

# Psychological Difficulties Faced by Mental Health Professionals

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## ABSTRACT

Despite the benefits of a profession in psychology, psychologists face numerous difficulties that are not part of their work description. One study even revealed that psychologists had a higher prevalence of depression than did the general population. The aim was to study the extent to which the mental health professionals face psychological difficulties while providing their services to others. The objectives were to find about the different disorders the mental health professionals suffer from, to study the factors contributing to their difficulties, and to study their own approach towards their own psychological problems. Through the extensive review of several researches, it was indicated that mental health professionals do indeed face psychological difficulties that range from disorders like depression, suicide to burnout and compassion fatigue. However, they become reluctant to seek therapy themselves because of its potential threat to their professional competence. As psychologists' mental health could greatly affect their clients' mental health, it is imperative to increase awareness about the problems they face and incorporate various self-help strategies like utilizing self-care, mindfulness training, and adopting personal coping techniques.

**Key words:** Burnout, Self-care, mental health professionals.

## INTRODUCTION

Providing help and attention to others on a daily basis can be an exacting job. Catering to the other persons needs and alleviating their distress can push the mental health

professionals to put aside their own worries and problems. This can lead to a multitude of psychological challenges faced by them.

A mental health professional is a health care practitioner or a provider of social and human services who gives services with the goal of enhancing a person's well-being or for the treatment of mental disorders. There are a variety of mental health professionals, each having a different role, which usually depends on the state of the client and its intensity.

First are the psychologists, who are experts at diagnosing mental health issues, providing psychotherapy, and conducting psychometric tests. They do not write prescriptions for medicines because they are not medical professionals. Anyone with mental health concerns can receive psychotherapy from psychologists, who can use methods including dialectical behaviour therapy (DBT) and cognitive-behavioral therapy (CBT) (DBT). Psychiatrists, on the other hand, use medications to treat their patients. A psychiatrist's care might also offer general medical assistance.

Some people use the terms "counsellor" and "psychotherapist" interchangeably. Both specialists can provide talking therapy without using any drugs, yet they are different from one another. Counselors are professionals with a master's degree who offer guidance and help to clients with particular issues. In some states, anyone who conducts psychotherapy is entitled to use the title "psychotherapist." It is a general

phrase that covers all talking treatments as well as the many forms of treatment. A psychiatrist or psychologist, for instance, might be trained to offer psychotherapy.

Lastly, A social worker's goal is to uphold each person's rights and welfare. The context will determine how they are used. While some social workers focus on helping people with mental health issues, others provide more case management services. They can assess a person's emotional well-being and apply therapeutic methods to encourage it. For instance, a social worker may work at a mental health facility to offer psychotherapy or assist patients in reintegrating into the community after being released (Kandola, 2020). This research has not only incorporated the above-mentioned mental health professionals, but also those individuals who are training to become one, for example, clinical psychology trainees and students in mental health professions.

### **Psychological Difficulties**

There has been a surging rise in the prevalence of disorders among the entire world, and the professional's providing treatment to these individuals also face from the disorders. These can range from substance use to burnout, which is a state of emotional, mental, and frequently physical weariness, elicited by sustained or recurrent stress. Although issues at work are the primary reason, it can also affect other facets of life, including parenting, providing for others, and sexual relationships. Another prominent difficulty faced by them is compassion fatigue. It pertains to a specific form of secondary stress disorder that develops as a result of empathy for and identification with clients suffering through trauma and emotional turmoil.

Through a study conducted by Patterson-Hyatt (2016), it was found out the lifetime prevalence of mental illness and psychological distress among psychologists was found to fall into the following five categories: psychiatric disorders reported reaching at about 81%, substance use

(primarily ethanol) fluctuating from 1% to 70%, psychological distress falling into 10% to 74%, impairment falling into 4.6% to 63%, and burnout and compassion fatigue found stretching to 80%.

Although depression is the most prevalent mental disorder regardless of age, gender, ethnicity, and socioeconomic background, research on depression in psychologists has gotten less attention than that on the general population. However, as one of the most important mental health care providers, psychologists' mental health may have a significant impact on that of their patients, raising questions about their clinical competence and moral behaviour (Murata, 2010).

If proper self-care is not practised, working therapeutically with clients while dealing with personal challenges may cause stress and burnout for counsellors. The topic of counsellor self-care at difficult times was explored in this small-scale (n=3) in-depth qualitative study by Baker et al., (2021). The results show a lack of knowledge and awareness of the consequences of not practising proper self-care. Each member carried on with their client work while experiencing personal difficulty, taking no time off. The results show the need of including self-care in training and daily practise as a regular process and topic of monitoring.

