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Counselor, Know Thyself. The Impact of Mental Health Literacy and Stigma on Stress and Satisfaction in Practicing Counselors

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Abstract
As a professional counselor, awareness of one's attitudes, biases, and assumptions is critical. Previous research has demonstrated that counselors are not immune to stigma nor to negative attitudes towards mental illness and seeking professional services when concerns arise. Furthermore, researchers have begun to explore relationships between mental health literacy and stigma and how these impact stress and satisfaction levels. To examine these variables in practicing counselors, the current study surveyed a total of 145 participants. Findings from this research indicated that higher levels of self-stigma and negative attitudes towards help-seeking predicted greater levels of stress and less life satisfaction. Mental health literacy did not predict stress or life satisfaction. These results are discussed with emphasis on clinical implications.

Mental illness impacts a large portion of the overall population in the United States, with nearly one in five U.S. adults diagnosed (44.7 million in 2016; National Institute of Mental Health, 2019). Despite its prevalence, a treatment gap exists between those who struggle with mental illness and those who seek formal psychological services to treat it. In fact, in a given year, approximately 60% of adults with a mental illness will not receive services (Substance Abuse and Mental Health Services Administration, 2015). Many posit that a portion of this treatment gap, the difference between those who need and those who seek services, stems from stigma (Crowe et al, 2018; Demyttenaere et al., 2004; Shidhaye & Kermode, 2013). Stigma has been said to include a variety of combined factors. Self-stigma (Vogel et al., 2006) describes the stigma that a person internalizes while public stigma includes attitudes and beliefs from mainstream society that shape the way people view

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mental illness. Stigma towards help-seeking reflect how one views getting formal support, such as counseling or medication management (Mojtabai et al., 2016).

Mental health literacy, or knowledge about mental illness, may also impact attitudes towards mental illness. A lack of understanding of mental health (e.g., only "crazy" people go to a counselor) plays a role in biases and assumptions (Crowe et al, 2018; Lyndon et al, 2019; Jorm, 2000). Recent research has sought to uncover the intersection of mental health literacy, stigma, and help-seeking (Cheng et al., 2018) and has found that mental health literacy predicted help-seeking attitudes beyond self-stigma.

In the counseling and related mental health literature, a call has been made for professionals to look inward and explore stigmas they themselves may hold (Mullen & Crowe, 2017). Working in the mental health profession does not exclude one from struggling with, and needing professional services for, mental illness. In fact, counselor training programs frequently recommend that counselors in training (CITs) "know thyself" and take advantage of counseling services in order to increase self-awareness before practicing clinically. Moreover, studies have suggested that mental health professionals do indeed hold stigmatizing attitudes towards seeking formal psychological help, suggesting that there is more work to be done to normalize help-seeking for mental health concerns, even with mental health professionals (Mullen & Crowe, 2017). Among practicing counselors, stress and satisfaction have been studied as they relate to stigma and help-seeking (Mullen & Crowe, 2017; Lyndon et al, 2019). Drawing on the previous findings that life satisfaction and stress are negatively correlated (Buser & Kearney, 2017) and that stress and satisfaction are related to stigma and attitudes towards help-seeking (Mullen & Crowe, 2017), the current study explored stigma, stress, satisfaction, and mental health literacy among practicing professional counselors. Like Chen et al. (2018), we used Cauce et al.'s (2002) Model for Mental Health Help Seeking as a starting point, extending this to mental health professionals and integrating previous work related to stress and satisfaction.

Review of the Literature

Stigma and Attitudes Toward Treatment

Unfortunately, many individuals do not seek support for mental health concerns due to the fear of judgment, discrimination, and stereotyping from others. Public stigma, or the stigma that exists in the general population about individuals with mental health concerns (Corrigan & Watson, 2002; Parcesepe & Cabassa, 2012; Pescosolido, 2013), perpetuates fears about being perceived as dangerous. These stereotypes are common, when in fact those with mental illness are no more dangerous than those without (Rössler, 2016). Other common myths about mental illness relate to being unpredictable or are somehow to blame (i.e., they could have done something to prevent the illness, or did something to bring it on themselves). Additionally, stereotypes that

those with mental illness abuse the healthcare system have longstanding and widespread consequences in the lives of those diagnosed (Rössler, 2016). Self-stigma, or stigma that becomes internalized (Corrigan, 2004), has been named as one of the most serious effects of public stigma. When public stigma becomes internalized, the person experiences shame, self-loathing, and other negative emotions that can then develop into a cyclical pattern. Some posit that the stigma and perceptions about having a mental health concern are more harmful than the illness itself (Feldman & Crandall, 2007).

