ISSN online 1688-4221

Ciencias Psicológicas January-June 2025; 19(1), e-3936
DOI: 10.22235/cp.v19i1.3936

Beliefs About Psychological Services Scale: Adaptation and evidence of validity and reliability in Colombia

Escala de Creencias Hacia los Servicios Psicológicos: adaptación y evidencias de validez y fiabilidad en Colombia

Escala de Crenças em Relação aos Serviços Psicológicos: adaptação e evidências de validade e confiabilidade na Colômbia

Renata Aycardi Beltrán[1]
María Corina Alicandú Ríos[1]
Nicolás Bernardo Flórez[1]
Andrea Santacruz[1]
Fernando Riveros-Munévar[1]

[1] Universidad de La Sabana

Received: 03/07/2024
Accepted: 01/30/2025

Correspondence:
Fernando Riveros-Munévar,
efriveros45@hotmail.com

How to cite:
Aycardi Beltrán, R., Alicandú Ríos, M. C., Flórez, N. B., Santacruz, A., & Riveros-Munévar, F. (2025). Beliefs About Psychological Services Scale: Adaptation and evidence of validity and reliability in Colombia. *Ciencias Psicológicas*, *19*(1), e-3936. https://doi.org/10.22235/cp.v19i1.3936

Data availability:
The data set supporting the results of this study is not available.

Funding: This study did not receive any external funding or financial support.

Conflict of interest: The authors declare that they have no conflicts of interest.

Abstract: Theoretical framework: beliefs towards psychological services are important predictors of therapy attendance and mental health adjustment. Their objective evaluation is required and that is the reason why the BAPS -an instrument that has not been tested in Colombia- exists. Objective: to adapt and validate the BAPS scale for Colombian adult population. Methodology: the original scale was translated to Spanish and then back to English, and after conducting a pilot study, the instrument was applied to 440 Colombians (321 women and 118 men, with ages between 18 and 81 years, *M* = 37.46; *SD* = 16.99). Factor analysis, reliability, comparisons between those attending and not attending therapy, and rating norms were carried out. Results: adequate adjustment values were found, low levels of quadratic error, high reliability indexes and discriminant validity by consultation attendance. Conclusions: the BAPS scale is an objective instrument, with adequate evidence of validity, reliability and consistency to evaluate beliefs towards psychological services in Colombian adults. Scoring norms are included.
Keywords: belief; clinical treatment; psychotherapy; psychometrics; psychological tests

Resumen: Marco teórico: las creencias hacia los servicios psicológicos son importantes predictores de la asistencia a terapia y del ajuste en salud mental. Se requiere su evaluación objetiva y para ello existe la escala BAPS, instrumento no probado métricamente en Colombia. Objetivo: adaptar y validar la escala BAPS para la población adulta colombiana. Método: se realizaron procesos de traducción-contratraducción, pilotaje de términos, aplicaciones a 440 colombianos (321 mujeres y 118 hombres con edades entre 18 y 81 años, *M* = 37.46; *DE* = 16.99), y análisis factoriales confirmatorios, de fiabilidad, comparaciones entre asistentes o no a terapia, y baremos. Resultados: se encontraron valores de ajuste adecuados, bajos niveles de error cuadrático, altos índices de fiabilidad y validez discriminante por asistencia a consulta. Conclusiones: la escala BAPS es un instrumento objetivo, con adecuadas evidencias de validez, confiabilidad y consistencia, para evaluar las creencias hacia los servicios psicológicos, en adultos colombianos. Se incluyen normas de calificación.
Palabras clave: creencia; asistencia sanitaria; psicoterapia; psicometría; test psicológico

Resumo: Marco teórico: as crenças em relação aos serviços psicológicos são importantes preditores da busca por terapia e da condição de saúde mental. Sua avaliação objetiva é necessária, e para isso existe a escala BAPS, um instrumento que não foi testado metricamente na Colômbia. Objetivo: adaptar e validar a escala BAPS para a população adulta colombiana. Método: foram realizados processos de tradução-retrotradução, testes-piloto dos termos, aplicação a 440 colombianos (321 mulheres e 118 homens com idades entre 18 e 81 anos, *M* = 37,46; *DP* = 16,99), e análises fatoriais confirmatórias, de confiabilidade, comparações entre indivíduos que frequentam ou não a terapia, e tabelas normativas. Resultados: foram encontrados valores de ajuste adequados, baixos níveis de erro quadrático, altos índices de confiabilidade e validade discriminante com base na busca por atendimento psicológico. Conclusões: a escala BAPS é um instrumento objetivo, com evidências adequadas de validade, confiabilidade e consistência para avaliar as crenças em relação aos serviços psicológicos em adultos colombianos. As normas de avaliação estão incluídas.
Palavras-chave: crença; assistência à saúde; psicoterapia; psicometria; teste psicológico

