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## **Covid 19 Pandemic and Holistic Care Provision in Sri Lanka - Recognition of Social Work Intervention.**

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### **Abstract**

Holistic care is recognized as an enduring practice among patients. During the COVID-19 pandemic, this practice method has been used extensively to improve the well-being of patients and their families. Holistic care management is essentially a combination of different disciplinary approaches for total patient care. In Sri Lanka, frontline health professionals and military personnel have led much of the pandemic response. The satisfactory pandemic control status is thus focused on both sectors in Sri Lanka. However, individual concern and holistic care for people infected with COVID-19 and their families were not pursued due to the country's lack of human and other resources. Consequently, infected individuals and families have access to health care and do not meet the other social, psychological, and physical needs associated with the disease. As a result, the burden of the disease has grown and multiplied by other factors, making infected individuals and their members more vulnerable to the pandemic. The need for comprehensive care for those infected with COVID-19 has been neglected and pushed to manage the consequences individually. However, the cases of many countries that face the same challenge but with different magnitudes were different, especially the Indian approach to Covid 19 involved holistic care management allowing

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social work practitioners. This study, therefore, focused on the holistic approach to care during the pandemic and its aftermath. In addition, this study explored the possibilities for social workers in healthcare facilities. The study's methodology used primary and secondary data, and the international literature on medical social work and health care during the pandemic was employed extensively in this study. Additionally, two social work instructors employed in the General Hospital Colombo and five consultant doctors in the Emergency and Medical care unit of the Kandy General Hospital and Colombo General Hospital were interviewed. The thematic analysis was used to analyze the primary data. According to the study's findings, the holistic care approach with Covid 19 infected persons was minimally applied, and social workers were not involved in the holistic care except for a few psychiatric social workers. The practice of online medical social work, the collaborative approach, and the multidisciplinary aspect of healthcare were not identified and prioritized during the pandemic.

**Keywords:** Social Work Practice, Medical Social Work, Extended Care

## **Introduction**

The most current coronavirus, COVID-19, is the infectious disease it causes. Until the outbreak in Wuhan, China, in December 2019, neither the virus nor the sickness was known (UNDP, 2020). Except for Antarctica, every continent has seen the virus spread since December 2019. COVID-19 is classified as a pandemic by the World Health Organization, although it is a pandemic that can be controlled. The WHO defined Covid-19 as an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus experience mild to moderate respiratory illness and recover without requiring special treatment. The pandemic has negatively impacted the economic, political, social, and cultural aspects of the nation and its people. Nations are employing various measures to stop the spread of the disease, including patient testing and treatment, contact tracing, travel restrictions, quarantining people, self-quarantining, and cancellation of big meetings.

Aside from laws and regulations imposed by the government, complementary disciplines are streamlined as governments uphold national laws to serve the needs of individuals, groups, and communities. According to the Ministry of Health, the total number of confirmed cases in Sri Lanka is 663,862, and the

total number of deaths is 16,518. Out of the infections, 646,964 persons have been recovered (2022). According to the World Bank, Sri Lanka's COVID-19 management strategy is led by the Ministry of Health and is implemented with support from a network of development partners, including WHO, UNICEF and other United Nations agencies. Moreover, the World Bank has provided \$217.56 million in financing for the project (World Bank, 2020). The allocation of healthcare essentials and cash grants was significantly coordinated during the pandemic.

Nevertheless, addressing the bio-psychosocial needs of the infected persons as well as the community, in general, was at a minimal level. The role of Health Care during the pandemic was appreciable, and healthcare is one of the essential and free social welfare services for Sri Lankans. The annual expenditure on Health Care in Sri Lanka during 2019 amounted to approximately 4.08 per cent of the country's gross domestic production (GDP), according to the Department of Census and Statistics, Sri Lanka, 2019. The provision of services during the Covid 19 pandemic from the health sector was highly appreciable, and the healthcare professionals were on the front line for saving people's lives and making the public aware of the spread of the disease. The security and health sectors of the nation run the Covid 19 pandemic control mission. However, there were few opportunities for other professionals, particularly social development and social welfare-related officers, to participate and contribute. The provision of comprehensive treatment to patients who were infected with Covid 19 and their families was constrained by this practice.

