Emotional Distress, Barriers to Counselling and Intervention Readiness Among Working Adults In Tamil Nadu: A Mixed-Methods Study

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***Abstract*—This convergent mixed-methods study combined a bilingual (English–Tamil) online survey of 38 working adults with semi-structured oral interviews of 12 lower-income workers in Padur, outer Chennai, who did not use smartphones. Distress was low to moderate on average (M = 2.77 of 5), with 21.1% scoring high; financial and family pressures were the leading sources of strain. Relationship strain was strongly associated with distress (r = .61, p < .001), whereas spiritual coping was unrelated to it. Most participants (63.2%) would consider counselling if it were affordable, confidential and accessible. Cost was a significantly greater barrier than stigma (44.7% vs. 18.4%; p = .023), lack of time was the most common barrier, and 81.8% of those naming a fee chose ₹1,000 or less per session. Interviews showed that most lower-income workers had loans, relied on temple worship, regarded yoga and meditation as practices for the elite and were unaware of counselling. The findings support low-cost, brief, in-person counselling delivered through workplaces and community settings, preceded by awareness-building in Tamil.**

***Index Terms*—Counselling, emotional distress, help-seeking barriers, intervention readiness, mixed methods, relationship strain, Tamil Nadu, working adults**

I. INTRODUCTION

The National Mental Health Survey of India estimated that 10.6% of adults have a current mental disorder, with treatment gaps of about 85% for depression and the highest prevalence among adults aged 30–49 years [1]. About 197 million Indians were living with a mental disorder in 2017 [2]. Studies of IT employees in Chennai and Coimbatore report substantial work-related stress [3], [4].

Indian research has emphasised stigma and limited mental health literacy [5], whereas international studies show that structural barriers (cost, time) and attitudinal barriers both matter [6], [7]. Evidence on which barriers matter most for working adults in Tamil Nadu is scarce, and low-income workers without smartphones are missed by online surveys.

This study aimed to assess distress and its correlates, compare structural and attitudinal barriers, measure readiness to use counselling and preferred fees, and explore, through interviews, the experience of lower-income workers without smartphones.

II. REVIEW OF LITERATURE

Distress and relationships. Common mental disorders begin early in adult life and impair work and family functioning across cultures [8]. Relationship discord is associated with distress and impairment beyond the effects of psychiatric disorders [9] and financial insecurity is a key social determinant of mental health [10].

Barriers to help-seeking. In the WHO World Mental Health surveys, low perceived need and a wish to handle problems alone were the most common reasons for not seeking treatment, while structural barriers predominated among severe cases and in lower-resource settings [6]. Attitudinal barriers also dominated in the United States [7]. Stigma has a small-to-moderate negative effect on help-seeking, with concerns about disclosure and confidentiality most often reported [11].

Readiness and coping. According to the theory of planned behaviour, intentions depend on attitudes, norms and perceived control [12], so favourable attitudes may not lead to help-seeking when cost or time reduce control. In the transtheoretical model, people move from contemplating change to acting on it [17]. Willingness to use counselling is an intention, distinct from actual use [13]. Positive religious coping relates to better adjustment and mental health [14], [15].

III. METHOD

A. Design and Participants

A convergent mixed-methods design was used [16]. For the survey strand, a bilingual Google Form was shared through social media and professional networks (convenience and snowball sampling) between 21 and 27 October 2026. Of 47 submissions, 9 exact duplicates were removed, leaving 38 working adults (Table I). For the interview strand, 12 working adults (6 men, 6 women) in Padur, near Siruseri in outer Chennai, were interviewed. All were aged 45–55 years, earned below ₹20,000 per month, did not use smartphones and came from family's resident in the area for three or more generations; six worked in landscaping or security at a residential apartment complex and six in other casual work.

TABLE I PROFILE OF SURVEY PARTICIPANTS (N = 38)

Characteristic	n	%
Women	20	52.6
Aged 26–35 years	23	60.5
IT or software sector	19	50.0
Three or more financial dependents	18	47.4
Living outside Tamil Nadu	11	28.9

B. Measures

Emotional distress was the mean of four items on exhaustion, worry, hopelessness and sleep or concentration problems (e.g., "I have felt emotionally drained"), rated from 1 (strongly disagree) to 5 (strongly agree); α = .86. Scores below 2.5 were classed as low, 2.5–3.5 as moderate and above 3.5 as high. *Relationship strain* was the mean of three items on difficulty communicating openly, disagreements affecting important relationships and receiving needed emotional support (reverse-scored); α = .62. *Spiritual coping* combined the frequency of spiritual or reflective practices, how often they help in coping (1 = never to 5 = very often) and agreement that they are important for well-being; α = .87. *Work stress* was a single item on whether work demands create significant stress.

Participants rated cost and fear of stigma as barriers (1 = not a barrier to 5 = a major barrier) and selected up to three barriers from a checklist, classed as structural (e.g., cost, time, not knowing where to go) or attitudinal (e.g., stigma, doubts about effectiveness or confidentiality). *Intervention readiness* was the response to "If affordable, confidential and accessible professional counselling were available, how likely would you be to consider using it?" (1 = definitely no to 5 = definitely yes). Participants also named an affordable fee and preferred format. Interviews began with base questions on work, income, family, loans, religious practice, yoga and meditation, and awareness of counselling.

C. Hypotheses

Null hypotheses stated no relationship of distress with readiness (H01), spiritual coping (H02), work stress (H03) and relationship strain (H05); no relationship of spiritual coping with readiness (H04); no difference between cost and stigma barriers (H06); and no gender differences (H07).