Mental health conditions worldwide are not at their best following the COVID-19 pandemic. Globally, data confirm increases in anxiety, depression, and stress (World Health Organization [WHO], 2021, 2022; Reyes & Trujillo, 2021; Salari et al., 2020). These psychological impacts are mainly attributed to social distancing restrictions and changes in work-related activities (Brooks et al., 2020).

In Colombia, the National Administrative Department of Statistics (Departamento Administrativo Nacional de Estadística, 2020) reported high levels of concern or nervousness due to the pandemic in nearly half of 20,452 respondents. Similarly, a review led by the National Planning Department and conducted by Moya et al. (2021) indicated that, in 2020, mental health deteriorated in 52% of households, with higher incidence in homes where one of the members lost their job. Furthermore, the Ministry of Health and Social Protection (Ministerio de Salud y Protección Social [Minsalud], 2021) reported a 34.6 % increase in individuals receiving mental health care over the past five years, indicating that even before the pandemic, signs of worsening psychological well-being were already emerging.

Regarding the suicide rate in the Colombian population, there was a 1.3 % increase in 2020 compared to 2019, with 2,643 and 2,668 cases, respectively, as reported by the National Institute of Legal Medicine and Forensic Sciences (Instituto Nacional de Medicina Legal y Ciencias Forenses, 2020). By 2023, this figure had reached 3,195 cases (Instituto Nacional de Medicina Legal y Ciencias Forenses, 2023). However, this trend is not solely a result of the post-pandemic context. Since 2006, Colombia's annual suicide rate has been rising each year, and over the past decade, there has been a 41.22 % increase (Instituto Nacional de Medicina Legal y Ciencias Forenses, 2023).

As a consequence, the demand for psychological services among Colombians has increased. However, the number of individuals seeking these services has not risen proportionally. One variable that seems to mediate this issue is beliefs about psychological services. Aguirre-Velasco et al. (2020) conducted a study revealing that one of the main barriers preventing individuals from seeking psychological care is negative beliefs about it.

Likewise, the National Mental Health Survey (Minsalud & Departamento Administrativo de Ciencia, Tecnología e Innovación [Colciencias], 2015) found that only 38.5 % of adults under 45 years old with a mental disorder seek psychological care, while among those over 45, this percentage drops to 34.3 %. The authors found that such beliefs may stem from a lack of trust in professionals' expertise or in psychology as a practice and also seem to be linked to the stigma associated with seeking help.

In the Latin American context, Salinas-Oñate et al. (2017) also identified beliefs about psychological services as a determining factor in therapy attendance. These authors developed a scale to measure this construct in the Chilean population, which consists of two dimensions: positive beliefs about psychotherapy and negative beliefs about psychotherapy, with reliability indices of .87 and .86, respectively.

On the other hand, Ægisdóttir and Gerstein (2009) designed a scale to assess such beliefs, known as Beliefs About Psychological Services (BAPS). This scale, created for the U.S. population, follows a three-factor structure: stigma tolerance, expertise, and intention, and demonstrated reliability with Cronbach's alpha values ranging from .72 to .82. The scale has been adapted in countries such as Iceland (Ægisdóttir & Einarsdóttir, 2012; Ægisdóttir & Gerstein, 2009) and Oman (Alrahji, 2021), while only Guatemala has conducted metric quality studies on it in Latin America (Figueroa et al., 2020).

The adaptation in Iceland was carried out by Ægisdóttir and Einarsdóttir (2012), who added six new items and removed two original ones —items 5 and 18— resulting in a total of 22 items while

maintaining the three dimensions from the original study in confirmatory factor analyses with high model fit indices. Reliability values showed Cronbach's alpha scores between .70 and .86. For the Omani population, Alrahji (2021) adapted the instrument with university students, conducting a confirmatory factor analysis that preserved the original structure of the test, retaining all items and obtaining Cronbach's alpha values above .70, with item-total correlations above .30 in all three dimensions. Regarding the Guatemalan adaptation, after reorganizing item-dimension assignments, the authors achieved adequate fit, with item-subscale correlations ranging from .54 to .83 and Cronbach's alpha scores of .84 for intention, .74 for stigma tolerance, and .80 for expertise (Figueroa et al., 2020).

