

BRIEF REPORT

Perceived Barriers to Seeking Mental Health Treatment Among Clinical Psychology Graduate Students

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Recent evidence suggests that over 80% of professional psychology faculty and trainees have experienced mental health difficulties; however, few seek mental health treatment. Clinical psychology graduate students face various barriers to receiving treatment, including financial concerns, stigma, and concerns about confidentiality. This study explored psychology graduate student perceptions of the availability of accessible mental health resources provided by their program. Graduate student members of the Society for a Science of Clinical Psychology (SSCP; $N = 74$) completed an online survey with multiple-choice and open-response questions assessing access to and need for mental health resources. Findings showed that the majority of respondents (51.4%; $n = 38$) do not have a clear avenue within their graduate program for identifying available mental health resources. Among those respondents who did receive resources from their program, 21.0% indicated that the resources provided were not up to date and 34.5% reported that the resources were not affordable. Qualitative analyses revealed that students viewed updating mental health resources, identifying affordable care options/financial assistance, and reducing social stigma around seeking mental health treatment as some of the critical factors to facilitate treatment access. Findings from this survey reflect a need for clinical psychology programs to address and mitigate barriers associated with mental health care access among graduate students.

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Public Significance Statement

This study evaluated clinical psychology graduate students' perceptions of access to mental health resources within their programs, barriers to initiating mental health treatment, and resources that may assist with addressing these concerns. The findings highlight clear initiatives that psychology doctoral programs can implement to reduce the mental health burden on trainees.

Keywords: mental health, graduate students, access to care barriers, clinical psychology

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Clinical psychologists and graduate students in clinical psychology programs tend to experience higher rates of stress and mental health difficulties than the general population (Rummell, 2015; Tay et al., 2018; Victor et al., 2021). One recent study found that over 80% of clinical, counseling, and school psychologists and graduate students in professional psychology programs reported a lifetime mental health difficulty or diagnosis. Furthermore, graduate students were more likely to endorse mental health problems and experience functional impairment compared with faculty (Victor et al., 2021). Another study found that over 70% of psychology graduate students experienced a significant stressor during training that interfered with their functioning (El-Ghoroury et al., 2012). Clinical psychology students in particular may experience a wide array of stressors, given their many roles throughout graduate school, including graduate student, researcher, clinician, teaching assistant, and peer supervisor/mentor to younger graduate and undergraduate students (Pakenham & Stafford-Brown, 2012; Schwartz-Mette, 2009). Specifically, graduate students may face stressors including academic pressures, financial concern, and poor work/life balance (El-Ghoroury et al., 2012). In clinical settings, factors such as performance anxiety, close supervision, and the general ambiguity of clinical work may serve as major stressors for trainees (Skovholt & Rønnestad, 2003). Further, high levels of graduate student distress may negatively impact students' effectiveness in the delivery of psychological services (Schwartz-Mette, 2009). Thus, graduate students in clinical psychology may benefit from receiving psychological treatment and support.

There is limited research on the rates of psychological treatment utilization among clinical psychology graduate students, with varied results. One older study estimated that 38%–75% of clinical psychology graduate students attend therapy (Holzman et al., 1996), while another found that 47% of clinical and counseling psychology graduate students reported that they had engaged in therapy during graduate school (Dearing et al., 2005). A more recent study of doctoral students in clinical and counseling psychology, however, found that only approximately 20% of students reported currently being in psychological therapy, despite 80% of that same sample reporting feeling anxious or worried on an at least biweekly basis and 38% reporting feeling down or blue on an at least a biweekly basis (Rummell, 2015). Potential barriers to treatment seeking include worries about stigma, concerns about negative consequences of disclosure (e.g., being negatively judged impacts on future career, etc.), and feelings of shame (Tay et al., 2018). Clinical psychology graduate students may also face unique logistical barriers to treatment. For example, providers in the community may serve as supervisors and lecturers within clinical psychology

programs or work in a group practice with clinical faculty. This may limit the number of providers with whom students can initiate care and raise confidentiality concerns. Among clinical and counseling psychology graduate students, confidentiality (Dearing et al., 2005) and cost (Dearing et al., 2005; Holzman et al., 1996) have been identified as important factors in the decision to enter therapy.

