

Barriers to Mental Health Care for Low-Income Clients as Perceived by Counselors

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Abstract

This study aimed to answer the question, “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?” One hundred thirteen counselors were recruited via mass email, completed an online survey, and participated in individual interviews. Using a group concept mapping procedure, participants grouped the data into seven concepts, including barriers due to low income and employment, systemic barriers for clients, obstacles due to trauma, competing needs and priorities, biased approaches, limits to real-world helpfulness of counseling, and negative impacts of systems on and for counselors. The results highlight the importance of identifying and addressing inequities faced by clients living with a low income to increase the accessibility and availability of mental health services for all.

Keywords: Low income, counseling, barriers, challenges, concept mapping

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Access to mental health care is fundamentally a social justice issue. Systemic barriers preventing low-income individuals from receiving adequate care perpetuates inequality and compromise their well-being (Bellerose et al., 2022). The current research is grounded in a social justice framework that recognizes how power, privilege, and socioeconomic factors intersect to create disparities in mental health service access and outcomes. By identifying barriers from counselors' perspectives, this study aimed to document challenges and advocate for systemic changes that promote equitable care.

The social justice perspective guiding this study is particularly relevant when examining how the COVID-19 pandemic has magnified existing inequities in mental health care access and outcomes for vulnerable populations. The pandemic significantly affected the mental health of low-income individuals, worsening their existing vulnerabilities and inequalities (Hall et al., 2022). Those with limited resources faced disproportionate health and economic challenges, showing that crises exacerbate social injustices (Kola et al., 2021). Key factors like financial instability, health fears, parenting, social isolation, and food insecurity contributed to increased anxiety, depression, and stress among low-income populations (Guerin et al., 2021; Mitchell et al., 2022; Thorndike et al., 2021). Additional challenges compounded these economic and social stressors. Food insecurity, in particular, emerged as a significant stressor (Wolfson et al., 2021). Increased anxiety and depressive symptoms were linked to concerns about adequate nutrition (Abdel-Rahman, 2023; McAuliffe et al., 2021), while legitimate fears of infection and inadequate access to healthcare and resources compounded these stressors (Kaniuka et al., 2021).

This study examined these socioeconomic inequities through a social justice lens, recognizing that barriers to mental health care represent systemic failures rather than individual shortcomings. One key barrier to mental health care is the limited availability of counselors who understand diverse cultural and socioeconomic contexts (Fullen et al., 2022; Silas & Seward, 2023). Research on counselors' views regarding effective mental health care for low-income clients highlights the importance of respecting client diversity and acknowledging systemic barriers (Triplett et al., 2024). Systemic barriers, like lack of insurance or financial resources, further complicate access to appropriate mental health services (Lewy et al., 2014; Rami et al., 2022), and navigating these challenges can lead to frustration, hopelessness, or anxiety (Knudsen & Studts, 2010).

In the present study, we asked members of a national counseling and psychotherapy organization about their experiences counseling low-income clients. Specifically, we asked participants: "What have you found to be the least helpful aspects of counseling with clients facing low income?" This research specifically aimed to identify systemic inequities affecting low-income clients seeking mental health support. This study examined inequities in access, service delivery, and the effectiveness of therapy experienced by low-income populations. In addition, the study addressed the adjustments counselors made due to their transition to online service delivery.

Literature Review

Individuals with a low income may face similar socioeconomic challenges, but their experiences are multifaceted and diverse, with some enjoying privileges that others lack. Importantly, many also endure further oppression and discrimination stemming from their intersecting identities, including their age, race, sexual orientation, ability, and size (Collins & Barnes, 2014; Government of Canada, 2021; Sinclair et al., 2024). While counselors' awareness of their values and clients' diverse experiences is crucial for effective therapy, these individual-level considerations must be understood within the broader context of systemic barriers that fundamentally shape access to mental health services for low-income populations.

These systemic barriers manifest in multiple forms across the healthcare landscape. Specifically, obstacles to accessing mental health treatment include not knowing where to go, long wait times, the shortage of professionals, language barriers, inequities due to geography or demographics, and the cost of services not covered by private insurance (Moroz et al., 2020). It also has been suggested (Placzek et al., 2021) that systemic barriers are linked to the inequitable distribution of and access to publicly funded resources and systems (Rami et al., 2022) through strict

program criteria and complicated application processes, which was observed during the pandemic as well (Ballo & Tribe, 2023). Healthcare systems perpetuate power imbalances, disadvantaging low-income clients (Collins & Barnes, 2014; McBain, 2018; Rami et al., 2022). Traditional counseling models rooted in White, middle-class norms can pathologize clients who do not align with middle-class behavioral and communication norms (Kim & Cardemil, 2012).

