

Lived Experiences of Mental Health Professionals Working with Children with Special Needs in Pakistan: An Interpretative Phenomenological Analysis

Rumana Ashfaq¹, Dr. Basharat Hussain², Muhammad Abbas^{*3}

¹ PhD Fellow, Department of clinical psychology, Shifa Tameer-e-Millat University, Islamabad. rumanashfaq1@gmail.com (0009-0000-3132-126X)

² Department of Psychology and Human Development, Karakoram International University, Gilgit, Gilgit-Baltistan, Pakistan, basharat.hussain@kiu.edu.pk (ORCID-ID: 0000-0003-2723-7035)

³ PhD Fellow & Lecturer, Department of clinical psychology, Shifa Tameer-e-Millat University, Islamabad. Muhammad.psy1995@gmail.com (ORCID-ID: 0009-0008-6471-2855)
Muhammad Abbas (Correspondence author)

Abstract

Mental health professionals (MHPs) working with children with special needs in Pakistan operate within emotionally demanding and structurally constrained environments. This study aimed to explore lived experiences of these professionals using Interpretative Phenomenological Analysis (IPA). A total of 10 MHPs from Islamabad/Rawalpindi were recruited through purposive sampling and participated in semi-structured interviews. The analysis revealed three overarching themes: client-centered collaboration, multifaceted challenges to holistic care, and coping strategies. Participants reported experiencing significant emotional demands, workplace limitations, and reliance on personalized coping strategies, including spirituality, intrinsic motivation and professional support. Cultural-stigma, limited resources, and inadequate institutional support emerged as key barriers, whereas therapeutic success and meaningful connections with children were identified as primary sources of professional fulfillment. These findings provide insights into emotional and systemic realities faced by MHPs in Pakistan and underscore the need for policy-level interventions, enhanced training opportunities, and strengthened interdisciplinary collaboration in services for special needs children.

Keywords: Lived experiences, children with special needs, mental health professionals, self-care.

Introduction

Mental health professionals (MHPs) play a critical role in supporting children with special needs by providing psychological, behavioral and educational interventions that extend beyond conventional therapeutic care (Ee et al., 2022). In the Pakistani context, this role is shaped by socio-cultural norms, systemic limitations, and workforce shortages, all of which influence both professional experiences and service delivery (Zafar et al., 2021). Therefore, examining the occupational realities of MHPs working with this population is essential for improving the quality and accessibility of mental health services.

Children with special needs often present with complex developmental, emotional and behavioral difficulties that require individualized and multidisciplinary intervention (Thapar et al., 2022). Accordingly, MHPs are responsible not only for clinical assessment and intervention but also for advocacy, parental guidance and coordination with educational and healthcare systems (Salminen et al., 2025). These expanding responsibilities significantly increase occupational demands, particularly in resource-constrained settings such as Pakistan (Sideri et al., 2025).

Prolonged exposure to emotionally demanding work has been strongly associated with burnout, which is characterized by emotional exhaustion, depersonalization and reduced professional efficacy (Maslach & Leiter, 2016). The World Health Organization (2019) has recognized burnout as an occupational phenomenon resulting from chronic workplace stress. Empirical evidence suggests that mental health professionals working with high-need populations experience higher level of burnout compared to other healthcare professionals (Morse et al., 2022).

In addition, the nature of working with children with special needs, who often require specialized communication (Abbas et al., 2026) and intervention strategies, further intensifies emotional and cognitive demands (Argyropoulos & Chamonikolaou, 2018). When institutional support and training are inadequate, these demands may lead to increased psychological strain and role stress (Victor et al., 2022). Over time, sustained emotional engagement with complex cases can contribute to compassion fatigue and reduced job satisfaction and diminished well-being (Cavanagh et al., 2020). Beyond organizational challenges, societal perceptions of mental health professional further complicate these experiences. Further, mental health professionals frequently encounter stigma and role devaluation, which can undermine professional identity and increase vulnerability to burnout (Henderson et al., 2020). This issue is particularly salient in collectivist societies, where mental health conditions and disabilities are often misunderstood or socially marginalized.

Cultural interpretations of disability also play a significant role in shaping professional experiences. In many communities, disabilities are viewed through spiritual or moral frameworks, which may contribute to social exclusion and family stigma (Bunning et al., 2020). As a result, MHPs often assume dual roles as both clinical practitioners and societal advocate, increasing their emotional burden and professional responsibilities (O'Connor et al., 2018; Rayan & Ahmad, 2021).

