

The Professional Life of Counsellors During the Economic Crisis of Sri Lanka

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Abstract

Economic recession periods can significantly heighten risks to the population's mental health and well-being while posing additional challenges to health systems. Despite being central to mental health care delivery, the experiences of professionals working through such crises remain underexplored. This qualitative study seeks to illuminate those experiences by addressing two core research questions: (1) What challenges have mental health counsellors in Sri Lanka faced during the economic crisis, and (2) What motivational factors have sustained their commitment under such adverse conditions? Semi-structured interviews were conducted with six counsellors from Colombo, who participated voluntarily. Using Interpretative Phenomenological Analysis (IPA), the study uncovered four superordinate themes: 'economic adversity and emotional dynamics', 'coping resources and protective factors', 'sense of fulfilment and personal growth', and 'professional support and availability of services'. The findings reveal that counsellors were deeply committed to providing psychological care despite economic uncertainty, social stigma, and limitations in service infrastructure. Participants emphasized the importance of both internal and external coping mechanisms, including personal resilience, peer support, and ongoing motivation rooted in a strong sense of purpose. Notably, many counsellors reflected on their growth and sense of fulfilment derived from working with vulnerable populations, highlighting the transformative nature of their roles during crises. While the study is limited by a small sample and the interpretative nature of qualitative research, it offers valuable insights for stakeholders in the mental health sector. Recommendations include strengthening practitioner support systems, enhancing professional infrastructure, and ensuring counsellors' voices guide future policy and planning.

Keywords: Mental health professionals, economic crisis, counselling in Sri Lanka, lived experiences, Interpretative Phenomenological Analysis (IPA)

Introduction

In recent years, Sri Lanka has experienced a series of socio-economic disruptions, beginning with the 2019 Easter bombings and intensifying during the COVID-19 pandemic. These events culminated in a severe

economic crisis in 2022–2023, with a 7.8% economic contraction and inflation peaking at 73.7% in September 2022 (Central Bank of Sri Lanka, 2022). This turmoil led to shortages in food, fuel, and medicine, straining essential services, particularly healthcare. Amid this, mental health professionals play a vital yet underexamined role. Globally, economic downturns pose psychological and occupational challenges for mental health workers. They often face job insecurity, reduced salaries, deteriorating working conditions, and limited resources (Stuckler et al., 2009; Kentikelenis, 2017). These factors affect not only their ability to care for others but also their own well-being and career stability (Jesus et al., 2019). In Sri Lanka, these challenges are intensified by systemic gaps in the mental health infrastructure, a lack of structured support for providers, and rising public demand for services (Baminiwatta et al., 2021).

Economic crises also impact the population's mental health. Financial instability increases the risk of depression, anxiety, substance abuse, and suicide (Sooriyaarachchi & Jayawardena 2023), while worsening social determinants such as unemployment and housing insecurity (Allen & Marmot, 2014). However, most research focuses on service users, with limited exploration of the providers' lived experiences; especially in low- and middle-income countries like Sri Lanka. Existing studies often rely on quantitative data, overlooking the emotional toll and adaptive strategies of mental health professionals (Cheung & Marriott, 2015). In the Sri Lankan context, the need to support mental health professionals is urgent. During the pandemic, frontline workers reported high levels of distress, including depression and suicidal ideation, yet formal psychosocial interventions were scarce (Baminiwatta et al., 2021). The ongoing economic crisis has exacerbated these pressures, with professionals facing shortages in medication, training, and institutional support. Many have turned to informal support systems or self-help methods, which may be insufficient in prolonged crises (Wijesinghe et al., 2023).