The field as a whole has recently been grappling with the impact of psychologists disclosing their own mental health concerns. Victor et al. (2022) highlights that discussions about psychopathology among psychologists are necessary for “professional inclusivity” and to model how mental health issues are understood, assessed, and treated for the general population. Further, if a psychologist is not aware of their own functioning and well-being, they may not provide optimal or ethical care to their patients (Victor et al., 2022). Thus, training at the graduate level in how to attend to one's own mental health may be pertinent to providing adequate clinical care. Professional support systems and awareness of one's needs and reactions to stressors have emerged as two important components of self-care in a sample of clinical psychology graduate students (Zahniser et al., 2017). However, student perspectives on self-care initiatives and perceived limited support in their programs suggest that a systematic effort to educate about, encourage, and model self-care strategies is lacking in practice (Rummell, 2015; Zahniser et al., 2017).

Taken together, this small body of research suggests that graduate students in clinical psychology are struggling with mental health difficulties and need mental health treatment, but they face barriers to accessing that treatment. Importantly, graduate programs may reduce help-seeking barriers among trainees by actively working to destigmatize engagement in therapy, providing a list of local resources and providers, and offering guidance on avenues to advocate for better pay and insurance benefits (e.g., Victor et al., 2022). There is a lack of previous research examining the accessibility of mental health treatment and resources to support student well-being for clinical psychology graduate students. As such, the present study investigated clinical psychology graduate student perceptions of the availability of accessible mental health resources provided by their department and/or graduate program.

Method

An anonymous Google survey assessing access to and need for mental health resources was sent via email to doctoral student members of the SSCP, an international professional organization committed to promoting the integration of the scientist and the practitioner in training, research, and applied endeavors. The survey

was intended for SSCP programmatic development. Specifically, the survey was intended to provide insight into avenues for mental health care seeking among SSCP graduate student members to inform the development of student initiatives that may improve access to care. Thus, institutional review board review and informed consent were not required. No identifying participant information (e.g., name, university) was collected. However, demographic information has been collected for the entire SSCP student membership ($N = 859$), which includes undergraduate and graduate students. Overall, student members report an average age of 26.91 years ($SD = 4.50$; range = 19–51). With regards to gender, 73.5% identify as female; 17.4% as male; and 1.1% identify as gender diverse. Of the SSCP student members, 62.8% identify as White, 13.0% identify as Asian, 4.2% identify as Black, 0.3% identify as American Indian/Alaska Native, and 6.9% identify as more than one race. Additionally, 8.9% identify as Hispanic/Latinx.

A total of 74 graduate students in clinical psychology PhD programs completed the anonymous survey between August and October 2020. Participants were asked five study-specific questions related to the current process for accessing mental health services within their graduate program and one open-ended question about resources that would be most helpful to address gaps in treatment access.

Data Analytic Plan

For Survey Questions 1–5, we evaluated the percentage of students who endorsed each response category. For Survey Question 6, we evaluated the qualitative responses utilizing a conventional qualitative analysis approach, whereby categories were developed based on the text itself (Hsieh & Shannon, 2005). First,

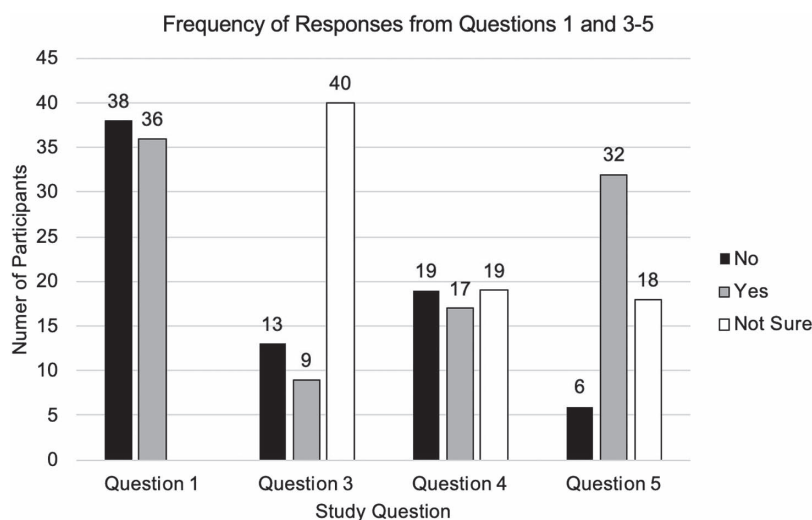
two coders independently reviewed the text and developed broad categories capturing general response themes. Broad categories were then double coded by two independent coders. A meeting was held to discuss discrepancies in coding and revise, add, and remove categories as necessary until a consensus was reached. We then evaluated the percentage of responses in each of the developed categories.