The present study used the BAPS scale, considering its reliability evidence in different countries, as well as its ability to measure beliefs in a differentiated manner across three dimensions, which, as previously mentioned, have already been demonstrated as significant mediators in the decision to seek psychological consultation (Aguirre-Velasco et al., 2020; Minsalud & Colciencias, 2015). Particularly noteworthy is the intention factor, which is not present in other scales and provides an interesting approach for globally measuring this construct.

In summary, mental health conditions are delicate worldwide, demonstrating a need for psychological services. However, public beliefs about these services seem to act as a barrier to seeking professional help. In response, the BAPS aims to objectively assess this phenomenon, but this scale has not yet been adapted for the Colombian context. This justifies the present research, whose general objective is to adapt and validate the BAPS scale for the Colombian adult population. The specific objectives were to achieve cultural equivalence of the scale's terms (through a translation-back translation process and a pilot test assessing clarity and comprehension of the items), identify validity evidence based on internal structure (through factor analysis) and discriminant validity (through comparisons between participants who have attended or have not attended psychological consultations), assess reliability evidence (through reliability coefficients), and establish scoring norms for the Colombian context.

Materials and Methods

This research is considered a quantitative, instrumental study (Montero & León, 2007), as it aims to adapt an instrument and evaluate its psychometric properties.

Participants

The study included 440 participants, all Colombian, with 321 women (72.95 %) and 118 men (26.82 %). Ages ranged from 18 to 81 years (M = 37.46; SD = 16.99). Data collection was conducted using a snowball sampling method. Table 1 presents information about the participants.

Table 1

Sample characteristics

Socioeconomic level	**Frequency**	**%**
Low	34	7.73
Middle	174	39.54
High	232	52.73
Occupation		
Homemaker	24	5.45
Unemployed	4	0.91
Employed	157	35.68
University student	149	33.86
Other	8	1.82
Retired	17	3.86
Self-employed	81	18.41
Attends psychological therapy?		
Yes	65	14.77
No	375	85.23

Instrument

The Beliefs About Psychological Services (BAPS) questionnaire was used. It consists of 18 items that measure individuals' beliefs about psychological services across three factors: intention

(willingness or intention to seek psychological services —items 1, 2, 3, 4, 6, and 12), stigma tolerance (ability to cope with labels, stigma, and negative beliefs about psychotherapy —items 5, 8, 10, 11, 13, 15, and 17) and expertise (recognition and trust in the unique characteristics of professional psychological support—items 7, 9, 14, and 16). The questionnaire uses a Likert-type scale ranging from 1: *strongly disagree* to 6: *strongly agree* (Ægisdóttir & Gerstein, 2009). In the Intention scale, a higher score indicates a greater willingness to seek or recommend psychological services; in the expertise dimension, higher scores reflect a positive evaluation of psychologists regarding their listening skills, support, and professional quality; in the stigma tolerance dimension, higher scores indicate a stronger stigma against seeking psychological services due to negative perceptions from others.

Procedure

The study followed the testing standards of the American Educational Research Association (AERA et al., 2018). After obtaining approval from the original authors, the scale was translated into Spanish with the assistance of an expert in both English and Spanish (certified translator). Then, a back-translation into English was performed by another certified translator to compare it with the original version and ensure the equivalence of the terms. No discrepancies were found, confirming the translation's accuracy. Despite the existence of a Spanish version from Guatemala, a new translation was carried out based on testing standards to avoid cultural transformations introduced by prior translations (AERA et al., 2018).

A pilot study was conducted with 30 participants via a Google Forms survey. They assessed the clarity and comprehension of the items and provided suggestions for improvement where needed.

Findings showed that most items were clear, though feedback was received for items 7, 16, 17, and 18. Minor wording adjustments were made without altering the meaning to improve clarity.

Once finalized, the survey was distributed digitally via social media and academic networks of the researchers and their institution to obtain a heterogeneous and representative sample. The online form included an invitation to participate, informed consent, a brief demographic questionnaire and the BAPS scale. A total of 459 participants responded. However, 19 were excluded for not meeting the criteria or refusing consent, leaving a final sample of 440 valid responses.