International findings on mental health service utilization during crises are mixed, some report increased help-seeking (Zivin et al., 2011), while others note reduced access due to affordability and austerity (Buffel et al., 2015). These contradictions highlight the need for qualitative research to capture the human realities behind the statistics. This study addresses that gap by qualitatively exploring the professional lives of mental health counsellors in Sri Lanka amid the current economic crisis. It investigates their motivations, challenges, and coping mechanisms to better understand how they continue to serve under pressure. By centering their voices, the research aims to inform more responsive policies and sustainable support systems, contributing to the broader discourse on mental health care during crises. In summary, this study addresses a timely and under-researched area by giving voice to mental health professionals operating in high-stress, low-resource contexts. It holds promise for both academic advancement and the practical improvement of mental health services during economic hardship.

Research aim and objectives

This study seeks to investigate the professional experiences of mental health counsellors in Sri Lanka amid the ongoing economic crisis. It aims to uncover the key challenges they encounter and the motivational factors both intrinsic and extrinsic, that sustain their commitment during such turbulent times. Ultimately, the research intends to enrich existing literature by providing context-specific, qualitative insights that can guide future studies, shape policy decisions, and inform interventions.

Research questions

RQ1: What challenges do counselors face during the economic crisis in Sri Lanka?

RQ2: What factors motivate counselors to continue their service despite adverse conditions?

Materials and methods

Research design

This study employed a qualitative research design, specifically guided by Interpretative Phenomenological Analysis (IPA), to explore the professional experiences of counsellors during the economic crisis in Sri Lanka. Rooted in a contextual constructionist epistemology, the research prioritized understanding the subjective meanings counsellors assign to their work and emotional responses during a time of national hardship. The inductive approach allowed for themes and patterns to emerge directly from participant narratives, rather than relying on pre-existing theories.

Sampling & participants

Sampling was purposive, aiming for a homogenous group, as recommended by IPA (Smith et al., 2009), while allowing diversity in gender. Participants were recruited voluntarily via a flyer shared on social media. Six counsellors (three males and three females), aged between 30 and 40 years and with a minimum of five years' professional experience, were selected. All participants were working in relevant professional environments such as counselling clinics or mental health institutions and were proficient in English. This sampling ensured both depth and relevance in the data collected.

Table 1: Inclusion / exclusion criteria

Inclusion criteria	Exclusion criteria
Being within the age range of 30-40	Age outside the specified range
Minimum 5 years of professional experience	Less than 5 years of professional experience
Proficient in the English language	Inability to understand or communicate effectively in English

Participant characteristics

Pseudonymized participant data is presented as follows.

Table 2: Participant profile

Name	Age	Gender	Professional setting	Years of experience
Sam	31	Male	Private practice, Mental health care institution	7
Stella	33	Female	Private practice	6
Umar	37	Male	Private practice	6
Norman	31	Male	Private practice	6
Isabel	37	Female	Private practice	6
Shirley	40	Female	Private practice, Mental health care institution	8

Data collection

Data collection was conducted through semi-structured interviews via the University of Northampton's virtual learning platform, 'Blackboard Collaborate'. This method allowed flexibility while maintaining a clear focus on key areas, including the impact of the economic crisis on personal and professional lives, work environments, service delivery barriers, and coping mechanisms. Interview questions were

developed based on a review of relevant literature and aligned with the study's objectives. Open-ended questions encouraged participants to reflect deeply on their lived experiences. Each interview lasted between 30 minutes to 1.5 hours, was audio-recorded, and transcribed verbatim for analysis. Ethical considerations were prioritised throughout the process. Informed consent was obtained, and participants were made aware of their right to withdraw at any point. Pseudonyms were used to ensure anonymity, and all data were stored securely in password-protected files. Support resources were also provided to participants in case they experienced any emotional distress during or after the interviews.

Analysis method

The analysis method followed the six steps of IPA as outlined by Smith et al. (2009): immersion in the data, initial noting, developing emergent themes, connecting themes, moving to the next case, and identifying patterns across cases. The focus remained on capturing the nuanced, lived experiences of participants. Themes were supported by illustrative quotes, preserving the richness of individual narratives. Throughout the process, reflexivity and quality control were maintained via bracketing, transparency in procedures, and supervision, ensuring credibility, rigor, and trustworthiness in findings.

