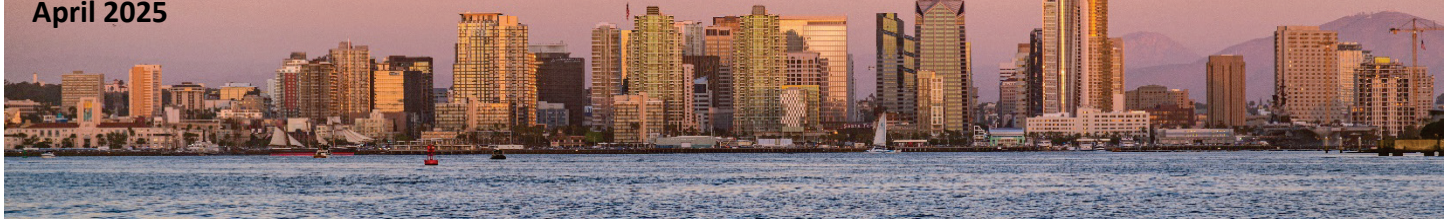


PERSPECTIVES ON GROUP THERAPY AMONG YOUTH AND CAREGIVERS ACCESSING MENTAL HEALTH SERVICES

April 2025



In 2024, researchers at the Child and Adolescent Services Research Center (CASRC) at UC San Diego collaborated with the County of San Diego (COSD), Behavioral Health Services for Children and Youth (BHS-CY), and local community mental health professionals on a Performance Improvement Project (PIP). This initiative aimed to promote the use of group therapy among outpatient BHS-CY clients, supporting the health and well-being of youth across San Diego County by promoting accessibility and treatment options for group therapy services. This report provides an overview of group therapy usage in San Diego County and summarizes the findings from the 2024 BHS-CY PIP, utilizing data from the San Diego County Youth Services Survey (YSS).

BACKGROUND

The number of youth in California reporting serious mental health challenges has increased in recent years, with many not receiving timely treatment. From 2016 to 2019, around two-thirds of California teens who experienced a major depressive episode did not receive any treatment.¹ According to the American Psychological Association's 2022 COVID-19 Practitioner Impact Survey, mental health service providers across the United States have faced significant demand that exceeded their capacity. More than sixty percent reported having no new openings and substantial waitlists for new clients.² In San Diego County, the average wait time for routine mental health requests was 12.9 business days during the Fiscal Year (FY) 2022-23. This is an increase from 10.5 days in FY 2018-19 and exceeds the California Department of Managed Health Care's standard for routine outpatient mental health assessments, which is ten business days. Data from San Diego SchoolLink indicates that group therapy has been underutilized among clients of the COSD BHS-CY system of care. From the first quarter of FY 2018-2019 to the second quarter of FY 2022-23, only about 4% of youth discharged from outpatient programs received any form of group therapy.

Recently, the COSD BHS-CY conducted several feedback sessions with youth and caregivers receiving services through SchoolLink outpatient programs during FY 2023-24 to gather insights on their experiences with group therapy. These sessions revealed several important findings. Many youth felt their therapists did not adequately discuss group therapy options, despite their interest in participating. Additionally, while youth expressed a desire for groups focusing on topics such as social skills, depression, and anxiety, they noted that stigmatizing names for groups could deter attendance. Caregivers also expressed a strong interest in support and education groups to better assist their children.

Feedback from youth and caregivers throughout San Diego County indicates an opportunity to actively promote the use of group therapy and to educate community partners, caregivers, and youth about its benefits in treating youth behavioral health challenges. Expanding the use of group therapy could help address unmet treatment needs by increasing treatment capacity and providing additional options for youth in need of behavioral health services.

THE BENEFITS OF GROUP THERAPY

Group therapy is a valuable and versatile approach to addressing mental health needs among youth. It offers various benefits, including social support, skill development, and the normalization of experiences. Numerous group therapy models and approaches can be tailored to the specific needs of youth.

Studies have shown that group therapy can be as effective as individual therapy—and sometimes more so—in addressing mental health concerns such as depression, anxiety, and behavioral problems. Group therapy creates a unique environment where participants can learn from each other’s experiences and receive peer support. One of the primary advantages of group therapy is that it normalizes experiences; young people learn that they are not alone in their struggles and that many of their peers face similar challenges.^{3,4} The group setting also fosters a sense of belonging that supports youth well-being during stressful times⁵ promoting the collaborative development of coping strategies, interpersonal skills, and positive peer relationships associated with pro-social behaviors.^{6,7}

Group therapy aimed at supporting mental health and building social skills is particularly important in the aftermath of the COVID-19 pandemic, as many young people have faced disruptions to their social lives and emotional well-being. Skill-building groups can effectively help youth develop interpersonal skills, build resilience, manage anxiety, and adapt to new social norms and challenges.

2024 BHS-CY PERFORMANCE IMPROVEMENT PROJECT

The 2024 BHS-CY PIP focused on increasing the use of group therapy among outpatient BHS-CY clients. The PIP aimed to build awareness about the efficacy of group therapy that would lead to increased access and utilization among BHS-CY outpatient clients experiencing anxiety, depression, and social skills challenges.

