The lived experiences of Filipino mental health professionals during the COVID-19 pandemic

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Abstract

The COVID-19 pandemic has increased the number of clients of mental health professionals in the Philippines, adding up to their pre-existing burdens of personnel shortage and inadequacy of material resources. However, there is little knowledge on how the pandemic has affected these mental personnel in terms of their personal lives and their delivery of services to clients during this difficult time. This phenomenological study investigated the lived experiences of the Filipino mental health professionals, coping strategies and self-care practices during the Covid-19 pandemic. Online semi-structured interviews were conducted among eight psychologists in selected areas in Northern Luzon, Philippines. The findings show that the participants have gone through the *Confronting, Carrying,* and *Comprehending Phases,* which capture the essence of their lived experiences as they faced the challenges and struggled to maintain a healthy psychological equilibrium through the pandemic. Amidst the difficulties, the mental health professionals incorporated healthy coping strategies that were categorized as *Shifting, Averting, Interacting,* and *Lifting*. These strategies allowed them to cope up healthily and, in doing so, enabled them to improve the practice of their profession and their life in general.

Keywords: Impact of pandemic to mental health professionals, coping strategies, self-care practices

Introduction

Several studies have looked into the circumstances and experiences of mental health professionals during the COVID-19 pandemic, with most of them calling attention to the challenges encountered and the adjustments made by these professionals during this difficult time. Liberati et al. (2021) pointed out to changes adopted by psychiatrists, clinical psychologists, psychotherapists, and mental health nurses in England in order to lessen the possibility of infection, like delivering services through telephone/video-conferencing and moving colleagues temporarily to other sections of the workplace. Sibeoni et al. (2021) found that psychiatrists from 26 countries experienced disorganization in their clinical practice and reported negative effects in their wellbeing such as loneliness, grief, and psychological distress because of the changes and restrictions. In Canada, Ashcroft et al. (2021) reported on mental health care professionals' feeling of fatigue, isolation, and burnout because of the pressure and changes brought by the pandemic like the high demand for mental health care and the quick shift to virtual care.

Despite challenges to the mental health professionals' responsibilities of providing advocacy, patient care, and support during the pandemic, Shavlev and Shapiro (2020) explained that the challenges could also serve as opportunities to grow and improve as professionals. It is also important to note that the changes called forth by the pandemic have not been similarly experienced as challenges by the mental health professionals. For instance, the shift to conducting services online was found not to be difficult by some mental health professionals who have expressed confidence in their ability to do this (MacMullin, Jerry, & Cook, 2020). Moreover, many of these professionals have also come to appreciate the advantages of working remotely such as flexibility of time, less traveling, and a lower chance of contact during the pandemic (Mcbeath et al., 2020).

In the Philippines, to date there is paucity of data on the lived experiences of mental health professionals during this extraordinary time of the pandemic. What has been reported is the increase in their client rates during this period (Tee et al., 2020). According to the Philippine Mental Health Association, Inc. (PMHA), majority of their clients (85%) were those seeking assistance due to pandemic-related concerns. Of the 20 to 25 average calls received per day, 40% are from those suffering from anxiety disorder while 30%, those with depressive disorder (Manila Bulletin, 2020).

This increase in workload among Filipino mental health professionals is a big burden given the noted shortage in their number. According to Lally et al. (2019), there are only 2-3 mental health workers per 100,000 people in the country, with a measly 0.52 psychiatrists and 0.07 psychologists per 100,000 people. Aside from the dearth in mental health professionals, another problem is the lack of budget for mental health facilities, as only 3–5% of the total health budget is allotted for mental health, 70% of which is spent on hospital care (Lally et al., 2019). Amidst these realities, it is important to explore the experiences of the Filipino mental health professionals in terms of their personal lives and the delivery of their services during the pandemic. Thus, the purpose of this study is to conduct a phenomenological analysis of the lived experiences, coping strategies, and self-care practices of Filipino mental health professionals during the COVID-19 pandemic.

Methodology

Research Design and Tool

This is an exploratory qualitative research that uses a phenomenological approach, focused on the unique phenomena of the participant's lived experiences involving their personal and professional challenges, coping strategies, and self-care practices during the Covid-19 pandemic.

A Robotfoto was used to generate documentation of participants' demographics, work, field, institution, and years of experiences. To capture the lived experiences, a semi-structured interview guide was prepared, with questions focused on the participants' experiences as a mental health professional during the pandemic, their professional and personal challenges, how they handled the challenges, and the insights gained from their experiences. The guide questions were validated by three experts in the field of mental health, composed of a psychologist, a social worker, and a guidance counselor.