This study is part of the research project "Factores de riesgo y protección asociados a conductas de riesgo y problemas que afectan la salud mental en niños y adolescentes" (code: PSIPHD-4-2023), approved by the Research and Ethics Subcommittee of the Faculty of Psychology at Universidad de La Sabana.

Data Analysis

A confirmatory factor analysis (CFA) was conducted (due to the existence of a prior factor structure) using simulation models in EQS, applying maximum likelihood estimators and robust standardization to correct for non-normal multivariate effects (Lloret-Segura et al., 2014). The expected fit indices were: Goodness of Fit Index (GFI), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Bentler-Bonett Non-Normed Fit Index (NNFI), Bentler-Bonett Normed Fit Index (NFI), Bollen's Relative Fit Index (RFI), and Bollen's Incremental Fit Index (IFI), with values above .90 considered acceptable, while error levels (Root Mean Square Error of Approximation—RMSEA, and Standardized Root Mean Square Residual—SRMR) were expected to be ≤ .08 (Hair et al., 2014; Samperio-Pacheco, 2019).

Next, reliability analyses were conducted, including Cronbach's alpha, McDonald's omega, Guttman's λ6 indicator, and the Greatest Lower Bound coefficient, both overall and by factor, with expected values above .70. Multiple reliability statistics were used for greater accuracy—some (such as Cronbach's alpha) are affected by correlation size, item count, or sample size, while others rely on variance, making them more rigorous. Including all of them enhances the robustness of the findings. Additionally, item deletion simulation was performed, expecting a decrease in coefficients as an indicator of each item's contribution to reliability, and item-total correlations were analyzed, expecting positive and significant values at $p < .05$, indicating each item's relationship with its dimension. Discriminant validity analyses were also conducted using Mann-Whitney *U* tests (due to non-normality) to assess the scale's ability to differentiate between groups by comparing participants who attended psychological services versus those who did not. Finally, scoring norms were established for the Colombian context. Statistical analyses were performed using JASP software (version 17.1).

Results

Translation, Back-Translation, and Pilot Testing

After the pilot testing, as evidence of content validity, it was found necessary to adjust formatting elements without altering equivalence with the original test. In item 7, the wording was changed to the first person, as third-person terms caused confusion among participants (original item 7: "Por su capacitación, los psicólogos lo pueden ayudar a encontrar solución a sus problemas", adjusted: "Por su capacitación, los psicólogos pueden ayudarme a encontrar solución a mis problemas"). In items 16, 17, and 18, punctuation marks were added to improve the clarity of the statements.

Factorial Structure

Table 2 presents the confirmatory factor analyses as evidence of validity from the internal structure. Analyses were conducted with all items and then without item 18 (which showed low fit levels, low factor loading, and modification indices indicating that it loaded onto the other two factors).

Table 2

Confirmatory Factor Analyses

Index	All items	Without item 18
Goodness of Fit Index (GFI)	.962	.967
Comparative Fit Index (CFI)	.890	.944
Tucker-Lewis Index (TLI)	.872	.935
Bentler-Bonett Non-Normed Fit Index (NNFI)	.872	.935
Bentler-Bonett Normed Fit Index (NFI)	.868	.922
Bollen's Relative Fit Index (RFI)	.846	.908
Bollen's Incremental Fit Index (IFI)	.890	.944
Root Mean Square Error of Approximation (RMSEA)	.097	.072
RMSEA 90% CI Lower Bound	.090	.064
RMSEA 90% CI Upper Bound	.104	.080
Standardized Root Mean Square Residual (SRMR)	.133	.055

As observed in Table 2, the goodness-of-fit indices show high values (above .90) and low error levels (below .08) in the test version without item 18. Table 3 presents the factor loadings, where it is evident that all items are explained by the factor to which they belong, with significant loadings ($p < .001$) and estimates above .50. The items in the stigma tolerance dimension also meet this condition, although their estimates are lower, which may be due to the fact that the items in this dimension are inverse to the others.

