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Exploring the Impact of COVID-19 on Counsellors Work

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Abstract

The study explores the impact of the COVID-19 pandemic on counsellors working with individuals of low-income in Canada, including the nationwide impact on mental health services. It examines the pandemic's impact on counsellors' work from their perspective. The research question is, "How has the pandemic impacted your work with low-income clients?". Concept mapping methodology was used to explore counsellors' responses. Participants generated responses to a focal question, involved in generating, grouping, sorting and analyzing the data. The four concepts included Changes in Roles, Expectations, and Procedures, Access to Counseling, an Increase in Clients' Needs, and the Impact of Systemic Barriers. The results of the study were compared to the existing literature and contrasted with previous research literature.

Keywords: socio-economic status, therapeutic alliance, concept mapping, counsellor perspective

Lay Summary

This study examines the impact of the COVID-19 pandemic and explores counsellors' responses to how their work was affected and impacted low-income clients. Counsellors who engaged in the individual interviews also decided the main issues and their meaning. The primary responses were 1) how their roles, expectations and procedures in counselling changed because of the pandemic when working with clients who had low-income, 2) how the pandemic limited access to counselling for clients, 3) how the mental health needs of clients increased, and 4) how systems responded had a ripple effect on the public, clients, and professionals. The results of the study were compared to the existing literature and contrasted with the previous research found on counselling literature.

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Chapter 1: Introduction

This study examines the impact of the coronavirus disease 2019 (COVID-19) pandemic on counselling services for low-income clients in Canada. COVID-19 was officially declared a pandemic by the World Health Organization (WHO) on 11 March 2020 (Usher et al., 2020). The impact of COVID-19 on different nations varied, primarily determined by factors such as the speed and effectiveness of response measures, population compliance with mitigation measures, and existing healthcare infrastructure (Zajacova et al., 2022). The virus first appeared in Canada in early 2020 and spread widely, resulting in multiple lockdowns and restrictions nationwide (Polisena et al., 2021). Currently, Canada is dealing with over 5000 COVID-19 cases, and national trends in indicators of COVID-19 activity are stable or decreasing. (Public Health Agency of Canada, 2024). Measures to contain the virus included travel restrictions, capacity limits on gatherings, and mandatory mask-wear in specific settings the country has implemented (Public Health Agency of Canada, 2024). Mental health inequalities were present in Canada prior to the pandemic, particularly among marginalized communities, such as individuals with low-income (Hajizadeh et al., 2019). The pandemic has significantly impacted Canadian adults' mental health, particularly in specific populations more vulnerable to its harmful results (Gibson et al., 2021). Stress and uncertainty caused by the pandemic have exacerbated these disparities and increased rates of anxiety, depression, and substance abuse (Shah et al., 2020). The COVID-19 pandemic widened Canada's already wide inequities in mental health, highlighting the need for focused and culturally appropriate interventions (Gibson et al., 2021). In Canada, low-income is classed as an income below a threshold critical to meet basic needs. The low-income cut-offs (LICO) are income thresholds that represent

the income level at which a family is anticipated to allocate a higher proportion of its earnings toward essential needs such as food, shelter, and clothing compared to the average family. This method calculates an income threshold where families are projected to spend 20 percentage points more than the average household on these necessities (Government of Canada, Statistics Canada, 2022). The cost-of-living ranges significantly across Canada's provinces, which may limit how far an individual's salary can stretch. In the interest of preventing the virus from spreading, global health precautions were enforced. However, these initiatives indirectly negatively affected many, leading to decreased social interaction and increased feelings of loneliness and isolation. Businesses were forced to shut down or drastically downsize operations. Access to essential services was also disrupted by the pandemic, adding to the stress of those in need (Williamson et al., 2006). While public health efforts assisted in reducing the spread of COVID-19, they also had unforeseen repercussions and detrimental effects on health and well-being (Yamamoto et al., 2021).

Individuals who were disproportionately affected by the COVID-19 pandemic worked in vital industries such as food service, retail, and transportation, putting them at a higher risk of exposure (Kafadar et al., 2022). The loss of jobs impacted many people of low-income, with little to no savings as a safety net. Increased financial strain worsens pre-existing mental health problems (De Andrade et al., 2022). The loss of income and heightened stress resulting from the crisis have led to increased levels of depression and anxiety (Shah et al., 2020). Due to constrained financial resources and restricted insurance coverage, families of low income struggled to access affordable care (Yamamoto et al., 2021). Long wait times, lack of transportation, and limited hours of operation were barriers

for low-income households (Lazar & Davenport, 2018). As a result, many went without support (Lopez et al., 2021). Families with low-income sometimes resided in overcrowded areas, increasing their risk of virus exposure. Multigenerational families, with several family members sharing living quarters, made isolating individuals who contracted the virus difficult (Lopez et al., 2021). The pandemic increased the stress on Canadians of low income, whose living conditions became more restrictive (Carroll et al., 2020).

Excluded groups face more stress than the general population due to prejudice, discrimination, and social isolation. Stress experienced by marginalized groups is produced not only by individual stressors (DiPlacido et al., 2023), but also by the context in which those stressors occur. Due to limited mobility, increased financial insecurity, and higher virus exposure due to their important work in high-risk occupations, the COVID-19 pandemic produced a background of elevated stress for low-income Canadians. Poverty, discrimination, and health concerns have all combined to produce a unique and challenging experience for people of low-income (DiPlacido et al., 2023). While publicly funded talk therapy services have made strides in becoming more accessible through online services, individuals of low-income may still struggle to access these resources due to a lack of insurance or funds to pay for private talk therapy. Insurance coverage is frequently inadequate, restricting clients' access to mental health care (Williamson et al., 2006). There may be restrictions on the number of sessions or types of treatment covered by insurance, even when it covers mental health services.

For counsellors working with low-income clients, COVID-19 delivered notable challenges, such as limited access to technology and internet connectivity and no in-person services due to safety concerns (Yamamoto et al., 2021).

Participants were asked, "How has the pandemic impacted your work with low-income clients?" Responses from participants were analyzed using the concept mapping method (Trochim, 1989). Participants generated responses to a focal question, and then group responses were made by all participants. Visual representation of the participants' experiences and their collective outcome of the meanings of those statements represented in concepts.

Chapter 2: Literature Review

In the wake of the global pandemic, socioeconomically disadvantaged groups have borne a disproportionate burden of suffering (Hajizadeh et al., 2019). The pandemic's profound impact on global mental health escalated demand for counselling services, uncovering several significant challenges (Shah et al., 2020a). Availability of counsellor, constrained sliding scale payment options, and disruptions caused by social isolation requirements impeded individuals' access to vital support (Moroz et al., 2020). Virtual counselling emerged as an alternative, yet disparities in technology access, internet connectivity, and digital literacy, disproportionately and negatively affect individuals of low-income (Moroz et al., 2020). Counsellor grappled with increased stress and responsibilities, affecting their ability to take on new clients and provide consistent care.

Recognizing the impact of COVID-19 on counsellors working with clients of low-income is vital for providing effective and sustainable support. Existing research includes references to the challenges and barriers to counselling access that were created or exacerbated by the pandemic. There is less attention to the ways that counsellor adapted to the changes to improve access and strengthen impact during the increase in COVID-19-related demand (Moroz et al., 2020). This literature review explores how the pandemic impacted counsellors' practices with clients of low-income. The review begins with an estimation of the impact of COVID-19 on the mental health of Canadians. Challenges to practice with clients of low-income during the pandemic are described based on the existing research. Challenges include stigma associated with poverty and mental health, barriers to employment and income, transportation issues, childcare challenges as well as food and housing insecurity (Fang et al., 2021). Remote counselling became far more

common and offered some solutions as well as presenting some new challenges (Békés et al., 2021). Importantly, classism, related counsellor perceptions and as well as countertransference from their own pandemic-related challenges suggest ways that professionals' personal challenges had an impact on their service as well as their own mental health and self-care.

2.1 Mental Health Impact of COVID-19

According to surveys conducted in Canada by CAMH (2020), the COVID-19 pandemic has had a significant impact on mental health (*One Year Into Pandemic, About One in Five Canadians Reporting High Levels of Mental Distress*, 2020). Approximately 50% of Canadians reported that their mental health had deteriorated, with feelings of worry (44%) and anxiety (41%) being prevalent found that one in ten Canadians stated that their mental health had worsened 'a lot' due to COVID-19 (Pongou et al., 2022). Currently, 20%–25% of the population is experiencing moderate to severe COVID-19-related mental health problems having a greater impact on individuals with pre-existing anxiety disorders compared to those with mood disorders or no mental health diagnosis (Pongou et al., 2022).

2.2 Stigma Associated with Poverty and Mental Health

The COVID-19 pandemic contributed to rhetoric, increased hate speech, racism, and stigmatization towards certain populations (Sun et al., 2023). Misconceptions, stereotypes, and the fear of the unknown contribute to the negative attitudes and discriminatory behaviours that individuals with mental health issues may face (Sun et al., 2023). Unfounded beliefs that individuals with mental health challenges are unpredictable, dangerous, or at fault for their conditions create a barrier between those experiencing mental health issues and broader society (Snider & Flaherty, 2020).

The pandemic particularly affected individuals with pre-existing mental health challenges, especially those with severe and complex conditions, who were more likely to live in poverty than others (CAMH, 2020). Lott and Saxon (2002) conducted research that confirmed these beliefs extend beyond people experiencing poverty to the working class. Individuals facing barriers to traditional mental health treatment may struggle due to limited resources, discrimination, and inadequate access to healthcare, contributing to the difficulties they experience in seeking and benefiting from mental health services (Lott, 2002).

2.3 Employment and Income Barriers

Before COVID-19 impacted the Canadian economy, approximately 1.2 million Canadians were unemployed. The initial layoffs during the pandemic added another 1.5 million people to the unemployed. Of those who lost their jobs before COVID-19, 604,000 individuals are not eligible for Employment Insurance (EI) (Thomas Lemieux, 2020). In April 2020, nearly two million jobs were lost, resulting in a record-high unemployment rate of 13%. Many businesses were forced to close temporarily due to the closure of non-essential services to slow the spread of the virus (Statistics Canada, 2020). Many of those who were unemployed were in positions that were unstable and modestly paying, echoing findings from Crisp and Gore's (2020) study on limits to job opportunities during the pandemic. Location, physical ability, mental health issues, and childcare duties compounded the difficulties of work for vulnerable populations. Additionally, involuntary job loss led to worsening anxiety and depression (Shah et al., 2020). To help offset income losses, the Canadian government introduced a range of income-support programs such as the Canada Emergency Response Benefit (CERB) (Statistics Canada, 2020). However, Statistics Canada reveals that a considerable proportion of middle-income Canadians were more likely than low-income Canadians to access COVID-19 relief

programs (Statistics Canada, 2020). 2.3 million Canadians reported unmet or partially satisfied mental health care needs (Moroz et al., 2020).

2.4 Transportation Barriers

The pandemic highlighted the extent to which changes to transportation infrastructure can impact social groups differently. During the pandemic, Toronto's ridership declined in mid-2020 to 85% below pre-pandemic levels (University of Toronto, 2022). Transit remained essential for essential workers and equity-deserving groups, including older adults with limited alternatives, low-income households, racialized residents, newcomers, and individuals without access to a vehicle. While job security declined in customer service, fast food, and construction industries (University of Toronto, 2022), remaining in-person work situations depended on reliable and cost-effective means of transportation. Public health guidelines unintentionally created barriers to public transit for some low-income riders (University of Toronto, 2022). The reduction of cash ticket sales and reduced ticket purchasing hours made it challenging to purchase fares with cash.