Beyond systemic barriers, income and class differences are apparent in therapy through clothing, language, and office decorations (Borges & Goodman, 2020; Wolgast et al., 2022). When counselors address client needs, consider structural factors, and manage these differences, clients experience safety and positive outcomes (Juntunen et al., 2022; Kim & Cardemil, 2012; Thompson et al., 2012). Ignoring these differences risks silencing discussions and “recreates the oppressive power dynamics of larger society” (Appio, 2012, p. 156).

A comprehensive framework is needed to understand better these complex dynamics between counselors, low-income clients, and systemic barriers. All of the aforementioned research regarding counselors' work with low-income clients can be viewed through a Multicultural and Social Justice Counseling Competencies (MSJCC) lens, which encompasses domains such as counselor self-awareness, familiarization with clients' experiences and worldview, the counseling relationship, and counseling and advocacy interventions on an intrapersonal, interpersonal, and institutional level (Ratts et al., 2016; Sinclair et al., 2024).

In the counselor self-awareness domain, the research highlights how counselors' attitudes and biases toward low-income clients can negatively impact therapy, as clinicians may view clients as irresponsible for missing appointments while ignoring the chronic stressors and cognitive strain experienced due to income limitations (Appio et al., 2013; Baum et al., 1999; Dougall & Schwartz, 2011). Understanding experiences such as the digital divide, inadequate housing, and healthcare access is crucial for the client worldview domain, as these factors have further affected clients' physical, emotional, and financial well-being during the pandemic (Gerstein & Rami, 2022).

Within the counseling relationship domain, articles from the *Journal for Social Action in Counseling and Psychology* underscore the importance of collaborative strategies that acknowledge power differentials, emphasizing empowerment and social justice approaches with low-income clients (Giriffin & Steen, 2011; Jefferson & Harkins, 2011). For the counseling and advocacy interventions domain, practitioners can enhance their effectiveness by improving their cultural competencies, advocating for systemic change, and supporting clients through targeted interventions and community partnerships (Bhattacharyya et al., 2018; Watkins, 2012), particularly as the pandemic has worsened healthcare inequities and mental health challenges for low-income individuals (Rami et al., 2022). This MSJCC framework provides valuable insight into how counselors' perceptions shape their practice. Counselors' perceptions of “what works” in counseling significantly influence their interventions. Factors such as self-efficacy (Edwin & Fisher, 2023), alignment with client needs (Aslan, 2023), and contextual influences (Oser et al., 2011) contribute to shaping these perceptions and, ultimately, the outcomes of counseling. Agreement between counselors' perceptions and clients' needs is crucial for establishing a therapeutic alliance, which is a key predictor of counseling outcomes (Westergaard, 2013). The current study aimed to identify counselors' perceptions of the barriers and challenges faced by low-income clients following the pandemic to identify solutions and advocate for policy changes to promote greater equity and social justice for these individuals in counseling. Specifically, this study identified counselors' perceptions of barriers to establishing concrete, actionable solutions that could lead to more equitable mental health services for low-income clients.

Methods

Study Design

Group concept mapping, a mixed-methods approach, was utilized. Concept mapping can be categorized as Participatory Action Research (PAR) as it is a collaborative process that considers participants as experts in their

own experiences (Dare & Nowicki, 2019; Kane & Trochim, 2007; Rosas, 2017). It can be used to explore social justice issues, such as that explored in this research, by representing complex relationships between concepts related to disparities and systemic inequalities to better understand and address concerns within a given context (Lyons et al., 2013; Soule et al., 2024). Participants are enlisted to obtain knowledge with the researchers collaboratively and are involved with all research process steps, from data generation to analysis and interpretation (Dare & Nowicki, 2019; Rosas, 2017).

Concept mapping was initially created in the early 1980s by William Trochim at Cornell University for use in program planning and evaluation (Kane & Trochim, 2007) and has since been adopted by social sciences researchers (Rosas, 2017; Trochim, 1989). According to Rosas (2017), Concept mapping has become “widely recognized as a means for capturing the complexity found in social phenomena” (p. 1404). Concept mapping is a mixed-methods research approach, as it utilizes statistical analyses (quantitative) of participants' groupings of statements (qualitative) (Dare & Nowicki, 2019; Rosas, 2017). This approach has been effectively used with diverse samples of individuals, including newcomers (Burgos et al., 2019) and resident youth (Dare & Nowicki, 2019), as well as young adults (Cook & Bergeron, 2019).