Researchers from CASRC convened a community advisory workgroup comprised of BHS-CY representatives and local experts and providers of youth therapeutic services. The workgroup members collaborated to develop a toolkit about group therapy for caregivers, and informational flyers about group therapy for youth. These psychoeducational tools were designed to help educate caregivers and youth about the value of group therapies and provide information, tips, and strategies to help them best support mental health needs. The workgroup included program leaders from several community mental health agencies who agreed to pilot the psychoeducational tools with the youth and their caregivers receiving services in their programs. The workgroup developed a distribution process for each program to distribute the psychoeducational material in both English and Spanish among program participants.

The impact of the pilot group therapy toolkit and flyers was evaluated using the San Diego Youth Services Survey (YSS). The Spring 2023 YSS (baseline) included several survey items appraising how caregivers and youth viewed group therapy and asked about their preferences regarding different therapeutic modalities. These YSS group therapy measures were then replicated in the Spring 2024 YSS administration to test for changes in youth and caregivers’ perceptions of group therapy following the distribution of the psychoeducational material provided through the toolkit and flyers.

THE YOUTH SERVICES SURVEY (YSS)

The Youth Services Surveys for 2023 and 2024 were conducted online and on paper during a weeklong reporting period in May each year. The supplemental questionnaire focused on caregivers of children and youth receiving outpatient mental health services and their experiences with group therapy. In 2023, 1,091 caregivers completed the supplemental questionnaire, with 833 (76.4%) in English, 249 (22.8%) in Spanish, and less than 1% in other languages such as Arabic, Vietnamese, and Chinese. Additionally, 788 youth completed the questionnaire, with 770 (97.7%) in English and less than 3% in Spanish.

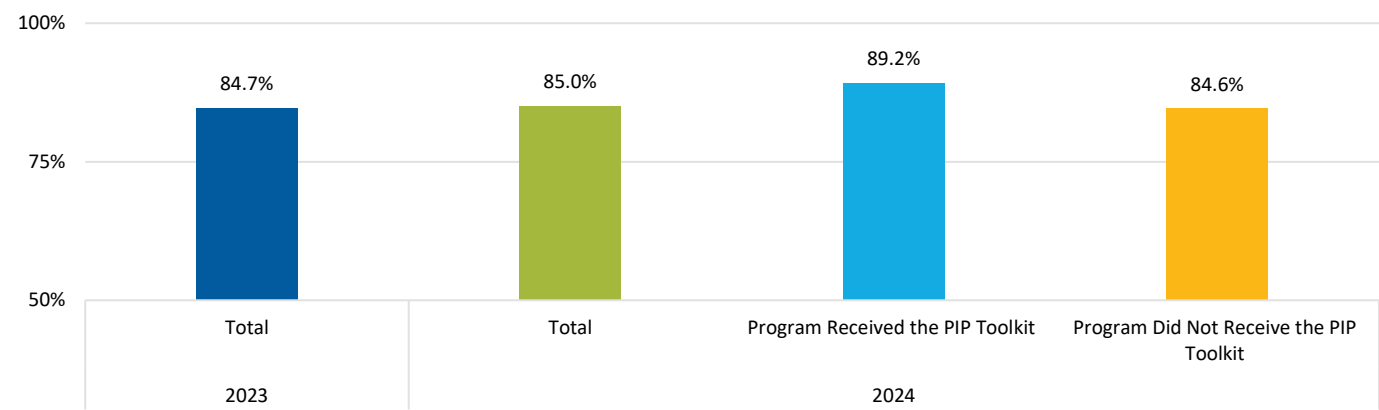
In 2024, 880 caregivers responded. Among these, 685 (77.8%) completed the survey in English, 192 (21.8%) in Spanish, and again less than 1% in other languages including Korean, Vietnamese, and Chinese. Of these respondents, 77 (8.8%) had youth attending programs that distributed the PIP toolkit, while 803 (91.3%) did not. For youth, 599 completed the questionnaire with 96.7% in English and slightly less than 3% in Spanish. Among these, 85 (14.2%) attended programs that distributed the PIP toolkit and flyers, while 85.8% attended programs without these resources.

Increasing Awareness of Group Therapy

A key objective of the psychoeducational materials developed by the PIP was to enhance knowledge and awareness of group therapy. In the 2023 YSS, a significant majority of caregivers (84.7%) indicated that they were aware of group therapy. This percentage remained consistent in the 2024 YSS, with 85.0% of caregivers reporting awareness of group therapy.

In the 2024 YSS, among caregivers whose children participated in services where the PIP toolkit was distributed, a greater percentage (89.2%) reported knowledge of group therapy compared to those whose children were in services without the toolkit (84.6%). These findings suggest that distributing psychoeducational tools, such as the PIP toolkit, has the potential to increase caregivers' understanding and awareness of group therapy opportunities for their children seeking treatment (Figure 1.1).