Table 3

Factor Loadings on the Scale Items

Factor	Indicator	Estimate	Standard Error	Z Value	*p*
Factor 1 Intention	[1. If a good friend asks me for advice about a serious problem, I would recommend that they visit a psychologist.]	1.489	0.049	30.302	< .001
	[2. I would be willing to entrust my intimate concerns to a psychologist.]	1.581	0.047	33.449	< .001
	[3. Visiting a psychologist is beneficial when one is going through difficult times in life.]	1.557	0.052	29.797	< .001
	[4. In the near future, I would like to visit a psychologist.]	1.404	0.053	26.592	< .001
	[6. If I believed I was having a serious problem, my first decision would be to visit a psychologist.]	1.199	0.053	22.475	< .001
	[12. I would go to a psychologist if I were worried or upset for a long period of time.]	1.343	0.056	24.061	< .001

Factor 2 Stigma Tolerance	[5. I would feel uncomfortable visiting a psychologist because of what people might think of me.]	0.663	0.095	6.968	< .001
	[8. Going to a psychologist means that I am a weak person.]	0.716	0.098	7.327	< .001
	[10. Having received help from a psychologist stigmatizes a person's life.]	0.768	0.085	9.019	< .001
	[11. Some problems should not be discussed with a stranger, even if they are a psychologist.]	0.787	0.084	9.400	< .001
	[13. Psychologists make people feel as if they are not capable of dealing with their own problems.]	0.729	0.086	8.487	< .001
	[15. Talking about problems with a psychologist seems like a terrible way to deal with emotional conflicts.]	0.872	0.083	10.518	< .001
	[17. It is difficult to talk about personal problems with highly trained people, such as a psychologist.]	0.787	0.078	10.098	< .001
Factor 3 Expertise	[7. Due to their training, psychologists can help me find a solution to my problems.]	1.427	0.050	28.358	< .001
	[9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.]	1.233	0.059	20.892	< .001
	[14. It is beneficial to talk to a psychologist because everything one says is confidential.	1.390	0.053	26.021	< .001
	[16. Psychologists provide valuable advice because of their knowledge of human behavior.]	1.330	0.061	21.942	< .001

Reliability Indicators

Concerning reliability, Table 4 shows the indicators for the general scale and by factor.

Table 4

Reliability Coefficients of the Scale

	McDonald's ω	Cronbach's α	Guttman's λ6	Greatest Lower Bound
Total Scale	.919	.905	.931	.961
Factor 1: Intention	.926	.927	.922	.943
Factor 2: Stigma Tolerance	.761	.752	.782	.807
Factor 2 without item 18	.798	.798	.796	.835
Factor 3: Expertise	.882	.881	.854	.899

When reviewing the data from Table 4, high reliability indices are evident, all above .75. It should be noted that reliability indicators based on variance rather than correlations, such as McDonald's ω, Guttman's λ6, and the Greatest Lower Bound, are also high, reaffirming the reliability of the scale's dimensions and the BAPS overall. An analysis was conducted for each factor to simulate the removal of items, revealing that in all cases, the indicators were negatively affected, except for item 18. When item 18 was removed, the indicators improved, providing additional evidence of the reliability of the scale and each dimension. Finally, item-total correlations above .40 were also found, indicating an adequate internal consistency between the elements and their respective dimension.

Differences Between Those Who Attend or Do Not Attend Therapy

A Regarding discriminant validity, Table 5 presents comparisons of the dimensions and the total scale between individuals who attend therapy and those who do not.

Table 5

Comparisons Between Those Who Attend or Do Not Attend Therapy

	Group	*M*	*SD*	*U*	*p*-value
Stigma Tolerance	No	12.688	6.162	13788	.089
	Yes	11.308	4.766		
Intention	No	23.512	8.826	6493.500	< .001
	Yes	29.831	7.825		
Expertise	No	16.392	5.756	8771.500	< .001
	Yes	18.969	5.262		
Global Scale	No	52.592	14.731	7541.500	< .001
	Yes	60.108	11.897		

In Table 5, significant differences between the two groups can be observed, both in the intention and expertise dimensions, as well as in the overall score, indicating a statistically higher value for those who are attending therapy.

Scoring Norms

Percentile-based scoring norms are provided in Table 6 as evidence of validity through score interpretation, derived from the previously obtained differences.