The relationship between stigma and help-seeking is clear, with stigma negatively impacting one's willingness to seek help (Crowe et al., 2016). One study indicated that attitudes toward mental health treatment could be predicted by the familiarity of mental health, level of stress, self-stigma, and public stigma of mental illness. Additionally, study results indicated that familiarity with mental health services is a strong indicator of one's attitudes toward mental health treatment. Life satisfaction, which was related to stress, self-stigma, and public stigma of mental illness, was not found to predict attitudes toward mental health treatment. The sample included adults from the general population, so while this study shed light on how these concepts are related, it was not specific to those in the mental health profession (Lyndon et al., 2019). Thus, further exploration of these concepts among counselors is warranted.

Mental Health Literacy and Stigma

Mental health providers and others, ranging from school counselors, psychiatrists, and nurses, have expressed negative attitudes about seeking help themselves and towards the clients they serve, suggesting that stigma extends to mental health professionals (Corrigan, Druss, & Perlick, 2014; Mullen & Crowe, 2017, 2010). Mental health literacy, or the knowledge that one holds about what a mental illness and how to treat it, has been examined as it relates to stigma. A number of researchers (Crowe et al., 2018; Chen et al., 2018; Evans-Lacko et al., 2010; Jorm, 2000; Kutcher et al., 2016) have studied mental health literacy hoping to improve public knowledge about mental health, decrease related stigma, and promote help-seeking behaviors. However, this body of research is small, and an exploration of the benefits of increased mental health literacy has only just begun in the field of counseling (Evans-Lacko et al., 2010; Jorm, 2000; Kutcher et al., 2016). A recent study explored mental health literacy, self-stigma, and health outcomes in a sample of patients from the general population. Results suggested that there is a significant relationship between self-stigma of mental illness and mental health literacy and a large negative statistically significant relationship between self-stigma of help-seeking and mental health literacy (Mullen & Crowe, 2017).

Chen and colleagues (2018) investigated self-stigma and mental health literacy as predictors of college students'

help-seeking attitudes, with an additional focus on demographic variables such as gender and race/ethnicity. They found that above and beyond self-stigma, mental health literacy predicted attitudes about seeking psychological help. Asian-American race/ethnicity, gender (male), familiarity with or prior experience with seeking help, and psychological distress also were significant predictors of help-seeking attitudes among the sample. These studies (Mullen & Crowe, 2017; Chen et al., 2018) exploring mental health literacy and attitudes towards mental health and help-seeking provide useful findings and a conceptual foundation upon which the current study was built. The current research extended this line of inquiry by sampling practicing counselors. We must uncover potential stigma within professional counselors, as these may negatively impact the therapeutic relationship.

Stress, Satisfaction, and Stigma

While stress is not a diagnosable concern, it can lead to more significant mental health issues when left untreated (Jason et al., 2003). It could be that when one experiences significant stress, one feels *more inclined* to seek assistance for a mental health concern. Or the opposite may be true for those experiencing a high level of stress in that stress may *inhibit* the individual from seeking treatment. Similarly, satisfaction with life may be inversely related to seeking treatment for a mental health concern. For example, if someone feels satisfied with their current life circumstances, he or she may be more likely to search for support when satisfaction levels are lower. In a study involving school counseling professionals, those who reported higher self-stigma also reported less help-seeking behaviors. This lack of help-seeking then contributed to higher levels of stress and burnout and lower satisfaction in the sample. Based on findings from previous research, literature supports that stigma, stress, and burnout are intertwined and that there is more to glean from a study exploring these variables within professional counselors (Mullen & Crowe, 2017). As stress and burnout are known to be present in the lives of professional counselors (Lent, 2010; Lent & Schwartz, 2012) and stigma has been found to deter help-seeking when significant stress is experienced (Mullen & Crowe, 2017; Hubbard et al., 2018), research that continues this line of inquiry can shed light on more relationships for practicing counselors.

Current Study

The current study examined the relationship of self-stigma, attitudes towards help-seeking, and mental health literacy on stress and life satisfaction among practicing counselors. Specifically, the following research questions guided this investigation:

Research Question One: Do mental health literacy, self-stigma of mental illness, and attitudes towards professional help-seeking predict practicing counselors' perceived stress?