Results

Table 3: Master Table of Themes

Superordinate theme	Subordinate theme
Economic Adversity and Emotional Dynamics	Recognising Emotional Turmoil Exploring Alternative Sources of Income Adapting Lifestyles in Response to Financial Strains Lack of Social Acceptance
Coping Resources and Protective Factors	Gender Based Self-Care Practices Integrating Work-Life Balance Positive Influence of Peer Support
Sense of Fulfilment and Personal Growth	Commitment to Serving Vulnerable Populations Passion for the Profession Empowerment through Building Resilience
Professional Support and Availability of Resources	Detached Professional Community Service Accessibility and Improvements

The superordinate theme Economic Adversity and Emotional Dynamics reflects the complex challenges faced by Sri Lankan counsellors amid prolonged economic hardship (see Table 3 for subordinate themes). Practitioners reported pervasive emotional distress and self-doubt: as Shirley admitted, *"I was under a lot of stress...it was the thought like...am I not giving what they're coming to me for?"* Unable to rely solely on counselling, many sought additional income through lecturing or consultancy. Financial strain also led to lifestyle adjustments, reduced social interactions and personal sacrifices that affected family and friendships. Stigma compounded these pressures, with counsellors encountering misunderstanding, gender bias, and expectations of emotional invulnerability. Stella noted the fear of judgment within her own profession, highlighting the deep impact of societal attitudes. Diversified self-care was critical: male counsellors turned to solitary physical activities, while women maintained emotional connection with

friends. Work-life balance helped many recharge, though some like Umar merged personal passion with professional work to sustain motivation. Peer support, through forums, case collaboration, and wellness events, offered significant emotional sustenance and shared learning. A strong commitment to serving vulnerable groups emerged, exemplified by Stella offering free sessions, "I had it open for anybody who wanted free counselling." Passion for the profession fuelled perseverance - Umar said, "Because of my passion and I have a vision...I was really motivated." Resilience was built through accepting uncertainty; Isabel reflected, "Certain things are beyond our control... we mastered patience." However, all counsellors felt professionally isolated. Shirley stressed, "We need a united group... where we can talk without judgement," pointing to fragmentation across the field. Additionally, infrastructural support was lacking; Isabel noted, "We do not have counsellors in hospitals... no supervision," revealing gaps in licensing, supervision, and modern therapeutic tools.

Discussion

This study explores the lived experiences of counsellors during Sri Lanka's economic crisis, contextualized within psychological theory and existing literature. It uniquely contributes to a limited body of research focusing on the professional lives of mental health care workers during economic instability, an area previously under-explored, especially in the Sri Lankan context. While prior literature has examined the effects of the COVID-19 pandemic on healthcare workers globally, this is, to the best of the author's knowledge, the first qualitative study to explore the challenges and motivations of Sri Lankan counsellors during an economic crisis.

The interpretative analysis identified four superordinate themes: *Economic Adversity and Emotional Dynamics*, *Coping Resources and Protective Factors*, *Sense of Fulfilment and Personal Growth*, and *Professional Support and Availability of Services*. These themes directly respond to the study's two research questions on the challenges faced and motivational factors that sustained counsellors' service. The theme of *Economic Adversity and Emotional Dynamics* reflects widespread emotional strain compounded by financial instability. This aligns with prior research suggesting that economic crises create job insecurity, salary reductions, and mental distress among healthcare professionals (Stanley et al., 2023; Jesus, 2019). The findings affirm the relevance of theories like the stress and shift hypotheses, which link economic downturns to increased psychological strain and redirection toward mental health services (Zivin et al., 2011). The counsellors' accounts of inadequate compensation and societal stigma highlight the systemic gaps in recognizing and supporting mental health professionals. In response, the theme of *Coping Resources and Protective Factors* reveals how counsellors harnessed resilience through gender-based self-care, work-life balance, and support networks. This resonates with Self-Determination Theory (Deci & Ryan, 1985), which emphasizes intrinsic motivation and the importance of autonomy, relatedness, and competence. Family and peer support emerged as vital sources of strength, aligning with studies demonstrating the protective role of resilience and psychological resources during crises (Labrague, 2021; Halms et al., 2023). These experiences also reflect Maslow's Hierarchy of Needs, as counsellors prioritized safety and stability before striving toward fulfilment and professional growth. The theme *Sense of Fulfilment and Personal Growth* underscores how service to vulnerable communities reaffirmed the counsellors' commitment to their profession. This reflects Maslow's concept of self-actualization and theories on professional purpose and motivation (Skovholt & Trotter-Mathison, 2011). Participants described growth in resilience and personal empowerment as they adapted to challenges, aligning with research highlighting how adversity fosters greater self-efficacy and long-term professional dedication (Masten, 2001). Finally, the theme *Professional Support and Availability of Services* draws attention to the lack of systemic support and resources for mental health professionals. While some benefited from collaborative workplaces, most reported isolation and