Transportation barriers have been linked to missed healthcare appointments and reduced access to specialized services (University of Toronto, 2022). Lyeo et al. (2023) focused on identifying predictors of transportation-related barriers to healthcare access in the North American suburb of Scarborough, Ontario, with a sample of 528 participants. Among the participants, 34.5% reported experiencing transportation-related barriers to accessing healthcare (Lyeo et al., 2023). The most common transportation-related barriers were delaying scheduling a primary care appointment, reported by 27.3%, declining or delaying a vaccination appointment, reported by 15.3%, and missing a doctor's appointment, reported by 14.0% (Lyeo et al., 2023).

2.5 Barriers and Long Waitlists for Childcare Services

With limited childcare options and increased caregiving responsibilities due to lockdowns and school closures (Polisena et al., 2021), caregivers faced difficulties finding time for their own mental health needs. Crisp and Gore (2020) conducted case studies examining the various barriers faced by caregivers, finding that some had work histories that included atypical work, such as part-time, temporary, and flexible employment. Some caregivers had the option to work around childcare commitments. However, this flexibility limited their availability for counselling. Families who did not have childcare alternatives had to choose between finding free or low-cost childcare and their employment. Given the lack of affordable childcare, many chose to stay home to parent as full-time caregivers.

Lack of intent to return children to childcare after the pandemic was observed in a study by Statistics Canada in 2020 (Statistics Canada, 2020). Approximately one-quarter of participants stated that their children would not return to childcare upon re-opening. Among those participants, the reasons for not attending childcare were the most prevalent concerns about their child's health or other household members, with 49% expressing this as the primary reason(Statistics Canada, 2020). However, for many low-income families there was not an option to utilize out-of-home childcare, making it challenging for caregivers to attend therapy sessions home (Lignou et al., 2022). Either way, with children at home there would be little privacy for virtual sessions and in-person sessions would be difficult to attend due to the need to be home to parent.

2.6 Food and Housing Insecurity Barriers

Since COVID-19, the prevalence of household food insecurity in Canada has significantly increased. In 2012, approximately 4 million people were experiencing food

insecurity, and inadequate access to sufficient, safe, and nutritious food (*Prevalence, Severity, and Impact of Household Food Insecurity: A Serious Public Health Issue*, 2015). In 2021, 18.4% of households in the ten provinces were food-insecure (Statistics Canada Canadian Income Survey (CIS). 5.8 million Canadians, including 1.4 million children under 18, live in households that experience some level of food insecurity (Statistics Canada, 2023). Inadequate income has been consistently demonstrated as the most significant predictor of food insecurity, "as income declines, food insecurity rises" (Pirrie & Harrison, 2020).

Food and housing insecurity has a significant impact on the mental health of clients in counselling, which in turn affects counsellors (Carroll et al., 2020). The stress of experiencing food and housing insecurity can contribute to increased anxiety, depression, and overall distress for clients. When clients are preoccupied with concerns about where their next meal will come from or whether they will have a safe place to sleep, it can be difficult to fully engage in therapy (Wolfson et al., 2021). Counsellors working with clients facing food and housing insecurity may also experience increased stress and emotional strain (Carroll et al., 2020). Counsellors may need to adapt their approach and utilize additional resources to address their clients' immediate needs before delving into therapeutic work. The sole support for clients through these challenges, coupled with frustration of limited resources and systemic barriers, can take a toll on counsellors' well-being.

2.7 Remote Psychotherapy Barriers

There has been a shift in clinicians' attitudes toward technology and expanding remote counselling services (Zürcher et al., 2021). Remote psychotherapy through telehealth platforms allows individuals to access mental health support without physical

presence, eliminating the need for transportation and reducing the risk of exposure to the virus. Remote access also addresses barriers such as geographical remoteness, medical or psychiatric illnesses and mobility issues (Selick et al., 2022). However, low-income families experience poorer proper internet service (Bell et al., 2020), and may have lower technological literacy and access to smartphones with adequate Wi-Fi (Lignou et al., 2022).

Telephone therapy has become increasingly prevalent and avoids the technology requirements for video sessions (Zürcher et al., 2021). However, telephone therapy still requires privacy, which may not be possible in a small residence or a residence with children (Lignou et al., 2022). Additional concerns about telehealth include the reduced ability to verify clients' identities and locations in remote settings, raising potential security and privacy issues (Selick et al., 2022).

2.8 Classism

Research has highlighted the need for specific clinical strategies to address mental health issues associated with socioeconomic status that combat stigmatization and discrimination (Bell et al., 2020). The detrimental effects of stress on marginalized groups, resulting from experiences of overt discrimination like hate crimes, have been well-documented and shown to negatively impact individuals, families, and communities (Meyer, 2003). The level of disadvantage has been inversely associated with the availability and access to needs-led therapeutic interventions (Waldegrave, 2005).

Tervalon and Murray-Garcia best describe cultural humility as a "commitment and a lifelong process of learning" that counsellors carry with clients, communities, and themselves (Tervalon & Murray-Garcia, 1998). It is an ongoing process of self-reflection (Yeager & Bauer-Wu, 2013), creating space for other cultures and reflecting on one's

beliefs and cultural identity (Tervalon & Murray-Garcia, 1998), and reflecting on one's own assumptions, biases, and values (Kumagai & Lypson, 2009). In the therapeutic space, individuals bring their own worldview and how it has shaped their lived experience. When counsellors lack cultural humility, missed opportunities for understanding and support can be missed, affecting progress (Jesse et al., 2016). Due to class differences, clients from disadvantaged backgrounds may experience feelings of guilt, shame, and powerlessness within the therapeutic relationship. They may also fear judgment and be reluctant to disclose certain aspects of their lives to counsellors from more privileged backgrounds (Chalifoux, 1996; Thompson et al., 2012). Counsellors need to acknowledge and address the effects of class distinctions on their clients' lives to create a supportive and empowering therapeutic alliance (Waldegrave, 2005).

2.9 Counsellor Perceptions and Countertransference Barriers

Counsellors have experienced a range of perceptions and countertransference barriers during the COVID-19 pandemic that personally impact therapy. During the COVID-19 pandemic, counsellors have faced emotional challenges in their personal lives. Fear of contracting the virus, worries about loved ones' well-being, and adapting to remote work have created countertransference barriers in therapy (Morgan et al., 2022). Counsellors personally affected by COVID may view client COVID problems through their own lens of experience. The personal impact of the pandemic has also brought challenges for counsellors in handling their clients' experiences with COVID-19 (Morgan et al., 2022). Feeling vulnerability and uncertainty surrounding the pandemic have led to an increase in anxiety, depression, and trauma among clients, which in turn can impact counsellors' own well-being and emotional stability (Bashar & Bammidi, 2020). In the

midst of the pandemic, counsellors have also faced limitations in their ability to manage personal reactions. In therapy, the counsellor influences the client, and clients also influence the counsellor; the relationship is two-sided (Rokach & Boulazreg, 2020). When clients bring feelings of fear, anxiety, and uncertainty from the pandemic to sessions, counsellors may find it difficult to remain objective and avoid personal biases. The struggle of self-discloser with clients while also maintaining professional boundaries has been a common challenge (Rokach & Boulazreg, 2020).

2.10 Professional Development and Counsellor Self-Care Barriers

Burnout is defined as "a state of physical, emotional, and mental exhaustion caused by ongoing involvement in emotionally demanding occupational situations" (Litam et al., 2021). The pandemic led to increased clients presenting with COVID-19-related fears and experiences of death, severe illness, and trauma. The transition to remote counselling resulted in limited resources, technological difficulties, and reduced personal contact with clients (Giordano et al., 2022). Providing mental health care during the pandemic placed burdens on mental health professionals, potentially compromising their well-being and increasing the likelihood of developing compassion fatigue, burnout, and vicarious trauma (Litam et al., 2021). Counsellors experienced additional workload and documentation; the challenges, uncertainties, and continuous exposure to COVID-19-related media could exacerbate related stress (Thompson et al., 2020). According to Litam et al. (2021), counsellors experiencing burnout may struggle to prioritize self-care. To successfully navigate the difficulties caused by the pandemic, counsellors need to establish and maintain healthy boundaries while also prioritizing self-care (Litam et al., 2021).

Challenges included fear of getting infected, worries about personal health and the health of family members, and the difficulties of working while others were under lockdown or restricted (Norcross & Phillips, 2020). Research has shown that counsellors have experienced increased stress, given the high demands placed on them to support clients amidst their personal challenges (Ashcroft et al., 2022).

The pandemic contributed to financial uncertainties and job insecurities for counsellors, which complicated their ability to prioritize self-care practices (Morgan et al., 2022). The pandemic's economic impact affected counsellors' income and job security, notably if they experienced higher caseloads or changes in the demand for mental health services (Norcross & Phillips, 2020). As a result, counsellors found it challenging to allocate time and resources for their own well-being (Rokach & Boulazreg, 2020).

2.11 Current Study

The current study explores the impact of the COVID-19 pandemic on counsellor work with clients of low-income. The pandemic disproportionately affected individuals with low-income, exacerbating existing inequalities and creating additional barriers to accessing mental health support (Jenkins et al., 2021). Direct effects of the pandemic, such as job loss, housing instability, and food insecurity, added complexity to the counselling process. The pandemic placed significant strain on mental health services, with increased workloads and limited resources. The present study explores the impact of the COVID pandemic on professional counsellor's work with clients of low-income. Specifically, counsellors were asked, "How has the pandemic impacted your work with low-income clients?"

Chapter 3: Methodology

The group concept mapping approach allows researchers to effectively gather and analyze data from multiple perspectives within a group setting. Group concept mapping involves the quantitative analysis of qualitative data. By utilizing group concept mapping, researchers can generate a visual representation of the collective knowledge and ideas within a specific group. First created by William Trochim in 1989, concept mapping is a multi-step mixed method procedure that specifically combines quantitative and qualitative data and techniques (Lynn et al., 2019), in line with the understanding of research that emphasizes the triangulation of methodologies (Trochim, 1989). There are five steps to creating a concept map: generating statements, editing the statements, group sorting tasks, data analysis, and labelling concepts.

3.1 Participants

Advertisements were sent through the Canadian Counselling and Psychotherapy Association (CCPA) monthly newsletter, prompting interested participants to complete a survey. Recruitment started with a survey where participants entered personal details and were informed about being contacted for interviews. Research assistants interviewed 113 counsellors, each bringing a unique professional background to the study. The participants for the study varied into diverse age groups, with the average age being 35, the youngest 24, and the oldest 67 years. Experience ranged, with the majority of 62 participants having 0-5 years and the lowest 8 participants group having 21 or more years. Geographical location represented participants practicing across Canada, Ontario(40), Alberta(21), British Columbia (18), Nova Scotia(12), Manitoba(7), Newfoundland and Labrador (4), New Brunswick(3), Prince Edward Island (2), Quebec(1), and Northwest Territories(1).

Participants lived across various regions of the province, including urban and rural regions. Gender identity distribution revealed predominantly cisgender female representation (127 participants), cisgender male participants (18 participants), and nine non-binary. According to the data collected, participants who provided both in-person and virtual sessions (53 participants), only virtual sessions (32 participants) and only in-person sessions (15 participants).

3.2 Procedure

Recruitment advertisements were sent through the monthly CCPA newsletter. Interested candidates to complete a brief survey on the pandemic's impacts on low-income clients. The survey includes questions about social location, views on low income, and the pandemic's impact on counselling accessibility. After completing the survey, participants were asked to do an individual interview for approximately 30-60 minutes. Interview participants responded to closed and open-ended questions providing demographic information, social location, the impact of low income on counselling, experiences with clients of low income, pandemic impacts on work, and the impact on personal and professional life.

