

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

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## INTRODUCTION

- The majority of clinical, counseling, and school psychology graduate students will experience mental health (MH) concerns
- Psychology graduate students experience barriers to MH help seeking
  - Stigma about negative consequences of disclosure / feelings of shame (Tay et al., 2018)
  - Concerns about confidentiality (Dearing et al., 2005)
  - COST (Dearing et al., 2006; Holzman et al., 1996)
  - Concern that providers in the community may serve as clinical supervisor for practicum
- Graduate programs may reduce barriers to help seeking among trainees by working to **de-stigmatize therapy engagement**, providing a **list of local resources/providers**, and offering guidance on avenues to advocate for **better pay / insurance benefits** (Victor et al., 2022)
- Lack of research examining the accessibility of MH treatment resources to support clinical psychology graduate student well-being
- This study investigated clinical psychology graduate student perceptions of the availability of MH resources provided by their department / graduate program

## METHOD

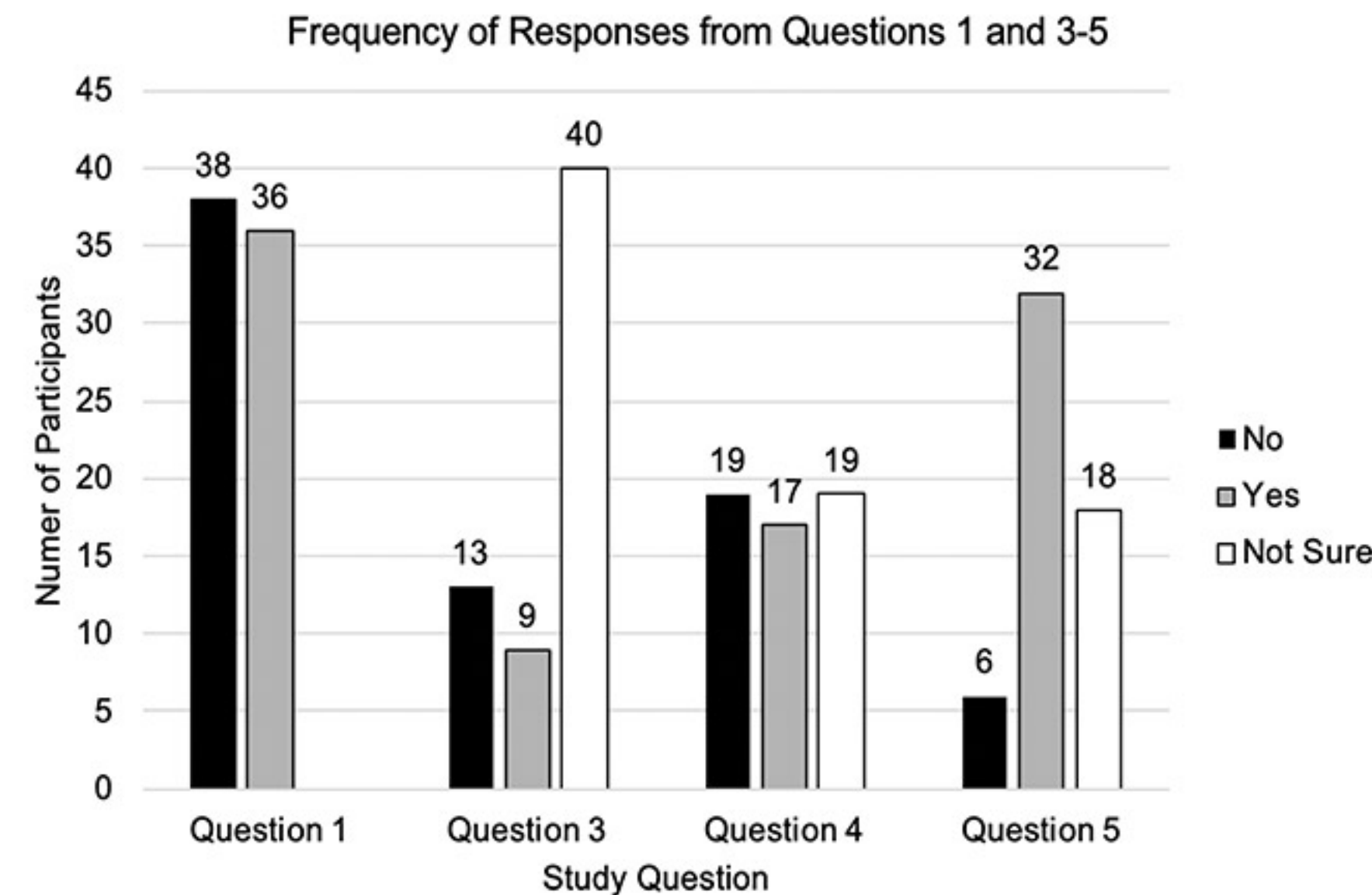
- Participants and Procedures:** Graduate students in Clinical Psychology Ph.D. programs ( $N = 74$ ) completed an anonymous Google survey that was sent via the Society for a Science of Clinical Psychology (SSCP) listserv
  - Survey intended for SSCP program development, IRB review and informed consent were not required
  - No identifying participant information was collected
- Measures:** Participants were asked:
  - Five study-specific questions related to the current process for accessing mental health services within their graduate program
  - One open-ended question about resources that would be most helpful to address gaps in treatment access
- Data Analytic Plan:**
  - For questions 1-5, evaluated the percentage of students who endorsed each response category
  - For question 6, evaluated the qualitative responses utilizing a conventional qualitative analysis approach; categories developed based on the text (Hsieh & Shannon, 2005)
  - Two coders independently reviewed the text and developed categories capturing response themes
  - Categories were double-coded by two independent coders
  - The percentage of responses in each of the developed categories was evaluated

