

10-2022

Predictors of Student Knowledge of Counselor Identity: Human Services & Related Mental Health Courses

Cortny Stark

University of Colorado Colorado Springs, cstark@uccs.edu

Kylie Rogalla

University of Colorado Colorado Springs, krogalla@uccs.edu

Heather Cook

University of Southern Indiana, hlcook1@usi.edu

Joseph D. Wehrman

University of Colorado, Colorado Springs, jwehrman@uccs.edu

Follow this and additional works at: <https://scholarworks.sfasu.edu/jhstrp>



Part of the [Community-Based Research Commons](#), [Counseling Psychology Commons](#), [Counselor Education Commons](#), [Curriculum and Instruction Commons](#), [Health Psychology Commons](#), [Multicultural Psychology Commons](#), [Other Social and Behavioral Sciences Commons](#), and the [School Psychology Commons](#)

[Tell us](#) how this article helped you.

Recommended Citation

Stark, Cortny; Rogalla, Kylie; Cook, Heather; and Wehrman, Joseph D. (2022) "Predictors of Student Knowledge of Counselor Identity: Human Services & Related Mental Health Courses," *Journal of Human Services: Training, Research, and Practice*: Vol. 8: Iss. 2, Article 4.

Available at: <https://scholarworks.sfasu.edu/jhstrp/vol8/iss2/4>

This Article is brought to you for free and open access by the Journals at SFA ScholarWorks. It has been accepted for inclusion in *Journal of Human Services: Training, Research, and Practice* by an authorized editor of SFA ScholarWorks. For more information, please contact cdsscholarworks@sfasu.edu.

Abstract

Professional organizations and the field at large have made great strides towards solidifying the professional identities of mental health professionals. Despite these efforts, public knowledge of different types of helping professionals remains limited. Public understanding of helping professionals' identities is critical to mental health literacy, and has a significant impact on health outcomes. Post-secondary education provides many students with exposure to information regarding types of helping professionals, and their scope of practice. This expansion study engages students completing college-level courses to clarify those variables that predict student knowledge and perceived scope of practice of a variety of counselors.

Keywords: Professional counselor identity, human services, mental health literacy

Predictors of Student Knowledge of Counselor Identity: Human Services & Related Mental Health Courses

The professional identity of licensed counselors (also known as mental health or clinical counselors) has suffered from ambiguity and confusion over the past half century (Hanna & Bemak, 1997; Hansen, 2014). The dedicated efforts of professional counseling organizations has resulted in the creation of a cohesive counseling identity (Kaplan & Gladding, 2011; Kaplan, Tarvydas & Gladding, 2014), with each branch of counseling maintaining its own bounded identity (Kaplan, Tarvydas & Gladding, 2014). Despite counseling professionals' sense of self, the profession as a whole has struggled to effectively communicate its professional identity with the greater public. Understanding what avenues are available, and most effective, for communicating this identity and improving public knowledge of counselors is necessary for the continuation and growth of the profession. One critical avenue for improving perception and knowledge of mental health professionals is through post-secondary education; having a health related major, and classes in mental health related topics has been associated with greater knowledge of mental health professionals (Slyke, 2020), and students in science-based majors tend to have less stigmatizing attitudes towards persons with mental health concerns (attributed to increased understanding of biological and neurological changes associated with mental health concerns) (Zolezzi et al., 2017).

This topic has significant relevance due to increased mental health needs associated with the Coronavirus Disease-19 (COVID-19) pandemic (Czeisler et al., 2020; National Comorbidity Study Replication, 2005) to include disproportionate negative impact on persons with disabilities (Constantino et al., 2020), and Black, Indigenous, and Persons of Color (BIPOC; Chicago Urban League, 2020). Over the course of the COVID-19 pandemic, we saw a significant rise in persons

seeking mental health treatment, with 19.2% of adults receiving mental health treatment (i.e. prescription medication, and/or counseling services) in 2019 (Terlizzi & Zablotsky, 2020), and 20.3% pursuing services in 2020 (Terlizzi & Norris, 2020) – a 1.3% increase nationwide. With the increasing need for mental health related services, understanding how individuals gain awareness of the helping professions, and which type of provider is most appropriate to meet their needs, is critical to ensuring clients receive the best possible care (MacCleod et al., 2016; Kutcher et al., 2016).