Participants

Participants were members of the Canadian Counseling and Psychotherapy Association (CCPA), which has formal training programs and provides counseling services across Canada. The participants were recruited to complete a survey via a mass email advertisement sent to all registered members of the CCPA. They completed an online survey, and at its completion, were asked if they would be interested in participating in an individual interview to gather their in-depth perspectives on barriers experienced when working with low-income clients. Individuals who indicated their interest in participating in a follow-up interview were contacted. A total of 322 individuals previously completed a national survey and indicated their interest in participating in this study. One hundred thirteen of these counselors participated in an individual interview, and twenty-nine counselors were involved in the sorting activity for this study. Participants in the overall sample during the interview phase ranged in age from 24 to 67 years old ($M = 40.08$, $SD = 11.89$) and primarily identified as female (81%) and White (74%). Approximately half the sample was in Ontario (42%), and most had obtained a Master's in counseling or a related field degree (92%). Most participants conducted sessions virtually and in person (75%), had spent 0-5 years in counseling (54%), and spoke only English (67%). Persons who noted more than one racial identity were categorized as mixed race (8%).

Procedure

There are four steps to constructing a concept map (Rosas, 2017; Trochim & McLinden, 2017) including generation, structuring, analysis, and reporting. First, our participants generated responses to specific research questions (Dare & Nowicki, 2019; Rosas, 2017; Trochim & McLinden, 2017) asked during the interviews. Zoom interviews lasted roughly 30-60 minutes, during which participants were asked closed-ended demographic questions and open-ended questions. This study reports on the question: “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?” Counselors were compensated with a C\$50 gift card of their choosing for participating in the interview portion of the study. Research assistants (RA) then transcribed interviews. Each transcription was spot-checked by another RA for accuracy. Researchers reviewed and edited all statements generated by participants for clarity by removing redundant items (Rosas, 2017; Trochim & McLinden, 2017). A final response set containing 85 unique statements was created.

In step two, participants completed a sorting activity. RAs contacted counselors who had completed the interview and expressed their interest in performing the sorting activity. Each willing participant was sent a sorting package containing the responses to the research question via either email or mail. Counselors met individually with a RA using the Zoom platform, with the option to join by phone or Internet to review the instructions and begin the activity. During the sorting activity, participants were asked to sort the statements into groups

and provide labels for all their groupings (Dare & Nowicki, 2019; Rosas, 2017; Trochim & McLinden, 2017). Those who completed the task submitted their responses electronically using a web-based platform. In contrast, those who completed the sorting activity with a paper copy subsequently met with a RA to collect their sorting responses. Counselors were compensated with a C\$100 gift card for completing the sorting activity.

In step three, all groupings were analyzed in GroupWisdom (groupwisdom.tech) to perform multidimensional scaling and cluster analysis (Dare & Nowicki, 2019; Rosas, 2017; Trochim & McLinden, 2017). Multidimensional scaling placed statements as spatial points on a map, with closer points indicating frequent groupings by participants. Cluster analysis was then applied to these points to form clusters, each reflecting an underlying theme. The primary researcher, aided by bridging index values (Trochim, 1989), determined the most suitable number of concepts for interpretation.

In step four, researchers analyzed the data to refine the groupings to a suitable, manageable number that accurately reflected all responses (Dare & Nowicki, 2019; Trochim & McLinden, 2017). The final count of groupings was determined through a qualitative review of the clustered statements to ensure clarity and a quantitative assessment that prioritized lower bridging indices (Brown et al., 2019; Kane & Trochim, 2007a). Additionally, the primary researcher assigned labels to each grouping that encompassed all the labels proposed by participants and themselves (Dare & Nowicki, 2019; Trochim & McLinden, 2017). The combination of the statistical analyses and the refined groupings outlined above culminated in the creation of a graphic representation known as the concept map (Rosas & Kane, 2011).

Results

The map addressing the question “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?” was developed using interviews with Canadian counselors, along with their sorting of the statements. A seven-concept solution best captured an explanation for this research question (Trochim, 1989). The stress value of each statement illustrates how well the final representation of the seven clusters aligns with the original similarity matrix, with lower values representing greater consistency between raw and processed data (Rosas & Kane, 2012). To assess the quality of this analysis, the stress value for the map in this study was 0.26, which was within the acceptable range (0.17 - 0.34; Rosas & Kane, 2012). With this acceptable level of consistency established, 66 unique statements were used in the sorting process (see Table 1). Through this process, seven concepts, as visualized in Figure 1, were identified, including barriers due to low income and employment, systemic barriers for clients, obstacles due to trauma, competing priorities and needs, biased approaches, limits to the real-world helpfulness of counseling, and the negative impacts of systems on and for counselors.

Each statement in Table 1 corresponds to a statement made by the counselors. The distance between statements on the map in Figure 1 reflects how often participants grouped those statements within each concept (Rosas & Kane, 2012). A low Bridging Index of 0.00 to 0.25 indicated that the statement was grouped with other statements closest to it on the map. In contrast, a high Bridging Index of 0.75 to 1.00 indicated that the statement was sorted with other statements across all map regions (Rosas & Kane, 2012). Figure 1 represents statements within concepts with fewer layers that were grouped more often than those with more layers.

