

A Paradox in the Field: Mental-Health Disorders Among Psychologists

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It's been estimated that at least one third of the population will experience mental disorders and difficulties in their lifetimes, from anxiety to depression. Those affected can be helped by people working in applied fields of psychological science, such as clinical psychology, counseling, or school psychology. But what do we know about the prevalence of mental-health difficulties among psychological scientists themselves—that is, among the same professionals who seek to understand and alleviate suffering in others due to mental disorders?

To speak about mental health among psychologists and paths for future research, APS member Sarah Victor, a clinical psychologist and professor at the Texas Tech University, joined APS's Ludmila Nunes. Victor was the lead author in two recent articles published in *Perspectives on Psychological Science* that explored the [rates of mental-health difficulties in faculty and trainees in applied psychological science](#) and [how the lived experience of these difficulties might be leveraged to improve these fields](#).

Unedited Transcript:

[00:00:11.670] – Ludmila Nunes

Nationally representative data suggest that at least one third of the population will experience mental disorders and difficulties, from anxiety to depression, in their lifetimes. Those affected by these mental health difficulties can be helped by people working in applied fields of psychological science such as clinical psychology, counseling, or school psychology. But what do we know about the prevalence of mental health difficulties among these same professionals who seek to understand and alleviate suffering due to mental disorders in others? This is *Under the Cortex*. I am Ludmila Nunes with the Association for Psychological Science. To speak about mental health among psychologists. I have with me APS member, clinical psychologist and professor at the Texas Tech University, Sarah Victor. Dr. Victor was the lead author in two recent articles published in *Perspectives on Psychological Science*. These articles explored the rates of mental health difficulties in faculty and trainees in applied psychological science and how the lived experience of these difficulties might be leveraged to improve these fields. Welcome to *Under the Cortex*.

[00:01:32.830] – Sarah Victor

Thank you so much for having me. I really appreciate the opportunity to talk about these projects.

[00:01:38.770] – Ludmila Nunes

I thought these projects, these two articles were really interesting. So to start, I would like you to explain what you set out to study and why did you decide to study this?

[00:01:51.490] – Sarah Victor

Yes. So psychological science, particularly in clinical counseling and school psychology researchers have spent a long time trying to characterize mental health difficulties and disorders in different populations, in different communities and even in different professions. And one area that's been sort of lacking is really selfstudy a sense of what are we experiencing within the field. We've got research on mental health difficulties in MDS and in firefighters and in police officers, but what about the psychologists themselves? And when you start having conversations about these experiences, what often has come up for me and for some of my co authors is a real sort of concern about even mentioning these experiences, about how they'll be perceived by others in the field. And it seems to be sort of a paradox almost that we as a field talked a lot about how important it is to understand these experiences and to try to decrease the stigma that surrounds a lot of these experiences. And yet often when you're talking among professionals, there's this sense that we don't talk about, that we don't have those problems, we're somehow immune. And when I started to dig into the literature, I really discovered that there was a big gap here in just kind of the basic understanding of what these experiences are like in our field.

[00:03:28.340] – Sarah Victor

There's been some research looking at how often folks attend therapy during their training, but that can

be a little bit different than mental health problems. Some psychology training programs actually require people to attend their own therapy even if they don't have mental health difficulties. So that was really what kind of motivated these projects was just this sort of sense that we need to hold ourselves to similar standards or similar areas of inquiry, that we hold other fields.

[00:03:59.300] – Ludmila Nunes

Exactly. So what did you do? How did you study these things? You noticed that there was a gap in the literature and you set out to actually do something about it.

[00:04:08.240] – Sarah Victor

Yes. So the fortunate part about clinical counseling and school psychology in North America is that there are accrediting bodies, APA in the US. And CPA in Canada. And as a result, we have a comprehensive list to be able to say these are all of the accredited programs. So we knew what the population was that we were drawing from. And so we really strove to develop a sampling strategy that would allow us to get the most representative sample possible. So we created a database of every program's website which is all publicly available and created a standardized way to gather contact information off of those websites for faculty and trainees. We ended up with, I think, a little under 9000 email addresses. And then we sent out an advertisement for the study. And we made sure that the description of the study didn't say we're seeking people with mental health difficulties because, as you know, we're trying to have as unbiased of a sample as possible. We said the study was looking at development of research and clinical interests, which it was in addition to some of these other questions. And so we sent that out in the first part of 2021, in winter 2021, and got a little under, I believe, 2000 respondents total.

[00:05:36.970] – Sarah Victor

And then we were able to start analyzing the data and diving in.

[00:05:40.990] – Ludmila Nunes

So you surveyed participants about their experiences with mental health difficulties?

[00:05:46.670] – Sarah Victor

Yes.

[00:05:47.770] – Ludmila Nunes

Did you specify which ones would count as a mental health difficulty?