Research Sample

The study was conducted among participants serving in different mental health institutions in Dagupan City, Baguio City, and La Union, Northern Luzon, Philippines. These were recruited through snowball sampling, with their participants engaging their social networks to refer to other potential participants. Considering the availability and willingness of participants, the researchers obtained and interviewed a sample of eight mental health professionals who were providing counseling or therapy. While this sample is well within range for the number of participants in a phenomenological approach, as pointed out by De Guzman (2017), Creswell (1998), and Morse (1994), a limitation is acknowledged here as all the participants recruited were psychologists rather than the full range of mental health professionals.

Table 1
Participants' Description

Name (Pseudonym)	Gender	Age	Occupation	Place of Institution	Years of experience
Carlo	Male	30	Psychologist II	Dagupan City	2 years
Rafael	Male	27	Psychologist	Dagupan City	2 years & 8 mos.
Anna	Female	31	Psychologist III	La Union	5 years
Evelyn	Female	31	Clinical Psychologist	Dagupan City	5 years
Rose	Female	26	Psychologist	La Union	4 years
Joseph	Male	45	Psychologist	Baguio City	15 years
Ronald	Male	34	Psychologist	Baguio City	2 years
Fatima	Female	43	Clinical Psychologist	Baguio City	18 years

The participants include both males and females and are between the ages of 26 to 45 or early adulthood and late adulthood. They have been practicing as a mental health professional for at least two years and before the Covid-19 pandemic. The description of the participants is shown in Table 1.

Data Collection and Treatment

Invitation letters were first sent to the participants, and those who agreed were asked to sign consent forms. Given the limitations to face-to-face contact, online interviews were conducted through Zoom, Google Meet, and Messenger. The interviews were done orally and individually, based on the participants' preference and availability. The average interview duration was 40 minutes, with all sessions being captured through voice recordings. The interview for each of the participants were only conducted once without the need for follow up.

The voice recordings were transcribed immediately after each interview. The researchers (are they also psychologists?) utilized orthographic transcription, where each spoken word was transcribed verbatim. Transcripts were systematically reviewed. In addition, three research assistants who were also psychologists

were engaged to spot-check the transcriptions prior to treatment of data.

Cool and warm analysis was applied to the data, following Colaizzi's (1978) procedure for text analysis. This involved the extraction of significant statements by having the table for meaning unit, condensed unit, and code unit. The meaning unit refers to the significant statements of the participants, the condensed unit denotes the denser or more concise significant statements, and the code unit refers to the formulation of meanings for the significant statements. The formulated meanings were then categorized into themes, integrated the findings into an exhaustive description, and synthesized the obtained results. This procedure allowed the winnowing of themes into a manageable few. Coding was done individually by the two researchers, after which inter-coder reliability was employed to ensure the reliability of codes. A Cohen's Kappa statistic of 0.7948 was achieved, ensuring substantial agreement between coders (O'Connor & Joffe, 2020). Intercoder reliability was applied to all interview data sets.

Following the process of a phenomenological approach, the researchers considered the intentionality of the phenomena under study by taking into thoughtful attention the selection's noema and noesis. The findings were also

confirmed by the three research assistants to ensure that the data and interpretations of the findings are not figments of the researchers' imagination but derived clearly from the data.

Ethical considerations

The method in undertaking this research implemented appropriate procedures while ensuring the ethical practices expected of scientific research. Letters of consent were prepared, and participation was voluntary. The researchers assured that the data collected were treated with high confidentiality and that no personal identifiable information was shared. The recorded interviews were encrypted so that these cannot be accessed by anybody even by accident. Also, code names or pseudonyms were assigned to the participants to ensure confidentiality.

In anticipation of possible abreactions during the interview process, licensed psychologists and guidance counselors not related by any means to the research participants were on standby to provide psychological support and assistance should the need arise. So far, no untoward reactions have been noted during the interviews.

Findings

Through the thickness and richness of the descriptions of the participants, a number of distinct and interesting set of phases have emerged relative to the lived experiences, coping, and self-care practices of mental health professionals during the Covid-19 pandemic.

The Confronting Phase: Living During the Pandemic

In the Confronting Phase*,* mental health professionals shared the challenges encountered during the pandemic. The participants verbalized confronting concerns when it came to the new approach to counseling and psychotherapy, limitations especially with clients who were in housed, a rise in the demand of more mental health professionals, and some other personal issues which restricted movement and social interaction.

