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Barriers to Self-Care and Seeking Help Among Mental Health Professionals and Trainees: A Systematic Review

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The aim of this systematic review was to synthesize evidence identifying the barriers mental health professionals and clinicians in training face in both engaging in self-care and seeking help when in need. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. PsycINFO, Web of Science, Scopus, MEDLINE, and Cumulative Index of Nursing and Allied Health Literature databases were searched for articles published between 1990 and June 2024. Inclusion criteria reflected peer-reviewed articles published in English, report of original data where the participant sample targeted mental health professionals or trainees, and examination of barriers to self-care or help seeking. An adapted critical appraisal tool to assess the quality of cross-sectional studies (AXIS) and the Critical Appraisal Skills Programme checklist for qualitative research were used to assess the quality of included studies. The review identified 14 studies ($n = 5{,}422$ participants) that examined barriers to seeking help or self-care. Mental health concerns appeared common among mental health professionals. Reported barriers reflected stigma, concern for confidentiality and career implications, and practical challenges associated with time, the competing demands of the profession, and cost. Barriers and concerns were shared across career stage and profession. The studies reviewed were limited by sampling and methodological issues that may underestimate the problem and miss important barriers or contextual factors associated with help-seeking and self-care behaviors. Improved understanding of the barriers mental health professionals and trainees face in seeking help and engaging in self-care is needed to inform improvements to workplace initiatives and training programs and the promotion of better health and well-being across the workforce.

Public Health Significance Statement
Understanding the barriers mental health professionals face in seeking help is important for safeguarding the workforce. Employers and educators play an important role in building a work culture where mental health professionals feel supported in seeking help and returning to work following periods of distress.

Keywords: clinician, self-care, help seeking, barriers, trainee

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Mental health care is a demanding profession with high rates of stress and burnout (McCormack et al., 2018). Studies conducted in the United Kingdom, Europe, Australia, and the United States have reported significant levels of stress, emotional exhaustion, compassion fatigue, and psychological distress among experienced professionals and trainees working within psychiatry, psychology, and allied mental health fields (e.g., K. O'Connor et al., 2018; Rivera-Kloeppel & Mendenhall, 2023; Rössler, 2012; Tiet et al., 2024; Victor et al., 2022). While it is acknowledged that some individuals are drawn to these helping professions as a function of their own mental health experiences (M. F. O'Connor, 2001), high workloads, challenging work environments, and reductions in government funding and resources (Bettney, 2017; Dattilio, 2015; McCormack et al., 2018; K. O'Connor et al., 2018) place mental health professionals at high risk of stress, psychological distress, and mental health problems, including depression, anxiety, substance abuse, and suicidality (Dattilio, 2015; Kleespies et al., 2011; White et al., 2006). These risks were heightened during the COVID-19 pandemic (Joshi & Sharma, 2020; Ricks & Brannon, 2023; Tiet et al., 2024). International research suggests that there has been a reluctance among health professionals generally to disclose mental illness to colleagues or to seek formal treatment when in need (Bearse et al., 2013; Bismark et al., 2016; Gras et al., 2015; White et al., 2006). A significant proportion of mental health professionals (up to 59%) have reported

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instances when they would have benefited from mental health care but did not seek help (Bearse et al., 2013; Edwards & Crisp, 2017).

The consequences associated with high levels of stress and psychological distress among mental health professionals, particularly if not addressed, are of significant concern. Personal experiences of stress or psychological distress can impact the clinical competence of health professionals by negatively impacting one's ability to effectively apply their knowledge, judgment, and decision-making skills (Almarwani & Alzahrani, 2023; Johnson et al., 2012). Furthermore, untreated illness increases morbidity and mortality (Smith & Moss, 2009); reduces the quality of patient care, including increasing the number of cancelled, late, or missed client appointments (Bearse et al., 2013; Collins & Long, 2003; Sherman & Thelen, 1998; Smith & Moss, 2009); and can damage public perception of, and confidence in, the mental health care industry (Smith & Moss, 2009).

Concerns for the personal and professional consequences of high levels of stress, psychological distress and untreated illness have led researchers, clinicians, and regulatory bodies to lead targeted calls for mental health professionals to promote self-care and look after themselves and their peers (e.g., American Psychological Association, 2009; Bamonti et al., 2014; Berger, 2022; Posluns & Gall, 2020; Wise et al., 2012). Self-care, which includes a range of practices to protect and promote one's own well-being, is important for promoting engagement with work, maintaining health, and preventing illness and is a vital component of clinical competence (Dattilio, 2015; Johnson et al., 2013; Posluns & Gall, 2020). Self-care is also an implicit and explicit foundational competency recognized in many of the codes of conduct for mental health professionals worldwide, including for psychologists in the Australian Health Practitioner Regulation Agency and Psychology Board of Australia (2024) Professional Competencies for Psychologists, the Australian Psychological Society's (2017) Code of Ethics, the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017), and the Canadian Psychological Association (2017) Code of Ethics.

Self-care strategies recommended for mental health professionals include recognizing the importance of peer supports, the need for regular breaks from work, engagement in nonwork or diverse work activities, taking care of one's physical health and fitness, and focusing on the positive aspect of work and home life (Maslach & Leiter, 2016; Posluns & Gall, 2020). Research has supported that engagement in self-care activities is associated with decreased symptoms of depression, anxiety and stress, greater satisfaction with life, and improved delivery of clinical care (Butler et al., 2017; Goncher et al., 2013; Posluns & Gall, 2020; Rupert & Dorociak, 2019; Ryan & Hulac, 2025). There are also noted positive impacts for progress in clinical training programs (Colman et al., 2016; Zahniser et al., 2017) and career satisfaction (Skovholt & Trotter-Mathison, 2016). Additionally, evidence has supported the use of cognitive behavioral therapy techniques, acceptance and commitment therapy, and mindfulness meditation techniques as effective for health professionals and those in training (Dattilio, 2015; Gardiner et al., 2004; Pakenham, 2015).

Despite existing codes of conduct outlining standards for competent practice and evidence for the benefits of seeking help and engaging in self-care, there have been noted difficulties in integrating the promotion of self-care into training and practice (Miller, 2022; Posluns & Gall, 2020). Challenges include an historical focus on self-care and the etiology of stress or distress as the responsibility of the individual, the conceptualization of self-care largely in terms of impairment, and a lack of modeling of self-care behaviors (Miller, 2022). However, more specific investigation of the challenges to implementing self-care from the perspective of individual practitioners is needed to help inform strategies moving forward.

Research within the medical profession has sought to identify barriers associated with disclosure and seeking help. One review of obstacles to seeking psychological help among medical doctors highlighted a combination of complex factors including a lack of help-seeking literacy (knowledge about where to seek help), difficulty in taking time off work, and fears associated with confidentiality, regulatory consequences, and stigma (perceived and self; Brooks et al., 2011). Many of these same reasons are proposed to also explain poor help seeking among mental health professionals; however, further investigation of the specific issues they face is needed. A recent review of disclosure of psychological distress by mental health professionals within the workplace highlighted stigma as a primary concern (Zamir et al., 2022). However, the focus of this review was specifically on prevalence and choices related to disclosure of psychological distress or mental health problems within the workplace, not exclusively associated with seeking help. While a valuable contribution to our understanding of beliefs and experiences related to disclosure of mental health problems or lived experience, which can impact help seeking, disclosure can also be considered for other reasons. Further, the focus specifically on disclosure within the workplace, including disclosures to colleagues and/or supervisors, excludes the examination of barriers to seeking help outside of this context. To inform future research and efforts to improve self-care practices, we need a clear understanding of the specific barriers, fears, and concerns held by mental health professionals in relation to both self-care and seeking help when needed, beyond the workplace.