[00:05:53.110] – Sarah Victor

Yeah, that's a very good question. We tried to do the assessment a couple of different ways. So we asked people very broadly have you ever had a mental health difficulty? Yes or no? And we didn't

define that for people. We let people define that for themselves. The benefit of that approach is that we know that there are mental health difficulties that don't necessarily map onto a specific diagnosis. So, for instance, thoughts of suicide would certainly be considered a mental health difficulty but isn't always experienced in the context of a diagnosis. And not everyone has the ability to access a professional diagnostic assessment. So we wanted that broad question. But then we also realized there are some limits to that. Your way of defining a difficulty might be different than my way of defining a difficulty. So we also asked have you ever been diagnosed with a mental health condition by a professional, yes or no? And then if people said yes to either of those questions, we asked a lot of follow ups about specific types of difficulties, specific diagnoses, things like that. And we found over 80% of respondents said yes to that broad mental health difficulties question, and a little under half said yes to the diagnosis by a professional.

[00:07:11.110] – Ludmila Nunes

Sorry to interrupt you, but how does it compare with the rates in the population?

[00:07:15.850] – Sarah Victor

That's a very good question. So overall rates are pretty similar to what we find from large epidemiological studies that assess lifetime prevalence of any mental health condition. And we saw that the most common conditions, depression and anxiety, are also what we see commonly in broad surveys of the general public. The area where we see some differences is what we would often sort of define or refer to as, quote unquote, severe mental illness. So things like psychotic disorders, personality disorders, we tended to see a little bit lower prevalence than you find in population studies.

[00:07:56.770] – Ludmila Nunes

That makes sense. I was also wondering, so you tested faculty and students. Do you find differences between those two groups?

[00:08:09.100] – Sarah Victor

Yes. So on average, graduate students were more likely to report difficulties or diagnoses than faculty. And on average, among those who reported any kinds of difficulties, the graduate students tended to report more recent difficulties, more impairment indices of greater severity. Now, it's important to know that even though the rates are different, the rate in faculty is still quite high. We saw grad students, the rate was about 90% for difficulties, and faculty was about 70%. So they're significantly different. But it's not as though faculty is zero. But we did see those distinctions.

[00:08:51.130] – Ludmila Nunes

I know this is probably just speculative, but also speaking to your experience, do you think these differences might reflect generational differences, or do they have to do possibly with the nature of graduate school, the pressures that graduate school usually creates?

[00:09:10.170] – Sarah Victor

Great question. And we spent a lot of time as the authors really kind of talking about and thinking about what to make of this difference. And my hunch, as is, I think the case in a lot of psychological sciences, it's probably a combination of things. So one thing we know is that there are age effects and cohort effects for mental health conditions. Younger people are more likely to say that they've had a mental health difficulty than older people. So that could be part of it. It could be that graduate school is acutely stressful, and so people are more likely to have mental health difficulties when they're filling out our survey. And so it might be more salient to say yes compared to maybe a faculty member who's been well for a long time and is reflecting on some past experience. I think there's also generational effects just in terms of support for folks with mental health difficulties in education, being able to make it to the level of PhD training. And then there's likely also selection effects in terms of who becomes a faculty member, who either wants to be a faculty member or is able to become a faculty member.

[00:10:18.410] – Sarah Victor

And so I think there's probably a lot of intersecting factors there.

[00:10:22.920] – Ludmila Nunes

Do you see any opportunities for future research in this area?

[00:10:27.230] – Sarah Victor

Yes. I think one of the really impactful things would be to study longitudinally what is happening for graduate trainees and even going earlier to undergraduate trainees. To high school students who have mental health difficulties. Following them throughout their training. And then doing a more thorough assessment for folks who either stay on the academic track. What allowed them to do that. Or for those who pursue other opportunities. Why that was. Was that because the mental health difficulties became too big of an obstacle? Was it because of facing discrimination or stigma? Was it because folks just didn't want to be in academia? Which is also a perfectly fine decision to make. So I think there's a lot of open questions that longitudinal research could really dig into.

[00:11:18.470] – Ludmila Nunes

So understanding these trajectories and how they might influence career decisions and how people evolve. And this takes me to your other article. There is basically a commentary on this one in which you research the landscape of mental health difficulties, which is how can being more aware of those difficulties help and be leveraged to help others?

[00:11:46.760] – Sarah Victor

Yeah, so I think really appreciate the colleagues who are willing to sign on to the commentary because I think there's this recognition that we needed the empirical data, we needed to be able to say we did a representative study and this is what we're seeing. But then the sort of next step of questions is how do we put faces to that experience and how do we move that conversation forward beyond just an anonymous survey and to be able to say we're folks that other people see as successful or tenure track or tenured. Have been successful in publishing in great journals and receiving research funding and we live

with mental health difficulties or psychopathology as we refer to it in that article. And so I think there's a benefit there to saying these are our experiences and these are some of the barriers we've noticed. Here are some of our thoughts about what to do about that, but really hoping to start a bigger conversation, acknowledging that the authors of that paper, we all have our own biases and experiences and privileges. Not to say that those recommendations are the end all, be all, but to say this is a place for this conversation to start.

