seeking mental health services, self-compassion, psychological distress, and internalized stigma. The data collected from this sample were used to evaluate the psychometric properties of the adapted instruments, including internal consistency, factorial structure, and construct validity (i.e., convergent and discriminant).

### 2.2. PROCEDURE

Participants were recruited from various Romanian universities within different programs, based on availability and voluntary participation. Inclusion criteria required participants to be at least 18 years old and enrolled in a university program. Exclusion criteria were duplicate entries and invariant

response patterns (e.g., selecting the same option across all items). For the latter, no such cases were identified in the present dataset. The instruments were administered online via the Google Forms platform, utilizing a non-random sampling method. The participants were informed about the purpose of the study before being asked to give their informed consent, and had the option to withdraw from the study at any time without restriction. Based on pilot testing and the length of the instrument battery, we estimate that participation required approximately 15–20 minutes.

### 2.3. MEASURES

#### *Attitudes Toward Seeking Mental Health Services.*

The IASMHS consists of 24 items, covering three factors: Psychological Openness (PO), Help-Seeking Propensity (HSP) and Indifference to Stigma (IS). In their conceptualization, the authors use the term “professional” to refer to psychologists, psychiatrists, social workers and family physicians. Responses are based on a five-point Likert scale, ranging from 0 (disagree) to 4 (agree). An example item is “There are certain problems which should not be discussed outside of one’s immediate family”. The overall internal consistency of the original IASMHS, measured with Cronbach alpha, was .87.

#### *Self-Stigma Of Seeking Help*

To assess whether the adapted test correlates well with an established measure that assesses the same or a closely related construct, we also applied the Self-Stigma of Seeking Help Scale (SSOSH; Vogel *et al.*, 2006a). We used the Romanian translation provided freely online by the instrument’s authors (Vogel *et al.*, 2006b). It consists of 10 items designed to assess the extent to which individuals internalize stigma related to seeking psychological help. Responses are recorded on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). An example item is “I would feel inadequate if I went to a therapist for psychological help.”

#### *Self-Compassion*

The SCS (Neff, 2003) is a 26-item self-report measure designed to assess the degree to which individuals exhibit self-compassion in response to personal struggles or failures. It comprises six subscales that reflect three positive components – Self-Kindness, Common Humanity, and Mindfulness - and their respective negative counterparts – Self-Judgment, Isolation, and Over-Identification. Responses are rated on a five-point Likert scale, ranging from 1 (almost never) to 5 (almost always). A sample item is: “I try to be understanding and patient towards those aspects of my personality I don’t like.” The original scale demonstrated strong internal consistency, with Cronbach’s alpha values ranging from .75 to .92 across subscales.

### *Negative Mental Health Outcomes*

The DASS-21 (Lovibond & Lovibond, 1995a) is designed to assess symptoms of depression, anxiety, and stress over the past week. We employed the Romanian version that the developers have made freely available for research use (Lovibond & Lovibond, 1995b). Each subscale contains seven items rated on a four-point Likert scale, ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). An example item from the Depression subscale is: “I couldn’t seem to experience any positive feeling at all.” The DASS-21 has demonstrated excellent internal consistency, with Cronbach’s alpha coefficients of .88 for Depression, .82 for Anxiety, and .90 for Stress.

## 2.4. TRANSLATION

We followed a multi-step cultural adaptation process to adapt the IASMHS and SCS into Romanian. First, a committee-based approach was employed, involving two independent bilingual experts: a philologist and English teacher who translated the inventory from English to Romanian, and a Romanian UK-based philologist with a master’s degree in psychology who back-translated the items into English. The back-translator had no prior exposure to the original text to ensure an unbiased comparison. Next, a panel of researchers and psychologists reviewed the translations, considering cultural, grammatical, and syntactical nuances, and refined the items to maintain conceptual equivalence. To assess the clarity and appropriateness of the adapted version, a pilot study was conducted with 100 respondents. Based on participant feedback and initial statistical analyses, minor adjustments were made to improve readability and cultural relevance.

## 2.5. DATA ANALYSIS

We reported  $\chi^2$ , CFI, TLI, RMSEA (90% CI), and SRMR. Good fit was defined as CFI/TLI  $\geq .90$  ( $\geq .95$  excellent), RMSEA  $\leq .08$  ( $\leq .06$  excellent), SRMR  $\leq .08$ . Values slightly below thresholds were interpreted as borderline but acceptable given model complexity and distributional features. We also reported AIC and BIC to compare alternative models (lower values indicate better fit).