Research Question Two: Do mental health literacy, self-stigma of mental illness, and attitudes towards professional help-

seeking predict practicing counselors' life satisfaction?

The Model for Mental Health Help Seeking (Cauce et al., 2002) that we used to frame our understanding of some of the study concepts describes three aspects of help-seeking: (a) recognizing the mental health problem, (b) deciding to seek help, and (c) selecting a service. One's world view, shaped by demographics such as gender, race, and ethnicity, influences these three domains of the model. Mental health literacy, self-stigma, and help-seeking were all thought to impact stress and satisfaction in practicing counselors.

Methods

Participants

The mean age of participants was 43.55 (*SD* = 10.9) and the majority of participants identified themselves as female (*n* = 133, 91.7%; male, *n* = 11, 7.6%; other, *n* = 1, .7%). Participants reported an average of 8.66 (*SD* = 7.02) years of experience as a counselor. Most participants identified as White (non-Hispanic; *n* = 84, 57.9%) followed by Black or African-American (*n* = 26, 17.9%), Hispanic (*n* = 24; 16.6%), Multiracial (*n* = 5, 3.4%), and Asian-American (*n* = 3, 2.1%), along with three participants reporting Other (2.1%). Participants worked in various settings, including Mental Health Agencies (*n* = 41, 28.3%), Private Practice (*n* = 39, 26.9%), School Settings (*n* = 26, 19.9%), Substance Abuse Settings (*n* = 23, 15.9%), College Counseling (*n* = 8, 5.5%), and Crisis Centers (*n* = 8, 5.5%).

Procedures

Institutional Review Board approval was granted prior to beginning the study. This correlational research investigation employed survey data to explore the relationship between counselors' life satisfaction, stress levels, help-seeking attitudes, self-stigma, and mental health literacy. Practicing counselors were surveyed using Qualtrics. Invitation emails were sent to participants using an alumni database from a single, large, southeast university and southeastern state licensure database. These databases were chosen to capture participants who had completed the educational requirements for professional counseling and were assumed to be practicing professionals. The response rate from these databases was not collected due to a large number of undeliverable returned emails and responses that did not meet inclusion criteria. Interested participants were able to continue to the survey through a secure link. The emails and survey procedures met the recommendations set by the Tailored Design Method. Two follow up emails were sent at five-week intervals as described by the tailored design procedure (Dillman et al., 2009). The working sample for this research was 145 participants. An a-priori power analysis using the G*Power program (Version 3.1.9.2) indicated a minimum sample size of 133 for a linear multiple regression analysis with 90% power, an alpha of .001, and an anticipated medium effect size with three predictor

variables. Therefore, this sample size was suitable for our study.

Measures

Instruments used in this study included the Perceived Stress Scale (PSS; Cohen et al., 1983), the Satisfaction with Life Scale (SLS; Diener et al., 1985), the Self-Stigma of Mental Illness Scale (SSOMI; Tucker et al., 2013), the Attitudes Toward Mental Health Treatment (ATMHT; Brown et al., 2010), and the Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al., 2010). In addition to these formal measures, a demographic form was created to gather data on respondents' characteristics (e.g., gender, age, and ethnicity) and their experience with mental health treatment, including type of treatment, how much treatment they had received, and whether this experience had been positive or negative. The following section describes the instruments used in this study.

PSS

The PSS (Cohen et al., 1983) was used to examine participants' level of stress. The PSS is a 10-item, one-dimensional self-report measure that assesses an individual's degree of perceived stress. Participants rated the frequency for which they had experienced stress over the previous 30 days on a scale from 0 (*never*) to 4 (*very often*). Sample items included "In the last month, how often have you felt that things were going your way" (reverse coded), In the last month, how often have you been able to control irritations in your life?" and "In the last month, how often have you felt nervous and 'stressed'?" Total scores were calculated by reversing items 4, 5, 7, and 8 and summing the items. Participants' average scores were found by dividing the total score by 10. Higher scores on the PSS indicated a higher degree of stress in participants' lives. The reliability of participants' scores on the PSS has been shown to be good in prior research, with Cronbach's alpha values ranging from .84 to .91 (Chao, 2011; Cohen et al., 1983; Daire et al., 2014). The Cronbach's alpha of the PSS scores for this investigation was .87, which indicated good internal consistency reliability.