The aim of this review was to synthesize evidence identifying the barriers mental health professionals and clinicians in training face in both engaging in self-care and seeking help for mental ill-health. This review encompassed a broad conceptualization of seeking help for distress to include any help seeking (formal and informal). Self-care was conceptualized as incorporating any behavior that is identified by the individual as an act of self-care. Barriers to care refer to any experienced and perceived or anticipated barriers to accessing mental health treatment as well as other self-care resources and activities. The definition of mental health professional encompassed any professional who provides mental health services to include psychologists, psychiatrists, social workers, and other mental health service providers. Clinicians in training within these areas were also included by indication of research on students in clinical training programs, as distinct from studies of undergraduate students in psychology. This was to delineate this research from the extensive work conducted on university student mental health more generally. To our knowledge, this review is the first to synthesize research evidence specifically focused on mental health care providers' barriers to care. By establishing the scope of the barriers that mental health professionals (and clinicians in training) face, efforts can more clearly be directed to address their concerns.

Method

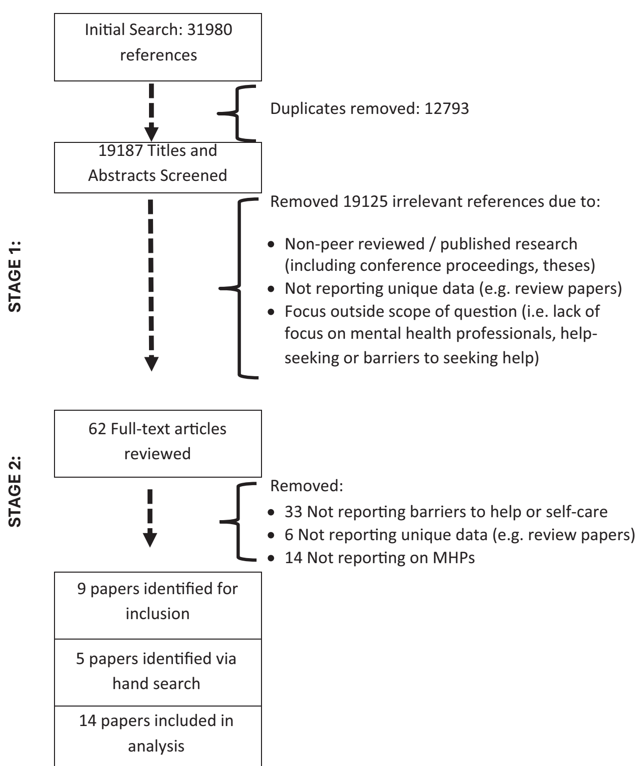
Search and Screening

The current systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and

Meta-Analyses guidelines. The review encompasses research articles published between 1990 and June 2024. The original review (1990–2019) was registered in the International Prospective Register of Systematic Reviews (PROSPERO: CRD42019119566). The review was then updated in 2024 to include articles published from 2019 to June 2024. The literature search was conducted using the following databases: PsycINFO, Web of Science, Scopus, MEDLINE, and Cumulative Index of Nursing and Allied Health Literature. Specific search terms included: professional, clinician, trainee, psych, therapist, counsellor, or counsellor; mental health; barriers, obstacles, challenges, difficulties, issues, facilitators; help, self care or self-care. The initial search yielded 31,980 abstracts, of which 12,793 duplicates were removed. Studies were then screened through a two-stage process. Screening of references was conducted by two researchers, and conflicts were resolved by discussion. Figure 1 shows the screening and selection of included studies.

Stage 1 involved the screening of titles and abstracts using the following inclusion criteria: (a) peer-reviewed journal article, (b) English language publication, (c) report on original data where primary participant sample targeted mental health professionals (encompassing any professional identified as working in a mental health support role) or trainees, and (d) assessment of barriers to self-care or seeking help as an outcome. Stage 1 screening of article titles resulted in the identification of 62 articles potentially meeting the inclusion criteria. The full-text articles of identified articles were then further screened for eligibility (Stage 2). Full-text screening resulted in the removal of 53 articles that were found to not meet the eligibility criteria. Additionally, backward citation chaining was conducted, whereby the reference lists of identified articles were hand searched. Five additional eligible studies were identified using this method (Adams et al., 2010; Dearing et al., 2005; Digiuni et al., 2013; Quartiroli et al., 2019; Walsh & Cormack, 1994). The final 14 articles were included for coding.

Figure 1
Flowchart for Different Stages of the Systematic Review



Note. MHP = mental health professional.

Coding and Analysis

The 14 studies were categorized as either focused on barriers to seeking help ($n = 10$) or barriers to self-care ($n = 4$) and then coded according to the following characteristics: location of study, sample and response rate, and study design. Content analysis was conducted on the reported help seeking and/or self-care behaviors of mental health professionals and the barriers faced. This was conducted separately for help seeking and self-care in recognition of these as different behaviors associated with maintaining health and well-being. Namely, self-care is viewed as a predominantly preventative action, where help-seeking behavior is often a response to distress. One study (Walsh & Cormack, 1994) focused on the attitudes of clinical psychologists to receiving support at work and the associated barriers. We included this article under help seeking as the content more closely aligned with help-seeking behavior than self-care. Data from both quantitative studies (help seeking: $n = 9$, self-care: $n = 1$) and qualitative (help seeking: $n = 1$, self-care: $n = 3$) studies were synthesized and are presented as overall themes relating to the barriers to seeking help and self-care. The methodological quality of included studies was evaluated by the primary author using an adapted critical appraisal tool to assess the quality of cross-sectional studies (AXIS; Downes et al., 2016) and the Critical Appraisal Skills Programme (CASP) checklist for qualitative research (Critical Appraisal Skills Programme, 2018).

Results

Study Characteristics

A summary of the studies included in the review is provided in Table 1. An overview of study characteristics, including details of the samples and methodology employed, is provided below.

Origin and Year of Studies

The majority of the included studies were conducted in the United Kingdom ($n = 5$) and the United States ($n = 5$), two were conducted in Australia. One study combined data collected across the United Kingdom, United States, and Argentina, and one study included participants from North America, Asia, Oceania, and Europe. All studies were published between 1994 and June 2024, where the initial search was restricted to publication post-1990 .

Sample Size and Population

The included studies predominantly comprised psychologists and graduate clinical psychology students ($n = 9$) and psychiatrists ($n = 3$) only. One study (Adams et al., 2010) incorporated a sample of general practitioners (GPs) and psychiatrists. The authors of this article reported to have conducted analyses comparing GPs with psychiatrists, and as there were no significant differences between these occupational groups, they did not report their results separately

Table 1
Studies Reviewed for Barriers to Seeking Help (n = 10) and Barriers to Self-Care (n = 4)