3.2 Concept Mapping

Step 1: Preparation: The concept-mapping process requires two steps: selecting participants and specifying the focus for conceptualization. Participants responded to an advertisement through the CCPA, contacting interested members to participate in an online survey. At the end of the survey, participants were invited to participate in an individual interview that included several open-ended questions about their experiences counselling clients of low-income during the pandemic. Individual interviews were arranged for a

suitable time and date for all parties. The present study focused on participants' responses to the open-ended research question, "How has the pandemic impacted your work with low-income clients? ".

Step 2: **Generation of Statements:** Participants took part in a semi-structured interview lasting approximately 30-45 minutes. Respond to 6 open-ended questions about the impacts of COVID-19 on their practice, which were recorded via Zoom audio. In line with the institutionally approved ethics protocol, the participants were invited to participate in a group sorting task. If they agreed, their contact information was collected so they could be contacted following the interviews. Participants received a $50 gift card to acknowledge their time and expertise. The research team reviewed all statements that answered the focal question, clarifying and removing redundant statements for a list of unique statements addressing the focal question. In total, 61 statements were finalized for the question, "How has the pandemic impacted your work with low-income clients?" This list was then given to participants for the next stage of the concept mapping approach in data analysis.

Step 3: Structuring of Statements: All interested participants were contacted for the sorting task and invited to group statements made in response to an open-ended question in whatever way made sense to them (Trochim, 1987). Participants received verbal and written explanations of the procedure before starting their sorting task. Participants had the choice between online or physical paper slips for sorting the data according to their preference. During this, 86 participants preferred the online sorting task, while 8 participants chose physical paper slips. Participants were asked to sort statements for two of the six open-ended questions. Participants were told that the task could take 3 hours to complete. A total of 30 participants consented to participate. 28 participants

completed the task and returned their results. To acknowledge the time commitment associated with this task, compensation of $100 was offered via an electronic gift card.

Step 4: Representation of Statements: Two statistical procedures were used to analyse the sorts that participants provided. The first analysis used is multidimensional scaling. Multidimensional scaling worked by mapping statements onto an x-y axis based on how often participants grouped them (Trochim, 1987). The point map represents the grouping frequency, with closer points indicating the higher frequency of statements sorted together by participants. Statements further away were less likely to be sorted together in the same pile. The bridging index is a value between 0.0 and 1.0, reflecting how closely a statement related to nearby statements. A statement with a value of 0 was sorted with statements all over the map. A statement with a value of 1 was not sorted with statements in regions other than its own on the map.

In hierarchical cluster analysis, the second analysis was used to organize the statements into clusters (Trochim, 1987) using the results of multidimensional scaling. Values for each point and statement are grouped on the map as they were placed by multidimensional scaling into clusters to represent the theme. In this analysis, each point starts as its cluster. At each stage in the analysis, two clusters were combined until the end, all statements are in a single cluster (Trochim, 1987).

Step 5: Labelling the concepts: Researchers had to determine how many clusters the statements should have been grouped into for the final solution. First, options ranging from cluster solutions 10 to 7 were reviewed as a starting point. After examining, they were found to be fragmented. Subsequently, by reducing to cluster solutions 6 to 5, factoring all unique statements into the cluster solution made small changes; it had general

underlying themes and lacked coherence. Further reducing to cluster solution 3 to 2, the solution was overgeneralized, lacking specificity. Examining multiple concept clusters with many concepts, the research team narrowed their analysis and decided that a 4-cluster solution appeared to have the best interpretability. Each cluster in the 4-cluster solution was distinguishable from the responses of other clusters based on similarities and differences between concepts.

The bridging index was used to re-evaluate each solution. The bridging index was between 0.0 and 1.0, reflecting how closely the statements were grouped on the point map. (1.00-0.75) a high indicated grouping with other regions, while a low one (0.00-0.25) suggested grouping only with nearby statements. Those with the lowest bridging index for each cluster were important in representing the central concept. They were more likely to be sorted only with statements nearby (and in the cluster) than statements with higher bridging indexes (with other clusters). Some participants provided labels for their sorting, which the team reviewed to determine appropriate labels for the contents. Lower stress values suggest that the conceptual map reliably represents the collected data. All maps have acceptable stress values, confirming a satisfactory goodness-of-fit (Ligita et al., 2020). Using concept mapping, this study requires a sample size of no more than 30 individuals. According to previous research, a stress value of 0.24 is a good indicator of validity, indicating the interpretability was within an acceptable range (Shorkey et al., 2009b; Trochim, 1993). Higher stress values suggest greater consistency in how people grouped the statements. Generally, lower stress values occur when more statements and people are involved in the sorting process (Trochim, 1993). In this study, a sample size of 28 participants was sufficient. The responses were repetitive, supporting the data's validity

and reaching saturation. Saturation reveals the point where no new ideas emerge from the sample of participants (Bradley et al., 2007). Reaching saturation is ideal as it reduces the tendency to generalize responses.

The analysis steps explored cluster solutions ranging from eight to four clusters. Ultimately, the four-cluster solution maps, generated by the CS® Groupwisdom™ software, fit with the data collected. The four-cluster solution provided a meaningful representation of the data and how counsellor work has been impacted. This four-cluster configuration, with each cluster containing 12 to 17 statements, is shown in a cluster concept (fig 1) and (table 1), a visual representation of the relationships within the concepts.

Step 6: Utilization of Maps: The final step of the methodology was utilization; the generated concept map was used to define the purpose of this study, which was to identify the impact of the pandemic on counsellors' work in providing mental health services to clients of low-income. The concept map showed the perspective of counsellors who participated in the study.

Chapter 4: Results

Group Concept Mapping (Rosas & Kane, 2012) was used to identify and organize counsellors' insights in response to the question, "How has the pandemic impacted your work with low-income clients?" A concept map was created through the statements provided by a group of 28 participants. In total, 61 statements were reviewed and sorted by the participating counsellor during individual interviews, as shown in Table 1 and Figure 1. The present chapter presents the findings from the concept mapping analysis. The four concepts include Changes in Roles, Expectations, and Procedures, Access to Counseling, Increase in Clients' Needs, and Impact of Systemic Barriers.

Table 1: Concept and statement on "How has the pandemic impacted your work with low-income clients?"

Cluster solution	**STATEMENTS**		**BRIDGING**
Changes in Roles, Expectations, and Procedures		Concept mean	0.55
	14	You do need to work harder to try to manage your relationship with your clients.	0.43
	39	When the pandemic shut my practice down for 8 weeks, I was forced to take another job.	0.43
	21	I tried to be really flexible in how I'm doing things.	0.45
	9	When I've developed a good relationship with someone, it's a loss of the relationship if we can't continue working together.	0.47
	1	I noticed that I got busier.	0.49
	44	Clients were expecting more immediacy in our responses and availability.	0.49
	47	Compassion fatigue.	0.49

	42	Clients became more dependent on us to not feel isolated.	0.52
	52	I had to take on more of a role of connecting people with different resources.	0.53
	25	The stress of figuring out how to work from home.	0.54
	26	There was a big scramble in the middle of COVID to redefine all of our mandates and paperwork.	0.55
	51	Each clinic interpreted the rules in their own way.	0.58
	55	Continuity has been impacted where I've had to take pauses from working with clients.	0.64
	24	More aware of the need for outreach work with that clientele.	0.71
	53	I have to support clients to be able to advocate for themselves and assert their boundaries.	0.75
	4	When I know we only have a few sessions, I try to engage in a bit more psychoeducation.	0.79
Ways Counselling is Accessed		Concept mean	0.51
	3	Scheduling has become easier because we've all gone hybrid.	0.17
	35	It brought about so many different emotions and it really highlighted for me the importance of my role and made me love counseling even more.	0.22
	34	I was able to offer weekend and evening sessions because I could fit it into my schedule and personal life.	0.25
	57	I ended up expanding my private practice because I was working from home.	0.26
	37	The technology has really been helpful.	0.31
	54	Therapy has become more normalized in a broader way and that has had a positive impact.	0.42
	45	I felt safer to be working from home.	0.54

	40	In some cases, there's been an increase in the benefits for counseling offered by employers.	0.62
	46	I think it's actually hurt our funding, because we are non-profit, we rely a lot on donations to fill those gaps in our sliding scale and our donations have gone down since the pandemic.	0.67
	36	The pandemic has increased access for low-income clients.	0.8
	41	When I was working with some of my clients that had babies or toddlers, we saw baby and toddler along with mom.	0.9
	22	I look for funding.	1
Increase in Clients' Needs		Concept mean	0.28
	10	I've seen an increase in addictions because of people dealing with the pandemic.	0
	33	There was an increase in eating disorders because there were a lot of things out of our control.	0.02
	16	In terms of intimate partner violence, the risk skyrocketed.	0.03
	20	Increased hopelessness.	0.03
	28	Family dynamics became more complex.	0.04
	60	I saw an increase in suicidality and self-harm.	0.07
	27	More clients in higher distress.	0.13
	18	Stress within interpersonal relationships with my clients where some of them might be anti-vaxers and anti-maskers and others aren't.	0.3
	5	There was more burnout, stress and sense of impending doom.	0.45
	31	I think the pandemic often became the focus of the treatment.	0.45

	6	If you had anxiety before, now it's worse, so our work became a lot of acceptance of what is and of uncertainty.	0.49
	15	There's only so much we can do when the environment remains unchanged and it remains one of fear and stress.	0.51
	19	When you have a pandemic going on, there's going be some misinformation going on.	0.56
	17	People had much more time to think about things during the pandemic.	0.59
	50	People's discomfort with being close in the counselling space itself.	0.64
	30	The actual thought of getting the virus was really stressful for a lot of people.	0.1
Increased Impact of Systemic Barriers		Concept mean	0.27
	38	The elderly here who are of low income don't know how to use technology.	0.09
	2	There were sessions that got cancelled because of no phone.	0.13
	61	I was unable to see some clients who were experiencing low income or didn't have access to a computer.	0.15
	49	Low income seniors don't have the resources.	0.17
	23	There's all this pushing of mental health apps and virtual resources and there is a whole demographic of people that absolutely could not access that.	0.2
	58	When the pandemic hit, Indigenous students had to decide if they wanted to go home, some communities don't get Wi-Fi or have spotty cell service.	0.21

	11	I was seeing clients who are unable to find childcare to support their kids, so our sessions were getting interrupted.	0.22
	56	The pandemic has also impacted people's income levels in general and client's ability to pay for the service they're trying to access.	0.24
	7	Some clients can't afford my rates.	0.25
	8	Even low rates are less affordable than I would like.	0.26
	13	Due to telepsych sessions, people lacked privacy to engage in their sessions.	0.26
	32	There was a lack of funding during the pandemic.	0.29
	12	If somebody actually needs in person support, it became even more challenging.	0.3
	29	Groups had to stop, so people weren't getting the support they previously had.	0.34
	48	I've had to have reevaluations with clients who maybe weren't sliding scale, who needed to become sliding scale because of the increased cost of living.	0.35
	43	There are a lot more systemic barriers now.	0.45
	59	The benefit that Canadians were receiving and folks not recognizing that they would eventually have to pay that money back, if they were already receiving other types of financial support or benefits.	0.65