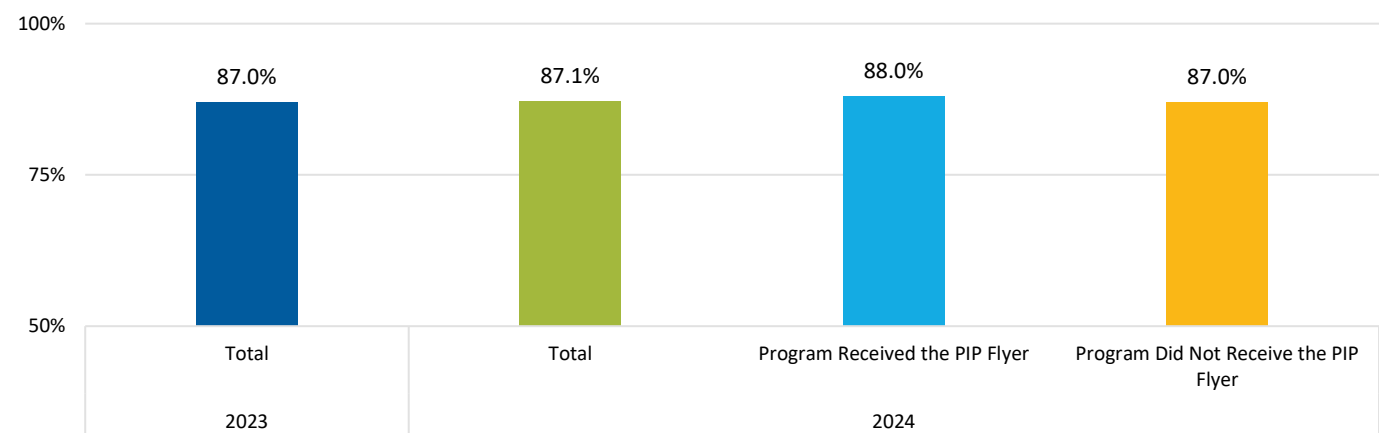
Figure 1.1
The percentage of caregivers who responded “Yes” to the question: Do you know what group therapy is?



Note: 2023 YSS: Total, n=995 | 2024 YSS: Total, n=838; Program Received the PIP Toolkit, n=74; Program Did Not Receive the PIP Toolkit, n=764.

In addition to the toolkit for caregivers, the PIP workgroup created simplified flyers specifically designed for middle school and high school students. These flyers aimed to educate young people about group therapy. In the 2023 YSS, a majority of youth (87.0%) reported that they were aware of group therapy, and this percentage remained relatively unchanged in the 2024 YSS (Figure 1.2).

Figure 1.2
The percentage of youth who responded “Yes” to the question: Do you know what group therapy is?



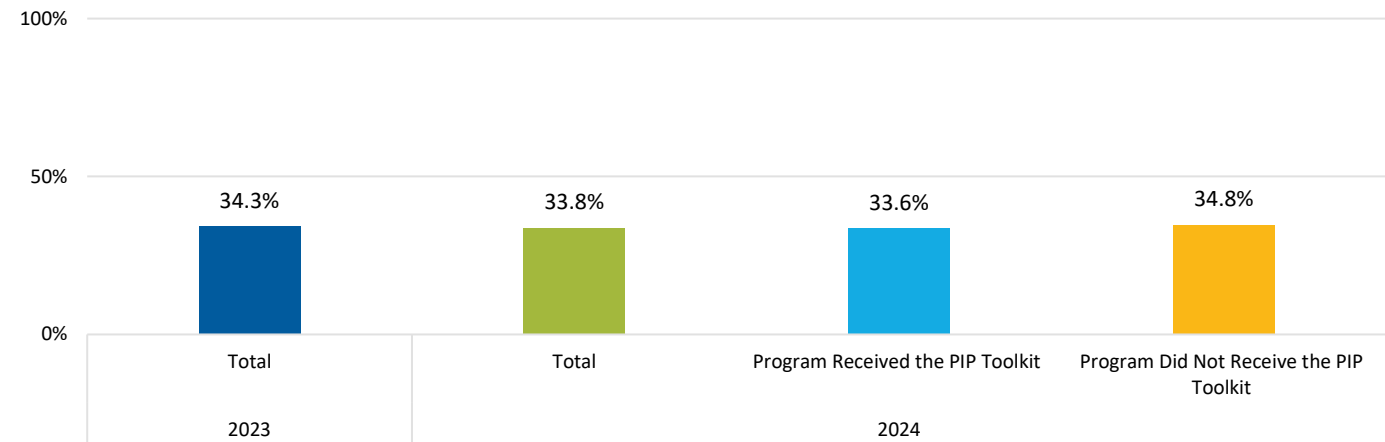
Note: 2023 YSS: Total, n=731 | 2024 YSS: Total, n=575; Program Received the PIP Flyer, n=83; Program Did Not Receive the PIP Flyer, n=492.

Participation in Group Therapy

While the majority of caregivers and youth indicated that they are aware of group therapy, the results from the YSS revealed that most youth within the COSD BHS-CY system of care do not receive group therapy services. Less than 35% of caregivers reported that their child had ever received any form of group therapy. The percentage of caregivers indicating that their child had received group therapy services remained unchanged from the 2023 YSS to the 2024 YSS.

In the 2024 YSS, among caregivers whose children participated in programs where the PIP toolkit was distributed, 33.6% reported that their child had ever been part of group therapy services, while 34.8% of caregivers whose children received services from programs that did not distribute the PIP toolkit reported participation in group therapy (Figure 2.1).