Despite these challenges, existing literature highlights that MHPs may also experience personal growth, professional meaning and fulfillment through their work, particularly when observing positive developmental outcomes in children (Kinman et al., 2020). Furthermore, adaptive coping strategies and resilience have been identified as protective factors that mitigate stress and reduce burnout among healthcare professionals (Labrague et al., 2021).

Despite a growing body of literature on burnout and occupational challenges among mental health professionals, there remains a lack of in-depth qualitative research exploring the lived experiences of professionals working specifically with children with special needs in the Pakistani context. Most existing studies have focused on quantitative outcomes or generalized healthcare populations, overlooking the nuanced, context-specific realities of this group. Therefore, this study addresses this gap by employing an interpretative phenomenological approach to gain a deeper understanding of the personal and professional experiences of mental health professionals in this field.

Methodology

Research design

A qualitative research design was employed to explore the lived experiences of MHPs working with children with special needs in Pakistan. The study adopted Interpretative Phenomenological Analysis (IPA) to gain an in-depth understanding of participants' subjective experiences. Participants were recruited from Islamabad and Rawalpindi representing diverse professional and cultural backgrounds.

Sample and Sampling Technique

The study included 10 mental health professionals aged between 24 and 37 years, all of whom were actively working with children with special needs in Islamabad and Rawalpindi. Participants were selected using purposive sampling based on their direct professional experience. Recruitment was conducted through clinical settings, professional networks and referrals.

Inclusion and Exclusion Criteria

Participants were required to have at least six months of professional experience working with children with special needs and to possess relevant academic qualifications in mental health or related fields. Individuals with less than six months of experience, those not currently practicing or those unwilling to provide informed consent were excluded from the study.

Research Question

What are the lived experiences of mental health professionals working with children with special needs?

Objectives

The objectives of the study were:

- To explore the lived experiences of mental health professionals working with children with special needs.
- To identify the challenges faced by MHPs in this field.
- To examine the coping mechanisms used by MHPs to manage these challenges.

Data Collection:

Data was collected through semi-structured interviews to explore participants lived experiences. Open-ended and probing questions were used to examine emotional experiences, professional challenges, coping strategies and available support system. Participants were informed about the purpose of the study and informed consent was obtained prior to data collection. Key guiding questions included:

- What are your experiences working with children with special needs?
- What challenges do you face in your professional role?
- How do you cope with these challenges?

Data Analysis:

Data were analyzed using Interpretative Phenomenological Analysis (IPA) as outlined by Smith and Osborn (2015). Interview transcripts were read multiple times to ensure familiarization. Initial exploratory comments were generated, followed by the identification of emergent themes. Patterns were then examined within and across cases

to develop overarching themes. The analysis followed the double hermeneutic process inherent in Interpretative Phenomenological Analysis, whereby the researcher sought to make sense of participants' own interpretations of their lived experiences. This iterative process involved moving between individual accounts and shared meanings across cases.

Trustworthiness (Rigor of the Study):

To ensure rigor, the study adhered to the four criteria of trustworthiness:

- **Credibility:** Established through in-depth interviews, prolonged engagement and participant validation.
- **Dependability:** Ensured through consistent data collection procedures and systematic analysis.
- **Confirmability:** Maintained by grounding interpretations in participants' narratives and minimizing researcher bias.
- **Transferability:** Supported by providing rich, contextualized descriptions of participants and the research setting.

Researcher Reflexivity

The researcher-maintained reflexivity throughout the research process by engaging in continuous self-reflection to acknowledge and minimize potential biases. Given the researcher's background in mental health, efforts were made to remain aware of preconceptions and ensure that interpretations were grounded in participants' narratives.

Procedure:

Participants were recruited using purposive sampling and provided with detailed information about the study prior to obtaining informed consent. Interviews were conducted individually, audio-recorded and transcribed verbatims. All data were securely stored to ensure confidentiality and ethical compliance.

Ethical Considerations:

Ethical principles were strictly observed throughout the study. Participation was voluntary and informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity were ensured using pseudonyms. Participants were also informed of their right to withdraw from the study at any stage without any consequences.

Researcher Positionality

The researcher has a professional background in the field of mental health, which facilitated a deeper understanding of participants' experiences. At the same time, conscious efforts were made to bracket personal assumptions and maintain objectivity throughout data collection and analysis.