## 3. RESULTS

A key aspect of cross-cultural adaptation is establishing measurement equivalence or invariance to ensure that the Romanian versions of the IASMHS and SCS reflect the same constructs as the originals. While both scales have been applied in various cultural settings, neither has systematically tested measurement invariance. We examined whether the Romanian structures replicate the original theoretical models using CFA, ensuring construct comparability and enhancing validity. All statistical analyses were performed in R version 4.4.1 (R Core Team, 2025).

### 3.1. THE SCS

Firstly, internal consistency was evaluated using Cronbach's alpha. The total scale demonstrated excellent reliability, with  $\alpha = .93$ . Subscale reliability values ranged from acceptable to very good, supporting the instrument's internal consistency.

Table no. 1

Cronbach's Alpha Coefficients for the Self-Compassion Scale Subscales

| Subscale                 | Cronbach's $\alpha$ |
|--------------------------|---------------------|
| Self-Kindness (SK)       | .87                 |
| Self-Judgment (SJ)       | .85                 |
| Common Humanity (CH)     | .77                 |
| Isolation (I)            | .81                 |
| Mindfulness (M)          | .76                 |
| Over-Identification (OI) | .76                 |

The full sample ( $N = 578$ ) was randomly split into two independent subsamples: Subsample A ( $n = 289$ ) for EFA and Subsample B ( $n = 289$ ) for CFA. On Subsample A, sampling adequacy was excellent ( $KMO = .92$ ; item MSA = .76–.95) and Bartlett's test was significant,  $\chi^2(325) = 3515.74$ ,  $p < .001$ , supporting factorability. Parallel analysis indicated four factors. A CFA on Subsample B that assigned items to their primary EFA loadings yielded a four-factor solution comprising SK/M (SC1, SC2, SC4, SC6, SC13, SC18, SC20, SC24, SC25), OI/I (SC3, SC7, SC10), CH/M (SC9, SC14, SC15, SC17), and a mixed SJ/I/CH cluster (SC5, SC8, SC12, SC19, SC22, SC23, SC26). Fit was marginal:  $\chi^2(224) = 517.95$  (scaled), CFI = .90, TLI = .89, RMSEA = .073 (90% CI [.065, .081]), SRMR = .064; information criteria AIC = 18,254; BIC = 18,529. Standardized loadings were generally moderate to strong (SK/M: .61–.95; OI/I: .58–.82; CH/M: .61–.81; SJ/I/CH: .62–.88). Latent correlations were substantial (e.g., SK/M vs CH/M  $r = -.81$ ; SK/M vs SJ/I/CH  $r = -.70$ ; CH/M vs SJ/I/CH  $r = .82$ ), indicating interdependence among subdimensions. The original six-factor specification produced a non-positive-definite latent covariance matrix (extreme factor overlap) on the CFA subsample and was therefore not retained or compared via AIC/BIC. A bifactor model (general Self-Compassion plus the four orthogonal group factors above) converged but fit worse than the 4-factor CFA— $\chi^2(276) = 693.37$  (scaled), CFI = .886, TLI = .866, RMSEA = .076 (90% CI [.069, .083]), SRMR = .072; AIC = 20,582; BIC = 20,952 ( $\Delta AIC \approx 2,328$ ;  $\Delta BIC \approx 2,423$ ). Accordingly, we retained the four-factor solution as the most parsimonious and empirically supported representation.

Convergent and discriminant validity were supported: total self-compassion correlated strongly and negatively with psychological distress ( $r = -.62$ ,  $p < .001$ )

and weakly with stigma ( $r = -.16$ ,  $p < .001$ ), and positively with age ( $r = .21$ ,  $p < .001$ ).

Table no. 2

Pearson Correlations Between Self-Compassion, Stigma, Psychological Distress, and Age  
( $N = 578$ )

| Variable       | 1      | 2      | 3      | 4      |
|----------------|--------|--------|--------|--------|
| 1. SCS         | —      | -.16** | -.62** | .21**  |
| 2. Self-Stigma | -.16** | —      | .17**  | -.04   |
| 3. DASS-21     | -.62** | .17**  | —      | -.21** |
| 4. Age         | .21**  | -.04   | -.21** | —      |

Note. SCS = Self-Compassion Scale; DASS-21 = Depression Anxiety Stress Scales. \*\* $p < .001$