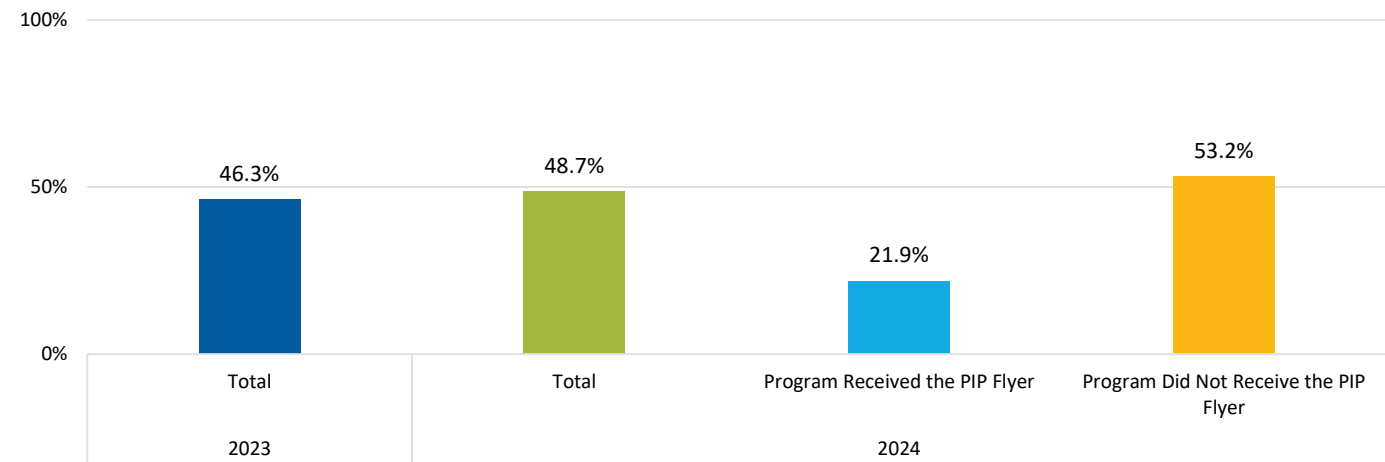
Figure 2.1
The percentage of caregivers who responded “Yes” to the question: Has your child ever participated in group therapy?



Note: 2023 YSS: Total, n=852 | 2024 YSS: Total, n=720; Program Received the PIP Toolkit, n=66; Program Did Not Receive the PIP Toolkit, n=654.

Among youth who attended programs where the PIP flyer was distributed, only 21.9% reported having ever been part of group therapy services, while 53.2% of youth attending programs that did not distribute the PIP flyer reported participation in group therapy (Figure 2.2).

Figure 2.2
The percentage of youth who responded “Yes” to the question: Have you ever participated in group therapy?

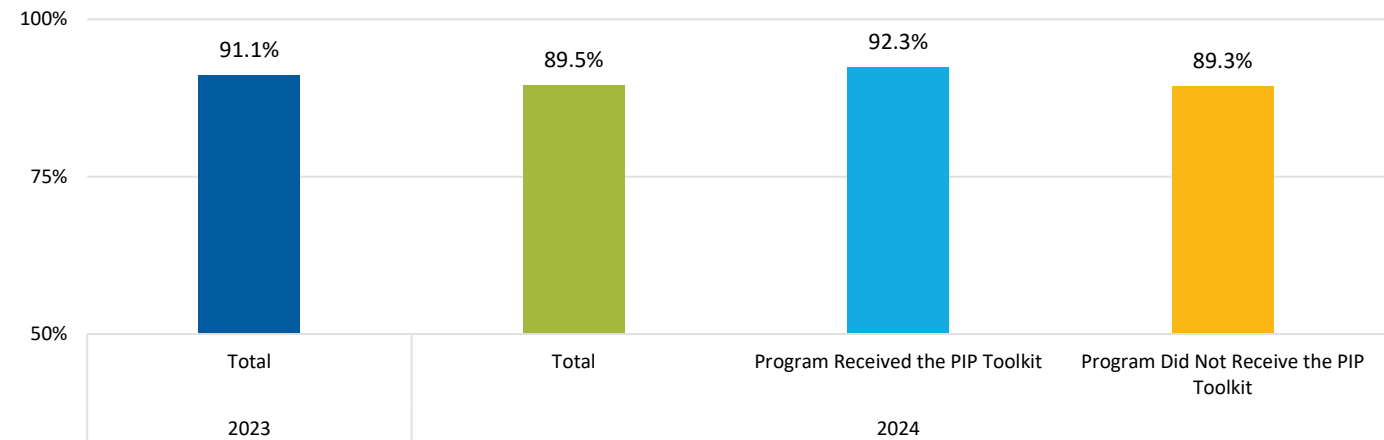


Note: 2023 YSS: Total, n=643 | 2024 YSS: Total, n=507; Program Received the PIP Flyer, n=73; Program Did Not Receive the PIP Flyer, n=434.

Preferred Way to Receive Services

Caregivers were asked about how they preferred their child to receive mental health services. Approximately ninety percent of caregivers reported that individual, in-person sessions were their preferred way for their child to receive therapeutic services (Figure 3.1).