The most difficult challenge was the conduct of services and activities online, which were hardly done in the traditional approach.

> *I would say that it is really more challenging today in terms of approach since telephone counseling is not part of the traditional approach. Also, we are forced that the client will be taking the test online.* (Joseph)

> *We can hardly engage because clients cannot fully show their emotions. There are limitations or restrictions on our part. During online sessions, there are difficulties in assessing the client's holistic view. With these, there is a possibility that I do a misinterpretation of the client's condition.* (Ralf)

> *The use of psychological tests via online is considered a challenge since monitoring a client is quite difficult, so I do not go for it.* (Anna)

Aside from using telehealth and performing online tests, internet connection issues during online sessions were also a challenge.

> *Adjustment to the platform, like the presence of an erratic signal, not to mention the difficulty of finding a good location and internet connection. Noise is also a concern. It is distracting when you can hear motorcycles and dogs who are barking while the session is ongoing.* (Fatima)

For professionals who still conduct fact-to-face sessions, the need to comply with safety protocols like wearing face masks and face shields was also challenge.

> *It is exhausting talking with your face mask and face shield on. And honestly, conversing with a client for an hour wearing protective gear is very difficult.* (Anna)

There is still an interaction with the client face to face but of course with face mask and face shield on. There is a difficulty with the set-up wearing a face mask and face shield at work because words can sound garbled. Facial reactions are also hard to see because of the covering. (Rose)

With the challenges that the mental health professionals face regarding the new approach, several reactions, especially the self-questioning of the participants, were manifested as most of them are not accustomed to doing the online counseling or online therapy approach.

There are times that I also questioned myself if I am still able to help my clients. (Carlo)

In the beginning, I questioned my competence and ability. But I was able to pick it up eventually. But it took time. (Fatima)

During the pandemic, mental health professionals, especially those who work for in-house clients, said that their institution needed to limit the acceptance of new in-patient clients. Some participants also experienced a problem regarding the sudden stoppage of face-to-face consultations at the beginning of the pandemic.

Unfortunately, counseling/therapy sessions of our existing clients had to be stopped on the onset of the pandemic. This made the clients' situation worsen since we didn't come to work for around two months. (Fatima)

As a result, the participants shared that the pandemic situation added to clients' condition. In addition, there was also an increase of clients, most of them were Covid-19 related cases.

Increase of clients, we had a lot of online inquiries. We have never seen such an increase. So definitely I would say the pandemic situation has exacerbated. It has somehow added

to their condition. That's why they are referring themselves. It's really a challenge. (Fatima)

There are some clients experiencing Covid-related stress and anxiety. But even before the pandemic, there were also clients who were already experiencing anxiety attacks but had worsened due to the pandemic. (Ronald)

There has been a significant increase in clients, and most of them are under the age bracket of millennials and Gen Z. (Carlo)

With all these circumstances, the participants experienced effects such as emotional strain, being overwhelmed, feeling of inefficiency, and the difficulty of being productive.

The Carrying Phase: Coping with the Challenges

The Carrying Phase pertains to the coping strategies adopted by the mental health professionals during the Covid-19 pandemic, which is presented through the acronym SAIL (*Shifting, Averting, Interacting, Lifting*)

Shifting refers to making time for interests and hobbies, doing leisure activities, physical and creative releasing of tensions, keeping oneself busy with something that is not work-related, and making sure not to be idle. With these activities, the mental health professionals were able to decrease anxiety levels and achieve relaxation during the pandemic.

When it comes to coping, I engage in ways to creatively release tension such as doing artworks like painting, cooking, and gardening. I also resulted [sic] to physical release of tension by doing household chores. (Joseph)

It is very important for a counselor or a therapist to have time for himself too. Whatever hobbies you have, whatever interests you have, make

*sure you have time for those. Because
it is one way of releasing tensions too.*
(Ronald)

Most of the participants engaged in leisure
activities in order for them to divert their
attention when stress comes their way.

Averting covers actions like staying at home,
being careful, taking a bath, and spraying alcohol
were the safety measures that the participants
engage in. By doing these, the participants were
able to reduce the source of stress and had less
worries about the pandemic.

> *When you get home, take a bath
> right away, spray alcohol to prevent
> contamination. If it is possible to
> reduce the source of stressors, I do so,
> that is why I opted to stay at home
> to reduce the anxiety or tension of
> contacting the virus.* (Rafael)

Another way by which mental health
professionals coped is through *Interacting*. This
pertains to the participants' actions to maintain
open communication by asking for support,
clinicing, ranting and talking with colleagues,
sharing experiences, and having time with family
and friends/colleagues.

