

## Experiences of Mental Health Practitioners and Clients during COVID Pandemic in India

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### ABSTRACT

The study attempted to understand perspectives of mental health practitioners (Phase 1) and changes in presenting symptoms of clients with pre-existing mental health disorders during the pandemic (Phase 2). Semi structured questionnaires were used to obtain data from practitioners and case study method was used to study the client stories. In phase 1, several emerging themes were identified: changing roles of mental health services; challenges of online and face-to-face mental health services; need for new and evolved approaches to mental health services; and impact on mental health professionals. In phase 2, it was observed that symptoms worsened in dysfunctional family environments. Those with stronger family support systems, those using creative arts to express themselves and sought therapy saw an improvement.

**Keywords:** Clients, India, Pandemic, Practitioners, Pre- Existing Mental Illness, Teletherapy, Themes

The spread of COVID 19 continues and has resulted in widespread psychological distress in people all over the world. The management of these psychological problems requires an efficient mental health system. However, India lacked such an efficient system to tackle these problems even during pre-COVID days (e.g., Barua, 2009; Bhola, Kumaria, & Orlinsky 2012; Jain & Sandhu, 2013). Many researchers have pointed to the urgent need for developing indigenous models, but the progress has been rather slow (Arulmani, 2007).

The emergence of COVID in India has put a strain on an already fragile mental health system. Many mental health practitioners are feeling the need to adapt their practices to the current scenario of the pandemic. The need to reduce in-person sessions and increase telemental health services is pressing but few guidelines and training courses exist within the Indian setting. Some use of such services during the pre-COVID days has been reported in the literature (e.g. Malhotra et al., 2017, Naskar et al., 2017; Thara, John & Rao, 2008). Some have emphasized the beneficial aspects of online services (Miu, 2020) while others

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have questioned their efficacy in relation to in-person sessions (e.g., Jurcik et al., 2020; Kumar, et al., 2017).

During the pandemic, the government in India has collaborated with National Institute of Mental Health & Neurosciences (NIMHANS) to establish teleconsultation facilities for existing patients as well as others (Mental Health in the Times of COVID-19 Pandemic' National Institute of Mental Health & Neurosciences Report, 2021). Other such initiatives have also been reported around the world (Chen et al., 2020).

The pandemic has brought with itself issues ranging from social distancing, lockdown, lifestyle changes, separations or close proximity to families, loss of employment, financial instability, uncertainty about the future, disruptions in medical supplies, fear of death and even lack of access to gym/sports field. There is enough evidence to indicate that these issues would affect people with already pre-existing mental health problems much more than the rest (Druss, 2020; Kozloff, et al. 2020)

Other studies reported that people with pre-existing mental illnesses exhibit elevated levels in anxiety about future, increased loneliness, more symptoms of paranoia related to the pandemic, possible exacerbations of symptoms in patients with OCD, sleep disturbances, depressive symptoms and even reoccurrence of PTSD symptoms (Jurcik et al., 2020, Sharma et al., 2020). An intensification of symptoms for specific disorders such as generalized anxiety disorder, chronic insomnia has also been observed (Dong and Bouey, 2020). However, for some people, spending time with their family helped develop feelings of belongingness and security while others recognized that they were better off than others (for e.g. they had jobs) which helped them stay “resilient and stoic” (Jurcik et al., 2020).

There has been little research regarding the reflections of mental health practitioners and those of their clients during the pandemic in India and around the world. This is important so that preventative measures can be adopted by the government and long term policies can be implemented. The present study therefore tries to document the challenges of mental health practitioners during the pandemic (Phase 1) and also tries to understand the effects of the pandemic on clients with pre-existing symptoms (phase 2).

Perspectives from both clients as well as mental health practitioners could help develop a system that effectively responds to emerging crisis of COVID. Keeping in mind the above, the present study was designed to have two phases. In phase 1, the objective was to understand the challenges faced during the pandemic by the mental health practitioners (n=13). Data was collected using semi structured questionnaires. In phase 2, the objective was to understand the changes in the presentation symptoms of the clients (n=31) during the pandemic using the case study method. The analysis of the data was done using thematic analysis.