During the pandemic, the medical strategy to treat patients with the Covid 19 infection predominated, while the social approach to treat patients received the least attention. As a result, the pandemic had several adverse effects on affected people and their families. However, the military and healthcare professionals took on the roles that other professionals were supposed to fill, which put unneeded pressure on them. The cross-sectional research conducted among healthcare professionals affiliated with six universities concluded that "Burnout is prevalent among healthcare workers caring for COVID-19 patients. Age, gender, job category, and site of practice contribute to the level of burnout that the staff experience" (Jalili et al., 2021). The study "Psychological experiences of healthcare professionals in Sri Lanka during

COVID-19", 2021 reported that elevated depressive symptoms and anxiety were experienced by 53.3% and 51.3%, respectively, of the participants. A total of 512 healthcare professionals were surveyed online for this study. While the epidemic was at its worst, the presence of medical and military personnel was the status quo. Their contribution was greatly appreciated, but if there had been a chance for additional paraprofessionals to get engaged, mainly to deal with patients and their families, the situation would have been much better. Due to the variety of symptoms linked to Covid 19, treating these individuals requires a comprehensive team approach rather than being restricted to a single speciality clinic (Montani et al., 2021). The team further highlighted how the most efficient strategy to handle the complexity of post-acute COVID-19 syndrome is likely to involve telehealth consultation followed by a multidisciplinary assessment in outpatient clinics with numerous specialists on the same day in a single location. Hence, this paper explores the holistic approach to treatment used during the pandemic and investigates the prospects and potentials for social workers to improve patients' overall welfare through social work practice.

## **Methodology**

This study was designed to explore possibilities for social workers during the pandemic. Given the nature and specificity of the issue, primary and secondary data were used. Social work practice is not professionally recognized in Sri Lanka (Ranaweera, 2013, Gamlath et al., 2015, Attanayake, 2016). Moreover, social work is not registered as an occupation in Sri Lanka according to the list of professions of the Organization of Professional Associations of Sri Lanka (OPA) (<https://opasrilanka.org/>). Hence recognizing Social Work practitioners in the care provision during the pandemic was challenging. In addition to the secondary data, 05 interviews were conducted with frontline medical officers attached to the emergency units of the National Hospitals (Colombo and Kandy) and purposefully selected two social work instructors from the same work setting. The experiences of social work instructors as part of a broad professional network exemplified the practice through multidisciplinary teams. The thematic analysis was used to analyze data collected through interviews with frontline medical officers and social work instructors. As a result of the qualitative nature of the findings and analysis, the themes were defined. Ethical considerations were highlighted when

collecting data from medical practitioners. A staff consent form was provided to each practitioner before the interview and mentioned the academic purpose of the study at all interviews.