unmet needs. These findings align with broader literature on mental health stigma in healthcare settings and the need for systemic reform (Stanton & Randal, 2011; Konduru et al., 2022). Participants expressed a collective call for an authoritative body to oversee professional regulation, supervision, and development, suggesting a clear policy gap in Sri Lanka's mental health infrastructure.

This study qualitatively explores the experiences of mental health professionals in Sri Lanka during the economic crisis, filling a gap left by predominantly quantitative research. Balanced gender representation and the use of Interpretative Phenomenological Analysis add depth to the findings. However, reliance on self-reports, a small sample, and a district focus limit generalizability. The study highlights the urgent need for structured support, supervision, and continued education. Future research should adopt larger, longitudinal designs to assess the sustainability of such interventions. Overall, the study's findings reinforce the urgent need to address both systemic shortcomings and individual resilience factors within the mental health care profession during economic crises.

Conclusion

Sri Lankan mental health counsellors navigated profound financial stress, emotional strain, and professional isolation during the economic crisis, yet remained committed through resilience, self-care, and peer support. Their dedication to serving vulnerable communities and intrinsic passion highlight both the personal strength and systemic vulnerabilities faced by practitioners. Addressing gaps in institutional infrastructure and societal attitudes is essential to support their wellbeing and sustain quality care.

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References

- Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social Determinants of Mental Health. *International Review of Psychiatry*, 26(4), 392–407. <https://doi.org/10.3109/09540261.2014.928270>
- Baminiwatta, A., De Silva, S., Hapangama, A., Basnayake, K., Abayaweera, C., Kulasinghe, D., Kaushalya, D., & Williams, S. (2021). Impact of COVID-19 on the mental health of frontline and non-frontline healthcare workers in Sri Lanka. *Ceylon Medical Journal*, 66(1), 16. <https://doi.org/10.4038/cmj.v66i1.9351>
- Buffel, V., van de Straat, V., & Bracke, P. (2015). Employment status and mental health care use in times of economic contraction: a repeated cross-sectional study in Europe, using a three-level model. *International Journal for Equity in Health*, 14(1). <https://doi.org/10.1186/s12939-015-0153-3>
- Central Bank of Sri Lanka. (2022). NCPI based headline inflation recorded at 73.7% on year-on-year basis in September 2022. <https://www.cbsl.gov.lk/en/news/inflation-in-september-2022-ncp>
- Cheung S and Marriott B (2015). Impact of an economic downturn on addiction and mental health service utilization: a review of the literature. Alberta Health Services, Knowledge notes num.12.