### **DISCUSSION**

Through extensive research, multiple findings came out which gave answers to the objectives. Through the research of Murata (2010), whose findings showed that psychologists had a higher prevalence of depression than did the general population. Although the majority of psychologists knew about their own depression, others said they weren't, regardless of their level of training. Most of the psychologists either favourably or objectively accepted the diagnosis. Some, however, responded badly to it by exhibiting emotions like embarrassment. Most psychologists who suffered with depression eventually sought

help. However, one-third of the psychologists relied on their own coping mechanisms rather than seeking assistance. A surprising study by Esterhuizen (2006), revealed that contrary to popular belief, a psychologist's profession does not always generate the conditions for depression; rather, a history of depression or a predisposition to depression, which is occasionally exacerbated by other parts of the job, does. Additionally, a psychologist's subjective experience of depression appears to be helpful during the therapeutic process, as the therapist uses this experience to comprehend and support clients in the management of their emotional distress. Suicide is another illness that has held the mental health professionals victim, with a research by Li et al., (2022) stating that suicide rates often exceed that of the general population. Also, Psychologists' lifetime levels of depression and anxiety, the number of traumas they had undergone, and a family history of suicide all indicated higher suicidality. The association between recent anxiety/depression and suicidality and family history of suicide was found to be moderated by resilience, and this relationship was reinforced at higher levels of resilience (Zuckerman, 2017). Not only psychologists, but those studying for the mental health profession have also been found to face challenges. A study by Victor et al., (2021), found that teachers, graduate students, and individuals connected to recognised doctoral and internship programmes in clinical, counselling, and school psychology experienced significant rates of mental health issues (both identified and undiagnosed). Nearly half (48%) of respondents said they had been diagnosed with a mental disorder, and more than 80% said they had experienced lifelong mental health issues. The most frequently voiced worries among those with both identified and undiagnosed mental health issues were depression, generalised anxiety disorder, and suicide thoughts or actions. Graduate students were more likely than professors to

endorse both identified and undiagnosed mental health issues, as well as ongoing issues. Clinical psychology trainees are also susceptible to high levels of stress, and excessive stress can have a negative impact on a CPT's personal and professional functioning and lead to less-than-optimal client care standards (Pakenham et al., 2012).

Kumary et al., (2008) did a study that looked at stresses and psychological discomfort. Data from the General Health Questionnaire and a survey on stress were analysed. Three of the stress survey's factors- academic, placements, and personal and professional development- showed high stress scores, but the factor "lack of support systems" did not come as a surprise.

There were found out to be a profusion of studies documenting the burnout mental health professionals face. A study by AlHadi et al., (2022) even found out that burnout was more prevalent than depression and anxiety among MHPs, and that psychiatrists were more likely to suffer from it. The study also discovered that women were more likely to experience depression and anxiety than men. There was also found out to be a significant association found between depression and burnout (McCade et al., 2021).

Emotional exhaustion was the aspect of burnout that applied psychologists highlighted the most (34.48% of studies). The published articles on burnout among applied psychologists frequently used theoretical methodologies. Less control over job activities, working longer hours, spending more time on paperwork and administrative chores, seeing more managed care clients and fewer direct pay customers, and having to deal with more challenging client behaviours were all linked to greater emotional exhaustion. (McCormack et al., 2018). Burnout was also discovered to be highly correlated with social support from family and friends, expectations or views about the profession, and less strongly with changes in expectations over time. Graduate students than practitioners reported much

higher levels of disappointment (Kahill, 1986). Clinical psychologists have mentioned client traits, high workloads, professional self-doubt, and poor management as factors of stress (Hannigan et al., 2004).

Van Morkhoven (1997), studied differences across the three categories of practitioners within a sample of Texas psychologists and psychological associates in addition to the prevalence of burnout among them. (Licensed Psychology Health Care Providers [LPHCP], Licensed Psychologists - Certified Psychologists [LP-CP], Psychological Associates [PA]). It was revealed that compared to either of the other groups, Psychological Associates reported much less personal accomplishment. According to predictors for the entire sample, male practitioners reported considerably higher burnout when compared to their female counterparts, as did younger practitioners and those with low job satisfaction.

As much as crucial it is for the normal population to seek therapy and self care for the psychological problems they face, it is equally as important for the mental health professionals who are providing therapy to seek it themselves. Unfortunately, they are not as certain to go for therapy. A study by Farber (1999), pointed out factors that may hinder with the counseling psychology doctoral students' tendencies to seek professional psychological help for their personal problems. The majority of students had or would be willing to ask for assistance in the future, but many would be hesitant to do so. The study's conclusions include the possibility that psychologists-in-training choose to seek professional assistance only as a last resort and the existence of obstacles, such as cost, accessibility to therapists, and privacy concerns, that prohibit trainees from using psychological services. Training participants are more likely to seek assistance if they have had positive therapy experiences or value it for their personal or professional development. Trainees are more inclined to ask for

assistance if they believe it is customary among their peers. On the contrary, another study by Mahoney (1997), administered an anonymous self-report questionnaire on psychotherapy practitioners to know about their attitudes towards personal therapy. Nearly 90% of participants had received personal treatment, and they all gave it very high average ratings for value. The most often voiced worries about personal counselling were related to price and accessibility.