Citation	Participants, location	Sample size (response rate)	Study aim	Measure used to assess barriers	Barriers identified
Barriers to seeking help: quantitative studies					
Adams et al. (2010)	United Kingdom: psychiatrists (compared to GPs)	1,256 (76.6%)	To investigate (a) if despite the many recent campaigns, there remains a high degree of stigma associated with the label of depression within the medical profession; (b) if levels of perceived stigma affect patterns of help-seeking behavior; (c) establishing prevalence data and to compare differences between GPs and psychiatrists	Phrased as hypothetical: "If you felt your health might be suffering due to strain or stress, would any of the following concerns be a reason for you not to seek help?"	Stigma, confidentiality, career implications, and time
Balon (2007)	United States: psychiatrists	567 (68.3%)	To investigate the scope of, and attitudes toward, self-treatment of depression among psychiatrists in Michigan	Phrased as hypothetical: 11 unspecified items on self-treatment for depression	Stigma and career implications
Bearse et al. (2013)	United States: clinical psychologists	260 (52%)	To identify prominent barriers to treatment	Based on experience: "To what degree have the following factors impeded you from seeking personal psychotherapy" (5-point scale; six items)	Stigma, career implications, time, financial, and availability
Dearing et al. (2005)	United States: psychology graduate student members of the American Psychological Association	262 (35.7%)	To learn more about the help-seeking attitudes and behaviors of psychotherapists in training, as well as to investigate the predictors of psychotherapy help seeking for these individuals	Based on experience: 11 items assessing how much each barrier/concern was a consideration in their decision to enter (or not enter) personal therapy	Stigma, confidentiality, time, and financial
Digiuni et al. (2013)	United States, United Kingdom, and Argentina: clinical psychology students	462[a]	To examine the relationship between clinical psychology students' perception of the social stigma attached to receiving therapy and their attitudes toward seeking therapy	Phrased as hypothetical: five-item Social Stigma Scale for Receiving Psychological Help (Komiya et al., 2000)	Stigma
Edwards and Crisp (2017)	Australia: clinicians and clinical students (predominantly psychologists, also including social workers, nurses, and psychiatrists)	98[a]	To (a) conduct a pilot investigation into attitudes toward seeking help and barriers to help seeking reported by Australian mental health professionals; (b) investigate differences in barriers reported by experienced and inexperienced mental health care professionals (i.e., students)	Based on experience: Barriers to Access to Care Scale (Clement et al., 2012)	Stigma, career implications, time, and financial
Hobaica et al. (2021)	United States: doctoral students enrolled in clinical psychology graduate programs	912[a]	To examine mental health status and barriers to mental health care among graduate students, with a particular focus on clinical psychology doctoral students	Based on experience: list of unspecified barriers provided for participants to check how many they had experienced and believed were barriers	Stigma, confidentiality, time, financial, and availability
Tay et al. (2018)	United Kingdom: clinical psychologists	678 (19%)	To assess the prevalence of personal experiences of mental health problems among clinical psychologists, external, perceived, and self-stigma among them, and stigma-related concerns relating to disclosure and help seeking	Phrased as hypothetical: attitudes toward seeking professional psychological help short-form (Fischer & Farina, 1995); stigma (perceived stigma; (Gierk et al., 2013), self-stigma (Skopp et al., 2012); concealment (Link et al., 2002)	Stigma and career implications

(*table continues*)

Table 1 (*continued*)

Citation	Participants, location	Sample size (response rate)	Study aim	Measure used to assess barriers	Barriers identified
White et al. (2006)	United Kingdom: psychiatrists	370 (72.6%)	To investigate the views of psychiatrists on the prevalence of mental illness among their colleagues, their own experiences of mental illness, and their preferences for disclosure and treatment should they develop mental illness	Phrased as hypothetical: nine items created for the study	Stigma, confidentiality, and career implications
Barriers to seeking help: qualitative study					
Walsh and Cormack (1994)	United Kingdom: clinical psychologists	94 (58%)	To ascertain both the attitudes and practices of clinical psychologists toward the receipt of support at work	Based on experience: open-ended questions where respondent was asked to describe circumstances where they would or would not receive support at work, attitudes toward receipt of support at work and experiences	Stigma and career implications
Barriers to self-care: quantitative studies					
El-Ghoroury et al. (2012)	United States: psychology graduate students	387 (14.9%)	To examine stressors, coping strategies, and barriers to the use of wellness activities among psychology graduate students	Based on experience: list of 12 barriers to use of self-care activities "To what extent has each of the following been a barrier or impediment to your use of existing colleague assistance program(s) or self-care activities?"	Time, financial, motivation, self-awareness, stigma, confidentiality, and career implications
Barriers to self-care: qualitative studies					
Breen et al. (2014)	Australia: psychologists and social workers	38 (30.6%)	To investigating the emotional consequences of providing grief support for people affected by cancer	Based on experience: interview protocol included barriers to accessing supervision	Time, financial, and motivation
Martin et al. (2023)	United Kingdom: trainee sports psychology practitioners	18[a]	To understand (a) how neophyte SPPs understand and conceptualize self-care and (b) how neophyte SPPs experience self-care in the context of their professional journey	Based on experience: interview protocol included open-ended questions to elicit participants experience of self-care	Time and self-awareness
Quartiroli et al. (2019)	North America, Asia, Oceania, and Europe: sport psychology practitioners	20[a]	To describe the meaning of self-care and identify the self-care challenges perceived by SPPs, as well as the self-care strategies they have used to counteract these challenges	Based on experience: interview protocol included: reflecting on your entire professional career, what have been the most challenging experiences in regard to self-care? (example question)	Time and self-awareness

Note. GP = general practitioner; SPP = sport psychology practitioners.
[a] Response rate unknown.

by occupation. The decision was therefore made to include this article as a reflection of the barriers faced by psychiatrists. In addition, one study (Edwards & Crisp, 2017), while predominantly psychologists, also included social workers, nurses, and psychiatrists and another (Breen et al., 2014) included psychologists and social workers. Sample sizes ranged from 18 to 1,256 ($Mdn = 316$) across the studies. The 14 studies represented a total 5,422 participants.

Methodology

The quantitative studies ($n = 10$) used survey methods and included standard validated measures or survey items developed specifically for the study. Most qualitative studies ($n = 3$) involved semistructured interviews. One study (Walsh & Cormack, 1994) incorporated both survey methodology using open-ended questions and a feedback session utilizing workshop and focus group design approaches. Half of the studies ($n = 5$) reported barriers to seeking help as relating to one's lived experience, where the other half ($n = 5$) reported barriers based on participants' hypothetical need to seek help in the future. Barriers to self-care were all interpreted as having been reported in the context of participants' lived experience.

Quality Assessment

The methodological quality of included studies was evaluated separately for qualitative and quantitative studies. Quantitative studies were assessed using an adapted critical appraisal tool for the assessment of cross-sectional studies (AXIS). Supplementary Table 1 in the online supplemental materials provides the AXIS summary. Across each of the studies, the aims and objectives were clearly stated and appropriate study design employed, namely survey methodology. All studies used measures that had previously been published or piloted or employed measures developed for the purpose of the study with clear face validity to specifically ask participants about perceived barriers. These were adequately described and appropriate to the descriptive nature of the study aims. While the samples were taken from an appropriate target population, several studies were limited by the recruitment process, which inhibited the likely representativeness of the sample. Further, none of the studies assessed nonresponders so as to inform the representativeness of the final sample and nonresponse bias. However, the limitations associated with response bias and representativeness of the samples are acknowledged within the articles (e.g., Balon, 2007; Bearse et al., 2013; Digiuni et al., 2013; Edwards & Crisp, 2017; Hobaica et al., 2021; Tay et al., 2018). Conclusions drawn from the data presented were appropriate and, with the exception of White et al. (2006), all discussed results in the context of these noted limitations. None of the articles acknowledged any funding sources or conflicts of interest that may have impacted the interpretation of the results.

Qualitative studies were assessed using the CASP checklist for qualitative research (see Supplementary Table 2 in the online supplemental materials for a summary). All studies provided clear study aims and objectives appropriate to the study design, and data collection methods were justified to address a research question of significance. All studies followed clear data collection and rigorous data analysis procedures. The predominant approach was thematic analysis, although a grounded theory approach was taken by Breen et al. (2014). Participant recruitment strategies primarily utilized purposeful and snowball sampling techniques appropriate to the knowledge sought by the study. One study (Walsh & Cormack, 1994) provided limited detail around the recruitment of participants, which makes the assessment of these samples difficult. One of the most significant limitations of the research reviewed is a lack of acknowledgment of the researcher–participant relationship. While Martin et al. (2023) clearly positioned the research approach in the context of the researchers' own professional roles and experience, the remaining studies (i.e., Breen et al., 2014; Quartiroli et al., 2019; Walsh & Cormack, 1994) do not report or reflect on the researchers' role or experience in relation to the collection or interpretation of the data.