### *Phase 1*

#### **Materials and Method: Phase 1**

The objective of this phase was to understand the experiences of the mental health practitioners during the COVID Pandemic.

#### **Sample**

The sample consisted of 13 mental health practitioners (counselors and clinical psychologists) who had taken cases in the lockdown period of the COVID pandemic. Psychiatrists however could not be contacted. Using purposive sampling method,

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practitioners aged between 25-57 years, and experience ranging between 2-28 years were selected. All participants were females (100%), one was a clinical psychologist (7.69%), five were counseling psychologists (38.46%), one was a dance movement therapist (7.69%), one was a relationship counseling expert (7.69%), one was a child psychology expert (7.69%), and one was a queer affirmative counseling expert (7.69%).

### Tool Used

A semi structured questionnaire with open and closed ended questions was prepared with a focus on the following issues: i) changing role of counselors during the pandemic; ii) challenges of online counseling; iii) challenges of face to face counseling; iv) issues faced by clients during the pandemic; v) need for new and evolved approaches to counseling during the pandemic; vi) personal issues that impacted counseling process.

### Procedure

Ethical clearance was taken from the Ethical Clearance Committee. Informed consent was taken and they were assured of confidentiality. A semi structured questionnaire was prepared and participants were contacted via email, WhatsApp, and LinkedIn. Thematic analysis was done on the data collected. Semi structured questionnaires were sent online while clarifications and probing were done telephonically.

### Results: Phase 1

Thematic analysis seemed most appropriate to understand the counselors' experiences because of its detailed nature. These steps in the analysis included familiarity with data, formulating initial codes, searching for themes, reviewing, defining and naming themes (Braun & Clarke, 2006). Coding was done by the second author; themes and patterns were discussed and confirmed by all three authors resulting in 5 themes and 15 sub-themes. (Table 1):

**Table 1** Emerging Themes Based on Reflections of Mental Health Practitioners (n=13)

| Theme   | Subtheme  |
|---|---|
| Changing role of mental health practitioners                  | Increased awareness of mental health<br>Addressing pre-existing issues<br>Emergence of teletherapy<br>Surge in workload |
| Challenges of online mental health services                   | Challenges in the counseling process<br>Technical barriers<br>Unprofessional encounters                                 |
| Challenges of face-to-face mental health services             | Challenges in the counseling process<br>Practical limitations<br>Social limitations                                     |
| Need for new and evolved approaches to mental health services | Virtual training<br>Contemporary approaches   |
| Impact on mental health professionals                         | Shared experience and increased ability to empathise with clients<br>Mental fatigue<br>Self help and support            |

The themes that emerged are discussed as follows:

## **1. Changing role of mental health practitioners**

### ***Increased awareness of mental health by people***

Mental health practitioners expressed that there was increased recognition and acceptance of mental health and counseling services by the layperson in the pandemic period. For e.g. one of the respondents stated: *“Clients are giving importance to their mental health now because they have more time to themselves”*.

### ***Addressing pre-existing issues of clients***

One practitioner pointed out that the number of sessions had increased during the pandemic but clients were seeking therapy for issues they had since before the lockdown stating: *“people who are coming are not only discussing the issues due to the pandemic but even before that; people have finally accepted now that they are facing issues and they have reached out for help”*.

### ***Emergence of teletherapy***

The COVID-19 pandemic certainly brought about a shift from face-to-face counseling to online counseling. On asking a practitioner how the role of mental health services had changed because of the pandemic, she responded that: *“This pandemic has taught us to evolve novel and effective ways of counseling which can serve us in difficult times in future as well. Secondly, it helped us to delve into virtual counseling and how this medium can be used in the best possible ways to serve mankind”*.

### ***Surge in workload of practitioners***

Several respondents mentioned the increase in workload during the pandemic. One of them stated: *“More acknowledgement and accessibility means more outreach hence more work and hectic work hours”*. One mental health professional also expressed that counseling had become *“more rigorous and around the clock”*.

## **2. Challenges of online mental health services experienced by the practitioners**

### ***Challenges in the counseling process***

Most commonly faced challenges by the practitioners included loss of personal touch, increased effort in rapport formation, difficulty understanding non-verbal cues like body language, lack of “flow”, limited scope of methodology, reduced interest in follow-up and documentation, and less effective sessions.