Results:

Table 1: Demographics of participants

P. No.	Age	Gender	Designation	Qualification	Experience
1	24	Female	Psychologist	Bachelors (Applied Psychology)	6 months
2	25	Female	Psychologist	Bachelors (Applied Psychology)	1 year
3	26	Female	Psychologist	Bachelors (Applied Psychology)	2 years
4	28	Female	Psychologist	Masters (Clinical Psychology)	2 years
5	27	Female	ABA Therapist	Masters (Clinical Psychology)	3 years
6	27	Female	ABA Therapist	Masters (Clinical Psychology)	3 years
7	31	Female	ABA Therapist	Bachelors (Applied Psychology)	5 years
8	33	Male	ABA Therapist	Bachelors (Special Education)	4 years
9	35	Male	Psychologist	Masters (Applied Psychology)	5 years
10	37	Male	Psychiatrist	MBBS, MCPS (Psychiatry)	7 years

Table II. Themes of Lived Experiences of MHPs working with Children with Special Needs

Superordinate Themes	Subordinate Themes	Participants Quotes (Add Quotations)
Client Centered Collaboration	Initial Engagement	“Building trust takes time; without it, the child does not open up, and therapy cannot move forward” (Participant 7, ABA Therapist).
	Adaptive Strategies and Flexibility	“Every child is different; what works for one does not work for another, so we have to keep changing our approach” (Participant 8, ABA Therapist).
	Interdisciplinary Communication	“As a psychologist, I cannot work in isolation; coordination with teachers, speech therapists and occupational therapists is essential to understand the child holistically” (Participant 9, Clinical Psychologist).
Multifaceted Challenges to Holistic Care	Parental Challenges	“Many parents are in denial and expect quick results, especially academically, which makes our work difficult” (Participant 10, Psychiatrist).
	Workplace Pressures	“The workload is overwhelming, and sometimes it feels like we are just trying to manage numbers rather than provide quality care” (Participant 1, Psychologist).
	Cultural Misconceptions	“Some families believe the problem is spiritual and delay seeking professional help” (Participant 2, Psychologist).

	Lack of Training and Resources	“We don’t always have the right tools or training for these cases, so we have to rely on our own judgment” (Participant 3, Psychologist).
Coping Strategies	Work life Balance	“If we don’t set boundaries, the emotional burden follows us home” (Participant 4, Psychologist).
	Motivation	“Even small improvements in a child give us a sense of purpose and keep us going” (Participant 5, ABA Therapist).
	Spirituality	“Faith gives me strength; it helps me stay patient and hopeful in difficult cases” (Participant 6, ABA Therapist).

Data were analyzed using Interpretative Phenomenological Analysis (IPA). Through an iterative and systematic process, three superordinate themes emerged: Client-centered collaboration, multifaceted challenges to holistic care and coping strategies. Each superordinate theme comprised several subordinate themes that reflected shared patterns across participants' lived experiences. These themes capture how mental health professionals (MHPs) interpret their roles, navigate challenges and sustain their professional well-being while working with children with special needs.

Client-Centered Collaboration: This theme reflects the collaborative and relational nature of therapeutic work with children with special needs. Participants emphasized that effective intervention begins with initial engagement, where establishing trust and rapport with both the child and family is critical. Many participants highlighted that premature intervention without adequate rapport-building often resulted in resistance and reduced therapeutic effectiveness. Professionals described investing considerable time in understanding the child's emotional state, behavioral patterns, and family dynamics before initiating structured interventions. The subordinate theme of adaptive strategies and flexibility underscores the need for individualized and dynamic therapeutic approaches. Participants consistently reported that standardized or rigid treatment plans were often ineffective, as each child presented unique needs and responses. Consequently, flexibility, creativity, and a non-judgmental attitude were identified as essential components of effective practice. Additionally, interdisciplinary communication emerged as a key aspect of collaborative care. Participants described the importance of working closely with other professionals, including speech therapists, educators, occupational therapists, and medical practitioners. Such collaboration was viewed as critical for developing a comprehensive understanding of the child and ensuring holistic care.