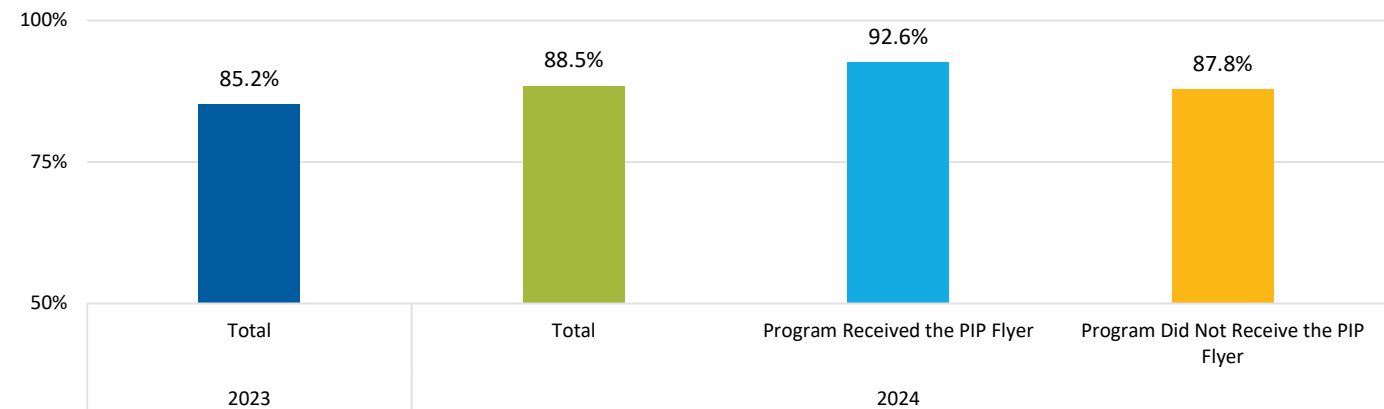
Figure 3.1
The percentage of caregivers who indicated that their first choice was individual in-person sessions when asked: What is the preferred way for your child to receive services?



Note: 2023: Total, n=615 | 2024: Total, n=641; Program Received the PIP Toolkit, n=52; Program Did Not Receive the PIP Toolkit, n=589.

Other options included individual online sessions, which were preferred by 5.5% of respondents in 2023 and 3.8% in 2024; individual hybrid sessions, preferred by 1.6% in 2023 and 3.2% in 2024; and in-person group sessions, chosen by 1.6% in 2023 and 2.3% in 2024. Less than 1% indicated a preference for online or hybrid group sessions. Additionally, some caregivers (also less than 1%) provided additional short-answer responses about their preferred way for their child to receive services, mentioning interests such as family therapy or a willingness to accept whatever type of session their child preferred. The findings indicate that caregivers have a strong preference for their children to receive in-person, individual therapy. Similarly, youth also widely expressed that they preferred to receive their mental health services through individual, in-person sessions (over 80%) (Figure 3.2).

Figure 3.2
The percentage of youth who indicated that their first choice was individual, in-person sessions when asked: What is your preferred way to receive services?



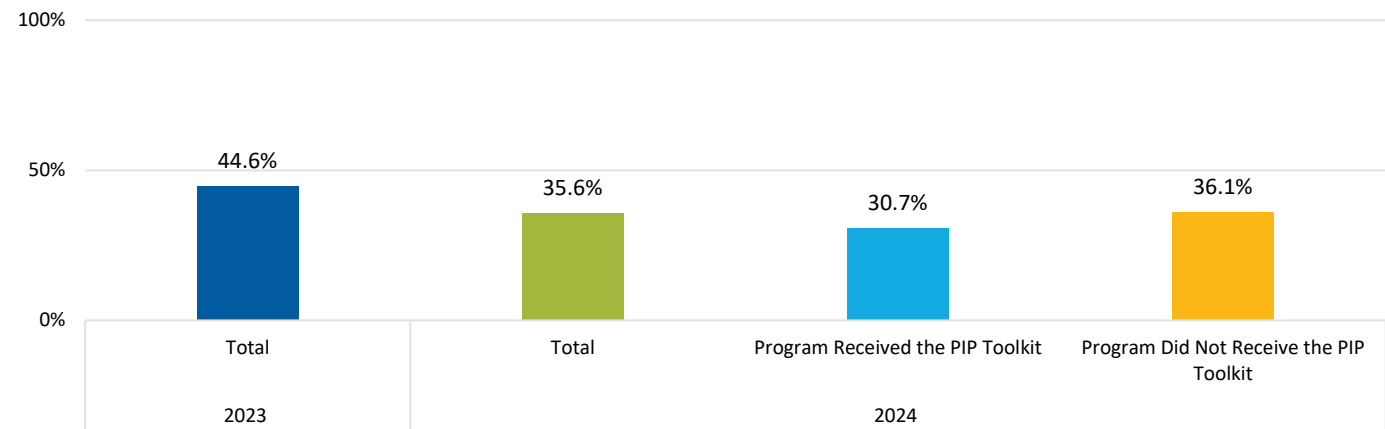
Note: 2023 YSS: Total, n=528 | 2024 YSS: Total, n=454; Program Received the PIP Flyer, n=68; Program Did Not Receive the PIP Flyer, n=386.

Other therapeutic options youth rated included individual online sessions, with preferences at 5.7% for 2023 and 6.0% for 2024. For individual hybrid sessions, the preference was 2.2% in both 2023 and 2024. In-person group sessions saw a preference of 6.7% in 2023, dropping to 1.8% in 2024. Less than one percent of respondents indicated a preference for online or hybrid group sessions. A few youth (also less than 1%) expressed preferences for pet therapy and family therapy in their written responses. Overall, the findings suggest that youth generally prefer to receive in-person, individual therapy.