SLS

The SLS (Diener et al., 1985) was used to measure individuals' satisfaction with life. The SLS is a 5-item, one-dimensional self-report measure in which participants are asked to indicate their level of agreement with items on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*). Sample items include "I am satisfied with life," "The conditions of my life are excellent," and "If I could live my life over, I would change almost nothing." Total scores were calculated by summing each item. Average scores were obtained by summing each item and dividing total scores by the total number of items. Higher scores suggest greater general satisfaction with life. The reliability of participants' scores on the SLS has been good in prior research with a Cronbach's alpha value of .83 (Vera et al., 2011; Wei et al., 2012). The Cronbach's

alpha of the SLS scores for this investigation was .87, providing evidence of good internal consistency reliability.

SSOMI

The SSOMI (Tucker et al., 2013) was used to assess self-stigma of mental illness. The SSOMI is a 10-item, one-dimensional self-report measure that assesses a person's internalized stigma related to having a mental illness. Respondents rated their level of agreement to 10 statements regarding mental illness on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Some sample items included "I would feel inadequate if I had a mental illness," "I would feel okay about myself if I had a mental illness" (reverse coded), and "If I had a mental illness, I would be less satisfied with myself." Total scores were calculated by reversing items 2, 5, 7, and 9 and then summing the items. Participants' average scores were calculated by dividing the total score by the total number of items. Higher scores on the SSOMI indicated greater self-stigma towards mental illness. The participants' scores on the SSOMI has been good in prior research with Cronbach's alpha values ranging from .86 to .92 (Tucker et al., 2013; Vogel et al., 2006). Recent use of the SSOMI suggests the scale's strong reliability ($\alpha = .93$, Mullen & Crowe, 2017). For this study, Cronbach's alpha value was .90, which indicated strong internal consistency reliability.

ATMHT

The ATMHT (Brown et al., 2010) is a 20-item, 4-point Likert-type scale and reflects an individual's attitude towards professional mental health treatment. The ATMHT is a modified version of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fisher & Turner, 1970). The ATSPPHS scale is comprised of 29 items and includes outdated language. Brown et al. (2010) noted that it also neglects to factor in culture, so these researchers modified the original scale by including language that was more inclusive and easier to understand in the 20-item ATMHT scale. Sample items include "I feel confident that I could find a therapist who is understanding and respectful of my ethnicity/culture" and "In my community, people take care of their emotional problems on their own; they don't seek professional mental health services." Higher scores indicate more positive attitudes about seeking mental health treatment. Brown et al. (2010) found that the internal consistency scores for the total sample were adequate (.75). They also looked at subgroups according to ethnicity and found that the scale had a Cronbach's alpha of .78 for White participants and .73 for African-American participants. In this study, the Cronbach's alpha value was .82, which indicated strong internal consistency reliability.

MAKS

The MAKS (Evans-Lacko et al., 2010) is an instrument designed to assess

stigma-related mental health literacy among the general public. The scale includes 12 items scored on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A total score is calculated by adding the item values together. Items 6, 8, and 12 are reverse scored. Items 7 and 12 are designed to establish levels of recognition and familiarity with a variety of mental health conditions and conceptualize responses to the other scale items. In other words, researchers can assess whether a broadened conceptualization of mental illness impacts one's successive responses to questions. Sample items include "If a friend had a mental health problem, I know what advice to give them to get professional help." A recognition item has the following instructions preceding it: "For the following items, say whether you think each condition is a type of mental illness by ticking one box only." Varying severities of mental illness as well as non-clinical issues are then listed, including "stress," "drug addiction," and "schizophrenia." In its initial development, Evans-Lacko and associates (2010) utilized an extensive review board of experts to support the content validity of the MAKS. Overall test-retest reliability was .71 using Lin's concordance statistic, and item retest reliability ranged from .57 to .87 (Evans-Lacko et al., 2010). Internal consistency has ranged from poor ($\alpha = .65$) to acceptable ($\alpha = .73$) in prior research (Evans-Lacko et al., 2010; Authors, 2018; respectively). In the current study, the Cronbach's alpha was .62, indicating questionable internal consistency reliability.