Knowledge of available mental health related services, and the types of providers who facilitate these services is essential to health literacy. Health literacy is defined as “the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course” (Kanj & Mitic, 2009, p. 4). Health literacy regarding mental health includes understanding of psychological disorders, and how to prevent, identify, and treat psychological concerns (Miles et al., 2020). Mental health literacy is a multi-construct theory that includes a multitude of variables that interact to impact recognition of mental health concerns, help-seeking behaviors (or lack thereof), and approaches to treatment (Spiker & Hammer, 2018). Experience with college level coursework in a mental health related field, and pursuing a health-related major has been associated with a significant increase in mental health literacy, specifically as relates to knowledge of types of mental health services available, the types of mental health professionals that provide these services, and local resources (Slyke, 2020). Gaps in accessibility of postsecondary education, and mental health services for BIPOC and other marginalized groups may have a significant impact on these individuals’ mental health literacy (Miles et al., 2020; United States Department of Education, 2016). College-level

education, and access to mental health providers play a critical role in individuals' understanding of mental health needs, and related treatment interventions. As early as the 1990s, researchers have explored the relationship between mental health literacy, and one's ability to determine appropriate interventions.

Jorm and colleagues (1997) (n=2031) determined that – when provided with case vignettes for a variety of mental health conditions, and a comprehensive list of possible providers and interventions – 31% stated schizophrenia should be treated by a counselor, 28% indicated that a psychiatrist should provide care, 27% identified general practitioners as the most appropriate level of care, 20% stated that friends and family were the best source of support and care, and 4% stated that they “didn’t know”. Schizophrenia has long been known as a debilitating mental health diagnosis that often requires more intensive intervention, medication management, and higher levels of care, facilitated by a multidisciplinary team (Keepers et al., 2020); a psychiatrist or licensed psychologist is the most appropriate provider for initial care and assessment. The stated themes from the Jorms et al (1997) study indicate that when it comes to Serious Mental Illness (SMI) the general public does not see a clear distinction between the scope of practice of psychiatrists, counselors, and general practitioners. A more recent study by Marcus and Westra (2012) (n=1,004) determined that the majority of respondents believe psychiatrists to be the most appropriate helping professional to assess and support persons with schizophrenia. These shifts in public perception of helpers' scope of practice suggest continued evolution of the mental health literacy of the general public in the United States' (US).

Improvement in the mental health literacy is critical to the health and wellbeing of the general public. Poor mental health literacy is associated with higher incidence of anxiety, depression, internalized stigma, stress, and caregiver burden (Tambling et al., 2021). Lack of

mental health literacy is further associated with internalized stigma (i.e. negative beliefs about mental health and related concerns), lack of engagement in behavioral health services (Bonabi et al., 2016), decrease in help-seeking behaviors, and mistrust of helping providers (Hurley et al., 2019). One of the most common approaches to improving mental health literacy is through education interventions, both within K-12 schools and post-secondary education (Corrigan, 2018; Seedaket et al., 2020) as well as the community (Chang, 2008). Knowledge of the types of helping providers available, and the types of mental health concerns they are best prepared to treat, are key components of mental health literacy and also play a role in the public's understanding of mental health professionals' identities.

Fall, Levitov, Jennings, and Eberts (2000) reported the public's perception of mental health professions as indicated by a sample's self-reported confidence in psychiatrists', clinical psychologists', licensed counselors' (PhD and master's level), and social workers' abilities to work with a range of diagnoses and severity of symptoms. The authors found that master's level licensed counselors were routinely ranked below psychiatrists and clinical psychologists in regard to treating individuals with severe psychiatric symptoms. Their findings further indicated that the public believed licensed counselors to be most appropriate for adjustment disorders and marital problems. The evolving results of studies exploring public perception of helping professionals, and mental health literacy, suggest that there may be a number of variables not currently examined that are correlated with one's accurate knowledge of helping profession identities and scope of practice.