Willingness to Participate in Group Therapy

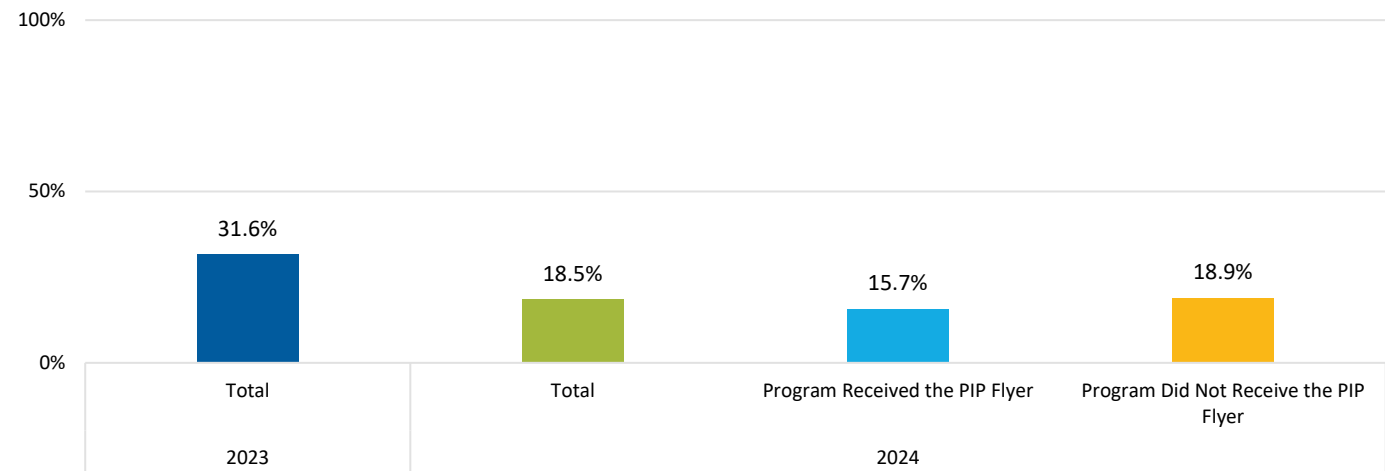
The YSS findings suggested that most caregivers and youth did not want group therapy instead of individual therapy. Among caregivers, the majority were open to group therapy *in addition to* individual therapy. The majority of youth were not open to receiving group therapy whether delivered alone or in addition to individual therapy.

Figure 4.1
*The percentage of caregivers who responded “Yes” to the question: Are you open to your child receiving group therapy **instead of** individual therapy?*



Note: 2023: Total, n=1,005 | 2024: Total, n=842; Received PIP Toolkit, n=75; Did not Receive PIP Toolkit, n=767.

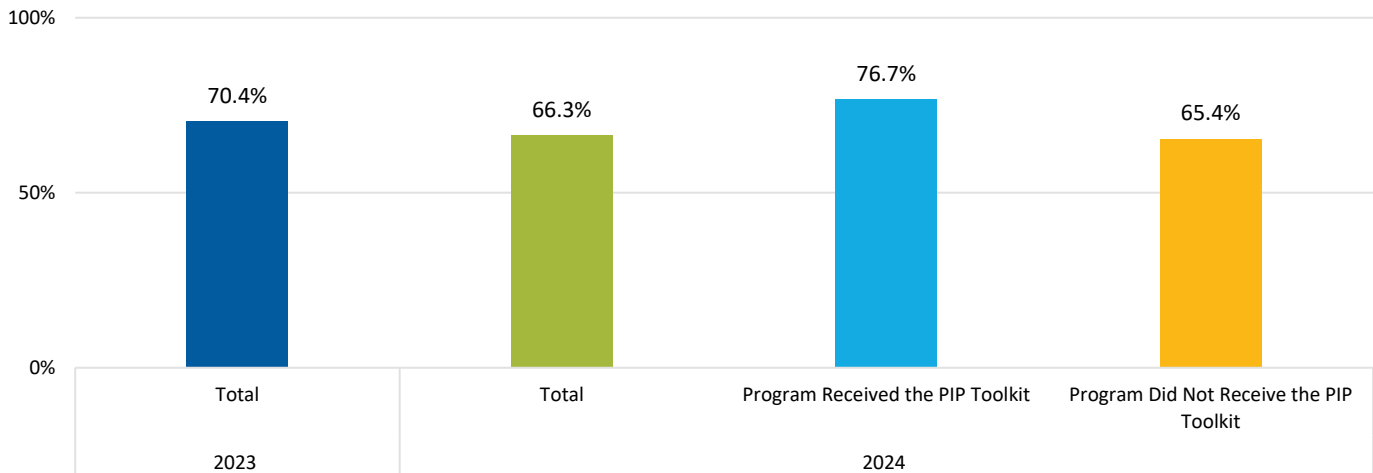
Figure 4.2
*The percentage of youth who responded “Yes” to the question: Are you open to receiving group therapy **instead of** individual therapy?*



Note: 2023 YSS: Total, n=734 | 2024 YSS: Total, n=569; Program Received the PIP Flyer, n=83; Program Did Not Receive the PIP Flyer, n=486.