## Results and Discussion

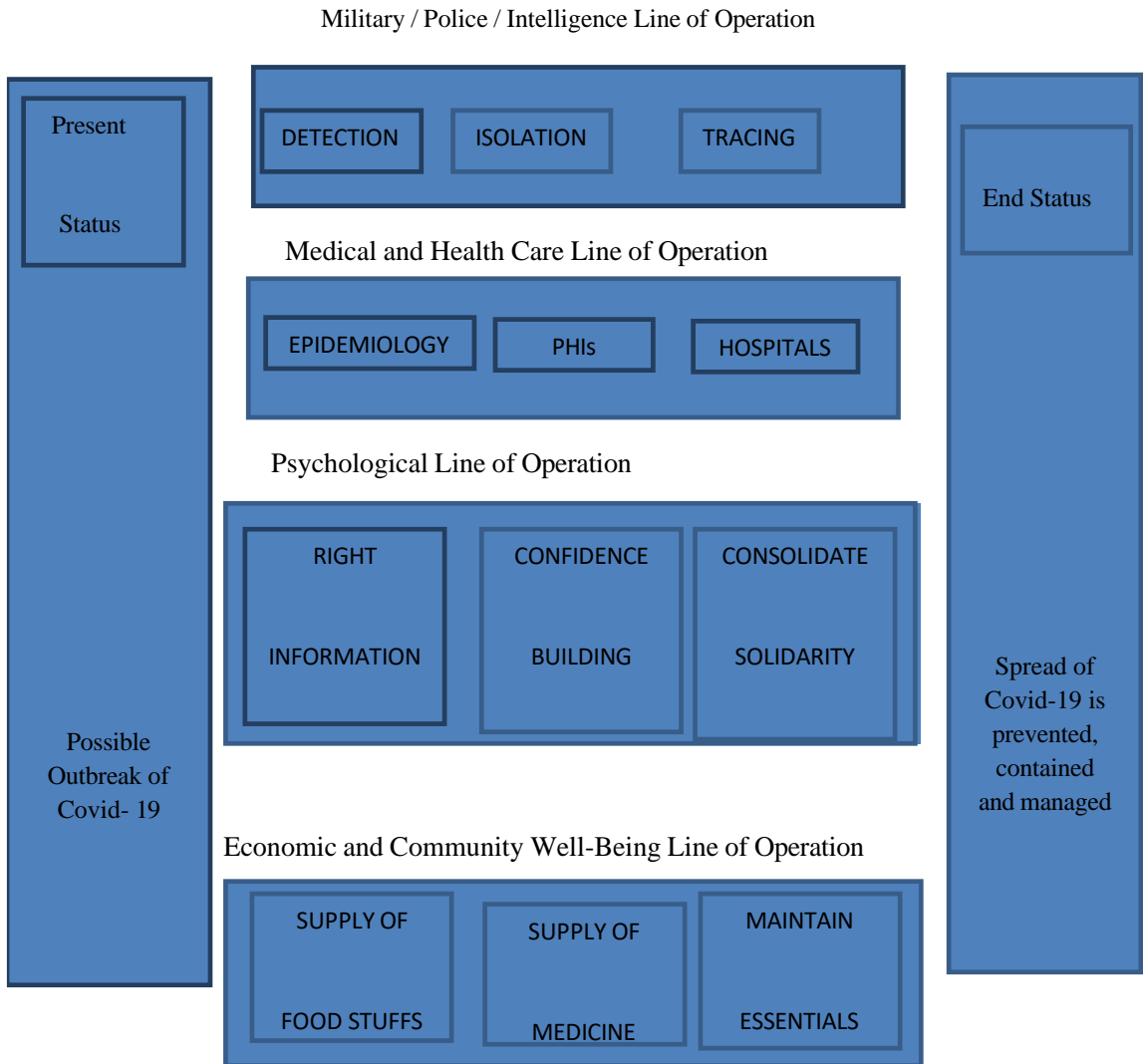


Figure 01: Sri Lankan Response to Covid-19 Source: *Ceylon Chamber of Commerce, 2020*

As illustrated in the diagram above, the pandemic approach in Sri Lanka consisted primarily of four essential components:

1. Military / police/intelligence line of operation
2. Medical and healthcare line of operation
3. Psychological line of operation
4. Economic and community well-being line of operation

The Military, Police, and Intelligence line of operation and the Medical and Health Care line of operation play a significant and predominant role in pandemic control. The Involvement of the Psychological, Economic, and Community Well-being lines was not duly recognized. Some of the essentials needed to be provided by social welfare professionals were also performed by Military and Healthcare professionals. An operation's economic and community well-being lines mainly covered cash transfers to the poorest families and food distribution. According to the above diagram, which explains Sri Lanka's response to covid 19, it is visible that prominence had been given to preventing the Covid 19 virus among the population, which was managed under four distinct but interrelated dimensions. However, in the Psychological line of operation, Confidence Building was prioritized, but the holistic care provision, in terms of sociological, economic and other related dimensions, was not included. Especially the sustainability of the patient after discharge from the hospital, reintegration with the family and with the neighbourhood, and other related post-pandemic consequences were not addressed in the country's response to covid 19.

### **Holistic Care and Covid 19 Infections**

According to Davis, 2021, "Treating the whole patient, not just the disease, is a basic tenet of holistic care. Understanding patients' physical, emotional, and spiritual needs can help providers provide optimal care and improve outcomes". According to this explanation, it is vibrant that treating a patient is not only giving drugs, but the overall management of care would also deliver much better results for the patient. This is also proved in the definition stated by the World Health Organization in 1948 on health, "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". However, the holistic approach to care for individuals infected with COVID-19 was not practised by professionals participating in the service arrangements. The following are some of the reasons cited by the professionals who were interviewed for this study.