[00:12:59.650] – Ludmila Nunes

You mentioned barriers, barriers to seeking treatment and barriers to be open about experiencing these difficulties. Do you want to tell us more about you?

[00:13:10.490] – Sarah Victor

Sure. So, in terms of the barriers to seeking treatment, I think there's both sort of the typical barriers that many people face and then there's some unique barriers related to being in an applied psychology program. So certainly many, many people experience barriers around access to care, financial barriers, barriers around stigma, knowing what kinds of care that is available to them, geographic limitations, things like that. And then when we think about kind of training environments, there's some added layers. So first, we know graduate school stipends tend to not be particularly high. Oftentimes folks are attending graduate training far away from their social support networks. They've moved to a new place. And particularly for folks involved in clinical training, many of the treatment sites in their local area may also be places that they train as practica students, for instance. So I know one of the big issues when I was a graduate student was that the places in our community that had sliding scale fees or reduced fees were often the places where either we ourselves or our friends were getting their training. And so there's a concern, well, I don't want to go be a client at this practice if I'm going to see my cohort mate in the waiting room.

[00:14:41.170] – Sarah Victor

And so I think that that's kind of a unique piece. There certainly in terms of barriers for disclosure, I think, again, there's kind of the sort of general barriers around stigma, concerns about negative outcomes like discrimination, as well as this sort of sense in psychology. Psychology is a science. And there is the idea that science is objective. And we know that studying humans and being humans ourselves, humans are not objective. I wish we were, but we're not. And that's true whether or not you have lived experience of a mental health difficulty. But I think often in psychology there's this perception that if you study something that's related to your own experiences that you're somehow going to be biased or not objective more than other people and that that's going to be judged negatively. Maybe your science isn't as good.

[00:15:40.540] – Ludmila Nunes

And I believe there is still that idea that if you're studying a topic that is close to you, somehow it makes you a researcher that's not as good and does not have the right motivations, when it can be precisely the opposite. Because by having your own experience, you can leverage that to better understand the topic.

[00:16:03.030] – Sarah Victor

Right. And we really try to make the point in the commentary that we're not suggesting that personal experience is required to be a good scientist. Of course. Right. There are many, many, many great scientists with all sorts of different backgrounds. But we're really trying to at least say having that personal experience shouldn't be treated as though it's automatically a strike against you. Right. In the same way that we wouldn't say any other aspect of a person's identity means you can't be a good scientist. So that's really where we're trying to kind of change that conversation.

[00:16:38.830] – Ludmila Nunes

And that's very important. Related to this, in that commentary, you also provide a series of recommendations that can help precisely leveraging these experienced mental health difficulties to improve the science. Do you want to speak a little bit about those?

[00:16:56.960] – Sarah Victor

Sure. So when we thought about recommendations, we really thought about them across multiple levels. So kind of the first level is the individual level. What can you do as potentially a person with a mental health difficulty or a person in a position where you might be mentoring or working with people with those experiences, whether or not they're your own experiences as well? So when we talk about disclosure, we really recommend people make those decisions on the basis of their own preferences, their own kind of context. We're not saying that everybody needs to disclose. Certainly in some circumstances, it might not be the ideal professional decision to disclose, but we also want individuals in positions of power to make it so that folks have the opportunity to disclose, if possible. So being clear about where that information might go, modeling what disclosure can look like, if that's relevant to you. Creating supportive environments where it's okay to talk about these things, and where students who are having difficulties or trainees or other faculty know what resources are available to them without having to necessarily, quote, unquote, out themselves to get access to that information. So, making it clear in program handbooks what treatment settings in the community don't overlap with training sites, or who you would contact at the university if you have questions about a leave of absence or something along those lines.

[00:18:31.090] – Sarah Victor

And then, for the broader field, we really think it's important that people continue to build on this research to really gather more data about what these experiences are like and ways in which we can support people with these experiences. So things that, for instance, accrediting bodies require data to be collected from accredited programs, could gathering data on this be included in those sets of surveys and those sets of data that are collected? What do outcomes look like for your students with and without these experiences? So really, it's kind of a multi level set of recommendations.

[00:19:09.670] – Ludmila Nunes

This is fascinating and definitely a very important work. This is Ludmila Nunes with APS, and I've been speaking to Sarah Victor from the Texas Tech University and lead author in two articles on mental

health among applied psychologists. I'd like to thank you for joining me today.

[00:19:31.630] – Sarah Victor

Thank you so much for having me.

[00:19:33.750] – Ludmila Nunes

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