Figure 4.3

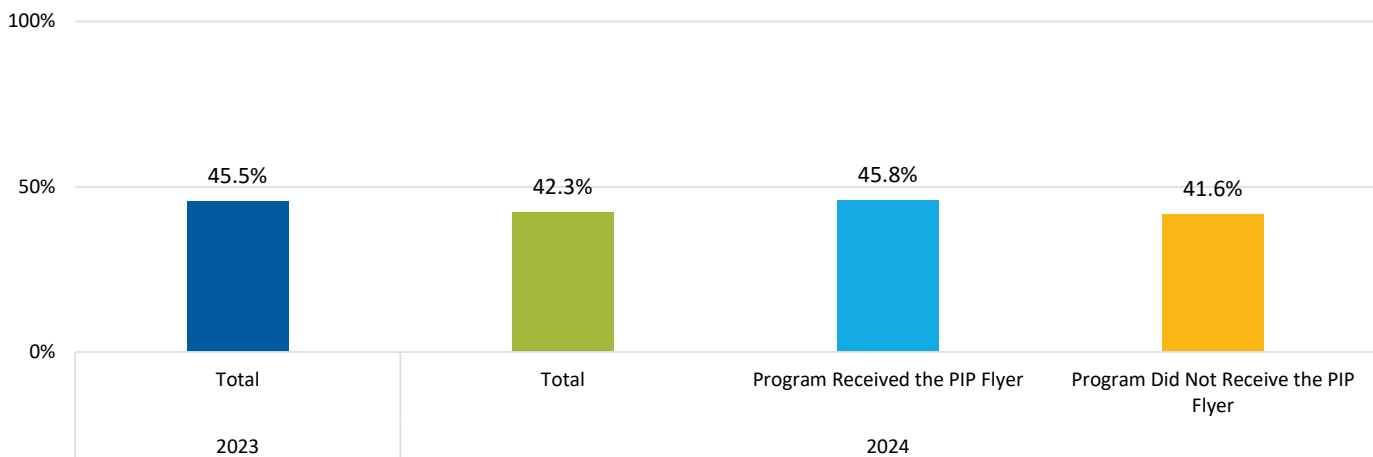
*The percentage of caregivers who responded “Yes” to the question: Are you open to your child receiving group therapy **in addition to individual therapy**?*



Note: 2023: Total, n=700 | 2024: Total, n=556; Program Received the PIP Toolkit, n=56; Program Did Not Receive the PIP Toolkit, n=500.

Figure 4.4

*The percentage of youth who responded “Yes” to the question: Are you open to receiving group therapy **in addition to individual therapy**?*



Note: 2023 YSS: Total, n=730 | 2024 YSS: Total, n=568; Program Received the PIP Flyer, n=83; Program Did Not Receive the PIP Flyer, n=485.

In both the 2023 and 2024 YSS, caregivers expressed concerns about their children's participation in group therapy. A primary concern was whether the group setting was appropriate for their child's age and the varied circumstances of the other children involved. Many caregivers worried that their child might not be ready for a group environment, which could negatively impact their overall experience.

Additionally, there were concerns about their child's comfort level; some caregivers reported that their child might feel uneasy and could resist therapy altogether. Many also mentioned that their child is already facing numerous challenges and might benefit more from individual therapy. Furthermore, they were particularly worried about the potential for disruptive behavior in a group setting and the possibility that their child could adopt negative behaviors by observing their peers in group therapy (see Figures 4.5 and 4.6).

Figure 4.5

*Example statements from caregivers' responses as to why they were not open to their child receiving group therapy **instead of** individual therapy.*

"Fear of inappropriate exposure to overage topics or unrelated topics."

"I don't want her to be told she's trans by activists and delusional people."

"My child gained access to vapes with nicotine and weed from other peers in the groups. I believe there is a lack of supervision, my child will not be going to this facility's group sessions."

"I think my son would adopt others' issues and make them his own."

"We tried group therapy for grieving and he was asked not to come back. His attention gets lost in group therapy with his ADHD."

Figure 4.6

*Example statements from caregivers' responses as to how they felt about their child receiving group therapy **in addition to** individual therapy.*

"My child needs individual therapy more than group, so I would not take him out of individual therapy but I do think he would benefit from group therapy as well."

"I'm not against group therapy and would like her to be a part of some but, I do prefer her doing more one on one. It seems to be good for her. I rather keep the services just how they are for now. Too much change might change her behavior and she is well doing right now."

"I'm open to both but not in exchange for one-on-one because he still needs a safe space to discuss things that come up in an individual setting."

"It is not appropriate for my child at this time. We might consider it in the future. Do not contact us about group therapy unless we have requested more information."

Many youth also expressed their reasons for preferring individual therapy over group therapy. Their responses highlighted comfort, trust, and personal attention as key reasons for their preference. They emphasized the importance of feeling secure and supported during their healing process. Several mentioned fears of being judged or having their personal problems discussed by others, and some felt uncomfortable with others knowing private details about them. Many shared a general dislike for being in large groups. Concerns were also raised about how peers might react inappropriately or fail to understand their feelings.

Additionally, past negative experiences with therapy influenced some of their preferences. A few individuals indicated that they did not want to engage in therapy at all, feeling uncomfortable discussing their emotions or believing that therapy would not be beneficial for them. Some preferred to focus on their own issues rather than take on the role of helping others in a group setting (see Figures 4.7 and 4.8).

Figure 4.7

*Example statements from youth responses as to why they were not open to receiving group therapy **instead of** individual therapy.*

"I don't trust other people listening to me talk about my problems."

"Afraid of being judged."

“Don’t like people knowing about me.”

“I feel like I would try to be a therapist to everyone else except for myself.”

“I don’t care about hearing about other people’s problems and don’t want them to hear about my problems.”

“My individual needs are less likely to be met as the focus is not solely on myself and my mental health needs. Others are less likely to control themselves and their reactions or behaviors, compared to someone educated and licensed on the subject of mental and behavioral health.”

Figure 4.8

*Example statement from a youth response about group therapy **in addition to** individual therapy.*

“I’m open to group therapy however I would like to have individual as well because most times in group therapy, with my experience, I tend to not be as involved for a while. Individual therapy alongside group therapy can provide both the help I need with people and anything I request.”