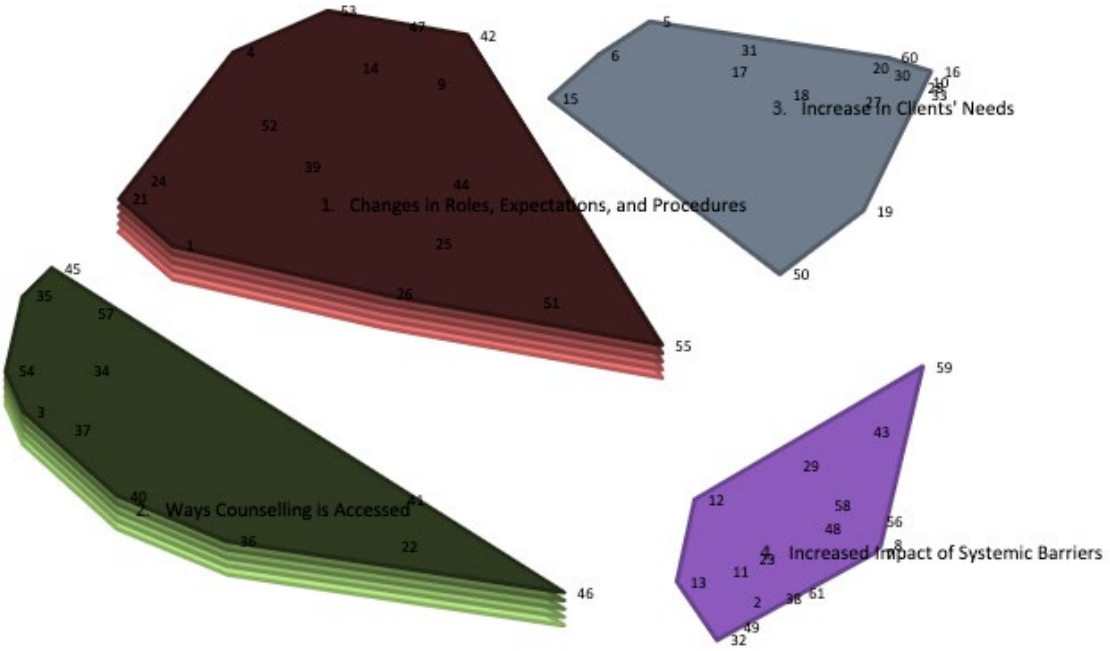

Figure 1: Concept map for "How has the pandemic impacted your work with low-income clients?"

4.1 Changes in Roles, Expectations, and Procedure

Statements in this concept centred on the changes to practice that followed the measures taken to prevent COVID-19 transmission. For counsellors in this present study, this includes impacts on the counselling relationship, counsellor availability, various public health measures, increased demand for counselling, increased emphasis on connecting clients with other resources and self-advocacy, more flexibility required of counsellors, particularly during the start-up of public health measures when some services closed down for some time, affecting counsellors' income as well.

Counsellors spoke directly about the efforts made to continue to connect with clients, as reflected in the following statement "You do need to work harder to try to manage your relationship with your clients" Participants noted that "Clients became more

dependent on us to not feel isolated" and that "Clients were expecting more immediacy in our responses and availability". Despite best efforts, and for a variety of reasons accounted for by statements in the other concepts, the relationships in some cases suffered, and for counsellors, that meant feeling a loss, such as in the statement, "When I've developed a good relationship with someone, it's a loss of the relationship if we can't continue working together". Counsellors spoke about the challenges of navigating through public health measures and requisite policies and procedures that varied between areas. Participants noted, "There was a big scramble in the middle of COVID to redefine all of our mandates and paperwork" and "Each clinic interpreted the rules in their own way". In terms of approaches to providing service, participants also noted that "When I know we only have a few sessions, I try to engage in a bit more psychoeducation", and when there were insufficient services available to meet the need, counsellors found that "I had to take on more of a role of connecting people with different resources". The changes made put participants in positions of trying to be flexible "I tried to be really flexible in how I'm doing things", as well as making them "More aware of the need for outreach work with that clientele" and supporting them in self-advocacy (e.g. "I have to support clients to be able to advocate for themselves and assert their boundaries"). Counsellors found that "Continuity has been impacted where I've had to take pauses from working with clients" for a variety of reasons. Participants reported that "I noticed that I got busier", and how they would manage "The stress of figuring out how to work from home". In addition to the emotional effort this took, that resulted in "Compassion fatigue", participants also noted that they were personally affected by the pandemic as far as "When the pandemic shut my practice down for 8 weeks, I was forced to take another job". These results show that the

statements within this cluster are interconnected rather than ranked. Statements in this concept had moderate individual bridging indices and moderate cluster average bridging indices. Smaller variability between the individual bridging indices in this concept, participants occasionally sorted statements in this concept with statements in other concepts. This concept had the highest average bridging index at 0.55.

4.2 Ways Counselling is Accessed

In this concept, statements centered on shifts in mental health practices brought by remote work that began when in-person contact was considered a severe risk for contagion and restricted by local healthcare policies. Participants in the present study identified some benefits to counsellors regarding flexible scheduling, benefits for people with low-income due to increased access to counselling services through technology, and lowering barriers associated with childcare responsibilities. They also reported disadvantages regarding agency funding, particularly voluntary donations, which declined during this time. However, working from home felt safer than working in person, and it opened possibilities for counsellors to expand their availability. Counsellors reflected on the increased use of counselling during the pandemic, which raised the counselling profile through company benefits and decreased stigma. Counsellors described the increased availability they had for clients, using technology and remote work. Participants noted that "scheduling has become easier because we've all gone hybrid" and that "I was able to offer weekend and evening sessions because I could fit it into my schedule and personal life". Greater availability and use of technology for clients of low-income increased access to services, as reflected in the following statements: "The pandemic has increased access for low-income clients", and "The technology has really been helpful". For example,

participants noted that clients with children could be seen not having to arrange childcare "When I was working with some of my clients that had babies or toddlers, we saw baby and toddler along with mom". However, at an agency level, the financial effects were substantial. Participants note that "I think it's actually hurt our funding because we are non-profit, we rely a lot on donations to fill those gaps in our sliding scale, and our donations have gone down since the pandemic". External funding for agencies or services directly was not advertised or available the same way that it was for individuals entitled to some financial support, which was helpful but modest and as a results counsellor also worked with clients to locate funding "I look for funding".

Counsellors reported that "I felt safer to be working from home" and because of the ability to work from home, "I ended up expanding my private practice because I was working from home". In a reflection on being available at a time of need due to the mental health impacts of pandemic-related stress for clients, participants noted that "It brought about so many different emotions and it really highlighted for me the importance of my role and made me love counseling even more". At a broader level, participants reported that "Therapy has become more normalized in a broader way and that has had a positive impact" and "In some cases, there's been an increase in the benefits for counselling offered by employers". Statements in this concept had some low and moderate individual bridging indices with a moderate cluster average bridging index at 0.51. Statements with the lowest bridging indices were most central to the content of the concept. These included "The elderly here who are of low income don't know how to use technology" (0.09), "There were sessions that got cancelled because of no phone" (0.13), and "I was unable to see some clients who were experiencing low income or didn't have access to a computer" (0.15).

These results show that the statements within this cluster are interconnected rather than the importance of individual statements. Each statement reflects the overall relationship of the concept in the study. Because of the smaller variability between the individual bridging indices in this concept, participants occasionally sorted statements with statements in other concepts.

4.3 Increase in Clients' Needs

Statements in this concept centred on client needs and how they shifted and increased during the pandemic. Counsellors reported that there were more clients with higher needs, that the pandemic itself was a counselling topic, the stress increased anxiety and efforts to have some control during a time when it was taken away, as well as conflict at home given the messages to stay home by public health officials in different districts. Counsellors noted that they saw "increased hopelessness" and "there was more burnout, stress and sense of impending doom". This coincided with seeing "more clients in higher distress" and "I saw an increase in suicidality and self-harm". Participants reported that "the actual thought of getting the virus was really stressful for a lot of people". Counsellors noted that "I think the pandemic often became the focus of the treatment", for example "people's discomfort with being close in the counselling space itself". The conditions were challenging because "there's only so much we can do when the environment remains unchanged, and it remains one of fear and stress". Participants reported that the pandemic added to pre-existing challenges. For example, "if you had anxiety before, now it's worse, so our work became a lot of acceptance of what is and of uncertainty". This was made possible to some extent because "people had much more time to think about things during the pandemic", and media they consume. Participants reported that the public was exposed

to different theories and opinions, including "when you have a pandemic going on, there's going be some misinformation going on". Counsellors reported that "there was an increase in eating disorders because there were a lot of things out of our control" and that "I've seen an increase in addictions because of people dealing with the pandemic". There were also major impacts on relationships. Counsellors noted that "family dynamics became more complex", as a response to different opinions and "stress within interpersonal relationships with my clients where some of them might be anti-vaxers and anti-maskers and others aren't". Particularly concerning to participants was the issue of safety where "in terms of intimate partner violence, the risk skyrocketed".

Statements in this concept had low individual bridging indices with a low cluster average bridging index at 0.28. Statements with the lowest individual bridging indices were most central to the content of the concept. These included "I've seen an increase in addictions because of people dealing with the pandemic (0.00), "There was an increase in eating disorders because there were a lot of things out of our control" (0.02), "In terms of intimate partner violence, the risk skyrocketed (0.03), "Increased hopelessness" (0.03), and "Family dynamics became more complex" (0.04). These results show that the statements within this cluster are interconnected rather than the importance of individual statements. Each statement reflects the overall relationship of the concept in the study. Due to the limited variability between the individual bridging indices in this concept, statements in this concept were participants rarely sorted these statements in other concepts.

4.4 Increased Impact of Systemic Barriers

Statements in this concept centred on problems caused by the pandemic for counsellors and their clients with low-income. Systemic challenges that members of

diverse groups face became more impactful during the pandemic and affected people with low-income to a more significant negative extent than others with higher incomes. Technology was helpful but expensive, unfamiliar to some people or simply unaffordable. Working with clients in their homes had challenges associated with a lack of childcare and privacy and a suitable device with functional cellular or WIFI data access because of disrupted employment, many who did not experience low-income before the pandemic did so during the pandemic, making sessions less affordable for them and sometimes out of reach for people whose low-income intensified.

Participants noted that "there are a lot more systemic barriers now". The technology difficulties that participants experienced with clients who have low-income were a significant barrier for some. For example, "there were sessions that got cancelled because of no phone". Counsellors also reported that" due to telepsych sessions, people lacked privacy to engage in their sessions". It was also noted that "I was seeing clients who are unable to find childcare to support their kids, so our sessions were getting interrupted" and "I was unable to see some clients who were experiencing low income or didn't have access to a computer". Students in postsecondary were also impacted, as reflected in the following statement: "When the pandemic hit, Indigenous students had to decide if they wanted to go home, some communities don't get Wi-Fi or have spotty cell service". Affordability was affected by the job suspensions and losses caused by the pandemic. The statement reflected this sentiment: "the pandemic has also impacted people's income levels in general and clients' ability to pay for the service they're trying to access". Counsellors noted that "some clients can't afford my rates" and "even low rates are less affordable than I would like". Participants reported, "I've had to have re-evaluations with clients who

maybe weren't sliding scale, who needed to become sliding scale because of the increased cost of living". In addition to job losses, "there was a lack of funding during the pandemic" for service providers or clients to access for mental health services. Notably, "the benefit that Canadians were receiving and folks not recognizing that they would eventually have to pay that money back if they were already receiving other types of financial support or benefits". Participants reported that clients who would want to come in person were not able to access in-person services, which also affected groups counselling, as evidenced by the following statements: "groups had to stop, so people weren't getting the support they previously had" and "if somebody actually needs in person support, it became even more challenging". Counsellors noted that the availability of mental health support on the internet was inaccessible for some people, given their income constraints. Participants noted that "there's all this pushing of mental health apps and virtual resources, and there is a whole demographic of people that absolutely could not access that". For example, "low-income seniors don't have the resources" and "the elderly here who are of low income don't know how to use technology". These results show that the statements within this cluster are interconnected rather than the importance of individual statements. Each statement reflects the overall relationship of the concept in the study.