Reported Help-Seeking Behavior and Future Intentions

Eight of the included studies reported participants' past behavior and/or future intentions to seek help if experiencing distress. Highlighting the lived experience of many mental health professionals, 22%–62.7% of participants across five of the studies (Adams et al., 2010; Edwards & Crisp, 2017; Hobaica et al., 2021; Tay et al., 2018; White et al., 2006) reported having experienced a mental health problem at some point in their lives, while a further three studies (Bearse et al., 2013; Dearing et al., 2005; Digiuni et al., 2013) reported 48%–86% of participants as having received personal therapy at some point in their lives. Most recently, Hobaica et al. (2021) found approximately 17% of their sample of clinical psychology students reported current moderate to severe symptoms of depression and 23% reported moderate to severe anxiety symptoms. In addition, El-Ghoroury et al. (2012) found that approximately 70% of psychology graduate clinical students in their study had experienced a "personal or professional challenge that interfered with their optimal functioning" since commencing their clinical graduate study (p. 127). Several studies also collected data pertaining to the types of stressors experienced. These included the inherent emotional and psychological demands of the job (i.e., compassion fatigue) for psychologists (Bearse et al., 2013; Breen et al., 2014; El-Ghoroury et al., 2012), poor work–life balance, financial and academic stress, family and relationship pressure, and professional isolation reported by clinical students (El-Ghoroury et al., 2012). Hobaica et al. (2021) also found that clinical psychology students identifying from minority groups, including LGBTQ+ and ethnic minorities, experienced higher rates of mental health concerns than the general student population.

Many of the studies highlighted positive attitudes and intentions toward disclosure and seeking help for mental health issues. Three studies (Adams et al., 2010; Edwards & Crisp, 2017; White et al., 2006) specifically examined preferences for seeking help in the event of a need. Disclosure and informal help seeking from family and friends were strongly endorsed across the studies (58.5%–89.9%), followed by GPs (59.2%–66%) and other formal help-seeking from colleagues or another mental health professional (13.8%–70.4%). For psychologists (Tay et al., 2018), past experience of disclosure or seeking help was associated with more positive attitudes toward seeking help and a preference toward seeking help from family and friends. However, despite overall positive intentions toward seeking help, approximately 5%–9% of participants reported that they would not seek help from anyone. More substantively, in consideration of past behavior, surveys of psychologists and clinical psychology students by Bearse et al. (2013), Edwards and Crisp (2017), Hobaica et al. (2021), and Tay et al. (2018) found that between 16% and 59% of participants reported a time that they had not sought help for distress despite recognizing a need.

Self-medication was also highlighted in studies on psychiatrists. White et al. (2006) reported almost 20% of psychiatrists would choose self-medication as a first treatment preference for moderate depression, while Balon (2007) reported that 28% would consider self-medicating for mild/moderate depression. Reflecting past behavior, Balon (2007) also reported that 15.7% of their participants (psychiatrists) had treated themselves for depression and similarly; Adams et al. (2010) reported 7.4% of their sample as having self-prescribed antidepressant medication.

Finally, the severity of distress was highlighted as an important consideration in seeking help. In Edwards and Crisp (2017), while 88.8% of participants (predominantly psychologists) reported that they would seek help if experiencing distress or mental illness, 81.7% of the sample reported that the level of distress would need to be moderate to severe before they would consider seeking help. Differences by the severity of distress were also reported by Balon (2007), whereby 20.4% of psychiatrists endorsed informal treatment for oneself from a friend/peer for mild/moderate depression, and 31.5% endorsed the same informal treatment in the case of severe suicidal depression. Similar substantial differences were also seen in the endorsement of self-medication (14.3% would self-medicate for mid/moderate depression vs. 3.6% for severe suicidal depression) and for seeking treatment from an unknown psychiatrist, whereby only 29.4% endorsed seeking help for mild/moderate depression compared to 60.6% in the case of severe suicidal depression (Balon, 2007). These findings support the need for further investigation into the basis for these attitudes and the barriers experienced to seeking help.

Barriers to Seeking Help

The most frequently mentioned barriers to seeking help for mental distress reflected stigma, closely followed by concern for confidentiality and career implications associated with disclosing a mental health issue. Practical barriers associated with work and workload, including time, financial cost, and access to appropriate services were also identified.

Stigma as a Major Challenge

Reported as a barrier within all studies, stigma appeared to be a common concern for mental health professionals. Although the type of stigma was not specified in all studies, expressions of stigma among psychologists encompassed both perceived and self-stigma, feelings of shame, concern for the negative impact on one's self-image, and a fear of being judged (Edwards & Crisp, 2017; Tay et al., 2018). Across the studies, 22%–72% of participants indicated stigma either had (reflected in past experience) or would (reflected in case of hypothetical future need) prevent them from seeking help for their own distress. Stigma was also cited as both a major fear associated with potential disclosure and a reason for not disclosing existing or past mental health problems by psychologists and psychiatrists (Tay et al., 2018; White et al., 2006) and influenced psychiatrists' reported preference to self-treat or medicate (Balon, 2007). In Walsh and Cormack (1994), the stigma and fear associated with being a client were discussed in terms of the increasing workloads psychologists face, resulting in perceptions that time spent on oneself is self-indulgent or reflecting a failure on their behalf (Walsh & Cormack, 1994). Similarly, Edwards and Crisp (2017) reported a belief among psychologists, social workers, nurses, and psychiatrists that mental health professionals should be able to cope with or solve the problem on their own, which had prevented participants from seeking help. The cross-cultural comparison of clinical psychology students conducted by Digiuni et al. (2013) highlighted the potential complexity of stigma as a barrier and the need to consider cultural influences and context. They found that the association between perceived social stigma and attitudes toward seeking psychotherapy was moderated by nationality, such that greater stigma reflected a barrier for English and American students but was not a significant predictor for Argentinean students.

Career Implications and Confidentiality

Extending from the reports of personal stigma, a number of participants, from the professions of psychology and psychiatry, reported concerns regarding confidentiality and the potential for negative career implications resulting from the disclosure of mental ill-health or distress because of perceived stigma in mental health professions. These concerns included fear of the impact of seeking help on professional reputation and career progression, implications for insurance, and mandatory reporting requirements.

Specific concerns regarding confidentiality associated with seeking help within the industry were reflected across four studies, including psychiatrists reflecting on a hypothetical future need (Adams et al., 2010; White et al., 2006) and clinical psychology students reflecting on actual past experiences (Dearing et al., 2005; Hobaica et al., 2021). These concerns were held by half to two-thirds (50%–67%) of respondents and were specifically cited as impacting the potential treatment preferences (White et al., 2006) and as an issue driving self-medication among psychiatrists (Adams et al., 2010). White et al. (2006) found that confidentiality, above quality of care, was "overwhelmingly the most influential factor" in determining a potential avenue for psychiatrists' support. Similarly, Hobaica et al. (2021) found that the majority of clinical psychology students in their study reported that having practicum students, including those from their program, potentially working at their university clinic was a significant barrier to receiving care. This concern for confidentiality and dual relationships was most significant for later-year students compared to those in their first year of a clinical graduate program. Interestingly, Dearing et al. (2005) found that graduate psychology students who rated confidentiality as a concern were actually more likely to seek help. However, they proposed that this may be explained by concerns regarding confidentiality becoming most salient when faced with need and do not discount this as an important factor to consider in the promotion of help-seeking behavior.