Barriers due to low income and employment

Counselors identified two primary challenges when assisting low-income clients after COVID-19: time and space limitations, and resource accessibility and allocation. Specifically, they mentioned that clients struggled to find the necessary time and place for counseling due to demanding work and childcare responsibilities. For example, a participant shared this scenario: “clients work 8, 9, or 10 hours a day and often have to cancel sessions when called into work. As much as they value the sessions, they prioritize their income.” This prioritization of immediate financial needs over mental health care created additional challenges. Access to resources and resource

Table 1

Hierarchical Tree Diagram of Statements and Concepts for “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?”

Barriers due to low income and employment

- Technology access limitations
 - “Don’t have access to technology or aren’t as tech-savvy”
- Work schedule conflicts
 - “Client(s) are working 8-10 hours a day and have to cancel sessions”
 - “Client(s) are working, and they can’t take time off”
- Lack of private spaces
 - “Clients may not have the space, privacy, or comfort for virtual sessions”
- Childcare needs
 - “Client(s) need child care with low-income social determinants of health”
- Inconsistent attendance
 - “Client(s) may not receive the full benefit of counseling”

Systemic barriers for clients

- Restrictive policies
 - “Tight restrictive rules around late arrivals and cancellations”
 - “Overly rigid about session location or type of access”
- Service limitations
 - “Limited number of sessions for very large issues”
 - “Constraints put on by extended health benefit providers”
- Resource gaps
 - “Difficulty accessing other resources”
 - “Social supports are still underfunded”
- Navigational challenges
 - “All the hoops you have to jump through”
 - “Forms they couldn’t read”
- Representation issues
 - “There aren’t a whole lot of racialized or black counseling practitioners”
- Quality concerns
 - “People accessing help from those who aren’t certified”
 - “New counselor every 5 or 10 sessions”

Table 1 continues on page 8

Table 1 continued from page 7

Barriers due to trauma

- Emotional barriers
 - “Hopelessness”
 - “The sense of powerlessness”
 - “Fear of judgment creating barriers”
- Trauma effects
 - “If traumatized, it takes time to feel safe with somebody”
 - “Intergenerational disturbance around attachment and abandonment”
- Social stigma
 - “Shame of seeking specific supports”
 - “Misunderstanding that person hasn’t tried hard enough”
- Complex trauma
 - “Inability to cope with poverty is a symptom of deeper problems”

Competing priorities and needs

- Basic needs focus
 - “Mind is on their next meal or paying rent”
- Present concerns
 - “Hard to focus on underlying issues with so much going on in present”
- Crisis management
 - “Always in crisis mode, no space for personal growth”
- Motivational challenges
 - “Challenge with being motivated”
 - “Compounding issues
 - “Other issues they’re dealing with besides low income”

Biased approaches

- Judgment and assumptions
 - “Assuming things based on income status”
 - “Looking at people as if we understand them based on financial status”
- Privilege awareness
 - “Counselors not aware of their own privileges”
 - “White counselors causing harm with racialized clients”
- Inauthentic practice
 - “Trying to empathize when it’s not genuine”
 - “Changing approach just because they’re in that lower bracket”

Table 1 continues on page 9

Table 1 continued from page 8

- Context failure
 - “Failing to consider context”
 - “Savior complex
 - “Wanting to get people out of low income”

Limits to real-world helpfulness of counseling

- Limited impact
 - “The 2 of us in this room are not actually going to change the situation”
- Unrealistic expectations
 - “Thought record their way out of stress about money”
 - “Unreasonable expectations for people struggling with poverty”
- Communication gaps
 - “Not talking about money, though it’s essential”
- Dismissing priorities
 - “Not focused on what feels biggest to client at that moment”