Since Fall et al. (2000), few studies have focused primarily on the public's perception of counselors, with most studies focusing on knowledge of the helping professionals in other fields, such as social work, and psychology. One study by MacCleod et al. (2016) specifically explored

the public's perception of counseling professionals (n=300). MacCleod et al (2016) determined that participants had a vague understanding of the identity and scope of practice of professional counselors but did have a cohesive sense of what they might expect from a counselor in general. In 2016, an expansion study replicated the methods and instruments employed by Fall et al. (2000) (n=92). The results from this expansion indicated that: 1) Direct experience with mental health professionals (to include psychiatrists, psychologists, professional counselors, social workers, and licensed marriage and family therapists) significantly impacted participant's knowledge of professional counselors, and 2) experience with mental health-related coursework is a meaningful (but not statistically significant) predictor of participant knowledge of professional counselors study (Authors, 2020). In the social work field, studies have explored the public's understanding of social work identity (Lecroy & Stinson, 2004; Dennison, Poole, & Qaqish, 2007). Undergraduate psychology students' perceptions of human health practitioners were assessed with an emphasis on beliefs about clinical psychologists (McDonald, Wantz, & Firmin, 2014). Research surveying professional counselors suggested that they perceived their professional identity as distinct from that of social workers and psychologists (Mellin & Nichols, 2011). Despite these specific elements being studied, current and broader knowledge of the public's comparative perception of the professions, and those variables that may impact one's understanding of each profession remains limited. The positive relationship between college exposure to mental health-related coursework and their mental health literacy, and knowledge of mental health services and providers (Slyke, 2020) seems to highlight a promising area of research in need of further study.

The current study aims to further clarify the public's knowledge of helping professionals by elaborating upon Author's (2020) inquiry regarding participant experience with mental

health-related coursework. Neither Fall et al. (2000), Slyke (2020) nor the expansion study (Authors, 2020) defined what courses include “mental health-related coursework”, nor did they differentiate which types of professional counselors the participant had knowledge of. This study defines “mental health-related coursework” as participation in undergraduate or graduate level psychology, social work, sociology, and/or human services courses. Participants were asked approximately how many courses they had taken in each discipline. This expansion study also assessed participant knowledge regarding a greater variety of different types of professional counselors, including: Mental health or clinical counselors, substance use or addictions counselors, marriage and family therapists, and rehabilitation counselors, in addition to psychiatrists, psychologists, and social workers.

At this time, universities across the United States are offering new degree programs in the field of human services. As of September 2019, approximately 45 bachelor’s degree programs in human services had obtained accreditation with the Council for Standards in Human Service Education (CSHSE) (CSHSE, 2019). Many of these programs describe their degree in human services as focusing on increasing knowledge of the helping professions, communication skills, and awareness of one’s own values and experience, and how this impacts interactions with others. Although the relationship between experience with mental health-related coursework and mental health literacy has been examined at large, the role of human services programs, and specific mental health-related courses in enhancing individuals’ knowledge of the helping professions remains under-examined in the literature.

Understanding what avenues are available, and most effective, for communicating this identity and improving public knowledge of counselors is necessary for the continuation and growth of the counseling profession. Authors (2020) indicated that college-level coursework

played a significant role in determining the public's understanding of professional counselors. This study clarifies what factors/experiences contribute to students' knowledge of professional counselors, as evidenced by examination of the hypothesized relationship between the amount/frequency of exposure to mental health professionals through direct experience (e.g. receiving services) and knowledge of the different types of professional counselors, and frequency of engagement in mental health coursework and knowledge of the different types of mental health counselors. This study also examined the relationship between amount/frequency of exposure and engagement with helping professionals, and participant's confidence in the different types of mental health professionals ability to treat mental health conditions of varying severity. While the previous studies utilized a nationwide sample, all participants in this expansion were active students in a class in either psychology, social work, sociology, and/or human services courses. Although the current study utilized a limited sample, and explored only students' experience and perception with helping professionals, it is our hope that the detailed exploration of education related variables may contribute to the growing body of research regarding counselor professional identity and inform future replication or expansion studies.