Extending these concerns further, the implications of disclosed mental ill-health on career progression were reported by 14%–70% of participants across four of the studies (Adams et al., 2010; Edwards & Crisp, 2017; Tay et al., 2018; White et al., 2006). Despite acknowledgment that lived experience can be of benefit in clinical practice, clinical psychologists reported concern that seeking personal psychotherapy would affect their professional reputation and job security (Bearse et al., 2013; Walsh & Cormack, 1994), and clinicians and trainees across the mental health professions expressed belief that they would be discriminated against when applying for jobs (Adams et al., 2010; Edwards & Crisp, 2017). This high level of perceived stigma was also implicated as a reason

for psychologists having not disclosed current or past mental health problems to anyone (Tay et al., 2018) and was associated with individuals indicating to be less likely to seek help in future (Adams et al., 2010; Edwards & Crisp, 2017). Reflecting a concern for formal processes and reporting, Balon (2007) found that 40% of psychiatrists were concerned about disclosure of mental ill-health and seeking help, resulting in a permanent record on their insurance. Similarly, in Edwards and Crisp (2017), 57% of mental health professionals (and trainees) reported that Australian Health Practitioner Regulation Agency (AHPRA) mandatory reporting guidelines, that require that the agency be notified if a practitioner is experiencing impairment (physical or mental) that is likely to detrimentally affect their ability to practice, would prevent them from seeking help, and 64% would not disclose distress because of concern for the consequent repercussions to their careers.

Practical Barriers

Finally, practical concerns associated with time and financial constraints were identified as both a past barrier and potential future barrier to seeking help when in need (Adams et al., 2010; Bearse et al., 2013; Dearing et al., 2005; Edwards & Crisp, 2017; Hobaica et al., 2021). Edwards and Crisp (2017) found over three-quarters of mental health professionals or trainees reported difficulties associated with taking time off work as having "stopped, delayed, or discouraged them from getting, or continuing with, professional care" (p. 220). Similarly, Hobaica et al. (2021) found that 74% of clinical psychology students had experienced a lack of time as a barrier to seeking help. Bearse et al.'s (2013) study of clinical psychology graduates also indicated time constraints were experienced as a greater barrier for younger psychologists and those who were more junior (less experience) and that female practitioners to were more likely to report difficulties associated with time. Extrapolating the context for which time is a barrier, Adams et al. (2010) highlighted that psychiatrists were specifically concerned that because of a lack of replacement/locum cover, taking the time to seek help for their own well-being if needed would mean letting down colleagues or patients. As a result of feeling they were unable to take time off work, they were then more inclined to self-prescribe antidepressant medications if needed (Adams et al., 2010).

Finances and the affordability of services were also reflected in studies of both professionals and clinicians in training based on lived experience (Bearse et al., 2013; Dearing et al., 2005; Edwards & Crisp, 2017; Hobaica et al., 2021). Hobaica et al. (2021) reported two-thirds of clinical psychology students (66%) cited finances as having been a barrier to seeking help from mental health services. A lack of financial resources to facilitate formal help seeking was reported as greatest for younger psychologists and those who were more junior (less experience; Bearse et al., 2013; Dearing et al., 2005; Edwards & Crisp, 2017). Bearse et al. (2013) also found female clinical psychologists reported greater difficulties associated with a lack of finances. Like the issues raised with confidentiality, Dearing et al. (2005) found that indicating cost of services as a barrier was associated with a greater likelihood of seeking help in their sample of clinical psychology students. However, this was proposed to be a function of cost likely being a more salient issue when faced with needing to seek help.

A final practical consideration reported by Bearse et al. (2013) and Hobaica et al. (2021) referred to difficulty finding an acceptable psychotherapist. Related to the themes of stigma and confidentiality, participants highlighted having experienced concerns regarding dual relationships and the challenges associated with accessing an appropriate psychotherapist. Bearse et al. (2013) found this to be the most significant barrier faced by their sample of clinical psychologists. Illustrating that these types of barriers may emerge through experience in the profession, Hobaica et al. (2021) also found students in their first year of a clinical psychology graduate program reported significantly fewer barriers to care than students in their later years of study.

Barriers to Self-Care

Explicitly noted in two of the studies focused on self-care, evidence indicated that mental health providers recognized the importance of self-care for one's own health and well-being (i.e., Breen et al., 2014; Martin et al., 2023). Psychologists and other mental health service providers reported their self-care practices to include supervision and the ability to debrief with colleagues, informal social supports, interests and hobbies outside of work that reduce stress and facilitate work–life balance (Breen et al., 2014; El-Ghoroury et al., 2012; Martin et al., 2023), and maintaining a healthy diet and exercise (El-Ghoroury et al., 2012; Martin et al., 2023). Engagement in mindfulness activities was also noted (Martin et al., 2023).

Following the same procedure conducted with the help-seeking literature, barriers to engaging in self-care were extracted from each of the identified studies, collated, and coded into subthemes. Three themes were identified, reflecting similar barriers to those associated with formal help seeking. The barriers reflected the practical constraints associated with time and competing priorities and financial cost, awareness of self-care practices and resources, and feelings of stigma and shame associated with needing support and concerns associated with career implications. The barriers to self-care all relate to participants' actual experience.

Practical Barriers and Competing Demands

Practical concerns associated with time and accessibility of self-care supports were identified across each of the studies, representing the perspectives of psychologists, training or graduate psychology students, and social workers (Breen et al., 2014; El-Ghoroury et al., 2012; Martin et al., 2023; Quartiroli et al., 2019). These concerns reflected both personal barriers to self-care and wellness-promoting activities and systemic obstacles within the industry. Consistent with the studies reporting barriers to seeking help, the intense demands of the employment environment, competing priorities, and an inability to disconnect from work or prioritize time for self-care amidst a busy schedule were significant barriers to self-care (Breen et al., 2014; El-Ghoroury et al., 2012; Martin et al., 2023; Quartiroli et al., 2019). This included the high intensity of clinical training for psychology students (El-Ghoroury et al., 2012; Martin et al., 2023) and family responsibilities for practicing professionals (Breen et al., 2014). Finally, financial constraints were noted by both professional psychologists and social workers and graduate psychology students as impeding self-care activities and compounding the experience of other barriers (Breen et al., 2014; El-Ghoroury et al., 2012).

Awareness of Self-Care Practices and Resources

Awareness of the need for self-care and available resources is an important mechanism underpinning effective self-care and was

highlighted as a barrier by psychologists and psychology graduate students in three of the studies (El-Ghoroury et al., 2012; Martin et al., 2023; Quartiroli et al., 2019). This was reflected as both a lack of awareness and minimization of one's needs for self-care (El-Ghoroury et al., 2012; Quartiroli et al., 2019). El-Ghoroury et al. (2012) and Martin et al. (2023) also identified insufficient awareness of available resources and a lack of promotion for wellness and self-care activities to be a deficit in the training and professional development of graduate students in psychology.

Stigma and Career Implications

Consistent with the barriers to seeking formal help, El-Ghoroury et al. (2012) highlighted the potential for perceived stigma, shame, and embarrassment to prevent participation in wellness and self-care activities among graduate psychology students. Privacy and confidentiality were reported by almost a third of the graduate psychology students, particularly for self-care in the form of supervision. These students were concerned about known engagement in wellness activities for self-care being associated with a loss of professional status and fear of licensing board actions.

Discussion

This review aimed to synthesize the existing research examining mental health professionals' help-seeking and self-care behaviors to highlight reported barriers experienced. Predominantly representing the perspectives of psychiatrists, psychologists, and clinical psychology graduate students, the findings from our review suggest mental health concerns are common among mental health professionals. However, limited research has investigated professionals' own self-care activities and help-seeking behavior and the barriers they face to engaging in wellness promotion activities and seeking help when in need. From the studies reviewed, many mental health professionals cited positive intentions to seek help if experiencing distress; however, actual behavior and endorsement of formal help-seeking varied. Primary barriers reported for self-care and help-seeking activities reflected stigma, concern for confidentiality and associated career implications, and practical barriers associated with time and the competing demands of these professions, finances, and training in self-care. Our findings highlight that barriers and concerns around seeking help are not limited to the specific career stage or to types of mental health practitioners. Concerns relating to stigma and confidentiality, as well as practical barriers, were all reported in samples of both clinical students and practicing clinicians. The results support the need for future research to better understand and address these concerns.