Negative impact of systems on and for counselors

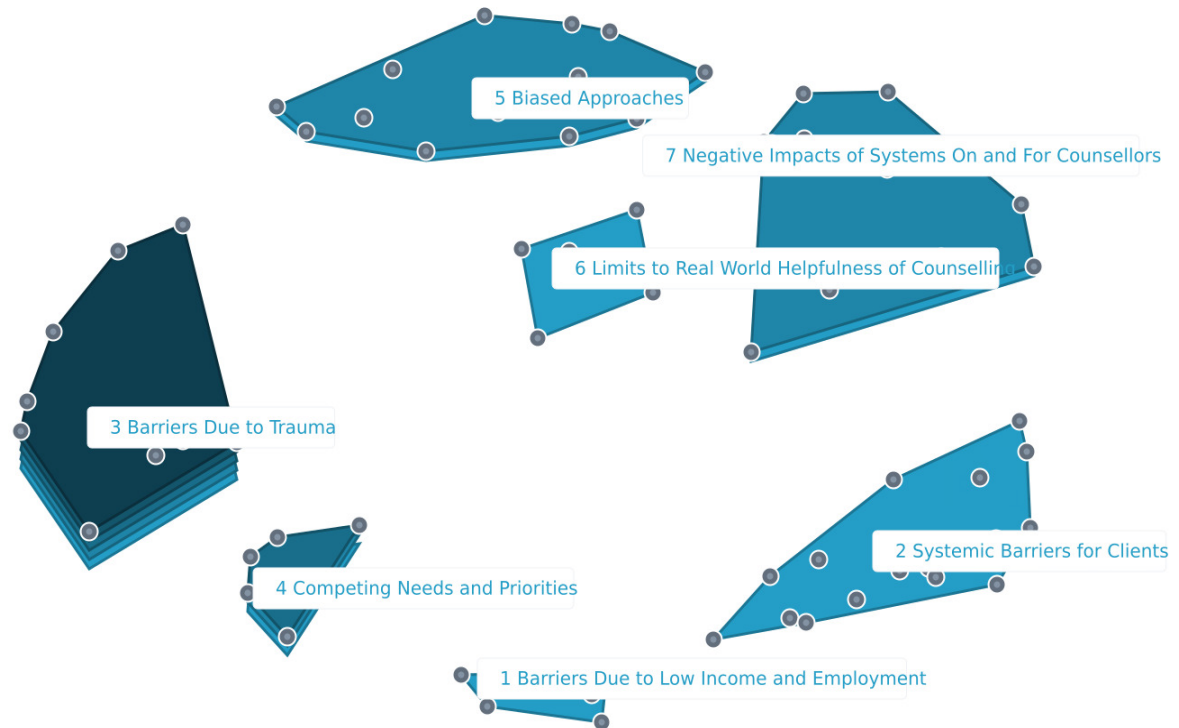
- Unhelpful modalities
 - “Solution focus mode vs. deep work”
 - “Cognitive models unhelpful vs. somatic models”
 - “Problem solving mode not helpful”
- Rigid professional conduct
 - “Unspoken rules of how counseling should operate.”
 - “Others’ judgment of how I run my services”
- Professional limitations
 - “Counseling can’t actually fix their problems”
 - “Recommendations relying on external factors not helpful”
- Internal struggles
 - “Going in with my own agenda”
 - “Not empowered to hold space as wanted”
 - “Emotional burden setting boundaries and rates”

Figure 1

Concept Map for statements: “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?”

Cluster Legend**Layer Value**

1	0.14 to 0.27
2	0.27 to 0.40
3	0.40 to 0.54
4	0.54 to 0.67
5	0.67 to 0.80



allocation was evident as a barrier, as evident by statements such as: “the inconsistency of client(s) attending, they may not receive the full benefit of counseling.” These statements indicated the effect of resource allocation on counselors' ability to work with low-income clients. While individual circumstances can contribute to significant challenges, institutional factors present additional obstacles.

Systemic barriers for clients

It became clear that strict policies, limited access, and scarcity of resources negatively affected counselors' ability to support low-income clients after COVID-19. Specifically, participants noted that their work with these clients was obstructed by highly structured mental health agencies enforcing inflexible policies. The challenges they faced included restrictive counseling formats, strict rules regarding late arrivals and cancellations, rigid requirements about the location of a session, and mandated services—all of which hindered counselors' efforts with low-income clients. One participant observed that there were “tight restrictive rules around late arrivals and cancellations,” while another noted agencies being “overly rigid about session location or type of access.” Beyond policy constraints, limited access and resource scarcity were significant obstacles for counselors working with low-income clients. Issues mentioned included frequent changes in counselors and restrictions in the availability of sessions for complex problems, with participants lamenting the “limited number of sessions for very large issues” and clients getting a “new counselor every 5 or 10 sessions.”

These staffing issues also raised concerns for the counselors about the quality of care provided. Additionally, counselors pointed out that low-income clients often received care from unqualified individuals or lacked access to counselors with diverse racial identities, which diminished the quality of care. These experiences were exemplified in concerns that “people [are] accessing help from those who aren't certified” and “there aren't a whole lot of

racialized or Black counseling practitioners.” Participants also highlighted navigational barriers, noting “all the hoops you have to jump through” and “forms they couldn't read.” Other navigational barriers identified included resource gaps where clients experienced “difficulty accessing other resources” and “social supports [that] are still underfunded.” Beyond systemic obstacles, counselors identified trauma-specific barriers that uniquely affected low-income clients.

Barriers due to trauma

Participants indicated that clients' trauma—both internal emotional struggles and those influenced by external factors—negatively affected their work with low-income clients. They outlined internal challenges such as “difficulty in feeling truly safe with someone” and “the shame associated with seeking specific support.” In addition to these internal struggles, external issues like poverty, intergenerational trauma, and societal stigma also were noted as barriers. Counselors emphasized that distress related to poverty often arose from deeper problems, and public misconceptions about clients' efforts further complicated their work. Related to trauma responses, they also noted how competing survival needs interfered with therapeutic progress.