Methodology

The Institutional Review Board (IRB) at a university in the Rocky Mountain region approved this study in May 2020, allowing for a waiver of consent documentation (no signature). This waiver was approved as the research study was facilitated completely online using an opinion survey administered via Qualtrics survey platform. This method of administration ensured anonymity and met the definition of minimal risk. An informed consent form was the first step of the Qualtrics online survey materials, and participants could not move forward with the survey without clicking "I consent". Minimum age for participation was 18 years. All

participants (n=67) were recruited from undergraduate and graduate level courses at a university in the Rocky Mountain region. The research questions that helped guide data collection and analysis are provided in table 1.

Data Collection Procedures

In addition to the informed consent form, a demographic form, an ability to successfully treat scale, and a knowledge of mental health practitioners' assessment questionnaire was administered. The three forms were adapted from a published study (Fall et al., 2000; permission from author provided). A portion of the Knowledge of Mental Health Professions Assessment was validated by Authors (2020); the updated versions used in this study have not been previously validated. English-language literacy was a requirement for participants.

Demographic Form

Items included U.S. state of residence, socially constructed identities, age, education level/status of education, types of mental health coursework the student has completed, and the approximate number of courses completed, if/how currently or previous associated with mental health professions.

Ability to Successfully Treat Scale

Participants were asked to read five case vignettes (adapted from Fall et al., 2000), each representing one of the following diagnoses per the Diagnostics and Statistics Manual-5 (DSM-5) criteria (American Psychiatric Association, 2013): adjustment disorder, psychotic depression, marital problems, borderline personality disorder, and posttraumatic stress disorder. Participants ranked the professions one to seven according to their perception of which profession has the greatest ability to treat the condition presented in the vignette. The included professions were psychiatrist, psychologist, mental health or clinical counselors, substance use counselors,

rehabilitation counselors, marriage and family therapists, and social workers. Although these case vignettes were adapted from Fall et al. (2000), these authors indicated that the case examples were adapted from Wollersheim and Walsh (1993), who initially derived the case examples from Spitzer, Skokol, Gibbon, and Williams (1981).

Knowledge of Mental Health Professions Assessment

Participants were asked to indicate their knowledge of mental health professions including education level, licensure, and prescribing and insurance privileges. The professional titles remained consistent across instruments and measurements. The reliability and validity of the Knowledge of Mental Health Professions Assessment was evaluated by Authors (2020) for five of the helping professions assessed. This study did not examine the reliability and validity for the assessments for the additional 3 professional roles examined in this study (substance use counselors, licensed marriage and family therapists, and rehabilitation counselors). Internal reliability for the Knowledge of Mental Health Professions Assessment included the following Cronbach's alpha findings for five of the helping professions assessed: social work (.86), psychiatry (.86), psychology (.82), professional counseling (.92), and marriage and family therapy (.86) (Authors, 2020).

Analysis and Implications

The purpose of this study was to identify those factors that are positively correlated with knowledge of counselor identity, specifically professional/clinical mental health counselors, substance use counselors, marriage and family therapists, and rehabilitation counselors. Specifically, this study explored the relationship between experience with college-level human services and related coursework, and knowledge of different types of counselors, as well as their perceived scope of practice. The results from this quantitative analysis may inform pedagogical

strategies to support counselor professional identity development, as well as articulate the role of human services and related college- level courses in educating the public about counselor professional identity. This has a direct impact on the field, as it better enables students interested in the helping profession to determine which helping role best fits their desired career aspirations. Furthermore, understanding those variables that may impact student understanding of helping professionals' roles and scope of practice may help to inform educational interventions that play a critical role in student mental health literacy, and related health outcomes.

