

UNRAVELLING THE HIDDEN COSTS OF COMPASSION FATIGUE IN MENTAL HEALTH PROFESSIONALS: A SYSTEMATIC LITERATURE REVIEW ON CAUSES AND INTERVENTIONS

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Abstract: Compassion Fatigue (CF) is a serious problem that is increasingly being addressed among mental health professionals, given its significant impact on personal well-being and quality of care for clients. This study aimed to systematically review the existing literature on the causes and effective interventions to address CF among mental health professionals. The search method was conducted through the major academic database Scopus using the keywords ‘Compassion Fatigue’ AND therapist OR counselor OR helper OR ‘mental health professional’ Of the 216 articles identified, 18 studies met the inclusion criteria and were analysed in depth. Results showed that the main causes of CF include chronic exposure to client trauma, excessive workload, lack of social support, and lack of effective coping skills. Various interventions have been identified as effective measures to reduce CF, including coping skills training through self-care, supervisory support, employee wellbeing programmes, and mindfulness practices. However, few studies have addressed the implementation of these strategies specifically with school counselors, who often face high stress in assisting students with complex emotional cases. This research highlights the importance of expanding the study and implementation of tailored interventions for school counselors to ensure their readiness to deal with work stress and maintain personal well-being, ultimately improving the quality of services to students.

Keywords: Compassion fatigue, mental health, professional, school counselor.

INTRODUCTION

Compassion fatigue (CF) has become an important concern in the mental health world, especially among professionals who often work with traumatised individuals. Compassion fatigue (CF) is a condition often experienced by mental health professionals due to repeated exposure to their clients' suffering and trauma. The terms *secondary traumatic stress* (STS), *vicarious trauma* (VT), and CF have all been used, sometimes interchangeably, to refer to the observation that those who provide services to trauma survivors may themselves experience considerable emotional distress (1). CF is recognised as a workload for therapists, whose work involves facilitating change among people experiencing distress (2). In the school context, school counselors are also vulnerable to compassion fatigue, especially when it comes to assisting students who are experiencing bullying, violence at home, or other emotional distress. The role of counselors who often act as a bridge between students, families and the school environment in dealing with sensitive cases such as these can cause significant emotional exhaustion. According to research from (3) school counselors have an ever-increasing student caseload and high workloads lead to CF. This is due to the demand to always be empathic and supportive, while often not getting adequate emotional support for themselves. *Compassion fatigue* not only threatens the wellbeing of counselors, but can also be detrimental to the quality of services they provide to counselees (4) (5) (6) noted that the continuation of *compassion fatigue* can have a negative impact on counselors' physical well-being and interpersonal relationships. *Compassion fatigue* can also result in reduced empathy for the counselor, decreased motivation, and reduced performance effectiveness, making even the smallest tasks seem overwhelming (6). In addition, counselors who experience *compassion fatigue* may have difficulty in making effective clinical decisions and potentially harm the counselor (7) This phenomenon can affect professionals' emotional and physical well-being, reduce the quality of services provided to clients, and negatively impact their personal lives. Studies by (8) revealed that professionals who are repeatedly exposed to their clients' trauma stories are likely to experience a decreased capacity to feel empathy and sympathy, which in turn can lead to emotional exhaustion. In addition, research by (9) found

that CF also contributes to physical health problems such as sleep disturbances, headaches, and decreased immune system. (10) in her research identified that mental health professionals who experience CF show decreased engagement and commitment in their work. This can lead to increased errors in clinical judgement and decision-making, as well as decreased effectiveness of therapeutic interventions. Research by (11) showed that CF can also affect the personal lives of mental health professionals, such as conflict in personal relationships, social isolation, and decreased general life satisfaction. This can worsen their psychological wellbeing and create an ongoing cycle between work stress and personal problems.

This study aims to systematically review the existing literature on the causes and interventions that can be made to address *CF* among mental health professionals. Based on this description, the following research questions were formulated:

RQ1: What are the main causes of *CF* among mental health professionals?

RQ2: What interventions have been shown to be effective in addressing *CF* among mental health professionals?