Stigma within the profession appeared to be of greatest concern to psychologists and psychiatrists, and those in clinical training, and was reported as having impacted past help-seeking behavior (Bearse et al., 2013; Dearing et al., 2005; Edwards & Crisp, 2017; Hobaica et al., 2021; Walsh & Cormack, 1994) and well as driving hypothetical future behavior (Adams et al., 2010; Balon, 2007; Digiuni et al., 2013; Tay et al., 2018; White et al., 2006). Perceptions that help seeking and self-care activities are self-indulgent and reflect individual weakness or failure are consistent with previous research examining both the barriers other medical professions face in seeking treatment (Brooks et al., 2011) and experiences of disclosure of mental illness beyond the help-seeking literature (e.g., Bailey et al., 2024; Zamir et al., 2022). These perceptions extended to concerns for confidentiality and a fear of career implications. Adams et al. (2010) found that doctors (including psychiatrists) who had experienced depression reported the highest level of perceived stigma based on their history. In order to address stigma as a barrier, further research would benefit from more detailed exploration of the type of stigma (i.e., self-stigma and perceived public stigma) experienced by mental health professionals and an examination of what may be most influential to their own help-seeking behavior. The reported fear for career implications following a need to seek help is an important area to address. Regulatory guidelines, such as the AHPRA guidelines referred to in Edwards and Crisp (2017), are not intended to prevent help seeking for distress by imposing consequences for such actions. The function is to protect the public from risk of harm, specifically relating to concern associated with impairment, intoxication while practicing, significant departure from accepted professional standards, and sexual misconduct (Australian Health Practitioner Regulation Agency and Psychology Board of Australia, 2024). Any misconceptions relating to such mandatory reporting guidelines need to be addressed through clinical training programs and professional development.

For self-care, prioritizing time for oneself appeared to be a significant challenge, across mental health professionals. Mental health care is demanding, and it is evident that with many mental health professionals balancing work demands with competing priorities for training and professional development and family responsibilities, there is little time for their own self-care (Breen et al., 2014; El-Ghoroury et al., 2012; Martin et al., 2023; Quartiroli et al., 2019). While this may be perceived as being of most relevance to early career and trainee clinicians, with trainee sports psychology practitioners in Martin et al. (2023) themselves perceiving that their self-care practices would become easier with age and experience, broader research has indicated that even experts with a high level of knowledge of self-care report comparably low levels of engagement in self-care practice (Quartiroli et al., 2022). While longitudinal examination of self-care behavior and the role of training and work environment are needed to examine how barriers may change across a career, this is another area that warrants attention. Professional development and training modules focused on addressing the importance of self-care in the context of the competencies for mental health professionals are needed.

The research reviewed also highlighted that a lack of training and awareness in self-care was a major barrier to engaging in self-care activities. The need for greater promotion of self-care and help-seeking behavior was specifically evident in research on psychologists and clinical psychology students. Educators also play an important role in creating work environments where mental health professionals feel safe in their disclosure and are supported to return to or continue work following periods of distress. For example, Dearing et al. (2005) found that more positive faculty attitudes toward seeking help when in need were both directly and indirectly related to positive student attitudes to seeking help. Similarly, Digiuni et al. (2013) found that when faculty were perceived to hold positive attitudes toward clinicians seeking psychotherapy, clinical psychology students in Argentina and the United Kingdom reported more positive attitudes toward seeking help. Research examining the disclosure of mental health difficulties more generally during training has also suggested that the explicit

provision of permission to disclose, by faculty, enhances student disclosure and help seeking (Bailey et al., 2024). By more explicitly integrating theoretical and practical instruction on self-care activities and associated benefits throughout training, and emphasizing self-care as a core competency and component of practice, we may see the change in culture that is needed (Johnson et al., 2014; Miller, 2022).

Beyond training, workplaces have a responsibility to similarly foster an openly supportive environment where people feel comfortable engaging in self-care, disclosing their need for support and accessing services when required (Collins & Long, 2003). At an industry level, regulatory bodies, via codes of conduct and regulatory guidelines, must continue to emphasize the importance of self-care for professional competence and career longevity (Bamonti et al., 2014; Quartiroli et al., 2022; Zahniser et al., 2017). We know that engagement in self-care activities is associated with improved well-being both when training (Zahniser et al., 2017) and as practicing clinicians (Rupert & Dorociak, 2019; Ryan & Hulac, 2025). Placing a focus on the importance of self-care provides a framework for both workplaces and training providers to reinforce health-promoting activities.

Through addressing broader cultural change, we may also address some of the practical challenges that mental health professionals face, including the affordability and availability of appropriate services and time constraints. Specifically for psychologists and clinical psychology students, the availability of affordable and accessible services was raised as a concern. It has been suggested that free or low-cost strategies need to be promoted (El-Ghoroury et al., 2012); however, where these strategies involve the use of counseling centers within university settings, consideration of policies for the storage of clinical records is needed to address trainee concerns. Indeed, a review of policies around confidentiality and referral processes in this context may also be considered to address the confidentiality concerns raised more broadly (White et al., 2006). This appears to be a specific concern for psychiatrists, psychologists and clinical psychology students.

Limitations

While the review provides important insights into the challenges mental health professionals face, further research is required. Sampling issues were highlighted as a limitation of much of the included research. Many of the studies used convenience or snowball sampling procedures, which impacted the representativeness of the samples. This is perhaps most evident in the wide range in the reported prevalence of lived experience of a mental health problem (22%–62%), which likely reflects a response bias in some studies. There is also a need to consider the likely nonresponse of psychiatrists who hold preferences for self-medication and not seeking help, which may point to an underestimation of the problem in some contexts (Balon, 2007). Despite the broad scope of the review to include any professional or trainee identified as working in a mental health support role, the included studies also predominantly reflected the perspectives of psychiatrists, psychologists, and clinical psychology graduate students, highlighting the limited scope of exploration in this area. Only one study of help-seeking behavior included social workers and nurses working in a mental health capacity (Edwards & Crisp, 2017); however, this study did not delineate unique concerns by profession. Similarly, the studies on barriers to self-care were predominantly limited to psychologists. Further exploration of the challenges faced across mental health professions is needed to strengthen recommendations for appropriate supports in this area.

The studies reviewed were limited in the self-report and cross-sectional nature of the data that relied on retrospective accounts of past help-seeking behavior or proposed actions for hypothetical future need. The existing research has also largely focused on formal help-seeking behavior and not examined differences in barriers that may exist based on the type of formal help seeking or in comparison to informal sources of help. The scope of measures to assess barriers to seeking help or engaging in self-care is also inconsistent. Only one study (Edwards & Crisp, 2017) used a validated scale to broadly assess barriers (the Barriers to Access to Care Evaluation; Clement et al., 2012), with the remaining quantitative studies either targeting stigma specifically (e.g., Digiuni et al., 2013; Tay et al., 2018) or developing a list of barriers for the purpose of the research, to which participants could endorse. With limited detail regarding the development of these items, and the capacity for open-ended responses, we raise the limitation that this methodology may both direct and limit the range of responses that a participant may provide, and consequently, important barriers may be missed. Similarly, concepts such as stigma require operationalization to allow for clarification of the specific type of barrier experienced.