### **Inefficiencies in Fund Administration and Allocation**

A lack of funds was available during the emergency because the government allocated funds for quarantine and related services. A respondent's response indicated that the government had prioritized contact screening and disease prevention. Total patient care was not acknowledged during the emergency, and travel restrictions and fear of the virus made service providers too vulnerable. On the other hand, the government faced such an emergency for the first time, and the consequences of the pandemic identification and intervention were least prioritized to prevent and mitigate the spread of the virus.

### **Poor Collaboration**

There has been no collaboration among multidisciplinary professionals throughout the pandemic. In particular, the country's military-led the priority and mechanism for combating the pandemic. According to the People for Equality and Relief in Lanka (PEARL), the Sri Lankan government's response to COVID-19 is driven by two large entities:

1. The National Operation Centre for Prevention of COVID-19 Outbreak ('the Operation Centre') would 'coordinate preventive and management measures to ensure that healthcare and other services are well geared to serve the public.
2. A Presidential Task Force was established to 'direct, coordinate and monitor the delivery of continuous services and for the sustenance of overall community life.

As per the findings from the health care professionals, some of the complaints and the grievances of patients and their family members also transferred, and sometimes people by themselves directly contacted the National Operation Centre for Prevention of Covid 19 Outbreak which was established and operated by the Sri Lanka Army in Rajagiriya. As explained by one interviewee, some cases requiring psychological support are also referred to this centre, and there is no appropriate follow-up mechanism. In addition, the operation of this centre was carried out by military staff, and as a result, the Involvement of professionals related to social protection was absent. Only the participation of social workers was found in the context of emergency aid and the distribution of foodstuffs at the village level. The hotline operated by the

National Operation Centre for Prevention of Covid 19, being charged with receiving complaints and grievances of the public, had been organized and equipped with multitask force. Telehealth technology has been used extensively throughout the pandemic in most regions of the world. On-demand telehealth is a 21st-century approach that allows patients to be efficiently screened; the care provided is patient-centred and conducive to self-quarantine (Garfan et al., 2021). However, the National Operation Center mainly catered to contact tracing and management. As depicted in the National Operation Centre for Prevention of COVID-19 Outbreak, "Strategies and modalities proposed by this group resulted in effective patient management, contact tracing, quarantining as well as vaccination of our entire population and the country is fully opened now, with some limited restrictions".

### **Absence of Multidisciplinary Healthcare during the Pandemic**

In the hospital setting as well as in the quarantine centres, the health care services, as well as other related services, were provided by the following three groups.

- Health Sector-(Hospitals) Doctors, Nurses, Public Health Inspectors, Mid Wives, Attendants and HealthCare Administrators.
- Military Sector- Sri Lanka Army Officers and Other rankers were involved in the Community and Quarantine Centers- Patient and referrals of the Suspects, Contact Tracing, Custody and Care, Provision of Welfare at Quarantine Centers, Provision of Transportation, and other facilities.
- Welfare Sector- Grama Niladari, Development Assistants and Samurdhi Development Officers attached to Divisional Secretariats.

As per the data, there was no support from other experts during any of the three phases - before quarantine, during quarantine, during illness, and after infection. According to one medical expert, a mother with the COVID-19 illness and her young kid were admitted to the Kandy General Hospital. Being a single mother, there was no one to watch over the child while the mother was in the hospital, and neither the physicians nor the nurses knew how to take care of the infant. In order to keep the infant with the mother during the medication, the medical team and other employees organized facilities within the hospital.



Another incident involved an elderly mother who was admitted to the hospital alone. This mother has children but no contact with them. There was no one to take her home after her release. According to the social work instructor, there were many homeless people during the pandemic, and the situation was complicated for the senior population.

On another occasion, a young person who had contracted the infection was admitted to the hospital, but after he recovered, the employer declined to give him a job. The young man had nowhere to turn and was helpless. Many quarantines appreciated the welfare provisions in the quarantine centres, but psychosocial support was not effectively given because no psychosocial practitioners were involved.