- <https://www.albertahealthservices.ca/assets/info/res/mhr/if-res-mhr-kn-12-economic-downturn.pdf>)
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic Motivation and self-determination in Human Behavior* (1st ed.). Springer US. <https://doi.org/10.1007/978-1-4899-2271-7>
- Halms, T., Strasser, M., Papazova, I., Reicherts, P., Zerbini, G., Grundey, S., Täumer, E., Ohmer-Kluge, M., Kunz, M., & Hasan, A. (2023). What do healthcare workers need? A qualitative study on support strategies to protect mental health of healthcare workers during the SARS-CoV-2 pandemic. *BMC Psychiatry*, 23(1). <https://doi.org/10.1186/s12888-023-04686-z>
- Jesus, T. S., Kondilis, E., Filippou, J., & Russo, G. (2019). Impact of economic recessions on healthcare workers and their crises' responses: study protocol for a systematic review of the qualitative and quantitative evidence for the development of an evidence-based conceptual framework. *BMJ Open*, 9(11), e032972. <https://doi.org/10.1136/bmjopen-2019-032972>
- Kentikelenis, A. E. (2017). Structural adjustment and health: A conceptual framework and evidence on pathways. *Social Science & Medicine*, 187, 296–305. <https://doi.org/10.1016/j.socscimed.2017.02.021>
- Konduru, L., Das, N., Kothari-Speakman, G., & Behura, A. K. (2022). Experiencing the COVID-19 pandemic as a healthcare provider in rural Dhanbad, India: An interpretative phenomenological analysis. *PLOS ONE*, 17(8), e0273573. <https://doi.org/10.1371/journal.pone.0273573>
- Labrague, L. J. (2021). Psychological resilience, coping behaviours, and social support among healthcare workers during the COVID-19 pandemic: A systematic review of quantitative studies. *Journal of Nursing Management*, 29(7), 1893–1905. <https://doi.org/10.1111/jonm.13336>
- Masten, A. S. (2001). Ordinary magic: Resilience Processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037//0003-066x.56.3.227>
- Piumika Sooriyaarachchi, & Ranil Jayawardena. (2023). Perceived stress among Sri Lankans during the economic crisis: an online survey. *Journal of Ideas in Health*, 6(4), 975–981. <https://doi.org/10.47108/jidhealth.vol6.iss4.318>
- Skovholt, T. M. (2011). *The Resilient Practitioner*. Routledge. <https://doi.org/10.4324/9781315737447>
- Smith, J. A., Flowers, P., & Larkin, M. (2009, January). *Interpretative Phenomenological Analysis: Theory, Method and Research*. ResearchGate. https://www.researchgate.net/publication/221670349_Interpretative_Phenomenological_Analysis_Theory_Method_and_Research
- Stanley Chibuzor Onwubu, Maureen Nokuthula Sibiyi, & Mokgadi Ursula Makgobole. (2023). Mental Health Challenges during COVID-19 Pandemic: Experiences of Primary Healthcare Nurses in Durban, South Africa. *International Journal of Environmental Research and Public Health*, 20(17), 6683–6683. <https://doi.org/10.3390/ijerph20176683>
- Stanton, J., & Randal, P. (2011). Doctors accessing mental-health services: an exploratory study. *BMJ Open*, 1(1), e000017–e000017. <https://doi.org/10.1136/bmjopen-2010-000017>
- Stuckler, D., Basu, S., Suhrcke, M., Coutts, A., & McKee, M. (2009). The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *The Lancet*, 374(9686), 315–323. [https://doi.org/10.1016/s0140-6736\(09\)61124-7](https://doi.org/10.1016/s0140-6736(09)61124-7)
- Wijesinghe, C., Chandradasa, M., Ranwella, P., Samaranayake, A., Wickrama, P., Gamage, N., Siriwardane, G., Goonathilake, N., Perera, S., Dahanayake, D., Mendis, J., & Kapila, R. (2023). Survey on the psychosocial impact of COVID-19 on the Sri Lankan mental healthcare system and the needs of frontline healthcare workers in the post-covid era. *The Ceylon Medical Journal*, 68(S1), 21–26. <https://doi.org/10.4038/cmj.v68iS1.9727>
- Zivin, K., Paczkowski, M., & Galea, S. (2011). Economic downturns and population mental health: research findings, gaps, challenges and priorities. *Psychological Medicine*, 41(7). <https://doi.org/10.1017/S003329171000173X>