> *Continuous open communication
> with my colleagues to voice out your
> feelings and your uncertainties about
> it.* (Rose)

> *Clinicing serves as your outlet. It's
> also nice that you have links with
> other psychologists so that you can
> share and ask ideas from them.*
> (Evelyn)

With these, the professionals were able to
apply the suggestions and shared strategies of
others, enabling them to release the tension and
reduce the stress.

Finally, the mental health professionals
dealt with the challenges by *Lifting*. This refers
to actions that take care of their feelings by
regulating and revitalizing their emotions. They
did breathing exercises, reflected, took breaks,
and went for nature walks.

> *I do emotion regulation also. Like
> for example, if I get frustrated, I
> need to calm down and do breathing
> exercises.* (Rafael)

> *When I'm really very stressed, I go
> around in a garden, get my coffee, and
> go for a walk. Here in the Center, we
> usually have coffee breaks.* (Fatima)

With these activities, the participants
claimed that they were able to be calm and have
lower stress and anxiety levels.

*Comprehending Phase: Caring for the self amidst
the pandemic*

The third and last phase is the
Comprehending Phase. This refers to the mental
health professionals' figuring out, realizing, and
learning from experiences during the pandemic
for a more sustained way of taking care of the self.
According to the participants, they rediscovered
the need to prioritize self-care. The motivation
brought about from this realization led to the
emergence of five sub-themes, namely: *Healthy
Mind, Healthy Body, Healthy Interaction,
Healthy Reward,* and *Healthy Boundaries.*

Healthy Mind refers to the mental health
professionals' efforts to nurture their minds
through journaling, devotion, meditation,
intrinsically rewarding oneself, and traveling.
With these practices, the participants claimed
that they could reflect and function well mentally.

> *When the pandemic started, I
> downloaded an application on my
> phone. I input what is happening
> to me within the day including my
> emotions. Consequently, it makes me
> meditate as well.* (Carlo)

> *Usually, I wake up at 5:00 a.m. to
> do my meditation and make my
> gratitude journal. I try to do this
> every day.* (Anna)

The second self-care theme is *Healthy Body*.
This refers to the mental health professionals'
nurturing their physical health or body through
maintaining proper hygiene, physical exercising,

and being health conscious. With these practices, the professionals have improved their physical well-being.

> *Proper hygiene is very important and should not be ignored. I also do physical exercises to regulate my sugar level and to have self-care as well.* (Carlo)

> *I usually exercise. Then when the pandemic started, I became conscious of the food that I take because now, I have the time to prepare.* (Anna)

> *The good thing that the pandemic taught me is to prioritize myself, prioritize physical self-care. Because you cannot give what you do not have. That's one thing that made me realize during the pandemic.* (Evelyn)

The next self-care theme is *Healthy Interaction,* which refers to the mental health professionals' initiatives to maintain social connections through nurturing communication and collaboration during the pandemic.

> *To maintain social contact and avoid social withdrawal so you do not get trapped in it.* (Rafael)

> *So more or less my self-care includes being with my family, doing activities such as cooking, baking, and sometimes playing videogames with them. I make sure that I make time for this, it is not something done out of whim, rather it is done regularly.* (Ronald)

The participants sustained social contact and avoided social withdrawal by spending time with family, friends, and colleagues. With this, they were able to feel supported by other people and to have a continuous sense of connection.

The next self-care theme is *Healthy Reward*, which refers to the mental health professionals' nurturing not only of their extrinsic motivation but also gaining intrinsic reward during the pandemic. Extrinsic rewards include having

personal time such as watching movies, reading books, eating, trying new things like arts, crafts, and planting, and extrinsically rewarding oneself.

> *Buying something, or by eating something good that you don't normally eat.* (Evelyn)

> *Having my me time like watching the television, eating, etc. I consider that as my self-care.* (Joseph)

With these activities, the professionals felt that one does not only deserve to do those things but it is a need to be able to rest from work. More than the tangible reward obtained by the participants, gaining and embracing the non-tangible rewards such as being able to live life to the fullest allowed the participants to have a sense of fulfillment and gratefulness for the things that mattered the most. Intrinsically, this has channeled a deeper sense of reward for the participants allowing them to gain a sense of purpose.