## RESULTS

### Descriptive Analysis Results from Questions 1-5

- Figure 1 displays findings from study questions 1 and 3-5
- On question 2, the majority reported that seeking care 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%,  $n = 22$ )

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? – **51.4% said "No"**  
Question 3: If your program keeps a list of available resources for mental health treatments, is the list up to date? – **21.0% said "No" and 64.5% said "Unsure"**  
Question 4: If your program keeps a list of available resources, are the options affordable? – **34.5% said "No"**  
Question 5: If your program keeps a list of available resources, are there options for empirically supported treatments? – **57.1% said "Yes"**

### Qualitative Analysis Results

- The majority of participants responded to the open-ended survey question regarding specific resource recommendations (52.7%,  $n = 39$ )
- Five categories emerged regarding resources that would assist with treatment access
  - Program-provided list/local resources** ( $n = 22$ ; 56.4%) created and maintained by the graduate programs
  - Financial assistance/ more affordable options** ( $n = 19$ ; 48.7) for seeking care
  - De-stigmatizing help-seeking** ( $n = 8$ ; 20.5%) among graduate program faculty
  - Options for **evidence-based/specific orientation** ( $n = 7$ ; 17.9%)
  - Improving accessibility via **Telehealth** ( $n = 5$ ; 12.8%)

## DISCUSSION

- 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)
- Clinical psychology trainees are impacted by unique barriers to MH treatment
  - These barriers may have downstream effects on providing inconsistent quality clinical care and research productivity
- APA may consider top-down efforts encouraging graduate programs to implement initiatives focused on student well-being
  - E.g., requiring plan for addressing student MH as part of self-study required for accreditation
- Such initiatives are critical to support graduate student longevity in the field, improved patient care, overall health, and quality of life

### SPECIFIC RECOMMENDATIONS FOR DCTs

- Development/maintenance of a local resource/provider list that accounts for confidentiality and dual relationships with community providers
- Efforts to inform students about new initiatives that improve accessibility
  - E.g., PSYPACT which gives clinicians the ability to practice across state lines
- Identification of community partners to offer graduate students therapy on a sliding scale fee
- Providing small stipend for graduate student wellness activities
- Partially subsidizing treatment for graduate students
- Provide graduate students with avenues towards local/institutional resources that can help advocate for increased stipend, better insurance, or subsidized MH treatment
- Directly combat stigma associated with help-seeking
  - E.g., Opportunities to discuss self-care, compassion fatigue and burnout, and factors that may indicate a need for MH treatment

### SSCP DEVELOPED RESOURCES

- In response to this survey, the SSCP student committee developed two mental health initiatives to assist graduate students in accessing care
  - A list of national resources to assist students in finding a therapist or relevant self-help materials
  - 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 supplemental materials of this manuscript: <https://psycnet.apa.org/record/2022-60055-001> or upon request (Alexandra.Klein@va.gov)