There was significantly more suffering during the pandemic, but less prolonged care was offered besides medical treatment. Hence, the medical professionals stressed the importance of a holistic approach to care, particularly the role of medical social workers in hospital settings to support patients and their families and to promote reintegration and overall welfare.

### **Medical Social Workers during the Pandemic**

Medical social work (MSW) is a crucial vocation in India's top speciality hospitals, according to Vishal 2021. The role is critical in offering psychological intervention and patient case management services. As a result, during the Covid 19 outbreak in India, medical social workers served the following functions (Vishal, 2021).

Coordinating Patient Intake-Process

Frontline Social Work

Online Medical Social Work and

Part of the Covid-19 vaccination team

As seen above, the medical social work interaction with specific patients and their families has encompassed the social work intake process to evaluate the working relationship. In essence, adopting these roles, which social workers have already researched and put into practice in the field, would improve an individual's overall health and help the medical staff and professionals share the weight and stress they endured throughout the epidemic. Health

professionals had heightened job stress during the epidemic, faced several obstacles and occasionally found it difficult to maintain a healthy work-life balance. So, adding Licensed Medical Social Workers would improve the delivery of patient care using a holistic approach.

The International Federation of Social Works (IFSW), 2020, noted that social workers' professional responsibilities include advocating for improving the health and social service systems, which are crucial for preventing disease, reducing inequality, and addressing social and economic challenges. The mobilization of communities, organizations/groups, and the establishment of links between the community-based care systems, such as community/district social welfare workers, child protection officers, and community development officers, and the government-established care systems are additional responsibilities for social workers.

As a result, social workers are likely to play a crucial and varied role during the epidemic. Social workers should use direct and indirect practice strategies during the epidemic. Nevertheless, we could not locate any professional social workers in Sri Lanka, and the government did not request the formation of the Sri Lanka Association of Professional Social Workers (SLAPSW). According to Cifuentes-Faura, interventions from various specialists are necessary when social or health disasters represent a risk to numerous people or communities (2020). The goal of social work is to improve people's welfare, especially the well-being of those who are most disadvantaged. The multidisciplinary intervention reinforced holistic care to assure the individual's and his family's well-being. Kodom (2020) claims that during the epidemic, medical social workers in Canada used their skills and competencies to aid with the establishment of hospitals, mental health facilities, nursing homes, and clinics. He went on to say that throughout the pandemic, medical social workers created and oversaw regulations governing the tactics used to care for and treat patients in mental health facilities. The mental health of the patients and their families, as well as the emotional well-being of the public, were adversely affected by the harsh lockdown, curfew, and travel restrictions. As a result, mental health was decimated; nevertheless, in Sri Lanka, the media, particularly television, played a significant role in improving people's mental health, all with no interventions on an individual, group, or community level—Usher et al., 2020 claim that the epidemic has made mental health problems

worse. However, the psychosocial intervention did not receive much attention throughout the pandemic. Herath stated in 2020 that "documented shortages of protective equipment for healthcare personnel in various regions of the world further worsen mental health hazards.

In such demanding circumstances, protecting healthcare professionals' mental health is vital. The job of healthcare professionals was overburdened in Sri Lanka, and it has been stated that many of them were separated from their families and housed separately to keep them safe from the disease. According to reports from the IDH Hospital in Angoda, several nurses were prohibited from staying because of the nature of their work; many had already been ejected from the temporary housing by the property owners. Physical and psychological anguish was noted as one of the significant obstacles and difficulties faced by the employed nursing staff in Sri Lanka, according to Rathnayake et al., 2021, it includes;

1. Fear towards Covid 19
2. The negative impact on the family
3. Social Stigma and Discrimination
4. Witnessing patients' experiences
5. Guilty feelings related to inefficiency of care
6. Work-related physical and psychological discomfort
7. Coping Mechanisms

As stated above, the nursing staff in Sri Lanka is concerned about the effectiveness of care, particularly in situations like Covid 19, where everyone's life has been threatened.