This review aims to deepen understanding of compassion fatigue (CF) among mental health professionals and support the development of more effective organisational policies and training programs. By identifying key causes and interventions, this study offers practical guidance for improving professional well-being and service quality. Its findings are particularly relevant for school counselors, who often face emotionally complex student cases. Integrating CF awareness into training and supervision can help counselors better manage stress, maintain their mental health, and provide consistent support to students. These insights can inform policies that promote counselor welfare and strengthen school-based guidance services.

RESEARCH METHODOLOGY

This research uses a systematic *literature review* (SLR) approach to identify, evaluate, and synthesise published research (12) on *compassion fatigue* (CF) among mental health professionals. The SLR approach was chosen as it allows researchers to systematically collect and synthesise published research on compassion fatigue (CF) among mental health professionals. (13) and analyse data from various relevant studies (14) The expected result is a comprehensive and evidence-based understanding. This research procedure refers to a strict protocol that includes a three-stage procedure, namely, planning, implementation, and reporting, and reporting (15)

Planning stage

Identifying the need for the review involved determining the relevance and importance of this SLR as well as identifying gaps in the existing literature related to the causes and interventions of CF in mental health professionals. Preparation of the proposal for review involved establishing the Research Question (RQ). Development of the review protocol included establishing inclusion and exclusion criteria to select relevant studies, a comprehensive literature search method. The development of inclusion criteria in this research were: (a) mental health professional subjects, (b) the context of articles that contain factors that cause *CF* and interventions that have been used to overcome *compassion fatigue*. While the exclusion criteria used in this research are (a) non-professional mental health subjects, (b) the context of articles that do not contain factors that cause *CF* and interventions that aim to overcome *compassion fatigue*.

Implementation stage

The implementation phase involved research identification, study selection, and data extraction and progress monitoring. Study identification was conducted through a literature search using the Scopus database at a maximum of quartile 3 (Q2) which was limited to articles from the last 10 years from 2013-2024, only articles in English, and the document type was article. Study selection was done by selecting relevant studies based on predetermined inclusion and exclusion criteria. The selection process was conducted through screening of titles, abstracts, and full texts organised in a prism with the help of Rayyan.ai. Data extraction was rigorously screened using a form with categories including author (year), journal (quartile), title of article, type of study, study objectives, and results (Table 1). This was done independently by two reviewers to reduce errors and bias.

Reporting stage

The reporting phase is the final phase that includes data synthesis, reporting of results, and application of evidence. In the data synthesis sub-stage, findings from the included studies are combined to provide a comprehensive picture of the causes and interventions related to CF. This process may involve narrative synthesis to incorporate qualitative findings. The report is organised according to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2020 flow diagram (16) in (Figure 1) to ensure transparency and completeness of reporting. In the evidence application sub-stage, practical recommendations were developed to assist mental health professionals and organisations in addressing CF, as well as relevant policy implications.

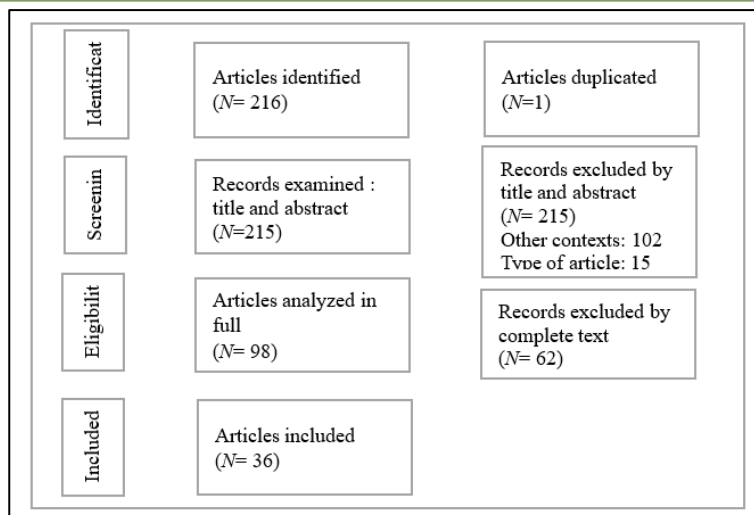


Figure 1. PRISMA 2020 flow diagram (Rethlefsen & Page, 2022)

The results of this study were disseminated to the academic and professional community through publication in scientific journals to encourage the implementation of findings and recommendations in daily practice. Details of the selected studies are presented in the following table 1.