Godfredsen (2004), found out that among a group of 152 psychologists, psychiatrists and students in mental health professions, where 95% of them had experienced mental health problems, 84% of respondents had at some point undergone psychotherapy, and 57% had occasionally used psychotropic drugs. The study also examined their comfort with disclosure of use of psychotropic medication and psychotherapy, and concluded that in professional settings, the mean comfort disclosure rating was much higher for disclosure of psychotherapy than for disclosure of use of psychiatric medication. Compared to psychiatrists or students, psychologists reported much fewer worries and unpleasant experiences with relation to disclosure. Additionally, it was discovered that women were substantially more inclined to tell their friends, coworkers, and superiors about their involvement in psychotherapy.

Other common barriers that have prevented psychologists from obtaining appropriate and efficient mental health care were: limited insight, a lack of education and prevention strategies, the need to keep psychological distress private, institutions of psychology's lack of support for the distressed psychologists, the use of reactive rather than preventive interventions, the absence of two evidence-based studies on psychologists' distress, as well as remedial interventions (Patterson-Hyatt, 2016).

It has also been indicated that factors influencing willingness to seek individual treatment were found to be number of children, years in private practise, number

of client contact hours per week, gender, marital status, religion, occupation, and practise location (Normal et al., 1994).

### **Future Implications**

Despite of their discomfort and reluctance with the idea of going to therapy themselves, there are various ways that need to be implemented by mental health professionals to alleviate themselves from the many psychological problems they experience. Mindfulness training, which is the psychological process of focusing all your attention on the experiences within and around you and being in the present moment, has been found to be a helpful way for MHPs to cope with their difficulties. A study by Dorian et al., (2014), even revealed that training in mindfulness can benefit women psychotherapists-in-training as they handle the stresses of graduate school, and as therapists, in addition to benefiting their future therapy clients.

Given the significance of psychological services to the general population, it is essential to protect psychologists' competence and well-being throughout their professional careers. Effective self-care is a constant professional focus and activity that psychologists must engage in to ensure that their clients receive the quality treatment they require (Wise et al., 2016). A study by Rupert et al., (2015), gave a thorough analysis of how self-care helps working psychologists lower their risk of burnout and improve their quality of life. According to these findings, self-care is most successful when done proactively as a preventative technique to lessen stress and, as a result, prevent the progression to harmful outcomes like burnout and enhance positive outcomes like life satisfaction. Additional research evaluating the relative contributions of various self-care practises to well-being outcomes points to the importance of life balance, cognitive awareness, and daily balance for psychologists' personal and professional functioning.

Another study by Shapiro et al., (2007), also supported mindfulness as an important self care strategy to help them i.e., mindfulness-based stress reduction (MBSR). Study participants who participated in the MBSR programme reported significantly lower levels of stress, negative affect, rumination, state anxiety, and trait anxiety, as well as significantly higher levels of positive affect and self-compassion, according to a prospective, cohort-controlled design.

When discussing stress and self-care requirements in the profession, it is important to recognise that: (a) psychology trainees and practising qualified psychologists are two different entities; (b) it is crucial to foster a culture of self-care among psychologists by providing self-care instruction during training; (c) the necessity for psychologists to temper their conclusions from studies on stress and mental health due to the studies' methodological flaws; (d) heeding the recent call from colleagues to move away from a focus on pathology and punishment and toward a positive acceptance, mindfulness, and values-based approach for encouraging self-care among psychologists; (e) the use of a systematic framework for organising the presentation of self-care strategies that makes them more accessible; and (f) a request to professional bodies to take their responsibility in promoting self-care in the profession (Pakenham, 2015).

Norcross et al., (2020), has even offered nine practice-friendly, research-supported self-care strategies to control anxiety and maintain peak performance during the COVID-19 times, as almost every psychologist worldwide has been facing a damp on their mental health. The nine methods were as follows: Limiting Media Intake of COVID-19 Coverage, Maintaining a Schedule or Routine, Catching your own cognitions, Practicing Daily Gratitude, Taking Mindful Moments, Connecting With Your Support System, Prioritizing Nature, Practicing Self-Empathy, and Refocus on Your Mission and Privilege of Practicing Psychology.

**Conflict of Interest:** None

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