Results

Figure 1 displays findings from Study Questions 1 and 3–5. The results suggest that over half of students (51.4%; $n = 38$) do not have a clear way within their graduate program to obtain information about mental health treatment that may be available to them. On Question 2, the majority reported that the process of seeking care in their graduate program would be self-initiated (56.8%, $n = 42$) rather than through their advisor, program, or university (10.8%, $n = 8$) or from a list compiled by their program's director of clinical training (DCT; 29.7%, $n = 22$). Of the programs where a DCT does keep a list of available resources, the majority of students reported that the lists were either not up to date (21.0%, $n = 13$) or they were unsure if the resource list was up to date (64.5%, $n = 40$). Further, while the majority of students reported that the resource lists included clinicians providing empirically supported treatments (57.1%, $n = 31$), over a third reported that the treatment options are not affordable (34.5%, $n = 19$).

The majority of participants responded to the open-ended survey question regarding specific resource recommendations (52.7%, $n = 39$). Qualitative analyses revealed five categories based on participant responses regarding resources that would assist with treatment access. The "program-provided list/local resources" category ($n = 22$, 56.4%)

Figure 1
Frequency Counts of Participant Responses to Study Questions 1 and 3–5



Note. Question 1: In your graduate program, is there a clear way for you to get information about available mental health treatment for yourself? Question 3: If your program keeps a list of available resources for mental health treatments, is the list up to date? Question 4: If your program keeps a list of available resources, are the options affordable. Question 5: If your program keeps a list of available resources, are there options for empirically supported treatments?

included responses suggesting that a list of local resources and providers developed by each individual program may be useful in helping students access care. The “financial assistance/more affordable options” category ($n = 19$, 48.7%) captured responses related to financial barriers with seeking care and offered suggestions to help mitigate costs. Responses in the “destigmatizing help-seeking” ($n = 8$, 20.5%) category discussed reducing the stigma associated with receiving mental health care among graduate programs. The “evidence-based/specific orientation” category ($n = 7$, 17.9%) highlighted the need for providers offering specific modalities to graduate students. Finally, the “telehealth” category ($n = 5$, 12.8%) suggested improving mental health care accessibility by offering remote options.

Discussion

Taken together, findings from this survey reflect a clear need for clinical psychology programs to develop resource lists of affordable, empirically supported treatment options for their graduate students, or when such resources are not available in the local community, options that are accessible via telehealth. When developing such resource lists, programs need to be aware of issues of confidentiality and dual relationships that may be present given that many community providers may serve as supervisors or lecturers, and university counseling centers are often locations for graduate students’ externships. In rural areas or other areas with limited opportunities for treatment seeking and external practicum placements, programs should recognize that seeking treatment for students may exclude the site as a future possible external practicum placement. Additionally, students need a clear avenue within their programs for obtaining these resources and seeking treatment.

In our survey, graduate students perceived mental health treatment as largely inaccessible due to both logistical concerns (e.g., programs not providing a list of local resources, financial barriers) and social concerns (e.g., stigma toward mental health, the possibility of clinicians overlapping as future supervisors), both of which pose substantial barriers to access. Building off of previous work (El-Ghoroury et al., 2012), we expected students responding to our exploratory survey to endorse financial constraints given the cost of graduate school and limited expendable income in combination with the historically high cost of mental health services, particularly in areas where most providers do not accept insurance (e.g., Bishop et al., 2014). This was the case, however, results of our survey also highlighted a unique challenge faced by clinical psychology students; many of the low-cost options are often housed in the same institutions that train fellow students and future colleagues (e.g., college counseling centers, university medical centers that are often externship sites for graduate students). The American Psychological Association (APA) ethics code cautions against “multiple relationships” that could negatively impact patients or clinicians (APA, 2017). In the case of clinical psychology graduate students, avoiding multiple relationships may greatly limit access to nearby institutions that provide evidence-based treatment at affordable rates. The high cost of medical and mental health treatment remains a barrier to accessing services in the general population (Mojtabai et al., 2011), and graduate students are no exception.

Not only are graduate students limited in seeking mental health treatment financially, there is also a potential social cost of seeking treatment within available low-cost settings. Specifically, results from our survey indicated a pervasive theme of stigma toward

help-seeking within graduate programs. Multiple respondents endorsed perceived or explicit stigma toward mental health concerns perpetuated by program faculty or fellow students. Stigmatizing attitudes toward mental health care is damaging in clinical psychology training programs for multiple reasons. For one, this sends the message that mental health concerns in psychology trainees represent failure or inadequacy—a message that is contradictory to the psychoeducation psychologists deliver to patients. Further, this conveys the idea that trainees and psychologists are somehow above or immune to mental health concerns and that these difficulties should not be discussed in training settings (e.g., Devendorf, 2022). In a training environment that is inherently demanding of emotional resources, it is surprising that an open acknowledgement of the way that clinical work may impact trainees’ mental health is not more prevalent. It is unsurprising, however, that students would be hesitant to seek mental health care if the prevailing attitude toward help-seeking within their program is that of disdain or disapproval.