### 3.2. THE IASMHS

Cronbach's alpha was high for the full 24-item scale ( $\alpha = .86$ ) and acceptable to good for subscales: Psychological Openness ( $\alpha = .66$ ), Help-Seeking Propensity ( $\alpha = .78$ ), Indifference to Stigma ( $\alpha = .80$ ). On Subsample A ( $n = 289$ ), sampling adequacy was good ( $KMO = .87$ ; item MSA  $\approx .67-.92$ ) and Bartlett's test was significant,  $\chi^2(276) = 1775.18$ ,  $p < .001$ , supporting factorability. Parallel analysis suggested up to five factors. On Subsample B ( $n = 289$ ), a CFA mirroring the 5-factor EFA solution showed only modest fit and was inadmissible due to a single-item factor (A14):  $\chi^2(161) = 408.52$  (scaled), CFI = .82, TLI = .78, RMSEA = .073 (90% CI [.065, .081]), SRMR = .076; AIC = 15,723.82; BIC = 15,976.80. The original 3-factor model (Indifference to Stigma; Psychological Openness; Help-Seeking Propensity) fit similarly poorly:  $\chi^2(186) = 475.55$  (scaled), CFI = .78, TLI = .75, RMSEA = .073, SRMR = .083; AIC = 16,680.00; BIC = 16,921.99. Guided by theory and the EFA, we specified a trimmed 3-factor solution that removed the weakest or unstable indicators (A1, A7, A19, A22), yielding 17 items: Indifference to Stigma (A3, A4, A6, A11, A16, A17, A20, A24), Psychological Openness (A2, A5, A8, A10, A13, A15), and Help-Seeking Propensity (A9, A18, A21). Fit improved to a marginal level:  $\chi^2(116) = 256.28$  (scaled), CFI = .87, TLI = .85, RMSEA = .065 (90% CI [.057, .081]), SRMR = .061; AIC = 12,863.07; BIC = 13,061.05. Standardized loadings were adequate overall (Indifference to Stigma = .32-.78; Psychological Openness = .46-.79; Help-Seeking Propensity = .52-.80), and interfactor correlations were moderate-strong (Indifference-Openness  $r = -.45$ ; Indifference-Help-Seeking  $r = .48$ ; Openness-Help-Seeking  $r = -.63$ ), indicating related but distinct dimensions. The 17-item trimmed IASMHS also showed good internal consistency ( $\alpha = .84$ ) and a moderate mean inter-item correlation ( $\bar{r} \approx .25$ ), indicating a coherent, but not redundant, total scale. We therefore retained the trimmed three-factor IASMHS as the most interpretable and parsimonious representation.

To further examine the construct validity of the trimmed IASMHS, Pearson correlations were computed between its total score and conceptually related measures, with higher scores indicating more favorable help-seeking attitudes. Attitudes toward seeking help (trimmed IASMHS total) showed a small positive association with self-compassion ( $r = .08$ ) and small negative associations with both self-stigma ( $r = -.20$ ) and psychological distress ( $r = -.19$ ), all in the theorized directions, but with small magnitude. Age was not significantly related to help-seeking attitudes ( $p = .26$ ).

Table no. 3

Pearson Correlations Between Help-Seeking Attitudes, Self-Compassion, Stigma, Psychological Distress, and Age ( $N = 578$ )

| Variable       | 1      | 2      | 3      | 4      | 5      |
|----------------|--------|--------|--------|--------|--------|
| 1. IASMHS      | —      | .08*   | -.20** | -.19** | -.047  |
| 2. SCS         | .08*   | —      | -.16** | -.62** | .21**  |
| 3. Self-Stigma | -.20** | -.16** | —      | .17**  | -.04   |
| 4. DASS-21     | -.19** | -.62** | .17**  | —      | -.21** |
| 5. Age         | -.047  | .21**  | -.04   | -.21** | —      |

Note. IASMHS = Inventory of Attitudes Toward Seeking Mental Health Services; SCS = Self-Compassion Scale; DASS-21 = Depression Anxiety Stress Scales. \* $p < .01$  \*\* $p < .001$

#### 4. DISCUSSION

This study aimed to validate the Romanian adaptations of two widely used psychological instruments: the Self-Compassion Scale and the Inventory of Attitudes Toward Seeking Mental Health Services. The overarching goal was to ensure that these tools retain their psychometric integrity while also reflecting cultural relevance within the Romanian context. Through a rigorous process that included translation, back-translation, item analysis, exploratory and confirmatory factor analyses, and convergent validity assessment, both scales were found to demonstrate acceptable reliability and validity indicators in a sample of 578 Romanian university students.