Similarly, we highlight that the concept of self-care was largely self-defined by the participants within the studies and as such differences in the understanding of self-care make comparisons between studies difficult. Without clear conceptualization within the studies, a lack of participant understanding of the meaning of self-care and scope of self-care practices may limit and bias the barriers reported. Specifically, within some studies, self-care practices were reported to include formal supervision. This may blur the lines with help-seeking activities and offer different barriers compared to lifestyle activities such as maintaining hobbies outside of work and a healthy diet and exercise. Research in this area would benefit from defining the scope of self-care practices in the context of investigating the barriers that individuals face so that greater specificity can be reported and recommendations then made for how barriers may be targeted. It was also recognized that some of the noted barriers may be associated with specific avenues for seeking help, particular self-care strategies, or the context of the stressor (Bearse et al., 2013; El-Ghoroury et al., 2012). This complexity has not been explored in the literature. Finally, we acknowledge that by focusing on the concept of self-care, we may have omitted the examination of barriers to specific activities that would be considered as self-care (e.g., barriers to engaging in physical activity) that have not been specified as such in the published literature.

Conclusions

This review has highlighted that despite good mental health literacy being a fundamental component of the role, mental health professionals report a number of barriers to seeking help and self-care that mirror those reported for general community populations. Understanding these barriers and challenges in the context of the mental health professions is vital for improving worker health and productivity, ensuring community protection and improving service delivery across the workforce. The limited and fractured nature of the research presents a challenge for the conclusions that can be drawn at this time; however, it appears evident that self-care should more

explicitly be incorporated into training and professional development opportunities. Further research is needed to more clearly identify the scope and impact of the barriers faced by mental health professionals, across different work contexts, when considering the need to seek help for their own mental health and well-being from a range of both formal and informal sources.

References

Adams, E. F., Lee, A. J., Pritchard, C. W., & White, R. J. (2010). What stops us from healing the healers: A survey of help-seeking behaviour, stigmatisation and depression within the medical profession. *International Journal of Social Psychiatry*, *56*(4), 359–370. https://doi.org/10.1177/0020764008099123

Almarwani, A. M., & Alzahrani, N. S. (2023). Factors affecting the development of clinical nurses' competency: A systematic review. *Nurse Education in Practice*, *73*, Article 103826. https://doi.org/10.1016/j.nepr.2023.103826

American Psychological Association. (2009). *An action plan for self care*. https://www.apaservices.org/practice/good-practice/Spring09-SelfCare.pdf?_ga=2.118495631.729014244.1648722972-2068617354.1648722972

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. https://www.apa.org/ethics/code

Australian Health Practitioner Regulation Agency and Psychology Board of Australia. (2024). *Professional competencies for psychologists*. https://www.ahpra.gov.au/documents/default.aspx?record=WD23%2F32537&dbid=AP&chksum=nrm1%2FMn4vf6%2Bfx7poWRgew%3D%3D

Australian Psychological Society. (2017). Ethical guidelines for managing professional boundaries and multiply relationships. In *Ethical guidelines, complementing the APS code of ethics* (14th ed., pp. 127–134).

Bailey, A., Tickle, A., & Sabin-Farrell, R. (2024). 'Isn't it mad that we're all psychologists and we can't talk about our feelings?': A mixed-methods study exploring trainee clinical psychologists' experience of (non) disclosure of psychological distress during training. *Clinical Psychology & Psychotherapy*, *31*(1), Article e2941. https://doi.org/10.1002/cpp.2941

Balon, R. (2007). Psychiatrist attitudes toward self-treatment of their own depression. *Psychotherapy and Psychosomatics*, *76*(5), 306–310. https://doi.org/10.1159/000104707

Bamonti, P. M., Keelan, C. M., Larson, N., Mentrikoski, J. M., Randall, C. L., Sly, S. K., Travers, R. M., & McNeil, D. W. (2014). Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology*, *8*(4), 253–260. https://doi.org/10.1037/tep0000056

Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, *44*(3), 150–157. https://doi.org/10.1037/a0031182

Berger, I. (2022). Seeking mental health support as a psychiatrist. *Australian & New Zealand Journal of Psychiatry*, *56*(9), 1055–1056. https://doi.org/10.1177/00048674221104403

Bettney, L. (2017). Reflecting on self-care practices during clinical psychology training and beyond. *Reflective Practice*, *18*(3), 369–380. https://doi.org/10.1080/14623943.2017.1294532

Bismark, M. M., Mathews, B., Morris, J. M., Thomas, L. A., & Studdert, D. M. (2016). Views on mandatory reporting of impaired health practitioners by their treating practitioners: A qualitative study from Australia. *BMJ Open*, *6*(12), Article e011988. https://doi.org/10.1136/bmjopen-2016-011988

Breen, L. J., O'Connor, M., Hewitt, L. Y., & Lobb, E. A. (2014). The "specter" of cancer: Exploring secondary trauma for health professionals providing cancer support and counseling. *Psychological Services*, *11*(1), 60–67. https://doi.org/10.1037/a0034451

Brooks, S. K., Gerada, C., & Chalder, T. (2011). Review of literature on the mental health of doctors: Are specialist services needed? *Journal of Mental Health*, *20*(2), 146–156. https://doi.org/10.3109/09638237.2010.541300

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(4), 416–424. https://doi.org/10.1037/tra0000187

Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists* (4th ed.). https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf

Clement, S., Brohan, E., Jeffery, D., Henderson, C., Hatch, S. L., & Thornicroft, G. (2012). Development and psychometric properties the Barriers to Access to Care Evaluation scale (BACE) related to people with mental ill health. *BMC Psychiatry*, *12*(1), Article 36. https://doi.org/10.1186/1471-244X-12-36

Collins, S., & Long, A. (2003). Working with the psychological effects of trauma: Consequences for mental health-care workers—A literature review. *Journal of Psychiatric and Mental Health Nursing*, *10*(4), 417–424. https://doi.org/10.1046/j.1365-2850.2003.00620.x

Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology*, *10*(4), 188–197. https://doi.org/10.1037/tep0000130

Critical Appraisal Skills Programme. (2018). *CASP Qualitative Checklist* [online]. https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals: A review and practitioner guide. *Australian Psychologist*, *50*(6), 393–399. https://doi.org/10.1111/ap.12157

Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of psychological help seeking in clinical and counseling psychology graduate students. *Professional Psychology: Research and Practice*, *36*(3), 323–329. https://doi.org/10.1037/0735-7028.36.3.323

Digiuni, M., Jones, F. W., & Camic, P. M. (2013). Perceived social stigma and attitudes towards seeking therapy in training: A cross-national study. *Psychotherapy*, *50*(2), 213–223. https://doi.org/10.1037/a0028784

Downes, M. J., Brennan, M. L., Williams, H. C., & Dean, R. S. (2016). Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). *BMJ Open*, *6*(12), Article e011458. https://doi.org/10.1136/bmjopen-2016-011458

Edwards, J. L., & Crisp, D. A. (2017). Seeking help for psychological distress: Barriers for mental health professionals. *Australian Journal of Psychology*, *69*(3), 218–225. https://doi.org/10.1111/ajpy.12146

El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology*, *6*(2), 122–134. https://doi.org/10.1037/a0028768

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychologial help: A shortened form and considerations for research. *Journal of College Student Development*, *36*(4), 368–373. https://doi.org/10.1037/t05375-000

Gardiner, M., Lovell, G., & Williamson, P. (2004). Physician you can heal yourself! Cognitive behavioural training reduces stress in GPs. *Family Practice*, *21*(5), 545–551. https://doi.org/10.1093/fampra/cmh511

Gierk, B., Murray, A. M., Kohlmann, S., & Löwe, B. (2013). *Measuring the perceived stigma of mental illness with Stig-9: A re-conceptualisation of the perceived-devaluation-discrimination-scale*. Retrieved June 14, 2016, from https://commons.wikimedia.org/wiki/File:STig9.pdf

Goncher, I. D., Sherman, M. F., Barnett, J. E., & Haskins, D. (2013). Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The mediational role of self-care utilization. *Training and Education in Professional Psychology*, *7*(1), 53–60. https://doi.org/10.1037/a0031501