Multifaceted Challenges to Holistic Care: This theme captures the complex interplay of systemic, cultural, and interpersonal barriers faced by MHPs. A prominent challenge identified was related to parental challenges, particularly parental denial, unrealistic expectations, and limited awareness of developmental conditions. Participants reported that some parents prioritized academic achievement over overall developmental progress, which often hindered therapeutic goals. Emotional reactions such as fear, stigma, and resistance further complicated engagement and continuity of care. The subordinate theme of workplace pressures highlights structural constraints within professional settings. Participants reported high caseloads, administrative burdens, limited financial incentives, and lack of professional recognition. These factors contributed to stress, job dissatisfaction and in some cases, burnout. Additionally, institutional systems were often described as prioritizing service quantity over quality, thereby limiting the effectiveness of care delivery.

Cultural misconceptions were also identified as significant barriers. Participants noted that disabilities were sometimes attributed to supernatural or spiritual causes, leading families to seek non-clinical interventions and delaying evidence-based treatment. Such beliefs not only affected help-seeking behavior but also influenced adherence to therapeutic recommendations. Finally, lack of training and resources emerged as a critical concern. Participants reported limited access to specialized training, supervision and culturally appropriate assessment tools. Many expressed concern that existing diagnostic tools and intervention frameworks were not fully adapted to the local cultural context, thereby reducing their effectiveness.

Coping Strategies: Despite the challenges encountered, participants described various coping mechanisms that enabled them to maintain resilience and professional commitment. The theme of work-life balance

highlights the importance of setting emotional boundaries and engaging in restorative activities, such as spending time with family pursuing hobbies and ensuring adequate rest. These practices were considered essential to preventing burnout and maintaining psychological well-being. Additionally, motivation emerged as a significant internal resource. Participants described deriving a sense of fulfillment and purpose from observing even minor improvements in children's functioning.. Positive feedback from families and colleagues further reinforced their professional identity and commitment to their work. Additionally, spirituality was identified as a key coping mechanism. Many participants reported relying on religious beliefs and practices as a source of emotional strength, comfort, and meaning. Spirituality was described as helping them manage stress, maintain hope and sustain their engagement in emotionally demanding work.

Discussion

This study explored the lived experiences of mental health professionals (MHPs) working with children with special needs in Pakistan, uncovering complex emotional, systemic, and sociocultural dynamics that shape their professional experiences. The findings highlight how these professionals navigate the intersection of client-centered care, structural constraints, cultural beliefs and personal resilience.

The first major theme client-centered collaboration, underscore the importance of establishing rapport with children and their families as a foundation for effective intervention. Participants emphasized that trust-building and emotional engagement are critical to therapeutic success, which is consistent with prior research highlighting the importance of personalized and relationship-based approaches in mental health care (Ee et al., 2022). Furthermore, the need for adaptive strategies and flexibility reflect the dynamic nature of working with children with special needs, where fixed therapeutic approaches are often ineffective. This finding aligns with existing literature emphasizing individualized and flexible interventions for complex developmental conditions (Thapar et al., 2022).

The importance of interdisciplinary collaboration further reinforces the need for integrated care models. Participants described working closely with professionals from multiple disciplines to address the diverse needs of children. This finding is consistent with the growing emphasis on multidisciplinary approaches in child mental health services (Salminen et al., 2025).

The second major theme, multifaceted challenges to holistic care, highlights the range of barriers encountered by MHPs. Parental resistance, including denial and unrealistic expectations, emerged as a significant challenge, reflecting the complexity of family dynamics in therapeutic contexts (Ashraf et al., 2022; Bano et al., 2026). These findings underscore the need for increased parental awareness and engagement in intervention processes.

Workplace-related challenges, such as high caseloads, administrative demands, low salaries, and limited professional were also prominent. These factors contributed to emotional exhaustion and reduced job satisfaction, supporting existing research on burnout among mental health professionals (Maslach & Leiter, 2016; Morse et al., 2022). Additionally, participants reported that institutional priorities often favored service quantity over quality, further constraining effective care delivery.

Cultural misconceptions regarding disability further amplified these struggles. Many participants encountered families attributed developmental delays to spiritual or supernatural causes, leading to delays in seeking professional help. This finding aligns with prior research on culturally influenced help-seeking behaviors (Ashraf et al., 2022; Bano et al., 2026; Bunning et al., 2020). Moreover, the lack of culturally adapted diagnostic tools and limited access to specialized training further complicated service provision, echoing findings on contextual mismatches in mental health care systems (Victor et al., 2022; Lenart & Pasternak, 2023).