Table 1. Characteristics and summary findings of the included studies

| No. | Author (year) | Journal name (Quartile) | Title | Study objectives | Result | RQ |
|-----|--|---|--|--|---|----------------|
| 1 | Leili Najmabadi, Madina Agénor, Shalini Tendulkar (2024) | Journal of Interpersonal Violence (Q1) | Pouring From an Empty Cup: Manifestations, Drivers, and Protective Factors of Occupational Stress Among Healthcare Providers of Trauma-Informed Care | Examine stress experiences and coping strategies among domestic violence health and mental health professionals. | Occupational stress is commonly linked to high case-load intensity, isolation in the workplace, and extended years of service. Strategies for coping with work stress include training, supervision, and self-care. | RQ1 RQ2 |
| 2 | Alison Fixsen, Damien Ridge, Carys Evans (2020) | Counselling and Psychotherapy Research (Q1) | Momma bear wants to protect: Vicarious parenting in practitioners working with disturbed and traumatised children | Examine how female mental health professionals in the UK experience working with traumatised children. | Practitioners commonly develop secondary trauma and emotional strain when treating traumatised children. | RQ1 |
| 3 | Lin Zhang, Zhihong Ren, Guangrong Jiang, Dilana Hazer-Rau, Chunxiao Zhao, Congrong Shi, Lizu Lai, Yifei Yan (2021) | Frontiers in Psychology (Q2) | Self-Oriented Empathy and CF: The Serial Mediation of Dispositional Mindfulness and Counselor's Self-Efficacy | Examining the mediating role of dispositional mindfulness on CF | Mindfulness-based interventions can help reduce compassion fatigue. | RQ2 |

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|---|--|---------------------------------------|--|--|--|-----|
| 4 | Clark, P., Holden, C., Russell, M., Downs, H (2022) | Contemporary Family Therapy (Q2) | The Impostor Phenomenon in Mental Health Professionals: Relationships Among CF, Burnout, and Compassion Satisfaction | Explore links between CF, impostor traits, burnout, and compassion satisfaction among mental health workers. | The impostor phenomenon is associated with increased burnout, compassion fatigue, and reduced professional satisfaction among mental health providers. | RQ1 |
| 5 | Zhang, L., Zhang, T., Ren, Z., Jiang, G. (2023) | Current Psychology (Q1) | Predicting CF among psychological hotline counselors using machine learning techniques | Explore factors contributing to compassion fatigue in psychological hotline counselors. | The most important predictors of CF are meaning in life, counselor self-efficacy, mindfulness, and empathy. | RQ1 |
| 6 | Shell, E. M., Teodorescu, D., & Williams, L. D. (2021) | Journal of Black Psychology (Q1) | Investigating Race-related Stress, Burnout, and Secondary Traumatic Stress for Black Mental Health Therapists | Assess how race-related stress relates to burnout and STS among Black therapists. | Race-related stress in all forms predicted burnout and STS, with longer working hours and higher education also contributing factors. | RQ1 |
| 7 | Kimberly A. Kiley, Ashwini R. Sehgal, Susan Neth, Jacqueline Dolata, Earl Pike, James C. Spilsbury, Jeffrey M. Albert (2018) | Social Work Research (Q2) | The Effectiveness of Guided Imagery in Treating CF and Anxiety of Mental Health Workers | Testing the effects of guided imagery (GI) recordings on CF and anxiety. | GI may be useful for reducing stress for mental health professionals, potentially improving the quality of care provided. | RQ2 |
| 8 | Dagan, K., Itzhaky, H., Ben-Porat, A. (2015) | Journal of Trauma & Dissociation (Q1) | Therapists Working With Trauma Victims: The Contribution of Personal, Environmental, and Professional-Organizational Resources to Secondary Traumatization | Assess the role of individual and workplace resources in therapist secondary trauma. | Secondary trauma among therapists is shaped by individual, environmental, and organisational factors. | RQ1 |
| 9 | Richard L. Harrison and Marvin J. Westwood (2009) | Psychotherapy (Q1) | Preventing Vicarious Traumatization of Mental Health Therapists: Identifying Protective Practices | Explore protective practices that mitigate the risk of secondary traumatization | Overcoming isolation, developing mindful self-awareness, and maintaining clear | RQ2 |