Chapter 5: Discussion

This chapter compares the findings of the present study on the impact of the pandemic on working with clients with low-income to the current literature review. The concepts discussed are changes in roles, expectations, and procedures in counselling, access to counselling, an increase in clients' needs, and the increased impact of systemic barriers. The chapter also identifies similarities and differences between the results of this analysis and the past results reported in the literature review.

5.1 Changes in Roles, Expectations, and Procedures in Counseling

There is an overlap between past literature and current studies that explore changes in counselling roles, expectations, and procedures. Call volumes seen by mental health providers increased by 26% during the first year of the pandemic, leading to increased burnout due to demand (CAMH Policy Advice, 2020). Canadians are finding it 'very difficult to find' mental health support, often with long wait lists. Exhausted by the workload, counsellors struggle to take on new clients, causing long wait times due to limited availability. The system is unable to keep up with the mental healthcare needs. Due to these circumstances, counsellors are forced to shift to virtual counselling, introducing new privacy challenges and therapeutic relationships. However, the public has yet to know whether these efforts will meet the increased demand for mental health services since the pandemic.

Public health authorities have effectively revised several health measures, such as informing citizens to stay current on vaccinations and public alerts on the number of cases affected in each province (Government of Canada, 2024). This gradual approach was

advised to reduce the spread of COVID-19 in the community. Governments often "introduce, lift, or re-implement measures like lockdowns, school closures, and business closures based on factors like growth and healthcare capacity" (Statistics Canada, 2020).

There are similarities between the literature and the current study identifying regulations held by different counselling settings mandatory vs. recommended measures, "The majority (68%) of COVID-19 public health measures implemented in Canada were mandatory, while (32%) were recommendations" (Polisena et al., 2021).

According to Ontario, provincial mandatory measures included "3contact tracing, testing, and allowing only essential businesses to operate, while recommended measures focused more on individual actions like mask-wearing" (Public Health Agency of Canada, 2024). These regulations were often unclear, so each counselling practice followed an interpretation of public measures. For example, "Each clinic interpreted the rules in their own way".

Only essential businesses were allowed to operate (Statistics Canada, 2020), impacting counselling practices and personally affecting counsellors' ability to meet their financial needs. Counsellors taking on additional jobs during practice closures resonates with mental health practitioners' challenges to afford living expenses. Increased demand and pressure to be responsive overwhelmed counsellors and added to their workloads.

Moreover, in contrast, there is a lack of existing literature on advocacy. It points out that advocacy in the role of the counsellor was not considered the core work; however, it can help address socio-economic disparities. After COVID-19, advocacy has become an essential part of their work regarding practical needs and discussing emotions and what can change in their external circumstances. Therapy seems irrelevant if counsellors do not

deliver practical support. If a practitioner does not inquire about the client's needs as a tool for assessment and does not offer the required resources, it is professionally irresponsible not to include advocacy and practical support in the therapeutic space.

5.2 Accessing Counseling

Existing literature emphasizes that online therapy complements face-to-face practice. It also offers convenience and flexibility for counsellors, benefiting those living in remote areas (Selick et al., 2022). These findings are consistent with previous literature on technology expanding access (Zürcher et al., 2021). Moreover, counsellors found technology helpful and impacted their practice; this allows counsellors to offer more flexible scheduling possibilities, as they are no longer restricted by set office hours and in a physical space. This is practical for clients in rural, isolated areas, those with physical disabilities, and individuals in urban settings facing time, transport, or financial constraints to accessing face-to-face services (Selick et al., 2022).

The reduced barriers to accessing counselling virtually mean counsellors could schedule more frequent sessions with clients across the province. Most counsellors worked from home during the pandemic, up from only 25% who worked in person before the pandemic (Zürcher et al., 2021). Working from home felt safer than practicing in person, and it opened possibilities for counsellors to increase their availability. This has also helped expand potential clients with whom counsellors could work, which in turn helped expand their practice. However, differing from the literature, study results suggest that low-income seniors struggle to adapt to virtual counselling, particularly access to technology in rural areas. Unfortunately, sessions got cancelled because of a lack of access to a phone or access to a computer. Technology is essential, but only some have access to

it. Socio-economic status impacts determining who has access to technology and the knowledge to use it. An explanation for the difference in literature is that data is collected from the majority of the adult population of different socio-economic backgrounds, neglecting the senior citizens who belong in the same category. Furthermore, the literature and the current study explore virtual counselling to offer convenience and flexibility for counsellors. However, the difference is that existing literature suggests that working from home could make it harder for counsellors to disconnect from work.

As indicated by this study burnout among psychotherapists is caused by workplace stress that is not addressed due to a lack of public funding support. Counsellors felt exhausted, as they saw a lack of change in the system by the government despite the counselors' efforts. Increased workload, more prolonged hours, and limited government resources affect work-life balance and lead to burnout. While these factors suggest psychotherapists are at risk of burnout. Virtual therapy has limitations with communication. Counsellors need adequate communication skills to share the subtitles they are trying to connect that clients have difficulty noticing. It is a takeaway from in-person sessions that counsellors have to work harder to maintain therapeutic alliance virtually.

5.3 Increase in Clients' Needs

Both the literature and the present study share a common theme: increased clients' distress, anxiety, and depression since the pandemic. The literature review and the study results identify heightened mental health needs experienced during the COVID-19 pandemic (Moroz et al., 2020). Existing research, such as studies by CAMH (2020), shows a decline in mental well-being coupled with increased worry and anxiety among Canadians.

Moreover, the literature and the current study identify counsellors' challenges in meeting the demand for mental health services. The literature discusses counsellors' concerns about contracting the virus and the impact of clients' experiences with COVID-19 on counsellors' reactions (Bashar & Bammidi, 2020). For example, the fear of catching the virus, "people's discomfort with being close in the counselling space itself", and "Fear of contracting the virus, worries about loved ones' well-being", and shift to remote work have created countertransference in therapy.

Due to the client's low-income status, therapeutic intervention focuses on acceptance work when the client's environment remains the same. While there is literature on burnout and stress (Litam et al., 2021), a difference is that in the current study, participants identified that they saw "increased hopelessness" and "more burnout, stress, and sense of impending doom". These concerns have increased their workload, and their individual experiences of navigating COVID-19 have taken a toll. This coincided with seeing "more clients in higher distress" and "I saw an increase in suicidality and self-harm".

While the study explores stress and coping mechanisms during the pandemic, the difference is that the literature refers to hopelessness and burnout (Litam et al., 2021). The study explores aspects such as rises in addiction, eating disorders, and suicide, as driven by individuals' attempts to take steps to regain a sense of control or as a form of escape during so much uncertainty. Counsellors working with clients who were having a hard time with fear and uncertainty, changes to their daily routines, and misinformation from media found that these impacted clients during the pandemic. Coping strategies, such as alcoholism, for emotional regulation and coping strategies, are critical to understanding how COVID-19 affects people dealing with addiction.

The study explores more into the repercussions of conflicting public health measures on relationship dynamics, "in terms of intimate partner violence, the risk skyrocketed". Social isolation reduced access to services due to lockdown, and increased time spent at home with an abusive partner has worsened pre-existing issues for some individuals. The existing literature has not directly addressed these increasing concerns. An explanation for this gap in the literature could be a lack of findings that previously existed as unexplored since COVID-19, as more research and findings are becoming known.

5.4 Increased Impact of Systemic Barriers

Financial barriers significantly constrain access to mental health services, according to existing literature and research data. Moreover, both the literature and the current study identify counsellors' challenges in meeting the demand for mental health services (Moroz et al., 2020). The present study counsellors mentioned that while mental health support is available online, it may be out of reach for some individuals due to income constraints. For example, "there is all this pushing of mental health apps and virtual resources, and there is a whole demographic of people that absolutely could not access that". Unfortunately, the transition towards virtual resources and mental health apps excludes people of the demographic who cannot afford the needed technology or internet service. The gap, caused by social determinants of health income inequality and education, results in a lack of access to technology and digital literacy. The sudden change to virtual platforms for mental health support disadvantages individuals of low-income.

There are similarities between the literature review and the study, highlighting concerns regarding challenges connecting counselling services from homes, such as privacy

concerns and childcare choices home (Lignou et al., 2022). There are similarities regarding clients' ability to engage in therapy and counsellors' ability to provide adequate support. Clients, particularly individuals with low-income, struggle to find private spaces or focus on therapy sessions with children present in the home, which explains one of the financial barriers to accessibility (Tajan et al., 2023). For example, "due to telepsych sessions, people lacked privacy to engage in their sessions". This lack of privacy can limit the therapeutic process. Childcare responsibilities are an additional challenge for individuals of low-income, as they require resources to secure daycare during counselling sessions attended from home (Lignou et al., 2022). "I was seeing clients who cannot find childcare to support their kids, so our sessions were interrupted". Childcare is currently recognized as a barrier to accessing health care. Childcare responsibility often falls on women, so women of low-income are to experience childcare concerns and interruptions in obtaining mental health care. The inability to find dependable childcare can affect the efficacy of counselling sessions, as distractions can hinder the client's total engagement in the therapeutic process.

The literature and the current study differed regarding the impact of employment loss on individuals' income levels and their ability to afford counselling services. Canada Emergency Response Benefit aid programs were introduced to support Canadians financially during the pandemic. CERB offers financial assistance to individuals impacted by employment losses during the pandemic (Statistics Canada, 2020). The difference from literature in connection to results focus more on counsellors' perspectives concerning income barriers to accessing counselling services. Counsellors noted that "some clients can't afford my rates" and "even low rates are less affordable than I would like". Moreover, the counsellor's comfortability with discussing sliding scale fees and exploring community

resources or financial assistance. While the study recognizes the broader economic context, the results focus on counsellors and clients facing daily challenges in overcoming these barriers. Additionally, counsellors in the study acknowledge the resources the government supports, but this study does not directly address how benefits were used to access counselling services. However, it concentrates on counsellors' challenges in offsetting counselling rates for individuals of low-income.

5.7 Limitations

A limitation is that the sample of counsellors had significantly more female participants than males. Race and gender might not reflect the perspective of a more diverse psychotherapy field; the majority of the respondents identified themselves as being of White/Caucasian descent. Furthermore, the participant information was collected regardless of their years of experience in the profession. As a result, no data is available regarding the percentage of practitioners still undergoing training. Recruiting participants for the survey was brief and based on voluntary participation, which raises the possibility that counsellors with more awareness of COVID-19 chose to participate.

5.5 Conclusion

Counsellors have experienced an increased number of individuals trying to access counselling. Counsellors have seen a high client demand, causing long wait times and limited availability for counsellors increased demand. A difference in a counsellor's role has transitioned the advocacy role within the practice. Providing advocacy work and addressing basic needs became a core work, especially with the population's barriers.

Since COVID-19, being more aware of the barriers that clients of low-income face has changed the role of having resources to connect clients better within the community.

Furthermore, the study identified that an increased in accessibility through virtual therapy has offered counsellors convenience and flexibility. Counsellors found technology positively impacted their practice and allows counsellors a more flexible schedule, as they are no longer restricted by set office hours and a physical office. However, it poses challenges with setting work and personal life boundaries, adapting effective communication styles and privacy concerns. Counsellors found they have to work harder to maintain meaningful therapeutic rapport.