Competing priorities and needs

Participants indicated competing needs and priorities as challenges when working with low-income clients. Counselors reported that clients' ability to focus was hindered by pressing concerns, as reflected in statements such as: “[the] (client's) mind is on... their next meal... or how they're going to pay their rent.” Compounding issues impacting motivation to change were also identified as a barrier in statements such as: “If client(s) are always in crisis mode, there's no space to work on personal issues, growth, and positive changes.” While client circumstances created barriers, counselors also recognized how their attitudes and assumptions contributed to these challenges.

Biased approaches

Counselors described biased approaches as a barrier when working with low-income clients including assumptions and judgments they made, their lack of awareness, and their personal motivation that influenced the course of therapy. Examples of these assumptions and judgments were: “changing the way you approach counseling with client(s) just because they're in that lower bracket” and “the assumptions, looking at people as if we can understand a person based on their ethnic group or their financial status.” Counselors' motivations were perceived to be challenges, illustrated by “trying to solve the problems when in reality, that's not (their) job” and “a sense of internal pressure to overextend (themselves) when (they are) also facing low income.” Beyond addressing personal biases, counselors grappled with fundamental limitations in the ability of therapy to address structural inequities.

Limits to real-world helpfulness of counseling

Counselors faced challenges due to the limited impact counseling could have on low-income clients' lives beyond therapy. The statements: “unreasonable expectations for people who are struggling with poverty” and “the 2 of us in this room are not going to change the situation” represented these challenges. These challenges were further complicated by communication barriers such as “not talking about money. It's an uncomfortable conversation for myself and other people, but it's so essential.” Counselors identified communication as crucial and a lack thereof, particularly around taboo topics such as income, to be a challenge when working with low-income clients, limiting the effectiveness of their therapy with low-income clients. These challenges were exacerbated by systematic obstacles that also affected the counselors.

Negative impacts of systems on and for counselors

Participants highlighted challenges when working with less socioeconomically attuned modalities and when experiencing rigid standards of professional conduct. Modalities and approaches that counselors thought limited their effectiveness were represented in statements like, “I find cognitive models unhelpful, and my preference is to work with effective somatic models” and “It is so easy to get into the solution-focused mode, and

counseling deep work requires attending to many of them, slowing it down and attuning to the body.” Counselors also reported that having rigid ideals of their roles was unhelpful when working with low-income clients. This rigidity was reflected in statements such as “unspoken rules of how counseling should look.” Personal and professional challenges within systems emerged as well, exemplified by statements like “counseling can't fix their problems” and “the emotional burden of setting boundaries and rates.”

Discussion

This study found that counselors perceived multiple barriers when working with low-income clients after COVID-19. Seven key themes emerged: barriers related to low income and employment, systemic challenges for clients, obstacles stemming from trauma, competing priorities and needs, biased approaches, limitations to the real-world helpfulness of counseling, and negative impacts of systems on and for counselors. These findings underscore the intricate interplay between individual, relational, and systemic factors influencing low-income clients' counseling experiences.

Barriers due to low income and employment

Identifying time constraints, space limitations, and resource accessibility challenges extends the existing literature on social determinants of health (McBain, 2018; Ollerton, 1995; Payandeh, 2023). Our findings revealed how employment demands directly conflicted with therapy schedules, creating situations where clients must prioritize income over mental health support. As one participant noted, clients “work 8, 9, or 10 hours a day and often have to cancel sessions when called into work. As much as they value the sessions, they prioritize their income.” This tension represented a fundamental structural inequity in how mental health services were delivered.

The inconsistency in clients' attendance resulting from the constraints of their employment suggests deeper issues with the allocation and accessibility of resources. Unlike earlier research (McBain, 2018), our study did not discover that travel time and costs associated with counseling were barriers. This discrepancy may reflect the pandemic-driven shift toward virtual counseling sessions, transforming the challenges of accessibility from physical transportation to the limitations of digital access and a lack of private spaces for remote therapy.

Building upon these employment-related challenges, our findings revealed systemic barriers beyond client's individual circumstances. The most prominent systemic obstacles identified by counselors included rigid institutional policies, resource scarcity, and limited access to appropriate services. While employment-related barriers affected individual clients, institutional factors created broader systematic obstacles.

Barriers in the system for clients

This study extends previous research by highlighting how institutional rigidity creates obstacles for low-income clients. While earlier work identified general systemic barriers (Placzek, 2021; Thompson et al., 2015), our findings specifically illuminated how inflexible policies regarding the format of sessions, session cancellations, and the location of services directly undermined the effectiveness of therapy. According to our participants, “tight restrictive rules around late arrivals and cancellations” and agencies being “overly rigid about session location or type of access” demonstrated how institutional structures failed to accommodate the realities of the lives of low-income clients.