### ***Technical barriers faced by practitioners***

Most practitioners viewed network and device issues to be the cause of ineffective sessions. This included bad connectivity, device not working, video and audio issues, screen fatigue, and distraction from notifications and pop-ups on the device. Technology made counseling more accessible but only for those who had the privilege of owning gadgets, noticed by one professional who stated.

### ***Unprofessional encounters experienced by practitioners***

A few practitioners touched on the fact that online counseling increased anonymity on the clients' front which led to an unprofessional manner of seeking therapy. One stated: *“It is more difficult to figure out the authenticity. As you don't want to waste your time and energy when you can use it for helping someone who actually needs it; Sometimes people take it casually when it comes to virtual mode”*.

### **3. Challenges of face-to-face mental health services experienced by practitioners**

#### ***Challenges in the counseling process***

Practitioners commented that face-to-face counseling sometimes made the clients feel uncomfortable as compared to online counseling. Two practitioners also acknowledged infrequent follow-up sessions and documentation as challenges while taking face-to-face sessions.

#### ***Practical limitations faced by practitioners***

Safety concern was the most common response when practitioners were asked about their in-person services. Other challenges included punctuality issues, inaccessibility, travelling and high investment on the practitioner's front.

#### ***Social limitations faced by practitioners***

One practitioner explained that some clients avoided in-person sessions because of the stigma attached to mental health issues in the society. One of them also pointed out how people had become insecure about their physical appearance because of the lockdown. This could be because of weight gain, and salons and parlours being unsafe or closed among other reasons.

### **4. Need expressed by practitioners for new and evolved approaches to mental health services**

#### ***Virtual training***

On asking the practitioners if they think there is a need for new and evolved approaches to counseling, some of them mentioned that mental health professionals should be trained in taking online sessions.

#### ***Contemporary approaches***

One respondent stated that she used Art Therapy, Movement Therapy, and Yoga Therapy instead of traditional Cognitive Behavioural Therapy. Another said that it's important to develop new evidence-based practices specifically for pandemic related concerns. Another stated the importance of "20-25 minutes mandatory sessions" for students and employees as part of their programs because of high workload and stress.

### **5. Impact on mental health professionals**

#### ***Shared experience and increased ability to empathise with clients***

Some participants mentioned that it made them more adept at understanding their clients' issues as they were going through similar problems because of the pandemic.

#### ***Mental fatigue experienced by practitioners***

COVID-19 affected almost everyone in the world and mental health professionals were no exception. One practitioner summed it up stating: "I have felt burnt out and have detached and taken a break multiple times during the last 7.5 months. I have also been less satisfied with counseling experience online than face to face. It feels more taxing, and brings mental fatigue which was not the case otherwise".

#### ***Self-help and support taken by practitioners***

Some respondents indulged in self-help techniques. One professional said: "I do self work, introspection, art therapy and other self help techniques to keep my balance; well, the beauty of being a psychologist is that they teach us how to deal with issues. I have managed my

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emotional wellbeing by managing and dividing my time well, giving importance to daily physical activity and an active life along with having time for recreation and meditation”.

### ***Discussion: Phase 1***

The phase 1 of the study indicated that overall medical health practitioners felt that the Indian mental health services need to be better prepared for future crisis especially online mental health services. Others too have emphasized the need for this preparedness (Dong & Bouey, 2020; Burgoyne & Cohn, 2020; Savarese et al., 2020; Xiang et al., 2020). Challenges of online mental health services that were experienced by the practitioners in the present study included less effective sessions, technical barriers as well as unprofessional encounters with clients. Safety concerns, infrequent follow-up sessions and documentation were problems during face-to-face sessions.

Many mental health practitioners felt overburdened during the pandemic and this has been observed by other researchers as well (Chen et al., 2020; Kesarwani, Hussain, & George, 2020;). Some practitioners in the present study reported an increased awareness of mental health and that people had started addressing pre-existing issues which were earlier neglected.

Many emphasized new approaches including Art, Movement, and Yoga Therapy instead of relying solely on Cognitive Behavioural Therapy and also evidence-based practices. A few practitioners reported that the shared experienced increased the ability to empathize but at the same time some reported mental fatigue. Many reported an increase in self help and support to deal with these experiences.