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| | | | | among therapists. | boundaries are protective against CF. | |
| 10 | Cecilia Wai Man Louie, Lisa Lau (2016) | Mindfulness (Q1) | The Mediating Role of Self-Compassion Between Mindfulness and CF Among Therapists in Hong Kong | Examine self-compassion as a mediator between mindfulness and burnout, STS, and therapist compassion. | Mindfulness can provide psychological benefits for therapists in preventing burnout and secondary traumatic stress. | RQ2 |
| 11 | Russell McKenzie Deighton, Norbert Gurriss, Harald Traue (2007) | Journal of Traumatic Stress (Q1) | Factors affecting burnout and CF in psychotherapists treating torture survivors: Is the therapist's attitude to working through trauma relevant? | Examine the impact of therapists' trauma-processing attitudes on CF, burnout, and distress in torture survivor cases. | High advocacy paired with poor trauma processing was linked to increased compassion fatigue, burnout, and distress. . | RQ1 |
| 12 | Emily Reim Ifrach, Abbe Miller (2016) | The Arts in Psychotherapy (Q2) | Social action art therapy as an intervention for CF | Assess how social action art therapy reduces stress and CF among domestic violence and social assault counselors. | Social action art therapy significantly reduced stress and CF in participants. | RQ2 |
| 13 | Grant J. Devilly, Renee Wright, Tracey Varker (2009) | Australian and New Zealand Journal of Psychiatry (Q1) | Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals | Assessing STS, VT, and burnout in mental health professionals in Australia | Work-related stress is the best predictor of therapist distress. | RQ1 |
| 14 | Brian E. Bride, Schnavia Smith Hatcher, Michael N. Humble (2009) | Traumatology (Q1) | Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors | Examine trauma training, practice, and STS in substance abuse counselors. | Secondary trauma is common among counselors, with many exhibiting STS symptoms. Secondary traumatic stress may lead to staff turnover and reduced service effectiveness. | RQ1 |
| 15 | Figley, C.R. (2013). | International Journal of Advanced Counselling (Q2) | Trauma Counselors' Quality of Life. | Examine how individual and organisational factors influence compassion fatigue. | Compassion fatigue was closely linked to low workplace autonomy, intense client | RQ1 |

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| | | | | | engagement, and secondary exposure to trauma. | |
| 16 | Craig, C. D., & Sprang, G. (2009). | Journal of Traumatic Stress (Q1) | Compassion Satisfaction, CF, and Burnout in a National Sample of Trauma Treatment Therapists. | To investigate the impact of using evidence-based practices on CF. | Using evidence-based methods helped reduce compassion fatigue. | RQ2 |
| 17 | Gentry, J.E., Baggerly, J., Baranowsky, A. (2004) | Journal of Mental Health Training (Q2) | Training-as-Treatment: Effectiveness of the Certified CF Specialist Training. | Evaluate CCFST's impact on reducing compassion fatigue. | Certified Compassion Fatigue Specialist Training (CCFST) treatment in reducing CF. | RQ2 |
| 18 | Buchanan, M., Anderson, J.O., Uhlemann, M.R., Horwitz, E. (2006) | Traumatology (Q1) | Secondary traumatic stress: An investigation of Canadian mental health workers | Investigate the effects of trauma work on mental health professionals. | Work setting, client type, and personal trauma history affect the severity of traumatic stress symptoms. | RQ1 |

RESULT AND DISCUSSION

QR₁: Cause CF

Exposure to Client Trauma

Exposure to traumatic narratives from clients often leads to vicarious trauma in mental health practitioners, which is associated with increased stress, CF, and burnout. A long history of working with traumatised clients exacerbates this risk, for example being involved in recovery from substance abuse, victimisation, neglect and a range of other traumatic experiences ((17); (18); (19) (20). This can lower the mental health of mental health practitioners, who face high emotional, psychological, and physical demands in their work, especially when treating patients with psychological disorders and listening to traumatic stories. ((21); (22).

Practitioners who engage empathetically in working with trauma survivors often experience severe emotional reactions such as terror, grief, and anger, which can develop into traumatic stress such as burnout, Traumatic Countertransference (TC), Vicarious Trauma (VT), and Secondary Traumatic Stress (STS) (23) The psychological impact of working with trauma survivors, which puts mental health professionals in a very challenging position (24). One of them is nurses on psychiatric wards who face significant psychological and physical challenges, making their work more stressful and reducing job satisfaction (25).