The issue became more severe and complex for frontline healthcare personnel due to poor coordination and lack of chance for social workers to participate. "Apart from the physical infection risks stemming from close contact with patients and possibly infectious coworkers during the COVID-19 epidemic, healthcare professionals are also under increased stress and mental health hazards," writes Herath of Sri Lanka. The relationship between the social and technological systems ensures any organization's success, as further stated by the socio-technical systems theory. According to Trist (1981), the essential tenets of the theory are the nature of interactions between social and technical elements and the "goodness of fit" between social and technical aspects of an

organization. The Covid 19 pandemic was a fresh and unsettling experience for most people. Conventional practice methods and procedures presented difficulties during the pandemic, and on top of all that, widespread anxiety reduced the average effectiveness of healthcare professionals. The "goodness of fit" thus presented difficulties for many people because it went beyond the combination of social and technological elements. Care providers became even more vulnerable because of self-quarantine, isolation, remoteness, face masks, outbreaks, and social distance, and therefore, a team approach would have given health professionals and frontline workers a much better working environment.

### **Online Medical Social Work Practice**

In many nations worldwide, the use of online medical social work and telehealth to communicate with patients, their families, and those who were isolated at home during an emergency spread quickly. Online counselling was provided to many patients, and referral cases were managed in this way. However, according to the Ceylon Chamber of Commerce Report 2021, Sri Lanka has also taken several steps to increase public trust in the fight against COVID-19 and the capacity to regulate the situation. Professionals from various professions have used public and private media outlets (including TV and radio stations), social media forums, and platforms extensively to disseminate accurate information to the public through various talks and programs.

Since this effort was overseen by the National Operation Centre for Prevention of COVID-19 Epidemic (NOCPCO), the audio-visual media in Sri Lanka has been the key tool for highlighting the psychosocial problems that the population faced. Between January 1, 2019, and August 31, 2020, 1416 people in Sri Lanka were hospitalized after self-poisoning (Knipe et al., 2021). The number of instances reported in hospitals during the epidemic has decreased, they continued, although they added that this may be due to a decrease in the number of patients who have self-poisoned who are receiving medical care. As an, e.g., because of their concerns about the risk of contracting COVID-19 while in hospital rather than a true decline in incidence, public health messages should emphasize the importance of seeking early help. It is possible not just because there are fewer cases but also because fewer individuals are coming to the hospital for treatment, leading to a fall in reported cases. This illustrates

that the difficulties correlate with the Covid 19 hindrance, and as they explained, the decline in hospital admissions during the pandemic represents a decrease in the medical care of self-poisoned (Kinpe et al., 2021). Instead of a real fall in prevalence, this is primarily caused by the intense focus on the risk of developing COVID-19 while in the hospital.

Additionally, because the medical officers' duties and responsibilities are primarily tied to the hospital setting, this would turn the tables for the welfare and other social service officers rather than the medical officers. Social workers and other helpful professionals are so urgently needed. Medical and public health professionals emphasized caring for people who were ill while infected with the coronavirus, as further detailed by Riswan in 2020. However, the psychological effects of the Covid-19 disaster are rarely discussed. Several data types demonstrate how heavily Covid-19 has reflected social and psychological ramifications. The psychological harm caused by this epidemic is likely to last for many months or years. Psychiatrists and other mental health practitioners will need to deal with many of the epidemic's psychosocial and mental health effects in the upcoming months (Fiorillo, 2020).

The psychological effects of the Covid 19 epidemic are long-lasting and cannot be assessed quickly; instead, longitudinal studies must be used to gauge the impact. However, the difficulties associated with Covid 19 for kids and teens are evident in various ways. Because of the alternate style of education provided by online teaching and learning, some include repeated lockdowns, prolonged abstinence from schools and communal life, and addiction to mobile phones. More students are being admitted to hospitals for counselling and medication for phone and internet addiction; in the circumstances like these, non-health helping professionals' interventions are becoming more critical. Such situations necessitated collaborating with the family and changing the child's conduct in some way.