Data Analyses

Upon completion of the survey procedures, data were consolidated into SPSS (version 24) for management and analysis purposes. To address the research questions in this study, we performed Pearson's correlations and linear multiple regression analyses. In our initial screening, we identified no missing data and three cases with univariate or multivariate outlier variables using converted z-scores and Mahalanobis Distance probability. We performed the analyses with the original values and with winsorized version of the values and found no meaningful differences in the results. Therefore, we elected to include the original values in the analysis. Next, we examined the assumptions of linearity, homoscedasticity, and normality (Osborne & Waters, 2002). A visual inspection variable histograms, P-Plots, plots of the standardized residuals, and an examination of the variance inflation factor (range from 1.02 to 1.14) indicated the data met the statistical assumptions for the analyses in this study. For the linear multiple regression analyses, we also applied structure coefficients due to a degree of association among the predictor variables (Courville & Thompson, 2001).

Results

Research Question One

Table 1 provides the correlations, means, and standard deviations for the variables in this study. A standard linear multiple regression was applied to the

dependent variable of perceived stress and the independent variables of mental health literacy, self-stigma of mental health illness, and attitudes towards professional help-seeking. Overall, the linear composite of predictor variables predicted 15% (R^2 = .15) of the variance in counselors' perceived stress, F (3, 144) = 8.06, p < .001. Standardized regression coefficients of the individual predictor variables indicated that high levels of self-stigma of mental illness (β = .24, p < .01) and attitudes towards professional help-seeking were significant (β = -.24, p < .01) in predicting perceived stress. However, mental health literacy was not a significant predictor (β = .05, p = .57). Structure coefficients also indicated that self-stigma of mental illness (r_s = .81) and attitudes towards professional help-seeking (r_s = -.80) were the best predictors of perceived stress, followed by mental health literacy (r_s = .07).

Research Question Two

A second standard linear multiple regression was applied to the dependent variable of life satisfaction and the independent variables mental health literacy, self-stigma of mental illness, and attitudes towards professional help-seeking. Overall, the linear composite of predictor variables predicted 13% (R^2 = .13) of the variance in counselors' life satisfaction, F (3, 144) = 7.30, p < .001. Standardized regression coefficients of the individual predictor variables indicated that high levels of attitudes towards professional help-seeking (β = .25, p < .01) and self-stigma of mental illness (β = -.18, p < .05) predicted life satisfaction. However, mental health literacy was not a significant predictor (β = .08, p = .33). Structure coefficients also indicated that attitudes towards professional help-seeking (r_s = -.86) and self-stigma of mental illness (r_s = -.71) were the best predictors of life satisfaction, followed by mental health literacy (r_s = .27).

Discussion

Stress, Self-Stigma, Help-Seeking Attitudes, and Mental Health Literacy

It is important to identify potential reasons for counselor stress in order to reduce this stress, as well as and burnout (Mullen & Crowe, 2017). Results of this study indicate that higher levels of self-stigma and negative attitudes toward professional help-seeking significantly predict stress. In other words, when the counselor has higher self-stigma and more negative attitudes towards seeking professional help, their stress level is impacted. The awareness of the interaction between these variables is valuable information for counselors and counselor educators so that we can evaluate and monitor these internalized stigmas in students, trainees, and professional counselors. Although mental health knowledge is essential for professional counselors, results of this study indicate that mental health literacy is not a significant predictor of stress. Thus, knowledge about mental health does not seem to impact counselors' stress levels. These results indicate that we cannot merely increase knowledge as a stress-reduction technique,

or assume ones' knowledge about mental health on a professional level might result in less stress since literacy did not impact levels of stress in counselors. Instead, these findings suggest that we consider additional tools such as attending to attitudes and internal processes such as internalized stereotypes and personal assumptions in order to shift negative perceptions and stigmas and improve stress and satisfaction.

When compared to Chen et al.'s (2018) study, our results related to mental health literacy differed. In the current study, mental health literacy was *not* a significant predictor of stress or satisfaction in practicing counselors. Chen et al.'s study did not focus on stress and satisfaction as the current research did, but mental health literacy was a strong factor (above and beyond stigma) in help-seeking attitudes. This seems to suggest that mental health literacy might be a topic of future research as, in contrast to previous work (Chen et al., 2018), this study did not find it to be as significant a construct in the interplay of similar concepts. Perhaps mental health literacy impacts those in the counseling field differently than those who may be less knowledgeable about mental health. For instance, professional counselors may choose this career path with a specific interest in learning more about treatment of mental health. Because of the aspect of choice, rather than a personal experience such as dealing with family members with mental illness, professional counselors may expect to encounter stress and satisfaction and may have a different level of locus of control compared to the general population. Another noteworthy consideration related to counselors and mental health literacy is that, it can be assumed that practicing counselors who have specialized training in mental health possess more knowledge about mental health concerns, thus having more mental health literacy then the general population. Thus, the current sample was perhaps inherently different than previous samples (Crowe et al., 2018; Chen et al., 2018; Evans-Lacko et al., 2010; Jorm, 2000; Kutcher et al., 2016). More research may help to uncover these nuances in mental health literacy impacts.