Table 6

Scoring norms

	Stigma Tolerance	Intention	Expertise	Total belief
Mean	12.484	24.445	16.773	53.702
Standard Deviation	5.992	8.962	5.753	14.582
Minimum	7.000	6.000	4.000	20.000
Maximum	42.000	36.000	24.000	102.000
20th Percentile up to	7.000	15.000	11.000	38.000
40th Percentile up to	10.000	23.000	16.000	53.000
60th Percentile up to	12.000	29.000	20.000	61.000
80th Percentile up to	16.000	33.000	22.000	65.200

Discussion

The results obtained show that the objective of this study was met, by finding evidence supporting the validity and reliability of the BAPS when applied to Colombian samples. The resulting instrument retained 17 out of 18 items, with a high level of fit and metric functionality, showing clear factor loadings on the established factors. Similarly, the three-component structure (stigma tolerance, intention, and expertise) remains intact in the factorial analysis, with high levels of fit, low squared error values, and high reliability levels both overall and per component. Additionally, the instrument demonstrates discriminant capacity between those who attend consultations and those who do not, and percentile norms are provided for scoring in the Colombian context.

The findings regarding the three-factor structure, with adequate fit indices and high reliability coefficients above .70, are consistent with previous studies, including the original in the United States and adaptations in Oman, Iceland, and Guatemala (Alrahji, 2021; Ægisdóttir & Einarsdóttir, 2012; Ægisdóttir & Gerstein, 2009; Figueroa et al., 2020). This suggests that, on the one hand, there is validity evidence (including translation-back translation, pilot testing for term comprehension, factorial structure, and discriminant capacity based on therapy attendance) and test reliability. On the other hand, it implies that beliefs about psychological services seem to be a culturally and geographically invariant phenomenon.

Regarding the number of items, one item was removed, resulting in a total of 17. Item 18 was eliminated, consistent with the study in Iceland, where it also showed low fit indicators and was recommended for removal (Ægisdóttir & Einarsdóttir, 2012). In the Guatemalan adaptation, item 18 was relocated from the stigma tolerance subscale to the Intention subscale to improve its low indicators (Figueroa et al., 2020).

Since item 18 refers to social stigma —"If I thought I needed psychological help, I would seek it regardless of who knew I was receiving such assistance"— it can be hypothesized that self-stigma is

considered more significant than social stigma. Alternatively, the frequency of this phenomenon should be considered (Campo-Arias, 2021), as self-stigma contributes to the internalization of stereotypes and prejudices (Jassir et al., 2021), leading to negative emotional reactions such as self-shame, ultimately affecting self-efficacy and avoidance of seeking psychological services (Jassir et al., 2021).

Self-stigma is an attitudinal barrier and has been identified as a predictor of attitudes toward psychological services and the likelihood of seeking them (Eisenberg et al., 2009; Jassir et al., 2021; Topkaya, 2014; Vogel et al., 2006). To avoid rejection, individuals may deny psychological assistance even when necessary (Nizam & Nen, 2022). This suggests that self-stigma has a greater influence on the decision to seek help than general stigma. Among university students, those with high self-stigma are more likely to avoid seeking help (Nam et al., 2013; Nizam & Nen, 2022; Vogel et al., 2007).

Regarding discriminant validity, the findings indicate higher scores for intention, expertise, and overall belief among individuals attending therapy. This aligns with findings in Oman (Alrahji, 2021), where different scores were reported based on therapy attendance. This suggests that the test can effectively differentiate participants' beliefs based on their history of psychological service use, an interesting finding for future research. For the stigma tolerance dimension, no significant differences were found between groups. This may be explained by findings from Aguirre-Velasco et al. (2020) and the Colombian Ministry of Health and Social Protection (2015), suggesting that high stigma toward psychological services remains consistent across various population groups, regardless of therapy attendance.

Study Limitations

A potential response bias related to selection bias is considered, as the sample did not exclude psychology students or professionals in psychological services, which could have influenced response transparency and trends, affecting internal validity. Additionally, 73% of the sample consisted of women, and previous research indicates that women, both nationally and internationally, tend to have a more positive attitude toward seeking psychological help compared to men, introducing a possible gender distribution bias (Hernández et al., 2014; Nizam & Nen, 2022).

Similarly, socioeconomic strata distribution was unbalanced, with fewer participants from lower-income strata (1, 2, and 3), affecting sample diversity (Hernández et al., 2014). Lastly, the snowball sampling method, being non-probabilistic and reliant on researchers' and participants' networks, limits full generalization of the findings despite the statistical robustness of the sample. It is recommended that future studies replicate this research using samples from multiple regions of the country with diverse social and cultural conditions to ensure broader applicability of the results.