Results

The current study explored whether academic coursework in human services or counseling professions contributed to or predicted accurate knowledge and public perceptions of various mental health careers. Participants ($n = 67$; ages 18-58, $m = 26$) were surveyed for total courses enrolled within or taken in these areas, as well as accuracy in responses to specialized comprehension questions (e.g., state/federal licensure regulations) regarding seven mental health professions. Please see table 2 for demographic information for study participants. Perceived levels of confidence, based on identified fields for treatment, were also collected based on rank order to five hypothetical case studies.

The total number of classes taken by participants ranged from 0-37 ($m = 11$), and total coursework significantly predicted ($p < .05$) accuracy of mental health career knowledge in six of the seven professions using multiple regression analyses. Additionally, human services or counseling-specific courses significantly predicted accuracy in five (clinical mental health counseling, marriage and family therapy, licensed psychologist, social work, and substance use counseling) of seven fields, while psychology-specified coursework showed significant

predictable potential in three areas (clinical mental health counseling, marriage and family therapy, psychiatry); all others were < 3 or nonsignificant. Holding employment as a current practitioner was significant in predicting accuracy in clinical mental health counseling, marriage and family counseling, and social work conditions, while marriage and family and psychiatry conditions held marginal predictive significance ($p < .1$) if participants had previous experience as a client.

Participants were also offered hypothetical case scenarios that introduced adult client issues among five categories: (a) adjustment problems with academic inhibition, (b) depressive psychosis symptoms, (c) marital stress, (d) borderline personality symptoms, and (e) post-traumatic stress symptoms. The respondent was prompted to provide ranking ordinal input in reflection of perceived confidence for each of the seven mental health professions (1 = highest, 7 = lowest) for each clinical situation. Descriptive statistics revealed an endorsement of clinical mental health counseling as the first or second choice in each of the five case studies, followed by psychology or psychiatry in three of the five scenarios. Marriage and family practitioners (LMFT) were rated first in the case regarding marital problems, while substance abuse counselors were rated last in all five matters.

Limitations

Survey questions regarding ranking of confidence in provider competence indicated a strong endorsement for clinical mental health counselors for all five scenarios. While these results show favor for this specialty, it is worth noting the skew of participant responses and their current or past area of study. Of the total number of participants in the investigation ($n = 67$), a majority identified as in a current undergraduate degree-seeking program ($n = 39$), and a similar number identified either human services or counseling as their selected major ($n = 41$). The next

commonly reported focus of study was psychology ($n = 11$), followed by unrelated (e.g., sports management, special education) or undeclared studies of interest ($n = 9$), and social work ($n = 6$). It is possible that professional loyalty or increased exposure to a specified area of study led to higher endorsement rankings; this bias may be viewed as a strength, as it affirms that engagement in college-level course work in human services contributes significantly to students understanding of clinical mental health counselors. Additionally, substance abuse counselors received a last-place-rating in all five hypothetical cases. It should be added that none of these brief descriptions identified struggles with substances as a primary area of concern, which may unfairly diminish this specialty for the vast mental health competence required for practice.

Discussion


There were five primary research questions introduced in this investigation, all of which assessed for the predictive capability of human services or counselor education as a precursor to accurate knowledge and perception of the mental health profession in practice. Seven specified fields were examined for differential capabilities in these prediction models. Results show that total mental health-related coursework in general predicted perceptual accuracy, and human services or counseling coursework specifically demonstrated significant predictive power in accurate knowledge of five of seven fields, despite previous area of study. Additionally, clinical mental health counselors were highly endorsed (1st or 2nd overall rank) in all five hypothetical client scenarios introduced in the survey regarding perceived confidence in providing a wide range of support for complex clinical issues. The study raises questions regarding the degree to which each mental health discipline provides accurate or comprehensive information about other mental health professions. These findings could have significant implications regarding how consumers of mental health services understand and access support as well as how different

professional disciplines support each other with accurate perceptions and referral options for clients.