For the SCS, parallel analysis and EFA supported a four-factor solution that blended several of Neff's (2003) facets. The CFA replicated this structure with marginal fit and mostly moderate loadings. The original six-factor specification was inadmissible on the CFA subsample (non-positive-definite latent covariance), indicating extreme overlap among factors in this sample. A bifactor model converged but was not superior to the four-factor model (higher AIC/BIC), consistent with reports that SCS bifactor solutions can be unstable across cultures (e.g., Coroiu et al., 2018; Kumlander et al., 2018). Taken together, the Romanian

data favour a parsimonious set of broader, highly interrelated facets rather than six distinct dimensions. The six-factor SCS has been widely reported across cultures (Brazil – de Souza & Hutz, 2016; France – Kotsou & Leys, 2016; Russia – Chistopolskaya et al., 2020; Argentina – Cababie & Etchezahar, 2023). Thus, the structure doesn't align with previous findings. A potential psychological explanation could suggest that respondents organize self-compassion around two intersecting themes: valence (self-reassurance vs. self-criticism) and social relatedness (shared humanity vs. isolation). Convergent/discriminant validity was as expected: higher self-compassion related strongly to lower psychological distress and weakly to lower self-stigma.

For the IASMHS, the EFA suggested up to five factors, but the 5-factor CFA was inadmissible due to a single-item factor. The original three-factor model (Indifference to Stigma, Psychological Openness, Help-Seeking Propensity) also fit weakly. A trimmed three-factor, 17-item solution (by removing the weakest/unstable indicators) showed acceptable fit, adequate loadings, and theoretically consistent interfactor correlations. The trimmed total related negatively to self-stigma and distress and positively (small) to self-compassion, but age showed no association with help-seeking attitudes. Considering higher levels of stigma were linked to more negative help-seeking attitudes, indicating that internalized stigma remains a significant barrier to accessing psychological support, even among educated and relatively young populations. The negative correlation between self-stigma and help-seeking attitudes also mirrors prior research, underscoring the central role of internal stigma as a barrier (Austria – Kantor *et al.*, 2017; Canada – Tieu *et al.*, 2018; Pakistan – Fatima, 2022). These results support the cross-cultural utility of the instrument in Romanian samples, while highlighting cultural nuances that warrant further investigation.

In sum, the Romanian SCS is best captured by a four-factor configuration with strong interrelations, and the IASMHS by a trimmed three-factor, 17-item model with acceptable fit. Both scales demonstrate theory-consistent associations with distress and stigma, supporting their use in research and screening and enabling researchers, clinicians, and educators to more accurately assess constructs that are central to emotional well-being, mental-health service use, and psychological resilience in Romanian populations, while highlighting culturally meaningful nuances that merit further study.

## 5. LIMITATIONS AND FURTHER DIRECTIONS

While the current study provides strong initial support for the Romanian adaptation of the Self-Compassion Scale and the Inventory of Attitudes Toward Seeking Mental Health Services, several limitations must be acknowledged. First, the sample consisted exclusively of university students, most of whom were young adults and predominantly female. This demographic homogeneity limits the

generalizability of the findings to the broader Romanian population, especially to older adults, individuals with lower educational attainment, or those from rural or underserved communities. Additionally, other relevant subgroup differences, such as those based on socioeconomic status, urban versus rural residence, or prior exposure to mental health services, were not explored. These factors may shape both how individuals interpret scale items and how they relate to the underlying constructs. Future studies could deepen the cultural adaptation process by examining such contextual influences and should aim to replicate these results in more diverse samples to determine whether the scales maintain their validity and reliability across various age groups, educational levels, and sociocultural contexts.

Second, all data were collected using self-report instruments, which are inherently subject to biases such as social desirability and self-awareness limitations. This is particularly relevant in the context of stigma and self-compassion, as individuals may underreport self-critical tendencies or overreport openness to psychological help in order to present themselves in a socially acceptable light. Including behavioural measures or clinician-rated assessments in future studies may offer a more nuanced understanding of these constructs.

Another limitation concerns the cross-sectional nature of the data. While the study successfully examined structural validity and associations with related constructs, it cannot speak to the stability of these measures over time or their sensitivity to change. Longitudinal studies would help clarify the temporal dynamics of self-compassion and help-seeking attitudes, including how they evolve in response to personal experiences or interventions such as psychotherapy or psychoeducation.

Moreover, for the IASMHS, we retained a trimmed 17-item three-factor solution to improve fit and interpretability. While theoretically coherent, trimming limits direct comparability with the original 24-item scoring and published norms. Cross-validation of the shortened form, item response theory analyses, and measurement invariance testing (e.g., by gender, age, prior help-seeking) should precede widespread use.