Psychotherapists should listen empathetically to traumatised disclosures, maintain their confidentiality, and manage their emotional reactions without experiencing CF (26). Professionals working with traumatised clients are vulnerable to experiencing "vicarious traumatization" and "secondary traumatic stress", which are influenced by factors such as the work environment, type of client, personal trauma history, and current levels of traumatic stress symptoms (27)

Workload and Environment

Risk factors for occupational stress include the quantity and intensity of the caseload, isolation at work, and the length of time in the field and work environment (28) The worsening of Covid-19 resulted in high levels of compassion fatigue and low resilience (29) (30) Professionals face personal trauma and secondary trauma while trying to provide mental health services during the pandemic (31). Working hours per week significantly predicted burnout, STS and traumatic stress (32) Working in a stressful prison environment and exposure to traumatic events also makes prison mental health staff vulnerable to burnout. These work-related stressors are best at predicting therapist distress (33). The highest burnout was found among psychiatrists whose values were not aligned with their workplace (34).

Individual Characteristics

Research results show that self-orientated empathy and trauma processing are positively associated, with CF (35); (36); The combination of a therapist's personal trauma with secondary traumatic stress can lead to CF

(37). In addition, the imposter or impostor phenomenon is also positively associated with CF, especially when controlling for tenure and age (38)

Further research shows that the most important predictors of CF are meaning of life, counselor self-efficacy, mindfulness, and empathy (39). Meanwhile, most counselors are not prepared to work with traumatised populations in their formal academic training (40) Certain personal variables such as spirituality and personal trauma history, as well as practice variables such as career longevity, caseload, and peer supervision, may promote vicarious trauma among therapists (41); (42). The lack of professional coping skills also greatly influences CF. They fail to recognise and cope with negative emotions and thoughts that they may inadvertently bring with them from their work. (43). Prolonged lack of self-care strategies puts counselors and psychotherapists at risk of burnout and CF (44) Stigma also prevents professionals from seeking help to cope with work stress and burnout (45) Tolerance of ambiguity, stressors, and the large caseloads of social workers working with trauma survivors also contribute significantly to secondary trauma (46).

QR3: Interventions to Address CF

Supportive work environment

Manageable workload, a resilient personality, a positive attitude, and coping skills such as physical fitness, social support, and adequate sleep, help reduce anxiety, depression, PTSD, and secondary trauma symptoms. (47) Maintaining wellbeing at work involves good relationships, support, physical and contemplative practices, professional growth, and a clear balance. These strategies prevent burnout and trauma, supported by awareness of occupational hazards and appropriate support structures ((48); (49); (1)

Supervision and Organisational Support

In addition to social support from the organisation, colleagues, supervisors, and family and friends, a comprehensive approach to supervision is needed to reduce stress and improve the emotional well-being of mental health professionals. Supervisors can use an Adlerian informed supervision method that integrates the Respectfully Curious Inquiry/Therapeutic Encouragement (RCI/TE) framework with the discrimination supervision model to enhance the supervisee's experience. Necessary steps for organisations include enhancing peer support systems and effective self-care guidelines (50). Other findings suggest ongoing forums to discuss emotions, develop emotional literacy, provide peer support, and set intentions to become a more compassionate organisation to be positive for therapists' mental wellbeing (51); (52)

EDPP art therapy supervision becomes an integrative transformative space that promotes a psychologically safe place to cope with CF (53) Emotionally-focused supervision approaches, such as the EFT (Emotionally Focused Therapy) model, can be adapted to provide systematic steps in supporting mental health professionals (54) The provision of professional or peer supervision can also help to enhance reflection and critical thinking that leads to personal development and growth (55)

Training and Education on CF

Several studies underscore the importance of education and training on compassion fatigue (CF), coping strategies, and stress management to strengthen professional resilience. CF education is considered essential for all mental health practitioners. Awareness of somatic cultural countertransference and power dynamics is also recommended to prevent vicarious trauma (VT) (56). Training in CF management has a significant impact on self-strength and resilience (57)

Innovative interventions include Memory Desensitisation and Reconsolidation (3MDR) (58), compassion practices (59); (44) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), which can improve therapist well-being (60) Compassionate Mind Training fosters self-kindness during stress (61) Social action art therapy has shown significant reductions in CF (62); (63). An addition, Certified Compassion Fatigue Specialist training demonstrated statistically and clinically significant improvements in reducing fatigue and CF symptoms (64). These diverse interventions support the emotional health of professionals and help ensure continued high-quality care for trauma-exposed clients.