Mental health literacy, or one's ability to distinguish symptoms as related to a mental health concern, and understand appropriate treatment, is positively correlated with help seeking behaviors (Mendenhall & Frauenholtz, 2013; Spiker & Hammer, 2018), and positive health outcomes (Tambling et al., 2021). The current study identified a significant positive relationship between engagement in college-level mental health related coursework, and knowledge of 6 of 7 of the most prominent mental health professions. Of the types of coursework (counseling, human services, psychology, social work, sociology) examined in this study, students who reported courses in human services were the most likely to exhibit greater knowledge of the majority of helping professions. This relationship seems to indicate that – of all of the mental health related courses available - engagement in human services courses is particularly impactful for promoting knowledge of helping professionals, a critical component of mental health literacy. Moving forward, we may hope to promote public understanding of mental health services and professionals by advocating for the inclusion of mental health coursework in post-secondary education, with an emphasis on including human services courses as a required component of degree programs.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.
- Bonabi, H., Müller, M., Ajdacic-Gross, V., Eisele, J., Rodgers, S., Seifritz, E., Rössler, W., & Rüsch, N. (2016). Mental health literacy, attitudes to help seeking, and perceived need as predictors of mental health service use. *The Journal of Nervous and Mental Disease*, 204(4), 321–324. <https://doi.org/10.1097/nmd.0000000000000488>
- Dennison, S. T., Poole, J., & Qaqish, B. (2007). Students' perceptions of social work: Implications for strengthening the image of social work among college students. *Social Work*, 52(4), 350-360. doi:10.1093/sw/52.4.350
- Chang, C. (2008) Increasing Mental Health Literacy via Narrative Advertising, *Journal of Health Communication*, 13(1), 37-55. DOI: 10.1080/10810730701807027
- Chicago Urban League (2020). An epidemic of inequities: Structural racism and COVID-19 in the black community. Retrieved from <https://chiul.org/wp-content/uploads/2020/05/EXECUTIVE-SUMMARY-w-Graphics-5.12.20.pdf>
- Constantino, J.N., Sahin, M., Piven, J., Rodgers, R., & Tschida, J. (2020). The impact of COVID-19 on individuals with intellectual and developmental disabilities: Clinical and scientific priorities. *The American Journal of Psychiatry*, 177(11), 1091-1093.
- Corrigan, P. (2018). Beware the educational fix: Limitations of efforts to promote mental health literacy. *Psychiatric Services*, 69(4), 468-471.
- Council for Standards in Human Service Education (2019). CSHSE Accredited Programs. Retrieved from: <https://cshse.org/members-and-accredited-programs/cshse-accredited-programs/>

- Czeisler, M.É., Lane, R.I., Petrosky, E., Wiley, J.F., Christensen, A. & Njai, R. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049-1058. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>.
- Fall, K. A., Levitov, J. E., Jennings, M., & Eberts, S. (2000). The public perception of mental health professions: An empirical examination. *Journal of Mental Health Counseling*, 22(2), 122-134.
- Hansen, J. T. (2014). *Philosophical issues in counseling and psychotherapy*. Lanham, MY: Rowan & Littlefield.
- Hanna, F. J., & Bemak, F. (1997). The quest for identity in the counseling profession. *Counselor Education and Supervision*, 36(3), 194-207.
- Hurley, D., Swann, C., Allen, M. S., Ferguson, H. L., & Vella, S. A. (2019). A systematic review of parent and caregiver mental health literacy. *Community Mental Health Journal*, 56(1), 2–21. <https://doi.org/10.1007/s10597-019-00454-0>
- Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). “Mental health literacy”: A survey of the public’s ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, 166, 182-186.
- Kanj, M. & Mitic, W. (2009). Working document: 7th Global Conference on Health Promotion, Promoting Health and Development: closing the implementation gap. *World Health Organization*.