Our findings regarding limited access and resource scarcity align with previous research (Moroz et al., 2020; Placzek et al., 2021; Thompson et al., 2015), and adds important nuance about how these limitations manifest in practice—through restrictions in the availability of sessions for complex problems and frequent changes in counselors. The shortage of counseling practitioners with diverse racial identities adds a critical dimension to understanding how systemic barriers intersect with concerns about cultural competence.

While our study confirmed many existing findings linked with navigational challenges and resource gaps, it did not uncover cultural and language barriers or wait times for service to the same degree as previous literature (Ballo & Tribe, 2023; Moroz et al., 2020). This difference likely reflects our focus on counselors' perspectives rather

than client experiences, suggesting the importance of fully incorporating multiple viewpoints to understand barriers to mental health care. Beyond systemic obstacles, our findings revealed trauma-specific barriers that uniquely complicate the therapeutic work with low-income clients.

Barriers due to trauma

A unique contribution of this study was highlighting trauma as a specific barrier for low-income clients accessing counseling services. While existing literature has noted relationships between socio-economic status (SES) and trauma (Baum, et al., 1999; Bradley-Davino & Ruglass, 2008), our findings revealed how trauma affected the therapeutic process both internally and externally. Internal challenges identified by our participants included “difficulty in feeling truly safe with someone” and “the shame associated with seeking specific support,” while external factors encompassed poverty, intergenerational trauma, and societal stigma.

This finding expands on Sharir’s (2017) observation about systemic trauma and stress for low-income individuals, in that our participants noted, clients are “at a disadvantage; it’s just an ongoing trauma and stressor.” By identifying trauma as a distinct barrier category, our study identified the inverse relationship between trauma and SES (Bradley-Davino & Ruglass, 2008), opening new avenues for developing trauma-informed approaches specific to low-income populations. Closely related to trauma responses, counselors shared how clients’ competing needs for survival further interfered with therapeutic engagement

Competing priorities and needs

This study deepens our understanding of how competing needs affect therapeutic engagement by highlighting specific mechanisms through which fundamental survival concerns overshadow psychological growth. Our participants revealed that when a client’s “mind is on... their next meal... or how they’re going to pay their rent,” therapeutic progress becomes secondary to their immediate survival needs. This finding aligns with research that has recognized compounding issues, including emotional, mental, and financial, that low-income clients experience due to competing needs for survival and income versus self-improvement activities such as counseling (McBain, 2018; Smith et al., 2012), and adds specificity about how these competing priorities, as our participants reported, creates a “crisis mode” that leaves “no space to work on personal issues, growth, and positive changes.”

Identifying motivational challenges linked to these competing priorities suggests that traditional therapeutic approaches may need significant adaptation to address the realities of the lives of low-income clients. Rather than viewing motivation as an individual characteristic, our findings suggested it emerged from the interaction between personal factors and structural constraints. While client circumstances create substantial barriers, counselors also recognized how their own attitudes and assumptions contributed to therapeutic challenges.

Biased approaches

Our findings regarding counselor biases align with prior research, highlighting how attitudes and assumptions can hinder the therapeutic process (Lavell, 2014). Our participants noted that “changing the way you approach counseling with a client just because they’re in that lower bracket” revealed how SES could unconsciously shape clinical decision-making, even among well-intentioned practitioners.

This study extended previous work by identifying biases and also some problematic counselor motivations, such as trying as our participants reported “to solve the problems when in reality, that’s not (their) job” and experiencing “a sense of internal pressure to overextend (themselves) when (they are) also facing low income.” Unlike earlier research (McBain, 2018; Thompson et al., 2015; Tucker et al., 2021), our participants did not claim that they lacked training when working with low-income clients. This difference may reflect our smaller sample size and suggested that awareness of biases, rather than specific training deficits, was more salient to our participants. Beyond addressing personal biases, our counselors grappled with fundamental limitations in the capacity of therapy to address structural inequities.

Limits to real-world helpfulness of counseling

The recognition by our participants that “the 2 of us in this room are not going to change the situation” and the concern about “unreasonable expectations for people who are struggling with poverty” demonstrated a sophisticated understanding of how socioeconomic factors constrained therapeutic outcomes.

Our findings about communication challenges, particularly “not talking about money... but it's so essential” as one participant claimed echoed previous research about income disparities between counselors and clients (Appio, 2012; Appio et al., 2013; Lavell, 2014; Thompson et al., 2012). However, unlike Balmforth's (2009) work that highlighted clients' perceptions of counselors' income, our study identified counselors' own awareness of these differences. This distinction illustrated the importance of examining both sides of the therapeutic relationship to understand how socioeconomic factors may affect counseling processes.

This study discovered counselors' recognition of the limited possibility for change as important but also challenging when working with low-income clients. Awareness of being unable to change clients' financial situation reflected a crucial ethical consideration that has not been addressed adequately in the literature. These limitations in therapeutic effectiveness are also compounded by systematic challenges that directly affect counselors, thus indirectly impacting their clients and their work.