Gras, L. M., Swart, M., Slooff, C. J., van Weeghel, J., Knegtering, H., & Castelein, S. (2015). Differential stigmatizing attitudes of healthcare

professionals towards psychiatry and patients with mental health problems: Something to worry about? A pilot study. *Social Psychiatry and Psychiatric Epidemiology*, *50*(2), 299–306. https://doi.org/10.1007/s00127-014-0931-z

Hobaica, S., Szkody, E., Owens, S. A., Boland, J. K., Washburn, J. J., & Bell, D. J. (2021). Mental health concerns and barriers to care among future clinical psychologists. *Journal of Clinical Psychology*, *77*(11), 2473–2490. https://doi.org/10.1002/jclp.23198

Johnson, W. B., Barnett, J. E., Elman, N., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist*, *67*(7), 557–569. https://doi.org/10.1037/a0027206

Johnson, W. B., Barnett, J. E., Elman, N., Forrest, L., & Kaslow, N. J. (2013). The competence constellation model: A communitarian approach to support professional competence. *Professional Psychology: Research and Practice*, *44*(5), 343–354. https://doi.org/10.1037/a0033131

Johnson, W. B., Barnett, J. E., Elman, N., Forrest, L., Schwartz-Mette, R., & Kaslow, N. (2014). Preparing trainees for lifelong competence: Creating a communitarian training culture. *Training and Education in Professional Psychology*, *8*(4), 211–220. https://doi.org/10.1037/tep0000048

Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Asian Journal of Psychiatry*, *54*, Article 102300. https://doi.org/10.1016/j.ajp.2020.102300

Kleespies, P. M., Van Orden, K. A., Bongar, B., Bridgeman, D., Bufka, L. F., Galper, D. I., Hillbrand, M., & Yufit, R. I. (2011). Psychologist suicide: Incidence, impact, and suggestions for prevention, intervention, and postvention. *Professional Psychology: Research and Practice*, *42*(3), 244–251. https://doi.org/10.1037/a0022805

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, *47*(1), 138–143. https://doi.org/10.1037/0022-0167.47.1.138

Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. C. (2002). On describing and seeking to change the experience of stigma. *Psychiatric Rehabilitation Skills*, *6*(2), 201–231. https://doi.org/10.1080/10973430208408433

Martin, D. R., Quartiroli, A., & Wagstaff, C. R. (2023). A qualitative exploration of neophyte sport psychology practitioners self-care experiences and perceptions. *Journal of Applied Sport Psychology*, *35*(5), 874–896. https://doi.org/10.1080/10413200.2022.2046659

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, *15*(2), 103–111. https://doi.org/10.1002/wps.20311

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause (s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology*, *9*, Article 1897. https://doi.org/10.3389/fpsyg.2018.01897

Miller, A. E. (2022). Self-care as a competency benchmark: Creating a culture of shared responsibility. *Training and Education in Professional Psychology*, *16*(4), 333–340. https://doi.org/10.1037/tep0000386

O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, *53*, 74–99. https://doi.org/10.1016/j.eurpsy.2018.06.003

O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice*, *32*(4), 345–350. https://doi.org/10.1037/0735-7028.32.4.345

Pakenham, K. I. (2015). Investigation of the utility of the acceptance and commitment therapy (ACT) framework for fostering self-care in clinical psychology trainees. *Training and Education in Professional Psychology*, *9*(2), 144–152. https://doi.org/10.1037/tep0000074

Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling*, *42*(1), 1–20. https://doi.org/10.1007/s10447-019-09382-w

Quartiroli, A., Etzel, E. F., Knight, S. M., & Zakrajsek, R. A. (2019). Self-care as key to others' care: The perspectives of globally situated experienced senior-level sport psychology practitioners. *Journal of Applied Sport Psychology*, *31*(2), 147–167. https://doi.org/10.1080/10413200.2018.1460420

Quartiroli, A., Wagstaff, C. R., & Thelwell, R. (2022). The what and the how of self-care for sport psychology practitioners: A Delphi study. *Journal of Applied Sport Psychology*, *34*(6), 1352–1371. https://doi.org/10.1080/10413200.2021.1964107

Ricks, D., & Brannon, G. E. (2023). "It's real. It's a thing:" Mental health counselors' listening exhaustion during COVID-19. *Qualitative Research in Medicine & Healthcare*, *7*(2), Article 11261. https://doi.org/10.4081/qrmh.2023.11261

Rivera-Kloeppel, B., & Mendenhall, T. (2023). Examining the relationship between self-care and compassion fatigue in mental health professionals: A critical review. *Traumatology*, *29*(2), 163–173. https://doi.org/10.1037/trm0000362

Rössler, W. (2012). Stress, burnout, and job dissatisfaction in mental health workers. *European Archives of Psychiatry and Clinical Neuroscience*, *262*(S2), 65–69. https://doi.org/10.1007/s00406-012-0353-4

Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice*, *50*(5), 343–350. https://doi.org/10.1037/pro0000251

Ryan, A. M., & Hulac, D. M. (2025). The relationship between self-care behaviors and depression and anxiety symptoms in school psychology graduate students. *Contemporary School Psychology*, *29*(1), 136–144. https://doi.org/10.1007/s40688-024-00498-4

Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, *29*(1), 79–85. https://doi.org/10.1037/0735-7028.29.1.79

Skopp, N. A., Bush, N. E., Vogel, D. L., Wade, N. G., Sirotin, A. P., McCann, R. A., & Metzger-Abamukong, M. J. (2012). Development and initial testing of a measure of public and self-stigma in the military. *Journal of Clinical Psychology*, *68*(9), 1036–1047. https://doi.org/10.1002/jclp.21889

Skovholt, T. M., & Trotter-Mathison, M. (2016). *The resilient practitioner: Burnout and compassion fatigue prevention and self-care strategies for the helping professions* (3rd ed.). Taylor and Francis. https://doi.org/10.4324/9781315737447

Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice*, *16*(1), 1–15. https://doi.org/10.1111/j.1468-2850.2009.01137.x

Tay, S., Alcock, K., & Scior, K. (2018). Mental health problems among clinical psychologists: Stigma and its impact on disclosure and help-seeking. *Journal of Clinical Psychology*, *74*(9), 1545–1555. https://doi.org/10.1002/jclp.22614

Tiet, Q. Q., Brooks, J., Patton, C., Brownstein, B., & Mixon, T. J. (2024). Specific stressors linked to functional outcomes in psychology doctoral students. *Training and Education in Professional Psychology*, *18*(4), 350–358. https://doi.org/10.1037/tep0000481

Victor, S. E., Devendorf, A. R., Lewis, S. P., Rottenberg, J., Muehlenkamp, J. J., Stage, D. R. L., & Miller, R. H. (2022). Only human: Mental-health difficulties among clinical, counseling, and school psychology faculty and trainees. *Perspectives on Psychological Science*, *17*(6), 1576–1590. https://doi.org/10.1177/17456916211071079

Walsh, S., & Cormack, M. (1994). 'Do as we say but not as we do': Organizational, professional and personal barriers to the receipt of support at work. *Clinical Psychology & Psychotherapy*, *1*(2), 101–110. https://doi.org/10.1002/cpp.5640010207

White, A., Shiralkar, P., Hassan, T., Galbraith, N., & Callaghan, R. (2006). Barriers to mental healthcare for psychiatrists. *Psychiatric Bulletin*, *30*(10), 382–384. https://doi.org/10.1192/pb.30.10.382

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice*, *43*(5), 487–494. https://doi.org/10.1037/a0029446

Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology*, *11*(4), 283–289. https://doi.org/10.1037/tep0000172

Zamir, A., Tickle, A., & Sabin-Farrell, R. (2022). A systematic review of the evidence relating to disclosure of psychological distress by mental health professionals within the workplace. *Journal of Clinical Psychology*, *78*(9), 1712–1738. https://doi.org/10.1002/jclp.23339

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