Satisfaction, Self-Stigma, Help-Seeking Attitudes, and Mental Health Literacy

In addition to looking at perceived stress, this study explored the impact of mental health literacy, self-stigma, and attitudes towards professional help-seeking on reported satisfaction in practicing counselors. In general, the above variables predicted 13% of the variance in counselors' life satisfaction with data indicating that both high levels of self-stigma and attitudes towards professional help-seeking had a significant impact on perceived satisfaction. In contrast, mental health literacy was not a significant predictor of life satisfaction. This information is valuable, demonstrating that cognitive learning and information is less predictive of life satisfaction than attitudes and internalized belief systems about the need and usefulness of mental health services. Rather than teaching and learning from a single cognitive perspective, it is vital to address the counselor's world view and the importance of belief systems related

to mental health care. Personal attitudes, beliefs, and assumptions rather than knowledge might be worthy of a closer investigation among practicing counselors, as mental health literacy did not appear to impact stress and satisfaction.

Results of this current study are consistent with previous findings that perceived life satisfaction and stress are negatively correlated (Buser & Kearney, 2017). Researchers have suggested that creating an internal locus of control may decrease stress (Gray-Stanley et al., 2010). The current study suggests that adjusting one's perception of the need and use of mental health services may impact perceived stress and overall life satisfaction.

The Model for Mental Health Help Seeking (Cauce et al., 2002) helped frame some of our understanding of the current study's concepts (i.e., attitudes towards help-seeking, stigma, and mental health literacy). The three aspects of help-seeking in the model include (a) recognizing the mental health problem, (b) deciding to seek help, and (c) selecting a service. One's world view influences these three domains. Perhaps in our sample, the world view of practicing counselors, who may have more mental health literacy and ability to recognize when a mental health concern arises, was different from that of those in the general population. Because our study focused on stress and satisfaction among practicing counselors and how these were impacted by mental health literacy, help-seeking, and stigma, we used the model only as a beginning frame of reference, and encourage more work to be done on researching this model's efficacy with practicing counselors, or those in the general population.

Implications for Professional Counselors

Internalized and socialized stigma related to mental health have been well documented in counseling literature (Oexle et al., 2018). Despite systemic approaches for changing attitudes towards mental health (Corrigan & Calabrese, 2005), a negative stigma remains (Mullen & Crowe, 2017). Additionally, stigma towards mental health and negative attitudes towards help-seeking persist among mental health service providers (Mullen & Crowe, 2017; Smith & Cashwell, 2010). The current study demonstrates how attitudes and stigma impact overall stress and life satisfaction among counseling professionals. Results indicate that a more positive attitude and a reduced level of self-stigma are associated with less stress and greater satisfaction. Although not a direct predictor of satisfaction, mental health literacy is also essential as it leads to decreased stigma and better attitudes towards help-seeking (Smith & Cashwell, 2010). The current findings are consistent with previous studies that demonstrate stigma is related to burnout (Mullen & Crowe, 2017), and that those counselors with higher levels of satisfaction possess less stigmatizing and negative attitudes towards help-seeking.

The implications for this research are relevant for counselors, counselor educators, and supervisors. Self-stigma of mental

illness and attitudes towards help-seeking are important variables for clinicians because they impact the therapeutic relationship. For instance, a clinician may use negative attending to alter the course of therapy, or may deal with counter-transference issues. Clients may have internalized stigmas (Lucksted et al., 2011), but professionals may also have unrecognized negative attitudes towards help-seeking. As counselors, it is essential to recognize that biases exist and may be an unconscious variable in clinical relationships. It is also essential to safeguard clients from negative attitudes and stigma that may influence conceptualization and treatment of clinical issues. Additionally, by attending to self-stigma and attitudes towards help-seeking, counselors may experience a decrease in stress and increase in life satisfaction. In a field focusing on self-care, perhaps addressing stigma is a novel approach to reducing burnout and improving overall satisfaction.