The Colombian Ministry of Health and Social Protection (Minsalud & Colciencias, 2015) highlights the need for studies identifying and addressing attitudinal barriers that may prevent individuals from seeking psychological services. Therefore, adapting the BAPS in Colombia is expected to generate knowledge that can inform interventions aimed at modifying beliefs about psychological services and increasing service utilization rates in the country. Future studies should further explore the hypothesis that self-stigma significantly influences decisions to seek psychological help. Investigating the specific relationship between these two variables would be valuable.

Additionally, predictive validity studies are recommended to determine whether test scores indicate a higher likelihood of future therapy attendance, along with convergent validity studies using similar scales or indicators. Studies comparing the scale's metric invariance across demographic variables (e.g., place of origin, socioeconomic status) and examining belief differences based on these variables would be beneficial. This could lead to group profiling and the development of interventions that enhance and improve beliefs toward psychological services.

Conclusion

This research shows that the structural model of the BAPS in Colombia presents high goodness-of-fit indicators with the original model, which improve with the elimination of item 18, also reducing squared errors and showing better fit. Likewise, high reliability indices, item-item and item-test correlations, and discriminant capacity between those who attend consultations and those who do not were found. The above indicates that the BAPS scale is an instrument with adequate evidence of validity, reliability, and internal consistency for evaluating beliefs about psychological services in the Colombian context.

References

Ægisdóttir, S., & Einarsdóttir, S. (2012). Cross-cultural adaptation of the Icelandic Beliefs about Psychological Services Scale (I-BAPS). *International Perspectives in Psychology: Research, Practice, Consultation, 1*(4), 236-251. https://doi.org/10.1037/a0030854

Ægisdóttir, S., & Gerstein, L. (2009). Beliefs About Psychological Services (BAPS): Development and psychometric properties. *Counselling Psychology Quarterly, 22*(2), 197-219. https://doi.org/10.1080/09515070903157347

Aguirre-Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry, 20*(1), 293. https://doi.org/10.1186/s12888-020-02659-0

Alrahji, M. (2021). The Psychometric Properties of Beliefs about Psychological Services (BAPS) Scale among Omani university students. *Journal of Educational and Psychological Studies, 15*(4), 567-580. https://doi.org/10.24200/jeps.vol15iss4pp567-580

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2018). *Estándares para pruebas educativas y psicológicas* (M. Lieve, Trans.). American Educational Research Association.

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet, 395*, 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8

Campo-Arias, A., Oviedo, H. C., & Herazo, E. (2021). Estigma: Barrera de acceso a servicios en salud mental. *Revista Colombiana de Psiquiatría, 50*, 162-167. https://doi.org/10.1016/j.rcp.2014.07.001

Departamento Administrativo Nacional de Estadística. (2020). *Encuesta Pulso Social: Salud mental en Colombia: una aproximación desde las estadísticas oficiales en el contexto de pandemia*. https://www.dane.gov.co/index.php/estadisticas-por-tema/encuesta-pulso-social

Eisenberg, D., Downs, M.F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review, 66*(5), 522-541. https://doi.org/10.1177/1077558709335173

Figueroa, C., Zheng, Y., & Adams, J. (2020). Beliefs about psychological services among Guatemalan college students. *Journal of Multicultural Counseling and Development, 48*(1), 44-57. https://doi.org/10.1002/jmcd.12163

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate Data Analysis* (7th ed.). Pearson Education Limited.

Hernández, R., Fernández, C. & Baptista, P. (2014). *Metodología de la investigación* (6ta ed.). Mc Graw Hill.

Instituto Nacional de Medicina Legal y Ciencias Forenses. (2020). *Boletines Estadísticos Mensuales*. https://www.medicinalegal.gov.co/cifras-estadisticas/boletines-estadisticos-mensuales

Instituto Nacional de Medicina Legal y Ciencias Forenses. (2023). *Forensis. Datos para la vida*. https://www.medicinalegal.gov.co/documents/20143/1124000/Forensis _2023.pdf

Jassir, M. P., Cárdenas, M. P., Uribe, J. M., Cepeda, M., Cubillos, L., Bartels, S. M., Castro, S., Marsch, L., & Gómez-Restrepo, C. (2021). Caracterización del estigma percibido hacia la salud mental en la implementación de un modelo de servicios integrados en atención primaria en Colombia. Un análisis cualitativo. *Revista Colombiana de Psiquiatría, 50*, 95-105. https://doi.org/10.1016/j.rcp.2020.11.017