Additionally, the present study focused on the emotional toll of the pandemic, the increase in hopelessness, and the rise in addiction and suicidality. Shifts in relationship dynamics exacerbated pre-existing issues since the pandemic. Public health introduced mandatory regulations to control the spread of the virus, including implementing social isolation and reduced access to non-essential services, which has resulted in increased intimate partner violence. Additionally, the study identifies systemic barriers that restrict access to mental health support. Concerns regarding privacy and childcare responsibilities that affect the client's ability to engage in the therapeutic process fully particularly impact low-income populations. Income barriers from the counsellor's perspective financials become the focus of the session, discussing these barriers.

5.6 Recommendations

Future research in Canada's frameworks could study counsellors' unique challenges in various private, public, and non-profit settings to address specific community needs. Challenges Counsellors encounter in rural areas and other parts of the country due to different policies, structures, and challenges. It would also be helpful to understand the views of counsellors who 'burnt out' and chose to practice with other populations. What led

these counsellors away from the work, and do these adapted practices have anything to do with that? Future research could benefit from seeking a broader community representation of data.

Based on the results of the current study, the counselling practice would benefit from engaging individuals of low-income, which would provide more engagement and insight—from the perspective of individuals from the population looking at the efficacy of therapeutic modalities and interventions within low-income communities to understand their meaning and effects on clients. Future counselling practice can explore identifying civic models and approaches that would be more helpful for this population while looking at the cultural and socio-economic reality of this population. Does it help to recognize the intersectionality of income disparity and the cultural background of counsellors? The social class of the counsellor impacts individuals' experience by vocalizing internalized oppression from the perspective of the clients and increasing awareness for counsellors' training regarding the low-income population.

Small changes can be made as practitioners that contribute to transformation. One important aspect is awareness of social and political policies, which can help to be aware of the issues that affect clients. Making minor changes can contribute to creating a positive transformation in the field of therapy. Incorporating small ways for individuals with low-income to be co-creators in driving policy changes. Their unique experiences and needs must be considered when concluding, developing recommendations, and voicing policy change at a local level. Increasing government and organization partnerships with local non-profit organizations to support individuals in low-income communities better would also improve the effectiveness of mental health services for this population.

References

Alam, H. (2021). Covid-19 might have been in canada earlier than when it was first identified: Expert. *CTV News*. https://www.ctvnews.ca/health/coronavirus/covid-19-might-have- been-in-canada-earlier-than-when-it-was-first-identified-expert-1.5346045

Arriagada, P., Hahmann, T., & O'Donnell, V. (2020). Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of covid-19. *Statcan COVID-19: Data To Insights for a better Canada*.

Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2021). The impact of the covid-19 pandemic on social workers at the frontline: A survey of canadian social workers. *British Journal of Social Work*, *52*(3), 1724–1746. https://doi.org/10.1093/bjsw/bcab158

Bartram, M. (2019). Income-based inequities in access to mental health services in canada. *Canadian Journal of Public Health-revue Canadienne De Sante Publique*, *110*(4), 395–403. https://doi.org/10.17269/s41997-019-00204-5

Bashar, MD., & Bammidi, R. (2020). Psychological impact of covid-19 pandemic on health care professionals and workers. *Industrial Psychiatry Journal*, *29*(1), 176. https://doi.org/10.4103/ipj.ipj_99_20

Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, *42*(4), 1758–1772. https://doi.org/10.1111/j.1475-6773.2006.00684.x

Bedi, R. P. (2006). Concept mapping the client's perspective on counseling alliance formation. *Journal of Counseling Psychology*, *53*(1), 26–35.

https://doi.org/10.1037/0022-0167.53.1.26

Bell, C. A., Crabtree, S. A., Hall, E. R., & Sandage, S. J. (2020). Research in counselling and psychotherapy post-covid-19. *Counselling and Psychotherapy Research*, *21*(1), 3–7. https://doi.org/10.1002/capr.12334

Békés, V., Doorn, K. A., Luo, X., Prout, T. A., & Hoffman, L. (2021). Psychotherapists' challenges with online therapy during COVID-19: Concerns about connectedness predict therapists' negative view of online therapy and its perceived efficacy over time. *Frontiers in Psychology*, *12*.

Carroll, N., Sadowski, A., Laila, A., Hruska, V., Nixon, M., WL, D., MA, & Haines, J. (2020). The impact of covid-19 on health behavior, stress, financial and food security among middle to high income canadian families with young children. *Nutrients*, *12*(8), 2352. https://doi.org/10.3390/nu12082352

CBC News. (2020, April). *Coronavirus: What's happening in canada and around the world on april 20*. https://www.cbc.ca/news/canada/coronavirus-covid19-april20-canada-

CBC News. (2022, July). *7th wave of covid-19 rising across the province, public health ontario's latest report says*. https://www.cbc.ca/news/canada/toronto/ontario-covid-update-july-14-2022-1.6520897

Centre for Addiction and Mental Health [CAMH]. (2020). *Mental health in canada: COVID-19 and beyond*. https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf

CIHI. (2023). *Taking the pulse: A snapshot of canadian health care 2023*. https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care- 2023/canadians-short-on-access-to-care-for

Clarke, V., McEvo, C., & Thomas, Z. (2020). Rarely discussed but always present': Exploring therapists' accounts of the relationship between social class, mental health and therapy. *Wiley*.

Cook, K., & Bergeron, K. (2019). Using group concept mapping to engage a hard-to-reach population in research: Young adults with life-limiting conditions. *International Journal of Qualitative Methods*, *18*, 160940691989131. https://doi.org/10.1177/1609406919891315

Cozzarelli, C., Wilkinson, A. V., & Tagler, M. J. (2001). Attitudes toward the poor and attributions for poverty. *Journal of Social Issues*, *57*(2), 207–227. https://doi.org/10.1111/0022-4537.00209

Crawford, A., & Serhal, E. (2020). Digital health equity and covid-19: The innovation curve cannot reinforce the social gradient of health. *Journal of Medical Internet Research*, *22*(6), e19361. https://doi.org/10.2196/19361

Czeisler, M. É., Marynak, K. L., Clarke, K. E., & et al. (2020). Delay or avoidance of medical care because of covid-19.

Dare, L., & Nowicki, E. (2019). Engaging children and youth in research and evaluation using group concept mapping. *Evaluation and Program Planning*, *76*, 101680. https://doi.org/10.1016/j.evalprogplan.2019.101680

De Andrade, C. R. F., Gillen, M., Molina, J. M., & Wilmarth, M. J. (2022). The social and economic impact of covid-19 on family functioning and well-

being: Where do we go from here? *Journal of Family and Economic Issues*, *43*(2), 205–212. https://doi.org/10.1007/s10834-022-09848-x

Debono, V. B., Neumark, S., Buckley, N., Zacharias, R., Hapidou, E. G., Anthonypillai, J., Faria, S., Meyer, C., Carter, T., Parker, N., Lau, B., Abreu, E., Scott, D. W., Bisson, E. J., Pierre, J., Visca, R., & Poulin, P. (2023). Transition to virtual care services during COVID-19 at canadian pain clinics: Survey and future recommendations. *Pain Research & Management*, 1–9. https://doi.org/10.1155/2023/6603625

DiPlacido, J., Fallahi, C. R., & Daigle, C. D. (2023). Minority stress and substance use: The role of anxiety/depression and ptsd symptoms in response to the covid-19 pandemic. *Cogent Psychology*, *10*(1). https://doi.org/10.1080/23311908.2023.2218258

Dougall, J. L., & Schwartz, R. S. (2011). The influence of client socioeconomic status on psychotherapists' attributional biases and countertransference reactions. *American Journal of Psychotherapy*, *65*(3), 249–265. https://doi.org/10.1176/appi.psychotherapy.2011.65.3.249

Eichenberg, C., Aranyi, G., Rach, P. J. M., & Winter, L. (2022). Therapeutic alliance in psychotherapy across online and face-to-face settings: A quantitative analysis. *Internet Interventions*, *29*, 100556. https://doi.org/10.1016/j.invent.2022.100556

Fang, D., Thomsen, M. R., & Nayga, R. M. (2021). The association between food insecurity and mental health during the COVID-19 pandemic. *BMC Public Health*, *21*(1). https://doi.org/10.1186/s12889-021-10631

Geddes, J. R., & Cipriani, A. (2022). Impact of the covid-19 pandemic on the

global delivery of mental health services and telemental health: Systematic review. *JMIR Mental Health*, *9*(8), e38600. https://doi.org/10.2196/38600

Gibson, B. F., Schneider, J., Talamonti, D., & Forshaw, M. (2021). The impact of inequality on mental health outcomes during the covid-19 pandemic: A systematic review. *Canadian Psychology*, *62*(1), 101–126. https://doi.org/10.1037/cap0000272

Gignac, M. a. M., Shahidi, F. V., Jetha, A., Kristman, V. L., Bowring, J., Cameron, J. I., Tonima, S. K., & Ibrahim, S. (2021). Impacts of the covid-19 pandemic on health, financial worries, and perceived organizational support among people living with disabilities in canada. *Disability and Health Journal*, *14*(4), 101161. https://doi.org/10.1016/j.dhjo.2021.101161

Giordano, C., Ambrosiano, I., Graffeo, M. T., Di Caro, A., & Gullo, S. (2022). The transition to online psychotherapy during the pandemic: a qualitative study on patients' perspectives. *Research in Psychotherapy*. https://doi.org/10.4081/ripppo.2022.638

Government of Canada, Statistics Canada. (2022, February). *Low-income measure, after tax (lim-at)*. https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/Definition- eng.cfm?ID=fam021

Grzanka, P. R. (2020). From buzzword to critical psychology: An invitation to take intersectionality seriously. *Women Therapy*, *43*(3–4), 244–261. https://doi.org/10.1080/02703149.2020.1729473

Hajizadeh, M., Bombay, A., & Schokkaert, E. (2019). Socioeconomic inequalities in psychological distress and suicidal behaviours among indigenous peoples living off-reserve in canada. *Canadian Medical Association Journal*,

191(12), E325–E336. https://doi.org/10.1503/cmaj.181374

Hersch, E., Cohen, K., Saklecha, A., Williams, K. D. A., Tan, Y., & Lattie, E. G. (2022). Remote-delivered services during COVID-19: A mixed-methods survey of college counseling center clinicians. *Journal of American College Health*, 1–9. https://doi.org/10.1080/07448481.2022.2038178

Humer, E., Pieh, C., Kuška, M., Barke, A., Doering, B. K., Gößmann, K., Trnka, R., Meier, Z., Kašcˇáková, N., Tavel, P., & Probst, T. (2020). Provision of psychotherapy during the covid-19 pandemic among czech, german and slovak psychotherapists. *International Journal of Environmental Research and Public Health*, *17*(13), 4811. https://doi.org/10.3390/ijerph17134811

Ibrahim, K., & Ahmad-Annuar, A. (2022). Covid-19 pandemic: Lessons learned for undergraduate research training. *Biochemistry and Molecular Biology Education*, *50*(5), 476–478. https://doi.org/10.1002/bmb.21665

James, G., Schröder, T., & De Boos, D. (2022). Changing to remote psychological therapy during covid-19: Psychological therapists' experience of the working alliance, therapeutic boundaries and work involvement. *Psychology and Psychotherapy: Theory, Research and Practice*, *95*(4), 970–989. https://doi.org/10.1111/papt.12413

Jenkins, E. J., McAuliffe, C., Hirani, S., Richardson, C. G., Thomson, K., McGuinness, L., Morris, J. M., Kousoulis, A. A., & Gadermann, A. M. (2021). A portrait of the early and related concerns — united states, june 2020. *Morbidity and Mortality Weekly Report*, *69*(36), 1250–1257. https://doi.org/10.15585/mmwr.mm6936a4

Joy, E. A., & Bartholomew, T. T. (2021). Clients in context: Environment, class,

race, and therapists' perceptions of generalized anxiety disorder. *Journal of Clinical Psychology*, *77*(12), 2817–2831. https://doi.org/10.1002/jclp.23222

Kafadar, A. H., Tekeli, G. G., Jones, K. A., Stephan, B., & Dening, T. (2022). Determinants for covid-19 vaccine hesitancy in the general population: A systematic review of reviews. *Journal of Public Health*, *31*(11), 1829–1845. https://doi.org/10.1007/s10389-022-01753-9

Kumagai AK, Lypson ML. Beyond cultural competence: Critical consciousness, social justice, and multicultural education. *Academic Medicine.* 2009;84(6):782–787. http://dx.doi.org/10.1097/ACM.0b013e3181a42398.