Despite these challenges, the themes of coping strategies highlight the resilience of MHPs. Maintaining work-life balance and establishing emotional boundaries were identified as essential strategies for managing occupational stress and preventing burnout, consistent with research on coping and well-being among healthcare professionals (Labrague et al., 2021). Additionally, intrinsic motivation, derived from observing improvements in children, served as a powerful source of professional fulfillment and sustained engagement.

Spirituality also emerged as a significant coping mechanism, with participants describing their reliance on faith as a source of strength, meaning and emotional stability. This finding aligns with existing literature suggesting that spirituality can play a protective role in reducing psychological distress and enhancing resilience among professionals (Rayan & Ahmad, 2021).

Limitation:

This study has several limitations that may be considered when interpreting the findings. First, the small sample size and limited diversity of participants restrict the transferability of the results. Second, the predominance of female participants may have influenced the range of perspectives captured, potentially underrepresenting gender-based differences in professional experiences. Third, the qualitative design, while providing in-depth insights, does not allow for statistical generalization to larger populations.

Additionally, the findings are context-specific and shaped by the sociocultural and institutional environment of Islamabad and Rawalpindi. Therefore, caution must be used when applying these results to other regions or global contexts with differing cultural, economic, and healthcare structures.

Implications of the Study

The findings of this study have several important implications for practice, policy and future research. First, they highlight the need for structured training programs and continuous professional development opportunities to better equip mental health professionals (MHPs) working with children with special needs. Second, there is a clear need to strengthen institutional support systems, including manageable workloads, supervision and recognition, to reduce burnout and enhance job satisfaction. Third, the study underscores the importance of public awareness initiatives aimed at reducing stigma and addressing cultural misconceptions related to disability and mental health. Fourth, enhancing interdisciplinary collaboration across healthcare, educational and social service sectors is essential for delivering comprehensive and holistic care. Finally, the findings emphasize the importance of providing accessible mental health support and coping resources for professionals to promote resilience, well-being and sustained engagement in their roles.

Future Research Direction

Future research may include larger and more diverse samples, explore potential gender differences in professional experiences and examine culturally adapted intervention models to improve mental health service delivery in similar contexts.

Conclusion:

Overall, the findings of this study highlight the need for systemic and policy-level interventions to support MHPs. These include improving working conditions, providing culturally relevant training, enhancing institutional support and promoting interdisciplinary collaboration. Addressing these factors is essential not only for the well-being of professionals but also for improving the quality of care provided to children with special needs. This study contributes to the limited body of qualitative research in low-resource

settings by providing contextually grounded insights into the lived experiences of mental health professionals in Pakistan.

References

- Abbas M, Ehsan N, Hussain B., (2026) “Managing Aggressive Behavior Triggered by Routine Disruptions in Individuals with Autism Spectrum Disorders with Differential Reinforcement of Low Rates, Visual Support, and Caregiver Training” *Journal of Social and Behavioral Sciences*, 3(1); DOI: [10.61148/3065-6990/JSBS/050](https://doi.org/10.61148/3065-6990/JSBS/050)
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR)*. American Psychiatric Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
- Argyropoulos, V., & Chamonikolaou, S. (2018). Inclusive education and the development of children with special educational needs: Contemporary perspectives. *European Journal of Special Needs Education*, 33(3), 357–371.
- Ashraf, M., Saeed, B., Mansoor, A. F., Ijaz, M., Mushtaq, F., Khan, M. A., & Faridi, T. A. (2022). Autism spectrum disorder in Pakistan: A review. *Pakistan Journal of Health Sciences*, 13–19. <https://doi.org/10.54393/pjhs.v3i07.384>
- Bano, F., Hussain, B., & Abbas, M. (2026). Lived Experiences of Parents Raising Children with Autism Spectrum Disorder: Challenges and Barriers in Gilgit-Baltistan. *Journal Of Psychology, Health And Social Challenges*, 4(01), 71-75.
- Bunning, K., Gona, J. K., Buell, S., & Newton, C. R. (2020). The perception of disability by community members: Cultural interpretations and stigma in low-income settings. *Disability and Rehabilitation*, 42(12), 1685–1694. DOI: <https://doi.org/10.1080/09638288.2018.1531157>
- Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., Fiest, K., Guichon, J. R., & Doig, C. J. (2020). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nursing Ethics*, 27(3), 639–665. DOI: <https://doi.org/10.1177/0969733019889400>
- Ee, J., Parry, S., & Wilkinson, R. (2022). The expanding role of mental health professionals in multidisciplinary child development services. *Child and Adolescent Mental Health*, 27(4), 345–353. Link: <https://onlinelibrary.wiley.com/journal/14753588>
- Henderson, C., Noblett, J., Parke, H., Clement, S., Caffrey, A., Gale-Grant, O., & Thornicroft, G. (2020). Mental health-related stigma in healthcare professionals: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55(5), 597–610. DOI: <https://doi.org/10.1007/s00127-019-01727-2>
- Kinman, G., Teoh, K., & Harriss, A. (2020). Supporting the well-being of healthcare workers during and after COVID-19. *Occupational Medicine*, 70(5), 294–296. DOI: <https://doi.org/10.1093/occmed/kqaa096>
- Labrague, L. J., De Los Santos, J. A. A., & Falguera, C. C. (2021). Social and emotional loneliness among college students during the COVID-19 pandemic: The predictive role of coping behaviors, social support, and personal resilience. *Perspectives in psychiatric care*, 57(4), 1578–1584. <https://doi.org/10.1111/ppc.12721>
- Lenart, A., & Pasternak, J. (2023). Resources, problems and challenges of autism spectrum disorder diagnosis and support system in Poland. *Journal of Autism and Developmental Disorders*, 53(4), 1629–1641. <https://doi.org/10.1007/s10803-021-05142-1>
- Maslach, C., & Leiter, M. P. (2016). *Burnout in the workplace: A psychological perspective*. Routledge.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2022). Burnout among mental health professionals: A systematic review and meta-analysis. *Administration and Policy in Mental Health*