Improved coping skills

Numerous studies recommend individual recovery strategies such as self-care, mindfulness, meditation, and relaxation to help mental health professionals maintain emotional and physical balance (65); (66) Techniques like yoga, narrative art therapy, poetry, and music have been shown to reduce compassion fatigue ((28); (67); (68); (43)

Task-Oriented Self-Care (TOSC) is proposed where counselors use realistic tasks to activate their potential to prevent and treat symptoms of burnout (69). Overall, self-care is widely recognised as an effective strategy to sustain well-being and reduce CF symptoms (70); (71); (72); (5). Therapists who advocate and practise their own trauma treatments experience fewer symptoms of burnout than those who do not (73) Additional resilience strategies include self-differentiation, boundary-setting, mindful awareness, and reflexivity for both personal and professional growth (74) (75) ;(76).

DISCUSSION

The main findings of this study suggest that the causes of CF among mental health professionals are primarily related to exposure to client trauma (22) high workload, and individual characteristics such as impostor behaviour (77) Exposure to traumatic narratives of abused and neglected clients often leads to vicarious trauma, which increases the risk of CF and burnout. Factors such as stressful work environments, caseload intensity, and personal trauma also exacerbate this condition. In school contexts, school counselors are often exposed to traumatic narratives from students experiencing bullying, physical violence, or complex family issues. (78) These situations can trigger secondary trauma that affects the quality of the relationship between counselor and counselor, decreasing the effectiveness of the intervention provided. If left unchecked, CF in school counselors can lead to a decrease in service quality, an increase in absenteeism, and a decline in counselors' mental health.

To address CF, various interventions have been identified, including creating a supportive work environment, training and education (5) about coping strategies (28) effective supervision (79), as well as the application of self-care such as mindfulness, yoga (35) and art therapy. The application of these strategies has been shown to be effective in maintaining vitality and well-being of mental health professionals and ensuring optimal quality of care for clients.

These findings offer valuable guidance for school counselors in addressing compassion fatigue. Interventions such as coping strategy training and effective supervision can strengthen their ability to manage stress in challenging school contexts. Practices like mindfulness, yoga, and art therapy support emotional regulation and well-being. By integrating these self-care approaches, counselors can maintain personal resilience and deliver consistent, high-quality support to students.

Limitations and Suggestions

A key limitation of this review is the lack of focus on school counselors, as most existing studies examine general mental health professionals like psychologists and social workers. Yet, school counselors face unique challenges, including student trauma, bullying, and family issues, requiring strong psychological resilience (80) Few studies explore how school-related factors such as limited resources, academic pressure, and crisis demands interact with CF risk. Future research should address these gaps by examining CF in educational settings and identifying tailored interventions for school counselors.

To address these limitations, school counselors should adopt targeted strategies to manage compassion fatigue. Self-care initiatives such as stress management, mindfulness, and peer supervision can build resilience and prevent emotional exhaustion. Institutional support for reflection and rest is also essential. Embedding these practices into professional development and emotional well-being training can enhance counselor capacity. Additionally, technology-based tools like mobile apps, metaverse platforms (81) and self-help bibliotherapy (82) offer promising innovations.

CONCLUSION

Compassion fatigue (CF) in mental health professionals, including school counselors, is a serious condition that deserves more attention. Exposure to client trauma, high workloads, and stressful work environments can contribute to the emergence of CF that has the potential to reduce the quality of services and the wellbeing of counselors themselves. While various interventions such as coping training, supervision, and self-care techniques such as mindfulness and yoga have been shown to be effective in reducing CF, there is little research highlighting the implementation of these strategies specifically in the context of school counselors. It is important to expand studies and interventions that are more specific to school counselors, so that they can be better prepared to deal with work stress. This will also impact on the optimisation of services provided to students, in addition to school counselors being able to maintain their personal wellbeing.

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