Lloret-Segura, S., Ferreres-Traver, A., Hernández-Baeza, A., & Tomás-Marco, I. (2014). El análisis factorial exploratorio de los ítems: Una guía práctica, revisada y actualizada. *Anales de Psicología, 30*(3), 1151-1169. https://doi.org/10.6018/analesps.30.3.199361

Ministerio de Salud y Protección Social, & Departamento Administrativo de Ciencia, Tecnología e Innovación. (2015). *Encuesta Nacional de Salud Mental*. https://www.minjusticia.gov.co/programas-co/ODC/Publicaciones/Publicaciones/CO031102015-salud_mental_tomoI.pdf

Ministerio de Salud y Protección Social. (2021, julio 15). *Las cifras de la salud mental en pandemia*. https://www.minsalud.gov.co/Paginas/Las-cifras-de-la-salud-mental-en-pandemia.aspx

Montero, I., & León, O. G. (2007). A guide for naming research studies in Psychology. *International Journal of Clinical and Health Psychology, 7*(3), 847-862.

Moya, A., Vargas, J., Cabra, M., Farfán, A., & Romero, O. (2021). *¿Cómo se relaciona la pandemia del COVID-19 con la salud mental de los colombianos? Resumen de políticas según la iniciativa Respuestas Efectivas contra el COVID-19 (RECOVR).* Departamento Nacional de Planeación; Innovations for Poverty Action; Unicef. https://colaboracion.dnp.gov.co/CDT/Sinergia/Documentos/Notas_politica_publica_SALUD%20MENTAL_22_04_21_V7.pdf

Nam, S. K., Choi, S. I., Lee, J. H., Lee, M. K., Kim, A. R., & Lee, S. M. (2013). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology: Research and Practice, 44*, 37-45. https://doi.org/10.1037/a0029562

Nizam, M., & Nen, S. (2022). Self-stigma and attitudes towards seeking counselling services among university students. *International Journal of Academic Research in Progressive Education and Development, 11*(1), 585-594. https://doi.org/10.53075/Ijmsirq/09843432423447

Reyes, N., & Trujillo, P. (2021). Ansiedad, estrés e ira: el impacto del COVID-19 en la salud mental de estudiantes universitarios. *Investigación y Desarrollo, 13*(1), 6-14. https://doi.org/10.31243/id.v13.2020.999

Salari, N., Hosseinian-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammad, M., Rasoulpoor, S., & Khaledi-Paveh, B. (2020). Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Global Health 16*(57), 1-11. https://doi.org/10.1186/s12992-020-00589-w

Salinas-Oñate, N., Ortiz, M., Baeza-Rivera, M.J., & Betancourt, H. (2017). Desarrollo de un instrumento culturalmente pertinente para medir creencias en psicoterapia. *Terapia Psicológica, 35*(1), 15-22. https://doi.org/10.4067/S0718-48082017000100002

Samperio-Pacheco, V. M. (2019). Ecuaciones estructurales en los modelos educativos: características y fases en su construcción. *Apertura, 11*(1), 90-103. https://doi.org/10.32870/Ap.v11n1.1402

Topkaya, N. (2014). Gender, self-stigma, and public stigma in predicting attitudes toward psychological help-seeking. *Kuram Ve Uygulamada Egitim Bilimleri, 14*, 480-487. https://doi.org/10.12738/estp.2014.2.1799

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325-337. https://doi.org/10.1037/0022-0167.53.3.325

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*, 40-50. https://doi.org/10.1037/0022-0167.54.1.40

World Health Organization. (2021). *Depressive disorder (depression)*. https://www.who.int/es/news-room/fact-sheets/detail/depression

World Health Organization. (2022). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide

Authors' contribution (CRediT Taxonomy):1. Conceptualization; 2. Data curation; 3.Formal Analysis; 4. Funding acquisition; 5. Investigation; 6. Methodology; 7. Project administration; 8. Resources; 9. Software; 10. Supervision; 11. Validation; 12. Visualization; 13. Writing: original draft; 14. Writing: review & editing.
R. A. B. has contributed in 1, 2, 3, 5, 6, 11, 12, 13, 14; M. C. A. R. in 1, 2, 3, 5, 6, 9, 10, 11, 13, 14; N. B. F. in 1, 2, 5, 6, 7, 11, 12, 13, 14; A. S. in 1, 3, 5, 6, 7, 14; F. R. M. in 1, 3, 4, 5, 6, 7, 8, 10, 11, 12, 14.

Scientific editor in charge: Dr. Cecilia Cracco.