> *I had a lot of time to organize, not just physical self-care, but I also learned my fullness. I embraced motherhood more and being a wife.* (Anna)

> *This pandemic brought me the realization that self-care includes tapping our inner strengths and discovering that there is this hero within that we really have to recognize. But the moment you get to awaken them, they can really bring out the best in everyone.* (Joseph)

> *Our profession is really a helping profession. Self-care is long term. If you really have the passion, you go beyond the limitations. There is no price to that.* (Ronald)

> *The challenges during this pandemic should not stop you from providing services to your clients. Sometimes the clients need us more because of the situation. This is itself is much more rewarding.* (Fatima)

As expressed, *Healthy Rewards* allows for a long-term self-care plan for the participants as they are provided with the much-needed push that they need to continue caring for the self.

The fifth and last self-care theme is called *Healthy Boundaries*. This refers to the mental health professionals' nurturing balance and limits through avoiding overwork, balancing one's time between work and activities outside of work, and establishing healthy limitations. With these, the participants were able to feel less overwhelmed at work.

> *It is important that you always know your limits. I usually refer a client whom I know I cannot handle in the first place. And that is one way of not getting stressed out.* (Rafael)

> *I really make sure that I stop working when I go home on weekends, as much as possible I keep it clear. I just want not to think… it's really me time, unless it's very urgent.* (Fatima)

Discussion

The results of the study provide an understanding of the Filipino mental health professionals' situation and experiences during the pandemic. Overall, the participants' lived experiences can be seen through three phases. The first phase is the *Confronting Phase*, where they had to face certain changes, such as delivering services online, complying with safety protocols, increasing and rescheduling their clients. The mentioned adjustments gave them negative feelings and reactions such as self-questioning, feelings of being overwhelmed and emotionally strained. However, they chose to continue and face the challenges which are explained in the *Carrying Phase*. The coping strategies of the participants were presented and organized through the acronym SAIL, standing for *Shifting, Averting, Interacting,* and *Lifting*. These strategies included engaging in leisure activities, staying at home, maintaining open communication, and reflecting to name a few. Lastly, wisdom gained from the pandemic were expressed by the participants in the *Comprehending Phase* where most of their realization led to the importance of engaging in self-care by having healthy mind, healthy body, healthy interaction, healthy reward, and healthy boundaries.

In the *Confronting Phase*, what dominated the experience was the realization that work before the pandemic was a lot easier, where they were able to interact with their clients without limitations. This echoes findings elsewhere, showing the difficulties brought about by restrictions imposed by the pandemic (McGlinchey et al., 2021).

Moreover, the participants shared the difficulties brought about by lack of preparation and sudden adjustment at work as the pandemic came unexpectedly. This is clearly reflected in the findings of other studies, too. Based on the MacMullin, Jerry, & Cook (2020) study, the shift from face-to-face to online-based counseling and therapy has caused a lot of therapists to feel challenged because of difficulties in establishing rapport, reduced interpersonal and non-verbal cues, feelings of isolation and fatigue, and technical issues on the actual conduct of online sessions. It is also evident that most mental health workers received negative emotional states as seen in the studies of Liberati et al. (2021) and Ashcroft et al. (2021). People from the other countries such as England and Canada likewise experienced isolation, fatigue, burnout, and psychological distress because of the pandemic challenges. Because of the increase in demand for mental health professionals during the pandemic, feelings of being more overwhelmed and feeling of inadequacy was much expressed.

Together with the adjustments made by mental health professionals, the importance of coping amidst the pandemic has re-established the use of both emotion and problem focused coping (Morin, 2020) as presented through the SAIL initials. The study's *Averting* and *Interacting* coping fall under the problem-based coping, where one directly resolves an issue, such as eliminating a stressor from one's life. In contrast, emotion-based coping emphasized taking care of an individual's feelings because of the events outside one's control. The *Shifting* and *Lifting* coping fall under Morin's (2020) emotion-based coping.

Rilveria (2018) and Morin (2020) also iterated that coping skills are very significant since these help individuals tolerate, lessen, and handle challenging life situations. Problem-based coping which include maintaining open communication and social support plays a vital role in making an individual feel less isolated and less stressed. According to Smith & Pergola (1991), the essence of having open communication and social support helps a person under stress to handle the challenges effectively. Social support such as listening, giving practical help, or helping to sort out problems has a significant impact on an individual's well-being. It allows a person to release the tension to avoid repressing one's feelings. Seeking for help also allows for opportunity to be heard by others.