- Kaplan, D. M., & Gladding, S. T. (2011). A vision for the future of counseling: The 20/20 Principles for Unifying and Strengthening the Profession. *Journal of Counseling & Development, 89*(3), 367-372.
- Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development, 92*, 366-372. doi:10.1002/j.1556-6676.2014.00164.x
- Keepers, G.A., Fochtman, L.J., Anzia, J.M., Benjamin, S., Lyness, J.M., Mojtabai, R., Servis, M., Walaszek, A., Buckley, P., Lenzenweger, M.F., Young, A.S. Degenhardt, A., & Hong, S. (2020). The American psychiatric association practice guideline for the treatment of patients with schizophrenia, *American Journal of Psychiatry, 177*(9), 868-872.
- Kutcher, S., Wei, Y., Coniglio, C. (2016). Mental health literacy: Past, present, and future, *Canadian Journal of Psychiatry, 61*(3), 154-158.
- Lecroy, C. W., & Stinson, E. L. (2004). The public's perception of social work: Is it what we think it is? *Social Work, 49*(2), 164-174. doi:10.1093/sw/49.2.164
- MacCleod, B.P., McMullen, J.W., Teague-Palmieri, E.B., & Veach, L.J. (2016). What does the public know about professional counseling? A study of public knowledge and perception of professional counselors. *Journal of Counselor Leadership and Advocacy, 3*(2), 95-110.
- Marcus, M. & Westra, H. (2012). Mental health literacy in Canadian young adults: Results of a national survey. *Canadian Journal of Community Mental Health, 31*(1), 1-15.
- McDonald, D. N., Wantz, R. A., & Firmin, M. W. (2014). Sources informing undergraduate collect student perceptions of psychologists. *The Psychological Record, 64*(3), 537-542. doi:10.1007/s40732-014-0054-7

- Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development, 89*(2), 140-147.
- Mendenhall, A.N., & Frauenholtz, S. (2013). Mental health literacy: Social work's role in improving public mental health. *Social Work, 58*(4), 365–368. doi: 10.1093/sw/swt038.
- Miles, R., Rabin, L., Krishnana, A., Grandoit, E., & Kloskowski, K. (2020). Mental health literacy in a diverse sample of undergraduate students: Demographic, psychological, and academic correlates, *BMC Public Health, 1*-13.
- Seedaket, S., Turnbull, N., Phajan, T., & Wanchai, A. (2020). Improving mental health literacy in adolescents: Systematic review of supporting intervention studies, *Tropical Medicine and International Health, 25*(9), 1055-1064.
- Slyke, A. (2020). *Exploring mental health literacy among undergraduate college students* [Unpublished masters thesis]. University of Pittsburgh.
- Spiker, D.A., & Hammer, J.H. (2019). Mental health literacy as theory: current challenges and future directions, *Journal of Mental Health, 28*(3), 238-242. DOI: 10.1080/09638237.2018.1437613
- Spitzer, R. L., Skokol, A. E., Gibbon, M., & Williams, J. B. (1981). *Diagnostic and statistical manual casebook (3rd ed)*. American Psychiatric Association.
- Tambling, R.R., D'Aniello, C., & Russell, B.S. (2021). Mental health literacy: A critical target for narrowing racial disparities in behavioral health, *International Journal of Mental Health and Addiction, 1*-15.
- Terlizzi, E.P. & Zablotsky, B. (2020). Mental health treatment among adults: United States, 2019, *National Center for Health Statistics, 380*, 1-8.

Terlizzi, E.P. & Norris, T. (2021). Mental health treatment among adults: United States, 2020, *National Center for Health Statistics*, 419, 1-8.

Wollersheim, D. M., & Walsh, J. A. (1993). Clinical psychologists: Professionals without a role? *Professional Psychology Research and Practice*, 24, 171–175. doi:10.1037/0735-7028.24.2.171

Zolezzi, M., Bensmail, N., Zahrah, F., Khaled, S. M., & El-Gaili, T. (2017). Stigma associated with mental illness: Perspectives of university students in Qatar. *Neuropsychiatric Disease and Treatment*, 13, 1221-1233. <https://doi.org/10.2147/NDT.S132075>

Table 1 Research Questions

RQ 1: Does the total number of human services related courses taken impact participants' knowledge of helping practitioners?

RQ 2: Does employment as a mental health professional impact participants' knowledge of helping practitioners?

RQ 3: Does experience as the client of a mental health professional impact participants' knowledge of helping practitioners?

RQ 4: Does the total number of human services related classes impact participants' ranking of helpers' ability to treat each clinical issue?

RQ 5: Does the number of human services related courses impact participants' ranking of helpers' ability to treat each clinical issue?

