

CONFIDENTIALITY SCALE

Sometimes people can worry about seeking help because they worry that information they give may not be kept confidential. For example, there can be fears of parents, family or friends finding out that they may be suffering with a mental health related problem which can be seen is shameful. We are interested in your concerns about confidentiality if you wanted to discuss personal feelings, anxieties or difficulties.

We would like you to think about seeking help from a professional such as a family GP or other health workers from your community.

Using the following scale, could you please answer the questions below:

	0	1	2	3	4
	Never	Seldom	Sometimes	Frequently	Almost always
1. I would worry that the person I talk to would share the information with my family.	0	1	2	3	4
2. I would worry that the person I spoke to would feel obligated to tell my family.	0	1	2	3	4
3. I would trust the person I spoke with to keep the information to him or herself.	0	1	2	3	4
4. I would worry that people in my community would find out that I'd sought help.	0	1	2	3	4
5. Even if the person I spoke to was a member of the community I would feel confident that this information would be kept confidential.	0	1	2	3	4
6. Concerns with confidentiality is a major factor that would stop me from seeking professional help.	0	1	2	3	4
7. I would worry whether the person I spoke to would keep the information to him or herself.	0	1	2	3	4

SCORING

Items 3 and 5 are reverse scored.

Sum the scores of all items.

DESCRIPTION

One of the reasons given for not engaging in mental health services, or having difficulty in help-seeking, is fear of stigmatising information being shared with one's community (Gilbert et al., 2004). An exploration of the literature revealed no scale to measure confidentiality issues specifically. Based on the focus group information from Gilbert et al. (2004), we constructed a short 7-item scale to measure fears of breaking confidentiality. Items are scored on a 5-point Likert scale, 'never' = 0 to 'almost always' = 4. Two items (3 and 5) are reverse scored so that a response of 0 is coded as 4. Factor analysis of this scale indicated that there was one factor, although with a tendency for the two reversed items to load on a second factor.

REFERENCE

Gilbert, P., Bhundia, R., Mitra, R., McEwan, K., Irons, C., & Sanghera, J. (2007). Cultural differences in shame-focused attitudes towards mental health problems in Asian and non-Asian student women. *Mental Health, Religion & Culture*, 10(2), 127-141.