Meeting the mental health needs of clinical psychology graduate students is critical to the health of the next generation of psychology professionals to mitigate burnout and improve quality of life (Zahniser et al., 2017). APA may consider top-down efforts that encourage graduate programs to implement initiatives focused on student well-being, such as requiring a plan for addressing student mental health as part of the self-study that programs complete for initial and continuing accreditation. Importantly, we do not believe that faculty should be actively involved in a student’s mental health treatment or that students should be mandated to engage in therapy. Rather, programs should actively work to destigmatize seeking care and help encourage autonomy in students seeking out such services on their own. In response to this survey, the SSCP student committee developed two mental health initiatives to assist graduate students in accessing care. First, we developed a list of national resources to assist students in finding a therapist or relevant self-help materials. Second, we developed a guide for DCTs focused on developing and distributing a location-specific resource list for their students, which was circulated via the Council of University Directors of Clinical Psychology listserv. These materials are available in the [online Supplemental Materials](#) for this article as well as on the SSCP website. The latter initiative may be particularly helpful given that many graduate students begin programs in unfamiliar cities or towns and familiarity with local resources can take months or even years to build.

In addition to providing access to national and local resources, as described above, we offer several other recommendations that may achieve this goal of addressing student mental health resource needs. First, students should be informed about new initiatives such as the Psychology Interjurisdictional Compact (PSYPACT; <https://psypact.site-ym.com/>), given the ability for clinicians to practice across state lines. This may be particularly beneficial for more rural areas where the number of community clinicians is limited and may reduce the likelihood of dual relationships. Further, to address costs, doctoral programs may consider identifying community partners that offer therapy on a sliding scale fee, provide a small stipend for graduate student wellness activities (which could include therapy), or partially subsidize treatment for graduate students. Additionally, graduate students should be guided toward local and/or institutional resources that can help them advocate for an increased stipend, better insurance, or subsidized mental health treatment and therefore encourage autonomy in seeking such services on their own. Finally,

it is essential to combat the stigma of mental health struggles and help-seeking behaviors within graduate programs that was highlighted by respondents to the survey. Previous research conducted with medical residents suggests that faculty self-disclosure of personal experiences with mental health may help to destigmatize mental health struggles during medical training (Vaa Stelling & West, 2021). Therefore, providing opportunities for psychology faculty and clinical supervisors to discuss self-care, compassion fatigue and burnout, and factors that may indicate a need for mental health treatment as they see fit may be one way to help reduce the stigma of mental health help-seeking behaviors among clinical psychology graduate students.

Though informative about clinical psychology graduate students' experience with mental health resources in their programs, the present study had several notable limitations. The first limitation was its small sample size and recruitment of only participants receiving communications from a professional organization. This limits the generalizability of our findings as respondents to our survey may only represent science-oriented programs and/or a subset of one specific theoretical orientation of clinical psychology training. However, the goal of this survey was program development, and the findings illuminate important barriers that graduate students face in seeking mental health care. Additionally, we used an exploratory survey as our method of data collection and relied on qualitative data exclusively to draw our conclusions. Future research in this area might utilize quantitative approaches with well-validated instruments to both evaluate norms regarding student utilization of therapy and the impact of limited mental health treatment on graduate school-related outcomes such as burnout, clinical training and practice, research productivity, the development of later psychopathology, well-being, physical health, and quality of life.

Despite these limitations, our findings align with past work that indicates clinical psychology graduate students experience multifaceted, unique barriers to accessing care, including stigma around help-seeking, limited finances, limited information, and dual relationships with supervisors and therapists. Clinical psychology graduate students are in a unique position in that they are vulnerable to experience the same mental health concerns that they are being trained to research and treat (e.g., Tay et al., 2018; Victor et al., 2022). Unlike the general population, clinical psychology trainees are impacted by unique barriers to mental health treatment and these barriers may have downstream effects on providing inconsistent quality clinical care and research productivity. To address this, more research is needed on the benefits of graduate training programs providing formalized resources and support for the mental health needs of clinical psychology trainees. Such initiatives and research are critical to support graduate student longevity in the field, improved patient care, overall health, and quality of life.

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