Table 2*Participant Demographic Characteristics*

Demographic Characteristic Level or Status of Education	Number of Participants	%
Currently enrolled in undergraduate courses as a non-degree seeking student (no current degree program identified)	42	62%
Currently enrolled in undergraduate courses as a degree seeking student	2	3%
Currently enrolled in graduate courses as a non-degree seeking student (no current degree program identified)	7	10%
Currently enrolled in graduate courses (MA or PhD) as a degree seeking student	3	4%
Associates degree awarded	2	3%
Bachelor's degree awarded	1	2%
Master's degree awarded	0	0%
Doctoral degree awarded	0	0%
Prefer not to answer	2	3%
Multiple responses selected: Currently enrolled in undergraduate courses as a degree seeking student; Associates degree awarded	6	10%
Multiple responses selected: Currently enrolled in graduate courses as a non-degree seeking student (no current degree program identified); Bachelor's degree awarded	2	3%
Total	67	100%
Socioeconomic Status		
Rung 9 (people with the most money, most education, and most respected jobs)	0	0%
Rung 8	1	1%
Rung 7	1	1%
Rung 6	14	22%
Rung 5	18	27%
Rung 4	19	29%
Rung 3	10	15%
Rung 2	3	5%
Rung 1 (people with the least money, least education, and least respected jobs or no job)	0	0%
Total	66	100%
Ethnicity		
Non-hispanic white	42	63%
Black or African-american	5	8%

Hispanic or latino/a/x	12	18%
Asian	3	5%
Native american	0	0%
Pacific islander	0	0%
Multicultural		
Non-Hispanic White, Black or African-	1	1.5%
American, Native American`		
Hispanic or Latino/a/x, Pacific Islander	1	1.5%
None indicated	1	1.5%
Prefer not to answer	1	1.5%
Total	66	100%
Gender Identity		
Male (cisgender; assigned male at birth and	13	19%
identify as male)		
Female (cisgender; assigned female at birth	48	72%
and identify as female)		
Transgender male (assigned female at birth	0	0%
but identify as male)		
Transgender female (assigned male at birth	0	0%
but identify as female)		
Genderqueer/genderfluid/nonbinary (does not	3	4%
identify with conventional gender ideas;		
identifies as neither, both, or a combination)		
Intersex (born with reproductive or sexual	0	0%
anatomy not seeming to fit typical definitions		
of male or female)		
Prefer not to answer	2	3%
Another	0	0%
Total	67	100%
Sexual or Affectual Identity		
Heterosexual/straight	48	73%
Gay/lesbian	4	6%
Bisexual	9	14%
Queer	3	5%
Questioning/not sure	1	1%
Prefer not to answer	0	0%
Another: Asexual	1	1%
Total	66	100%
Age		
18-25 years	43	66%
26-30 years	8	12%
31-35 years	7	11%
36-40 years	4	6%
41-45 years	2	3%
46-50 years	0	0%
51-55 years	1	2%

Total	65	100%
College Major		
Double Major:		
Bachelor's of Criminal Justice, and Sociology	2	3%
Bachelor's of Sociology, and Physician Assistant	1	1.5%
Bachelor's of Geography, and Environmental Studies	1	1.5%
Bachelor's of Nursing, and Human Services	1	1.5%
Bachelor's of Psychology, and Human Services	2	3%
Bachelor's of Psychology, and Criminal Justice	1	1.5%
Bachelor's of Criminal Justice	3	5%
Bachelor's of Communications	1	1.5%
Bachelor's of Human Services	17	25%
Master's of Clinical Mental Health Counseling	6	9%
Master's of School Counseling	3	5%
Pre-Medicine	1	1.5%
Bachelor's of Psychology	14	21%
Bachelor's of Social Work	3	5%
Bachelor's of Sociology	5	7.5%
Bachelor's of Special Education	1	1.5%
Bachelor's of Women and Ethnic Studies	1	1.5%
Non-degree Seeking Student(s)	1	1.5%
Undecided	2	3%
Total	66	100%