### ***Phase 2***

#### **Method: Phase 2**

The objective of phase 2 was to understand the changes in the pre-existing symptoms of the clients during COVID. Exploratory case study method (Yin, 1984) (with multiple cases following the constructivist approach (Stake, 2005) was used to explore this highly complex issue from a “holistic” perspective.

#### **Sample**

Purposive sampling was used to select a sample of 31 clients with an age range of 13-39 years, belonging to middle class backgrounds, residing in NCR i.e. mainly Delhi, Ghaziabad and nearby areas in India. The clients had been seeking counselling services from the third author at least one year before the pandemic as well as between May and September 2020. Three criteria were kept in mind (Stake, 2005) during sample selection i.e. relevance of cases, heterogeneity of cases, and provision of opportunities to the researchers for learning from them. The clients presented a range of symptoms – from non specific stress to moderate symptoms including obsession and compulsions, anxiety, phobias, panic attacks, depression, prior to the pandemic. None of the clients who reported severe functional impairments such as delusions, hallucinations and loss of touch with reality were selected as it would have been difficult to seek in-depth information from them.

#### **Procedure**

Ethical considerations stated in Phase 1 of the study were followed. The audio recordings of the sessions were heard, discussed, and transcribed with the goal of hearing the stories from the perspectives of the clients. Empathy and reflexivity were crucial and the researchers tried

to be open minded, while reflecting on their different values. In-depth case studies were formulated.

### **Results: Phase 2**

The analysis of the case studies by the three researchers at times moved along similar lines but at other times differences emerged which were resolved through discussions. This resulted in “triangulation”. Both commonalities and uniqueness of the cases were noted paying special attention to the context. A thematic analysis was then conducted and several themes emerged.

#### ***Utilization of support systems***

Some clients felt that unexpectedly their symptoms had improved during the pandemic. Many clients attributed this to the availability of support systems that were present within the family that could now be utilized. Some clients reported that they could move away from toxic settings and relationships and were now forced to live with their family members who provided them the much-needed support. They could also now access counseling services because of the availability of time and started feeling much better. Consider the case of Mrs B.

*Ms. B is a 22-year-old girl who complained of a lack of interest in everything and high stress even before pandemic. For pursuing her higher education, she had to stay away from her family at a relative's place where she experienced a lack of affection from them. During the COVID, the conventional classroom teaching was stopped, and she could now return to her family which she found very healing as she re-experienced love and affection. She also felt that with the free time available to her, she could relook at her life with the support of the counselor.*

Moreover, some family members provided support to the clients and guided them towards creative pursuits for which time was lacking earlier. The following case of Mrs R reflects this scenario:

*Ms R was a 13-year-old whose parents got divorced when she was small. Ms R complained of being fearful of plastic, hairfall, spirits or ghosts, gas leakage and of being burnt alive. During the pandemic, the client reported that she started developing a closer relationship with her mother; something that she felt was earlier missing in her life. She now also had a lot of free time and started expressing herself through her art, showed exceptional creativity and started experienced positivity in her life.*

#### ***Better understanding of symptoms by family members***

In some cases, the family members could now observe their symptoms better and also understand that the management of these symptoms needed professional help. Family members were earlier busy with their everyday routines and hence did not have insight about the management of these problems. Mrs K is a client who expressed that she benefitted from staying home during the pandemic:

*Ms K was a 21-year-old student complained of getting angry very easily. She also didn't have friends and would get anxious while interacting with her classmates. When she approached her parents to seek professional help, her parents dismissed those symptoms as unreal. Following this, Ms K stopped interacting with her parents. During the lockdown, the home environment was stressful and the family members fought numerous times. However, there was also time for the parents to observe Mrs K. The parents now realized that their daughter needed professional help and changed their attitudes towards her mental health.*

***Intensification of symptoms due to staying in close contact with dysfunctional families***

However, there were other clients who reported an exacerbation of symptoms during the pandemic. Some of them reported having dysfunctional families. These clients stated that they could escape from their families members during pre-COVID days and get busy in their everyday routines as well as get some support from other relationships. This however was not possible during the ongoing pandemic. Take the cases of Mrs D.