Lee, H. S., Ghali, G. E., Gamble, J. W., Liu, H. X., Urman, R. D., & Cornett, E. M. (2021). Economic impact of covid-19 pandemic on healthcare facilities and systems: International perspectives. *Best Practice Research Clinical Anaesthesiology*, *35*(3), 293–306. https://doi.org/10.1016/j.bpa.2020.11.009

Kim, S., & Cardemil, E. V. (2011). Effective psychotherapy with low-income clients: The importance of attending to social class. *Journal of Contemporary Psychotherapy*, *42*(1), 27–35. https://doi.org/10.1007/s10879-011-9194-0

King, A. (2022, August). *Ontario cuts funding by 85% for online therapy program introduced during pandemic*. CBC. https://www.cbc.ca/news/canada/toronto/ontario-icbt-program-cuts-covid19-1.6548962

Lazar, M., & Davenport, L. M. (2018). Barriers to health care access for low income families: A review of literature. *Journal of Community Health*

Nursing, *35*(1), 28–37. https://doi.org/10.1080/07370016.2018.1404832

Leffler, C. T., Ing, E., Lykins, J., Hogan, M. J., McKeown, C. A., & Grzybowski, A. (2020).Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks. *American Journal of Tropical Medicine and Hygiene*, *103*(6), 2400–2411. https://doi.org/10.4269/ajtmh.20-1015

Lignou, S., Greenwood, J., Sheehan, M., & Wolfe, I. (2022). Changes in healthcare provision during covid-19 and their impact on children with chronic illness: A scoping review. *The Journal of Health Care Organization, Provision, and Financing*, *59*, 004695802210814. https://doi.org/10.1177/00469580221081445

Litam, S. D., Ausloos, C. D., & Harrichand, J. J. (2021). Stress and resilience among professional counselors during the Covid-19 pandemic. *Journal of Counseling & Development*, *99*(4), 384–395. https://doi.org/10.1002/jcad.12391

Loopstra, R., & Tarasuk, V. (2013). Severity of household food insecurity is sensitive to change in household income and employment status among low-income families. *The Journal of Nutrition*, *143*(8), 1316.

Lopez, L., Hart, L. J., & Katz, M. H. (2021). Racial and ethnic health disparities related to covid-19. *JAMA*, *325*(8), 719. https://doi.org/10.1001/jama.2020.26443

Lowe, M., Harmon, S., Kholina, K., Parker, R., & Graham, J. (2022). Public health communication in canada during the COVID-19 pandemic. *Canadian Journal of Public Health*, *113*(S1), 34–45. https://doi.org/10.17269/s41997-022-00702-z

Lyeo, J. S., Tiznado-Aitken, I., Farber, S., Brown, H. K., & Spence, N. (2023). Predictors of transportation-related barriers to healthcare access in a North American suburb. *Zeitschrift Für Gesundheitswissenschaften/Journal of Public Health*. https://doi.org/10.1007/s10389-023-01916-2

Morgan, A., Davies, C., Olabi, Y., Hope-Stone, L., Cherry, M. G., & Fisher, P. (2022). Therapists' experiences of remote working during the COVID-19 pandemic. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.966021

Manese, J. E., Wu, J. T., & Nepomuceno, C. A. (2001). The effect of training on multicultural counseling competencies: An exploratory study over a ten-year period. *Journal of Multicultural Counseling and Development*, *29*(1), 31–40. https://doi.org/10.1002/j.2161-1912.2001.tb00501.x

Moroz, N., Moroz, I., & D'Angelo, M. S. (2020). Mental Health Services in Canada: Barriers and cost-effective solutions to increase access. *Healthcare Management Forum*, *33*(6), 282–287. https://doi.org/10.1177/0840470420933911

Norcross, J. C., & Phillips, C. M. (2020). Psychologist self-care during the pandemic: Now more than ever. *Journal of Health Service Psychology*, *46*(2), 59–63. https://doi.org/10.1007/s42843-020-00010-5

Oluyede, L., Cochran, A. L., Wolfe, M. L., Prunkl, L., & McDonald, N. C. (2022). Addressing transportation barriers to health care during the covid-19 pandemic: Perspectives of care coordinators. *Transportation Research Part A: Policy and Practice*, *159*, 157–168. https://doi.org/10.1016/j.tra.2022.03.010

Ontario Ministry of Health and Long-Term Care. (2024). *The impact of remote*

work on mental health: An in-depth analysis. ConnexOntario. https://www.connexontario.ca/en-ca/resource-hub/entryid/39/the-impact-of-remote- work-on-mental-health-an-in-depth-analysis

Owen, J., Tao, K. W., Drinane, J. M., Hook, J. N., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice*, *47*(1), 30–37. https://doi.org/10.1037/pro0000052

Public Health Agency of Canada. (2021, May). *COVID-19: Focus on substance use and stigma*. Government of Canada. https://www.canada.ca/en/public-health/news/2021/05/covid-19- focus-on-substance-use-and-stigma.html

One year into pandemic, about one in five Canadians reporting high levels of mental distress. (n.d.). CAMH. https://www.camh.ca/en/camh-news-and-stories/one-in-five-canadians-reporting-high-levels-of-mental-distress

Pongou, R., Ahinkorah, B. O., Maltais, S., Mabeu, M. C., Agarwal, A., & Yaya, S. (2022). Psychological distress during the COVID-19 pandemic in Canada. *PloS One*, *17*(11), e0277238. https://doi.org/10.1371/journal.pone.0277238

Polisena, J., Ospina, M., Sanni, O., Matenchuk, B., Livergant, R., Amjad, S., Zoric, I., Haddad, N., Morrison, A., Wilson, K., Bogoch, I., & Welch, V. A. (2021). Public health measures to reduce the risk of SARS-COV-2 transmission in Canada during the early days of the COVID-19 pandemic: A scoping review. *BMJ Open*, *11*(3). https://doi.org/10.1136/bmjopen-2020-046177

Rajkumar, R. P. (2021). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, *52*, 102066. https://doi.org/10.1016/j.ajp.2020.102066

Rosas, S. R., & Kane, M. (2012). Quality and rigor of the concept mapping

methodology: A pooled study analysis. *Evaluation and Program Planning*, *35*(2), 236–245. https://doi.org/10.1016/j.evalprogplan.2011.10.003

Rokach, A., & Boulazreg, S. (2020). The COVID-19 ERA: How therapists can diminish burnout symptoms through self-care. *Current Psychology*, *41*(8), 5660–5677. https://doi.org/10.1007/s12144-020-01149-6

Scharff, A., Breiner, C. E., Ueno, L. F., Underwood, S. B., Merritt, E. C., Welch, L., Fonda, C., Malatras, J. W., Lin, B., Hormes, J. M., Pieterse, A. L., Gordis, E. B., Halpern, L. F., Pazienza, R., & Litchford, G. B. (2020). Shifting a training clinic to teletherapy during the covid-19 pandemic: A trainee perspective. *Counselling Psychology Quarterly*, *34*(3–4), 676–686. https://doi.org/10.1080/09515070.2020.1786668

Schueller, S. M., Neary, M., O'Loughlin, K., & Adkins, E. C. (2020). Discovery of and interest in health apps among those with mental health needs: Survey and focus group study. *Journal of Medical Internet Research*, *22*(12), e20773.

Selick, A., Durbin, J., Hamdani, Y., Rayner, J., & Lunsky, Y. (2022). Accessibility of virtual primary care for adults with intellectual and developmental disabilities during the COVID-19 pandemic: Qualitative Study. *JMIR Formative Research*, *6*(8). https://doi.org/10.2196/38916

Shah, S. a. A., Mohammad, D., Qureshi, M. I., Abbas, M., & Aleem, S. (2020). Prevalence, psychological responses and associated correlates of depression, anxiety and stress in a global population, during the coronavirus disease (covid-19) pandemic. *Community Mental Health Journal*, *57*(1), 101–110. https://doi.org/10.1007/s10597-020-00728-y

Smith, J., & Gillon, E. (2021). Therapists' experiences of providing online counselling: A qualitative study. *Counselling and Psychotherapy Research*,

21(3), 545–554. https://doi.org/10.1002/capr.12408

Stefan, R., Mantl, G., Höfner, C., Stammer, J., Hochgerner, M., & Petersdorfer, K. (2021).Remote psychotherapy during the covid-19 pandemic. experiences with the transition and the therapeutic relationship. a longitudinal mixed-methods study. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.743430

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, *70*(4), 477–486. https://doi.org/10.1002/j.1556-6676.1992.tb01642.x

Sun, Y., Wu, Y., Fan, S., Dal Santo, T., Li, L., Jiang, X., Li, K., Wang, Y., Tasleem, A., Krishnan, A., He, C., Bonardi, O., Boruff, J. T., Rice, D. B., Markham, S., Levis, B., Azar, M., Thombs-Vite, I., Neupane, D., … Thombs, B. D. (2023). Comparison of mental health symptoms before and during the COVID-19 pandemic: Evidence from a systematic review and meta-analysis of 134 cohorts. *BMJ*. https://doi.org/10.1136/bmj-2022-074224

Strudwick, G., Sockalingam, S., Kassam, I., Sequeira, L., Bonato, S., Youssef, A., Mehta, R., Green, N., Agic, B., Soklaridis, S., Impey, D., Wiljer, D., & Crawford, A. (2021). Digital Interventions to support population Mental health in Canada during the COVID-19 Pandemic: Rapid review. *JMIR Mental Health*, *8*(3), e26550. https://doi.org/10.2196/26550

Tajan, N., Dévès, M., & Potier, R. (2023). Tele-psychotherapy during the COVID-19 pandemic: A mini-review. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1060961

Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: A

critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved.* 1998;9(2):117–125. http://dx.doi.org/10.1353/hpu.2010.0233.