D. Procedure, Ethics and Analysis

Survey participation was voluntary. Interviews were held in person in Tamil with oral consent and recorded in handwritten notes. Survey data were analysed with descriptive statistics, Pearson and Spearman correlations, the Wilcoxon signed-rank test and independent samples *t* tests ($p < .05$). Interview notes were analysed with descriptive content analysis.

IV. RESULTS

A. Emotional Distress and Its Correlates

Mean distress was 2.77 (*SD* = 1.18); 21.1% scored high. Leading sources of strain were financial concerns and family expectations (39.5% each), followed by close relationships and physical health (31.6% each); workload was cited by only 18.4%. As Table II shows, relationship strain was strongly associated with distress. Distress was moderately

associated with readiness, but this was not confirmed by the Spearman test (ρ = .28, p = .090). Women reported higher distress than men, but not significantly (p = .092).

TABLE II CORRELATIONS AMONG KEY VARIABLES (N = 38)

Variable pair	r	p
Relationship strain – distress	.61	< .001
Distress – readiness	.35	.032
Work stress – distress	.32	.051
Distress – cost barrier	.31	.057
Spiritual coping – distress	−.00	.987
Spiritual coping – readiness	−.09	.584

B. Barriers to Counselling

Cost was rated as a moderate or greater barrier by 44.7% of participants compared with 18.4% for stigma, a significant difference (*Mdn* = 2 vs. 1; W = 51.5, p = .023). Table III lists the barriers selected from the checklist. Overall, 34.2% did not know how to find a qualified counsellor.

TABLE III BARRIERS SELECTED BY PARTICIPANTS (N = 38)

Barrier	Type	%
Lack of time	Structural	44.7
Doubts about confidentiality	Attitudinal	28.9
Doubts it would help	Attitudinal	28.9
Cost	Structural	26.3
Not knowing where to seek help	Structural	23.7
Fear of stigma	Attitudinal	13.2

Participants could select up to three barriers.

C. Readiness and Preferences

If counselling were affordable, confidential and accessible, 63.2% would probably or definitely consider it, 23.7% were unsure and 13.2% would not. Of the 22 participants who named an affordable fee, 81.8% chose ₹1,000 or less per session. In-person sessions (52.6%) and individual counselling (50.0%) were preferred. In summary, H05 and H06 were rejected, H01 was rejected tentatively (Pearson test only), and H02, H03, H04 and H07 were retained.

D. Interview Findings

Four patterns emerged from the interviews. *Debt as the central financial strain:* eight of the 12 participants had loans with regular EMI repayments, whereas the four without debt—men and women alike—described their situation as stable despite low earnings and reported no EMI-related stress, suggesting that repayments rather than low income alone drove financial pressure. *The temple as the main spiritual resource:* ten identified as Hindu and eight attended temples; spiritual life centred on community worship rather than on individual reflective practice. *Wellness practices seen as elite:* only one participant practised yoga or meditation; the others knew that yoga is beneficial but regarded yoga and meditation as practices for wealthier people. *Limited awareness of counselling:* most participants did not know what counselling is, so for this group the barrier lay before cost or time. The researcher's impression, not a participant-reported finding, was that brief counselling sessions in Tamil could benefit this group considerably.

V. DISCUSSION

The strongest finding was the large association between relationship strain and distress, consistent with evidence that relationship discord carries distress beyond psychiatric disorder [9]. Counselling for working adults should therefore address relationships and family pressures, not only individual symptoms.

Cost was a significantly greater barrier than stigma, and most participants did not see stigma as a barrier at all. This contrasts with the emphasis on stigma in earlier Indian research [5] and indicates that, for working adults, affordability and convenience are central. Attitudinal barriers nonetheless remained common—especially doubts about confidentiality and effectiveness—echoing international findings [6], [11]. Lower cost is necessary but not sufficient; services must also explain how counselling helps and protects privacy.

Readiness was high, and a quarter of participants were unsure—in transtheoretical terms, a contemplation group that information and positive first experiences could move towards action [17]. As readiness is an intention [12], [13], actual uptake may be lower; spiritual engagement did not reduce openness to counselling [15].

The interviews reached a group online research misses. For lower-income workers, strain took the form of debt, wellness practices seemed to belong to wealthier classes, and counselling was largely unknown, so awareness is a more fundamental barrier than cost [5].

Limitations. Samples were small and non-random, data were self-reported and cross-sectional, scales were brief, and interviews were recorded in notes; the findings are exploratory.

VI. RECOMMENDATIONS

1) *Low-cost, brief counselling:* sessions at or below about ₹1,000, with short, flexible formats and after-hours appointments to address cost and time barriers.
2) *Workplace and relationship support:* confidential employee assistance programmes, including relationship and family counselling.
3) *Awareness in Tamil:* explain where to find help, what counselling involves and how confidentiality is protected.
4) *Reaching lower-income workers:* free, brief counselling sessions in Tamil at workplaces such as residential complexes and in familiar community settings, including support for managing debt and financial stress.

Future research should pilot low-cost, brief counselling with lower-income workers and measure uptake and change in distress.

VII. CONCLUSION

Working adults wanted counselling, but cost, time and, among lower-income workers, lack of awareness stood in the way, and relationship strain was the strongest correlate of distress. Affordable, brief, in-person counselling that attends to relationships, delivered through workplaces and community settings and introduced in Tamil, offers a practical route to closing the treatment gap.

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