- Health and Mental Health Services Research, 49(2), 327–345. DOI: <https://doi.org/10.1007/s10488-021-01163-5>
- O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis. *Work & Stress*, 32(3), 293–311. DOI: <https://doi.org/10.1080/02678373.2018.1428906>
- Ostrowski, J., Religioni, U., Gellert, B., Sytnik-Czetwertyński, J., & Pinkas, J. (2024). Autism spectrum disorders: Etiology, epidemiology, and challenges for public health. *Medical Science Monitor*, 30, e944161. <https://doi.org/10.12659/MSM.944161>
- Rayan, A., & Ahmad, M. (2021). Psychological distress and coping strategies among healthcare professionals in Middle Eastern contexts. *Journal of Psychiatric and Mental Health Nursing*, 28(6), 1114–1123. DOI: <https://doi.org/10.1111/jpm.12752>
- Salminen, J., Saarinen, M., & Korhonen, T. (2025). Multidisciplinary collaboration in child mental health services: Contemporary challenges and professional experiences. *International Journal of Mental Health Systems*, 19(1), 22–34. Link: <https://mentalhealthjournal.biomedcentral.com/>
- Sideri, A., Papageorgiou, A., & Kallitsoglou, A. (2025). Occupational stress and emotional exhaustion among professionals working with children with developmental disorders. *Child: Care, Health and Development*, 51(1), e13012. DOI: <https://doi.org/10.1111/cch.13012>
- Suthar, S., & Sethi, S. (2025). Coping strategies for stress in parents of children with autism spectrum disorder: A cross-sectional study from North India. *Industrial psychiatry journal*, 34(3), 396–401. https://doi.org/10.4103/ipj.ipj_481_24
- Thapar, A., Pine, D. S., Leckman, J. F., Scott, S., Snowling, M., & Taylor, E. (2022). *Rutter's child and adolescent psychiatry* (7th ed.). Wiley-Blackwell.
- Victor, S. E., Klonsky, E. D., & Glenn, C. R. (2022). Professional stress and role challenges in child-focused mental health services. *Journal of Clinical Child & Adolescent Psychology*, 51(4), 612–624. DOI: <https://doi.org/10.1080/15374416.2020.1867954>
- World Health Organization. (2019). Burn-out an “occupational phenomenon”: International classification of diseases (11th revision). WHO. Link: <https://www.who.int/news/item/28-05-2019-who-launches-new-icd-11>
- Zafar, S., Sikander, S., & Ahmad, I. (2021). Mental health workforce challenges in low- and middle-income countries: The case of Pakistan. *Global Mental Health*, 8, e34. DOI: <https://doi.org/10.1017/gmh.2021.30>
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain*, 9(1), 41–42. <https://doi.org/10.1177/2049463714541642>