Thompson, M. N., Diestelmann, J., Cole, O., Keller, A. O., & Minami, T. (2014). Influence of social class perceptions on attributions among mental health practitioners. *Psychotherapy Research*, *24*(6), 640–650. https://doi.org/10.1080/10503307.2013.873556

Thompson, M. N., Nitzarim, R. S., Cole, O. D., & Furlong, N. D. (2015). Clinical experiences with clients who are low-income: Mental health practitioners' perspectives. *SagePub*, *25*(12), 1675–1688. https://doi.org/10.1177/1049732314566327

Tullio, V., Perrone, G., Bilotta, C., Lanzarone, A., & Argo, A. (2020). Psychological support and psychotherapy via digital devices in covid-19 emergency time: Some critical issues.*Medico-legal Journal*, *88*(2), 73–76. https://doi.org/10.1177/0025817220926942

Ungar, M., McGrath, P., Black, D., Sketris, I., Whitman, S., & Liebenberg, L. (2015).Contribution of participatory action research to knowledge mobilization in mental health services for children and families. *Qualitative Social Work*, *14*(5), 599–615. https://doi.org/10.1177/1473325014566842

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and covid-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, *29*(4), 549–552. https://doi.org/10.1111/inm.12735

Usher, K., Durkin, J., & Bhullar, N. (2020). The covid-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, *29*(3), 315–318. https://doi.org/10.1111/inm.12726

Van Gelder, N. E., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N. D., & Oertelt-Prigione, S. (2020). Covid-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*, *21*. https://doi.org/10.1016/j.eclinm.2020.100348

Van Zoonen, W., & Ter Hoeven, C. L. (2021). Disruptions and general distress for essential and nonessential employees during the covid-19 pandemic. *Journal of Business and Psychology*, *37*(2), 443–458. https://doi.org/10.1007/s10869-021-09744-5

Velykodna, M., & Frankova, I. (2021). Psychological support and psychotherapy during the covid-19 outbreak: First response of practitioners. *Journal of Intellectual Disability Diagnosis and Treatment*, *9*(3), 148–161. https://doi.org/10.6000/2292-2598.2021.09.02.1

Wolfson, J. A., Garcia, T., & Leung, C. W. (2021). Food Insecurity Is Associated with Depression, Anxiety, and Stress: Evidence from the Early Days of the COVID-19 Pandemic in the United States. *Health Equity*, *5*(1), 64–71.

Williamson, D. L., Stewart, M., Hayward, K., Letourneau, N., Makwarimba, E., Masuda, J. R., Raine, K. D., Reutter, L., Rootman, I., & Wilson, D. L. (2006). Low-income canadians' experiences with health-related services: Implications for health care reform. *Health Policy*, *76*(1), 106–121. https://doi.org/10.1016/j.healthpol.2005.05.005

Yamamoto, F. R., Voida, A., & Voida, S. (2021). From therapy to teletherapy:

Relocating mental health services online. *Proceedings of the ACM on Human-computer Interaction*, *5*(CSCW2), 1–30. https://doi.org/10.1145/3479508

Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research*, *26*(4), 251–256. https://doi.org/10.1016/j.apnr.2013.06.008

Zajacova, A., Jehn, A., Stackhouse, M., Choi, K. H., Denice, P., Haan, M., & Ramos, H. (2020). Mental health and economic concerns from march to may during the covid-19 pandemic in canada: Insights from an analysis of repeated cross-sectional surveys. *SSM-Population Health*, *12*. https://doi.org/10.1016/j.ssmph.2020.100704

Zürcher, A., Galliker, S., Jacobshagen, N., Lüscher Mathieu, P., Eller, A., & Elfering, A. (2021). Increased working from home in vocational counseling psychologists during COVID-19: Associated change in productivity and job satisfaction. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.750127

Appendices

Appendix A
Letter of Information

Impact of the COVID-19 Pandemic on Counselling with Low-Income Clients

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The investigators are receiving financial payment from the Social Sciences and Humanities Research Council of Canada (SSHRC) to help offset the costs of conducting this research.

Introduction
We are pleased to invite you to participate in this research looking at counsellors' social locations and their perceptions on the impact of the pandemic on accessibility to counselling for low-income clients. This is phase 2 of a larger study examining the impact of the COVID-19 pandemic on counselling, and the helpful aspects of counselling, with low-income clients, from the perspective of counsellors and clients. You have been asked to participate in this study because you have been identified as a member of The Canadian Counselling and Psychotherapy Association (CCPA) who holds some form of counselling designation in Canada.

Background/Purpose
The purpose of this study is to identify counsellors' social locations and their perceptions on the impact of the COVID-19 pandemic on accessibility to counselling for low-income clients. This information will be used to improve access and effectiveness of counselling with low-income clients in the aftermath of the COVID-19 pandemic.

How long will you be in this study?
If you agree to participate, you will be invited to engage in a Zoom interview that will take approximately 30-60 minutes to complete.

You will then be invited to participate in a sorting activity in the following year. The sorting activity will take approximately two hours to complete.

What are the study procedures?
The interviews will take place via Zoom; Zoom is a teleconferencing/videoconferencing technology. You will have the option to join the Zoom virtually using the internet, or to call into the Zoom by telephone. During the interview, you will be asked to answer a series of closed and open ended questions relating to your demographic information and social location, how your experience with low income impacts your counselling, what you have found to be helpful and unhelpful aspects of counselling with low income clients, how the pandemic has impacted your work with low in come clients, and how supporting low income clients impacts your work outside of the counselling space. You are encouraged to answer as honestly as possible. You may choose to not answer any specific questions that you do not feel comfortable answering. All recorded responses will be anonymous. The interviews will be recorded for through Zoom transcription purposes. Please note that Zoom collects audio and video recordings. Recording of the interviews is mandatory, however, only the audio recordings will be retained for data analysis purposes. Direct quotes from the interviews will be used in the publication of the results, but your name will be replaced with your study number.

At the end of the interview, you will be asked to confirm your email address in order for a gift card to be sent to you as compensation for your participation. You will also be asked if you are interested in being contacted for sorting activity to take place in the following year; if so, your name, phone number, and email address will be added to our contact list for the sorting activity. All information containing your name or contact information will be stored separately from your interview responses.

During the sorting activity, participants will be sent a complete list of all de-identified responses from the interviews by email or mail, with detailed instructions on how to complete the sorting. Participants will be contacted by a RA for further explanation and at a later agreed upon date and time to collect the responses from the sorting activity. Participants will have access to a toll-free phone number to contact with any questions during the sorting activity.

What are the risks and harms of participating in this study?
Some questions within this interview may be perceived as sensitive content to some participants. There are questions about personal demographic information. You are welcome to choose not to answer specific questions or withdraw from the interview at any time if you do not feel comfortable.

Like online shopping, teleconferencing/videoconferencing technology has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk can't be completely eliminated. We want to make you aware of this.

What are the benefits of participating in this study?
You may not directly benefit from participating in this study, but information gathered may provide benefits to society as a whole. This study will contribute to professional

practice, scholarly literature, and advocacy efforts regarding the practices helpful to low-income clients in the COVID-19 era. This study will identify the impact of the COVID-19 pandemic on access to counselling and what counsellors identify as helpful aspects of counselling with low-income clients. Participation in the interview will provide the participants an opportunity delve deeper into these concepts and participation in the sorting activity will allow you an opportunity to be a part of analyzing the data.

Can participants choose to leave the study?
It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list. However, any data may be withdrawn upon your request. You may withdraw from your participation in the study at any time. Your data from the individual interviews can be withdrawn at any time before the sorting activity commences, and all your other data may be withdrawn at any time before the publication of the study results. This can be done by making a request to Charlotte Finnigan, Project Coordinator by using the contact information on this form.

How will participants' information be kept confidential?
The data provided will be secured by a password protected computer at all times. The audio recordings will not be stored on the Zoom platform, however, Zoom's privacy policy. Only the primary investigators and project coordinator will have access to this computer. However, representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

The researcher will keep all personal information about you in a secure and confidential location. for a minimum of 7 years. A list linking your study number with your name, email address, phone number, and mailing address (if provided for the sorting activity) will be kept by the researcher in a secure place, separate from your study file. If the results of the study are published, your name will not be used. Your data will be retained for 7 years and could be used for future research purposes (e.g., to answer a new research question). By consenting to participate in this study, you are agreeing that your data can be used beyond the purposes of this present study by either the current or other researchers.

Are participants compensated?
An honorarium in the form of a $50 gift card, your choice of Amazon or Mastercard, will be provided for compensation for completing the individual interview. An addition honorarium in the form of a $100 gift card, your choice of Amazon or Mastercard, will be provided as compensation for participating in the sorting activity. All gift cards will be sent by mail or email within 14 days of completion of the activity.

What are the Rights of Participants?
Your participation in this survey is voluntary. You may decide to not be in this study. Even if you consent to participate, you have the right to not answer individual questions or to withdraw from the study at any time. Participants are entitled to the

compensation even if they withdraw partway through the activity. If you choose not to participate or to leave the study at any time it will have no effect on your professional or employment status. You do not waive any legal right by consenting to this study.

Whom do participants contact for questions?

If you have questions about this research study please contact Charlotte Finnigan, Project Coordinator, [redacted] or the primary investigators.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [redacted] The Research Ethics Board is a group of people who oversee the ethical conduct of research studies. The Non-Medical Research Ethics Board is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

Appendix B

Counsellors Interview

Close-Ended Interview Questions

Participant Demographics

1. In what type of community do you currently reside?
2. In what province or territory do you live?
3. In what province or territory do you normally work?
4. Are you First Nations, Métis or Inuk (Inuit)?
5. What is your current employment status?
6. Which of these options best describes the location of your primary worksite?
7. How do you meet your clients?
8. For how many years have you been practicing your current profession?
9. What is your employment setting?
10. What is your Geographic Location?
11. What is your registration Status?
12. Please indicate the number of years since professional registration:
13. Are you a NIHB provider? (non-insured health benefits)
14. What Languages do you speak?
15. What is your age?
16. What is the highest degree you have been awarded?
17. What is your gender identity?
18. What is your ethnic identity?
19. What is your racial identity?
20. What is your class identity?
21. What is your religious/spiritual identity (if any)?
22. Do you identify as a person with a disability? If yes, how do you identify?

Open-Ended Interview Questions

1. In which categories do you believe you are advantaged or disadvantaged relative to the majority or dominant groups and why? Participants will also be asked:

2. How does your own experience with low income impact your counselling? (personal and professional)

3. What have you found to be the most helpful aspects of counselling with clients facing low income?

4. What have you found to be the least helpful aspects of counselling with clients facing low income?

5. How has the pandemic impacted your work with low-income clients? (access, relationship, continuity, funding, scheduling, helpfulness, usefulness, ….)

6. How does your experience supporting low-income clients impact your work outside of the counselling space? (advocacy, teaching, policy, community, politics)

Western Research

Appendix C

Ethics Approval

Date: 7 July 2023

To: Dr. Jason Brown

Project ID: 121415

Study Title: Impact of the COVID-19 Pandemic on Counselling with Low-Income Clients: Perspective of Service Providers

Application Type: NMREB Amendment Form

Review Type: Delegated

Full Board Reporting Date: 04/Aug/2023 Date Approval Issued: 07/Jul/2023 11:31 REB Approval Expiry Date: 24/Aug/2023

Dear Dr. Jason Brown,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Sorting Activity (Print) - Counsellor Instruction Script (Version 2)	Recruitment Materials	21/Jun/2023	2
Phase 2 (interview and sorting) Letter of Information (Version 6)	Written Consent/Assent	06/Jul/2023	6
Qualtrics Sorting Activity Template (Version 2)	Online Survey	06/Jul/2023	2

Sorting - Counsellor email script (Version 5)	Recruitment Materials	06/Jul/2023	5
Sorting Activity (electronic) - Counsellor Instruction Script (Version 2)	Other Materials	06/Jul/2023	2

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Katelyn Harris, Research Ethics Officer on behalf of Dr. Riley Hinson, NMREB Vice-Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Curriculum Vitae

Sneha George

Education

University of Western Ontario- London, ON
Master's in Education Counselling Psychology

University of Toronto - Toronto, ON
Bachelor of Science Psychology, and Linguistics

Awards

University of Toronto Dean's list scholar
2019-2020

Graduate Student Assistantship Entrance Scholarship
2022-2023, 2023-2024

Thesis

George, S. (2020). *Connection between bilateral eye movement with language recollection. (Unpublished undergraduate thesis).* University of Toronto, Toronto, Ontario