CHALLENGES OF GROUP THERAPY

Throughout the 2024 PIP, the workgroup collaborated with community mental health experts across San Diego County to identify challenges associated with implementing group therapy in the COSD BHS-CY system of care. Despite the potential benefits of group therapy, including peer support and the sharing of diverse perspectives, experts have noted significant barriers that hinder effective delivery. One major concern is the prevailing perception among youth and their families that group therapy is less effective than individual therapy. This skepticism is often rooted in concerns about confidentiality and the appropriateness of sharing personal experiences in a group setting. As a result, many youth and their caregivers express reluctance to engage in group therapy, which further complicates the recruitment and retention necessary for successful group dynamics. These concerns were highlighted through the YSS results.

Clinicians within COSD BHS-CY contracted programs also raised critical issues regarding the appropriateness of using group therapy as an initial intervention for youth seeking mental health support. They emphasized that for some youth, particularly those dealing with severe trauma or acute mental health crises, the group format may not provide the necessary level of individualized attention and care. This raises the question of when it is clinically appropriate to introduce group therapy into a treatment plan, particularly at the onset of services when clients may still be developing trust in a therapeutic relationship.

COSD BHS-CY contracted program managers and clinicians also shared their experiences with the logistical difficulties inherent in organizing group therapy sessions. In San Diego County, there is a limited pool of Medicaid-eligible youth, which restricts the number of participants who can collaboratively engage in these therapeutic settings. This limitation can lead to challenges in sustaining these groups. Furthermore, the administrative burdens associated with facilitating group therapy are compounded by ongoing staff shortages and a lack of trained clinicians experienced in group modalities. These factors were reported to impede the expansion and implementation of group therapy services.

Financial sustainability is another pressing issue highlighted by COSD BHS-CY contracted program managers. They noted that for group therapy to be deemed a viable treatment option, it is essential to maintain a minimum threshold of participants, typically five or more youth. This requirement presents an additional layer of complexity, as programs must balance the need to fill groups with the imperative to provide timely and appropriate care. The financial strain experienced by many mental health programs in San Diego County limits their capacity to offer these valuable services consistently, resulting in missed opportunities for youth to engage in group therapy that could complement their individual treatment.

The 2024 BHS-CY PIP examined strategies to better integrate group therapy into the COSD BHS-CY system of care. The PIP found that many clinicians currently lack sufficient training and experience in delivering group therapy, which limits the capacity of these programs to utilize this therapeutic modality effectively. Additionally, the preference for individual and family therapy among caregivers and youth highlights the need for enhanced awareness and education regarding the benefits of group therapy. Creating supportive environments through tailored group activities and fostering community connections for caregivers are critical components for improving participation and satisfaction in group therapy settings.

The insights gathered from the 2024 BHS-CY PIP indicate that while group therapy holds promise as a therapeutic modality, several significant barriers in the COSD BHS-CY system of care must be addressed to maximize its effectiveness. By acknowledging and addressing the concerns surrounding group therapy's perceived efficacy, clinical appropriateness, logistical challenges, and financial viability, mental health programs across the COSD BHS-CY system can begin to develop more robust strategies for integrating group therapy into their service offerings. Collaborative efforts among clinicians, program managers, and COSD BHS-CY will be critical in overcoming these challenges.

RECOMMENDATIONS

- Increase investment in training programs for clinicians that focus on delivering group therapy modalities, aiming to enhance their skills and confidence.
- Promote group therapy as a valuable option for youth by actively discussing its benefits during individual therapy sessions, highlighting its positive impact on treatment.
- Ensure that the names of group therapy sessions are thoughtfully chosen to reflect the identities and aspirations of participants, rather than their challenges, to create a positive and inclusive environment.
- Establish regular support and educational groups for caregivers to strengthen community ties and improve their understanding of therapeutic processes.
- Schedule group therapy sessions later in the treatment process, allowing clinicians to evaluate the suitability of group dynamics for youth before they participate.
- Expand efforts to provide psychoeducation for both caregivers and youth regarding the effectiveness of group therapy, to increase interest and participation.

REFERENCES

1. California Health Care Foundation (2022) Mental health in California: Waiting for care. *California Health Care Foundation, California Health Almanac*. <https://www.chcf.org/wp-content/uploads/2022/07/MentalHealthAlmanac2022.pdf>
2. APA (2022) Psychologists struggle to meet demand amid mental health crisis: 2022 COVID-19 practitioner impact survey. *American Psychological Association*. <https://www.apa.org/pubs/reports/practitioner/2022-covid-psychologist-workload>
3. Brabender, V. M., Smolar, A. I., & Fallon, A. E. (2004). *Essentials of group therapy*. John Wiley & Sons.
4. Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy*. Basic Books. New York.
5. Marmarosh, C. L., Forsyth, D. R., Strauss, B., & Burlingame, G. M. (2020). The psychology of the COVID-19 pandemic: A group-level perspective. *Group Dynamics: Theory, Research, and Practice*, 24(3), 122.
6. Kealy, D., & Kongerslev, M. T. (2022). Structured group psychotherapies: Advantages, challenges, and possibilities. *Journal of Clinical Psychology*, 78(8), 1559-1566.
7. Barkowski, S., Schwartze, D., Strauss, B., Burlingame, G. M., & Rosendahl, J. (2020). Efficacy of group psychotherapy for anxiety disorders: a systematic review and meta-analysis. *Psychotherapy Research*, 30(8), 965-982.