*Ms D was an 18-year-old adolescent who had just finished her school. Her father was an alcoholic, dictatorial, having very high expectations and was also suspicious of his wife. He was currently taking psychiatric help. Since childhood, Ms D's self-esteem was low; suffered from anxiety, panic attacks and depression. These symptoms were manageable since several years. However, she complained that those symptoms started reoccurring in the pandemic because of stress at home. Before the pandemic she could escape this environment but this was not possible anymore.*

***Pandemic exaggerating fears in certain groups***

Other clients reported an intensification of the symptoms that they directly attributed to the “fear of catching the virus”. These were mainly clients who reported symptoms of obsessions and compulsions. Many of them then experienced a lack of support from their families and this in turn led to a deterioration of their symptoms. Caught in this vicious cycle they found themselves helpless to quite an extent. For e.g., take the case of Mrs A.

*Ms A was a 39 year-old housewife who experienced intrusive thoughts since childhood. She felt that something would go wrong if she did not do tasks a specific way and reported an increase in the intensity of her symptoms during the pandemic. She would repeatedly wash the groceries, felt anxious if her husband touched anything, would not allow anyone to leave home, and stopped cooking vegetables for fear of catching the virus. Ms A went to stay at her mother's place but that increased her anxiety. There were now continuous fights in the family, and she had long crying spells.*

**Discussion: Phase 2**

When client stories were heard, many clients reported an exacerbation of symptoms as has been supported by many other researchers (e.g. Jurcik et al., 2020, Sharma et al., 2020, Dong, & Bouey, 2020; Savarese et al., Xiang et al., 2020; Brooks et al., 2020; Chatterjee, Malathesh, & Mukherjee 2020; Goyal et al., 2020; Pan et al., 2020; Tsamakidis et al., 2020). Dysfunctional families where the client did not feel loved or at least had one of the parent who was affected by a psychiatric problem were particularly affected. Clients who reported symptoms of obsessions and compulsions were the most affected during the stressful period. Several other studies have also indicated that patients with OCD are particularly affected due to their fear of catching the virus and their concerns about cleanliness (Banerjee, 2020; Benatti et al., 2020; Davide et al., 2020; Silva, Shavitt, & Costa, 2021).

Some clients surprisingly on the other hand, even reported a significant improvement in their symptoms. These clients mainly came from functional families. Others could move away from unhealthy relationships, got much needed support from family members, started using creative methods of expression and became aware of mental health services. Though most earlier studies have indicated that there is usually an intensification of symptoms during such periods of stress yet for at least a few of the clients, the pandemic forged closer supportive relationships. At least some earlier research indicates that for some people, spending time with their family helped develop feelings of belongingness and security while

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others are able to recognize that they were better off than others (for e.g., they had jobs) which helped them stay “resilient and stoic” (Jurcik et al., 2020).

### **Recommendations**

Based on the study there are several recommendations that the authors would like to make: Development of a national level policy for mental health services to deal with emerging crisis like several other countries (e.g., National Health Commission of China, 2020). Licensure, ethical issues, cooperation amongst teams and leadership issues need to be given attention.

Training programs incorporating new approaches and telecounseling services need to be developed. Guidelines by several organizations (American Psychological Association, Guidelines for the practice of telepsychology, 2021; American Psychological Association. Office and technology checklist for telepsychological services, 2020; Math et al., 2020; Department of Clinical Psychology, Medical Council of India, 2020; National Institute of Mental Health and Neuro Sciences; 2020) have been developed but they need to be adapted for different parts of India. Other researchers too have also emphasized the need for such services (e.g., Dong and Bouey, 2020; Savarese et al., 2020).

Many mental health practitioners may experience burnout and this has been pointed out in several studies (e.g., Chen et al., 2020; Kesarwani, Husaain & George. 2020) which needs to be managed. Clear cut guidelines on limits of number of hours and clients, supervision and other support systems should be available.

## **CONCLUSION**

The present study has important implications for developing a more effective mental health care delivery system during crisis times. However, the sample size was small and psychiatrists could not be included. Further research can be done to understand how such crisis affects specific client groups.

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### **Conflict of Interest**

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