Negative impacts of systems on and for counselors

Our findings concerning the limitations of particular therapeutic approaches challenge assumptions in the existing literature. While prior research often recommends solution-focused approaches for low-income clients (McBain, 2018), our participants reported, “I find cognitive models unhelpful, and my preference is to work with effective somatic models” and expressed concerns about brief “solution-focused” models versus deeper processing and self-improvement counseling work. This contrast suggested the need to reevaluate which therapeutic modalities or approaches best serve low-income clients.

The discovery in this study about the barriers created by rigid professional boundaries represents another unique contribution to the literature. Statements by our participants like “unspoken rules of how counseling should look” suggested that professional norms may sometimes conflict with the flexibility needed to serve low-income clients effectively. Similarly, our participants' claims such as “counseling cannot fix their problems” and “the emotional burden of setting boundaries and rates” revealed a gap in the literature that currently focuses on client experiences rather than the challenges counselors face.

Limitations and implications

While this study contributes to understanding barriers to mental health care for low-income clients, several limitations must be acknowledged. The sample was primarily comprised of White female counselors from specific Canadian provinces, potentially limiting generalizability to more diverse practitioner populations, regions, and countries. The relatively small sample size also may not capture the full range of counselors' experiences, and selection bias may have influenced which counselors chose to participate.

Our findings do, however, have implications for counseling low-income clients. First, mental health organizations should reconsider rigid policies regarding the scheduling of sessions, cancellations, and the format of providing counseling to low-income clients' lives. Second, counselors should develop greater awareness of how their assumptions and biases about SES may influence their therapeutic relationships. And third, training programs should incorporate content specifically addressing the unique challenges of working with low-income populations, including trauma-informed approaches that recognize the relationship between poverty and psychological distress.

From a social justice perspective, our findings underscore the need for systemic changes beyond individual therapeutic settings. Policy reforms that address the limitations of insurance coverage, that improve the integration of social services and incorporate initiatives to increase the diversity in the counseling profession would help to lessen these obstacles. Specifically, insurance reform should include coverage for the flexibility in the formats of

sessions, extending the duration of sessions for complex trauma-related issues, and waiving cancellation charges due to employment conflicts. Healthcare policies also should mandate coverage for telehealth services, including measures to promote equitable access to necessary technology and private spaces for virtual sessions.

Further, the integration of social service could be improved with policy initiatives that establish co-located mental health and social service centers, streamline referral processes between agencies, and create shared funding that allows counselors to simultaneously address psychological and material needs. Additionally, workforce development policies should include loan forgiveness programs for counselors serving low-income populations, targeted recruitment and training initiatives for practitioners from diverse backgrounds, and revised licensing requirements that acknowledge alternative pathways to professional competency. By viewing obstacles to mental health care as social justice issues rather than a client's personal failings, the profession can work toward transformative changes that improves equitable access to effective mental health services.

Conclusion

In conclusion, this study identified seven multifaceted barriers that counselors face when working with low-income clients, particularly in the aftermath of the COVID-19 pandemic. These findings highlight the complex relationship between socioeconomic factors, counselor perceptions and experiences, as well as systemic inequities deeply rooted in societal structures, all of which extend beyond individual client circumstances, emphasizing the need for system-wide transformation in mental health care.

The identification of trauma as a barrier provides an important contribution to the literature, highlighting how socioeconomic disadvantage creates ongoing psychological challenges that not only complicate therapeutic work, but also extend beyond individual therapy sessions. In a similar vein, our findings suggest a need to reconceptualize and modify mental health interventions for low-income populations and adopt frameworks that address both relevant and personal therapeutic goals, as well as engage with the inequities that their clients face. Furthermore, policy reforms are recommended, as well as the promotion of community-based therapeutic practices that recognize and amplify the voices of low-income populations, thus facilitating their greater accessibility. Programs that incorporate peer support and culturally relevant healing methods stand to bridge the gap between traditional therapy and the lived experiences of marginalized groups.

While this study provides valuable insights, it also illuminates the need for future research to include a more diverse sample of counselors and a broader geographical perspective to enhance generalizability, as the current study sample was predominantly White, female, and from specific Canadian provinces. Future research should strive for increased diversity among sample populations to enrich the literature with the understanding of varied counselor experiences and regional differences in barriers faced by low-income clients, as well as investigate how different therapeutic modalities might better address the unique challenges faced by this population.


Ultimately, implementing these findings while embracing a social justice perspective will enable counselors to advocate for systemic change, and foster a more equitable mental health care landscape that truly accommodates the complexities of socioeconomic disadvantage. This collective commitment to reform will empower both counselors and their clients to transcend current limitations, paving the way for a more available, inclusive, and effective mental health care system and ensuring that therapy is not a privilege but rather accessible to all, regardless of income.


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Declaration of Interest Statement

The authors of this study have no competing interests to disclose.

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