Self-care practices play a vital role in maintaining the physical and mental health of the participants expounded in the *Comprehending Phase*. It is important to mention that there is a thin line between coping and self-care practices and this should be explained clearly. Coping is a human behavioral process wherein one deals with internal and external demands because situations are perceived as threats. It is also a cognitive and behavioral effort to handle one's troubled relationship with the environment (Ackerman, 2020). Self-care on the other hand is defined as self-reflection, promoting and maintaining physical, emotional, and mental well-being, reducing the amount of stress and anxiety, and refueling oneself in healthy ways (Posluns & Gall, 2019).

As presented in the results of this study, the *Comprehending Phase* embrace awareness, acceptance, taking breaks, setting professional and personal boundaries while caring for components such as physical, spiritual, and psychological health (Visger, 2016). Tayoto's (2019) study supports the importance of self-care for the participants, where it portrays that strong support systems such as positive relationships with colleagues and family, supervision and consultations facilitate wellness and positive mental health.

When it comes to achieving a healthy mind, most, if not all participants in the study engaged in various meditative techniques. This improves one's focus and attention by calming the mind. Fagan (2021) noted that this kind of practice has neurological effects, encouraging the growth of new brain neurons. With this, it could also treat and prevent anxiety, especially when exposed to a stressful situation.

The participants also shared that when they did a great job, were tired, or felt that they deserved something, they would reward themselves not just to motivate themselves but also to rest from work. Having healthy rewards, after all, have been pointed out as a means to improve productivity as long as the reward is helpful, encouraging, and inspiring (Robbins Research International, Inc., 2021).

Finally, the participants set boundaries and limitations regarding work, which is another form of self-care. According to Martin (2018), setting boundaries and limitations allow individuals to recognize their needs. Having boundaries helps a person manage stress, take care of one's physical well-being, and produce healthy relationships. Thus, the mental health professionals were mindful that self-care is essential and part of their responsibility, as they could not provide psychological services if they are not themselves physically, mentally, and emotionally healthy.

Conclusion

The simulacrum below illustrates the themes and sub-themes pertaining to the lived experiences of Filipino mental health professionals during the pandemic.

The Filipino mental health professionals have gone through three phases – *Confronting, Carrying, and Comprehending* – that represent their encounters and progress during the pandemic. The various phases imply that even those who provide psychological care to other people also struggled to maintain a healthy psychological equilibrium. Faced with various difficulties like their counterparts in other parts of the world, they incorporated healthy coping strategies (*Shifting, Averting, Interacting,* and *Lifting*), which is an application of their knowledge and skill on how to cope. These strategies allowed them to be more productive and adapt to the sudden change of circumstances. Overall, they coped up with the challenges healthily and, in doing so, learned to improve the practice of their profession and their life in general.

Diagram 1

Phases of lived experiences, and coping and self-care practices
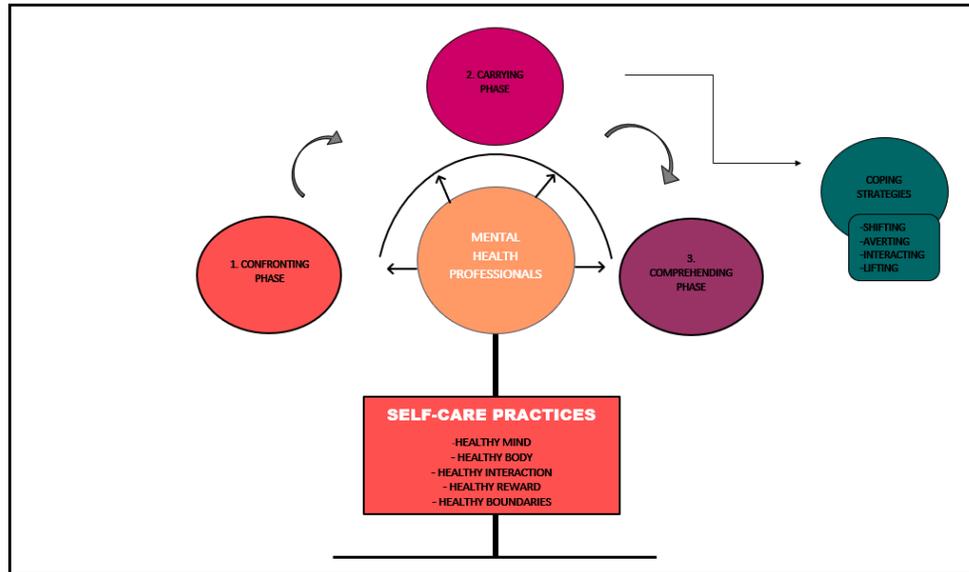
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