Finally, although this study tested and confirmed convergent and discriminant validity using relevant psychological constructs, it did not include external behavioural indicators of help-seeking or compassion-related actions. Incorporating such data in future research would enhance the ecological validity of the adapted instruments, strengthening their applicability in both research and clinical settings.

## 6. CONCLUSIONS

This study represents a significant step forward in expanding the repertoire of validated psychological instruments available for the Romanian-speaking population. By adapting and validating the Self-Compassion Scale (SCS) and the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS), we offer two useful tools for assessing important psychological constructs that have

both theoretical and applied relevance. While certain challenges were observed – most notably the tendency of SCS items to cluster into broader facets and the variable performance of several IASMHS help-seeking indicators – the overall findings support their use in research and applied settings with appropriate cautions. Specifically, the SCS supported a parsimonious four-factor solution with substantial interfactor correlations, and a bifactor variant did not outperform this model. For the IASMHS, both the original three-factor and an EFA-derived five-factor specification showed suboptimal fit, but a theory-guided, trimmed 17-item three-factor model improved fit and interpretability.

Beyond the technical achievements, this research underscores the importance of cultural sensitivity in psychological measurement. Constructs such as self-compassion and mental health stigma are shaped by deeply embedded social and cultural narratives. Ensuring that assessment tools are not only linguistically accurate but also culturally meaningful is essential for producing valid and impactful research outcomes. The emergence of cultural nuances highlights the complexity of adapting constructs developed in Western contexts to local realities. This is supported by findings from other studies that sampled communities that have a stronger collectivist cultural inclination. Zhou *et al.* (2019) emphasize that future research should take into account collectivistic notions pertaining to stigma, as people from these communities may consider that they have failed to meet social expectations, or even their families' expectations, if the prejudices related to help-seeking have been internalized in the family unit.

By providing Romanian researchers and clinicians with adapted instruments for assessing self-compassion and attitudes toward mental health services, this study also contributes to the broader effort to destigmatize psychological help-seeking and to promote emotional self-care within the population. These tools can be valuable for future research, clinical assessments, and the development of targeted interventions aimed at improving psychological well-being and accessibility to care.

In sum, the present study offers evidence of the psychometric adequacy of the Romanian versions of the SCS (organized into four facets) and a trimmed 17-item IASMHS, while also paving the way for further research into the cultural dimensions of mental health. As the field of psychology continues to globalize, the need for culturally informed measurement will only grow more urgent, and this adaptation contributes to that ongoing conversation.

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## REZUMAT

În pofida interesului tot mai mare pentru alfabetizarea în sănătatea mintală, literatura nu dispune de instrumente românești psihometrice validate pentru măsurarea atitudinilor față de solicitarea de ajutor profesional și a autocompasiunii. Studiul prezintă adaptarea și validarea culturală a două scale utilizate internațional – Inventory of Attitudes toward Seeking Mental Health Services (IASMHS; Mackenzie *et al.*, 2004) și Self-Compassion Scale (SCS; Neff, 2003) – pentru populația din România. După traducere inversă și evaluare de experți, o analiză pilot (N = 100) nu a indicat necesitatea eliminării itemilor. Eșantionul principal a inclus 578 de studenți universitari care au completat versiunile românești ale IASMHS, SCS și alte măsuri convergente. Consistența internă a fost bună. Pentru SCS, analizele exploratorii au susținut o structură în patru factori, iar analizele confirmatorii au indicat o potrivire marginală; o variantă bifactor nu a îmbunătățit potrivirea. Pentru IASMHS, soluția în cinci factori derivată din EFA a fost inadmisibilă la CFA, iar modelul original în trei factori a avut o potrivire suboptimă; un model scurtat cu 17 itemi și trei factori a oferit o potrivire îmbunătățită. Validitatea convergentă a fost susținută: scorurile totale SCS au corelat negativ cu distresul psihologic și slab cu autostigmatul; scorul total IASMHS a prezentat asocieri mici, dar teoretic așteptate – pozitive cu autocompasiunea și negative cu autostigmatul și distresul. Limitările includ autoraportarea și ponderea ridicată a participantelor. Rezultatele susțin că versiunile românești ale IASMHS și SCS sunt instrumente psihometrice adecvate pentru cercetare și *screening clinic*, sprijinind evaluarea sensibilă cultural și dezvoltarea intervențiilor în sănătatea mintală.