Clinical supervisors are in a unique position to make use of the results of this study. Supervisors of graduate-level and postgraduate trainees can bring awareness to their supervisees about the impact of internalized stigma and attitudes towards seeking help for a mental health concern. If a supervisee is experiencing symptoms of stress, burnout, or doubt about their professional identity, a supervisor may draw from this study the importance of addressing personal attitudes and beliefs about mental illness. In creating more positive attitudes and a less stigmatized response to mental health services, supervisors can assist their supervisees in finding more life satisfaction and decreasing stress levels.

In addition to increasing professional knowledge, counselor educators can use results of this study to demonstrate to counselors in training the need for continual attention to therapeutic relationships, personal values, and beliefs. Counselor educators can benefit from the results of this study as well. Educators may adjust teaching and supervision strategies with the awareness that increasing knowledge does not have a direct impact on reducing stress or increasing life satisfaction. Instead, counselor wellness can be facilitated through exploring and adjusting personal attitudes related to mental health and associated stigmas. Counselor educators can generate classroom dialogue and create activities that address not only knowledge but also attitudes and skills related to self-awareness of self-stigma and attitudes towards help-seeking.

Although the findings from the current study indicate that mental health literacy is not a direct predictor of stress and satisfaction, professionals can glean that knowledge has an impact on attitudes related to mental health services. As the results of the current study demonstrate, attitudes and stigma are important variables that impact stress and satisfaction. Increasing awareness and knowledge of mental health issues may reduce stigma and negative attitudes, having an indirect effect on these protective variables.

A final implication for counselors, counselor educators, and supervisors is the need to address help-seeking behaviors among mental health professionals. Counselors at all levels should be encouraged to discuss their own need for professional support. Self-stigma and attitudes towards help-seeking can potentially prevent professionals from obtaining professional help. Intra-professional advocacy and continued social activism to reduce the stigma of mental illness are ways in which counselors can use the findings of this study to create both micro- and macro-level change.

Limitations and Implications for Future Research

As with any research, the current study is not without limitations. We used two sampling methods to recruit participants – an alumni database from a southeastern university and a state database. There were a large number of undeliverable email addresses which reduced the researcher's ability to determine response rates. This sampling method was chosen to increase the overall sample size, but it is a noteworthy limitation. Additionally, sampling bias could be present, those who did complete the survey may be a unique sub-group of professional counselors. As with any self-report data, there always is a possibility of social desirability. Finally, The Mental Health Knowledge Schedule demonstrated weak reliability with a Cronbach's alpha of .62, indicating questionable internal consistency reliability. Future research may consider other measures to assess mental health literacy.

A growing body of research has explored the role of self-stigma among mental health professionals. Research has shown that environment (Dir et al., 2018), knowledge, and previous experience with mental health services all have a role in self-stigma (Golberstein et al., 2008). The current study adds to the literature by exploring the role of counselors' stigma and how this might impact stress and satisfaction. This population is different from previously surveyed groups in that the participants were practicing counselors, who likely have a greater knowledge base than trainees or newer counselors under supervision. This unique demographic variable may shift the influence of knowledge about both self-stigma and help-seeking attitudes.

Directions for future research may seek to examine cultural variables related to internalized stigma related to mental health, specifically the role of race-gender schemas by which women counselors of color may operate (Watson & Hunter, 2015). Additional research may also seek to explore further the results of this study and those of Golberstein et al. (2008) as they relate to the personal and familial experience of mental health services and the relationship with both stigma and attitudes of mental health. An additional direction for future research is to examine the attitudes and stigma of substance abuse treatment.

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Table 1

Correlations, Means, and Standard Deviations for the Variables in This Study

Variable	1	2	3	4	5
1. MAKS	-				
2. ATMHT	.11	-			
3. SSOMI	.03	-.32**	-		
4. PSS	.03	-.31**	.31**	-	
5. SLS	.10	.32**	-.26*	-.64**	-
M	25.34	63.05	24.73	14.35	25.78
SD	2.71	6.49	7.67	6.55	5.96

Note. $N = 145$, MAKS = Mental Health Knowledge Schedule, ATMHT = Attitudes Towards Mental Health Treatment, SSOMI = Self-Stigma of Mental Illness, PSS = Perceived Stress Scale, SLS = Satisfaction with Life Scale, * $p < .01$, ** $p < .001$