To lessen excessive addictive behaviour, home visits, engaging with parents, and strict supervision are crucial. The inability to control one's mobile phone use is referred to as mobile phone addiction, and it can eventually cause symptoms like those of drug use disorders, such as compulsive use, withdrawal symptoms, cravings, loss of control, and emotional dysregulation (Billieux et al., 2015). The use of mobile phones must quickly develop into an addiction for parental intervention to be effective. This necessitates a

comprehensive intervention strategy including the student, medical experts, parents, and paraprofessionals. Parental mediation is seen as a successful strategy to lessen the adverse effects of problematic mobile phone use behaviours (Hefner, Knop, Schmitt, & Vorderer, 2018). Parental active mediation is the most effective and reliable method of shielding children from risky behaviors like violence (Linder and Werner, 2012; Nathanson and Yang, 2003). Parental Mediation Theory strongly emphasizes various parental communication strategies that aim to lessen the harmful effects of media, including more enlightening conversations between parents and kids regarding the media's content. Parent-child discussions on media material, known as "active mediation," can help children develop their critical-thinking abilities and ward off the damaging effects of media content (Nathanson, 1999).

In contrast, parental phubbing awareness among parents needs to be addressed. Phubbing is the practice of ignoring. Phubbing refers to neglecting others due to mobile phone use during social interactions (Roberts and David, 2016, Stockdale et al., 2018).

These intervention efforts to lessen teen phone addiction must be properly designed and coordinated by a team of qualified specialists. Following the doctor's medical diagnosis, paraprofessionals like social workers can be designated for awareness raising, parent education, supervision, and follow-up. Such a method helps lighten the load on the healthcare system while ensuring the intervention's longevity.

## **Suggestions and Recommendations**

As mentioned, the overall wellness of hospitalized patients and their families depends on holistic treatment. The comprehensive approach has become particularly important and essential during the pandemic. Whilst preventive care was handled by medical and military personnel in Sri Lanka, holistic care was not utilized there. As a result, individuals who needed care did not receive it sufficiently. The guidelines below are advised to raise the standard of care and apply a comprehensive strategy when treating patients. Awareness among health professionals on the practice of a Holistic approach with patients.

1. Multidisciplinary Practice with Patients
2. Share the workload of healthcare professionals with paraprofessionals involved in the

- a. Health Care
3. Collaborative Approach in Working with Patients
4. Opportunities for Social Workers to practice Medical Social Work in Hospital Settings
5. Implementation of Holistic Approach in the Hospital and Community Settings of Health Care
6. Professional Recognition for Social Workers

## Conclusion

The Covid 19 pandemic destroyed peoples' quality of life, and its effects are still felt today. Hence, a thorough assessment and careful actions are essential in assisting the populace in overcoming the pandemic's obstacles. The application of medical social work in delivering and ensuring holistic care for infected patients and their families is one of many examples of the efficient use of social workers worldwide. Except for psychiatric social workers' contributions at the national, district, base, and divisional levels, medical and general social workers' Involvement in Sri Lanka's health sector is low. When working with patients, care and services are provided holistically, which subtly echoes the idea of health. In essence, some additional relevant psychological, sociological, spiritual, and political variables are involved in treating and healing the patients in addition to the medication being given to them. Hence, it is crucial to recognize the value of the holistic care approach and to engage professionals from other professions, especially skilled social workers, to participate with patients.

## References

- Billieux, J., Maurage, P., Lopez-Fernandez, O., Kuss, D. J., & Griffiths, M. D. (2015, June). Can Disordered Mobile Phone Use Be Considered a Behavioral Addiction? An Update on Current Evidence and a Comprehensive Model for Future Research. *Current Addiction Reports*, 2(2), 156–162. <https://doi.org/10.1007/s40429-015-0054-y>
- Cifuentes-Faura, J. (2020, July 31). *The role of social work in the field of education during COVID-19* Usher, K., Bhullar, N., & Jackson, D. (2020, August 1). Life in the pandemic: Social isolation and mental health. *Journal of Clinical Nursing*. Blackwell Publishing Ltd. <https://doi.org/10.1111/jocn.15290>

*Combatting Covid – 19 Sri Lankan Approaches.* (n.d.). [https://www.chamber.lk/images/ COVID19/ pdf/](https://www.chamber.lk/images/COVID19/pdf/)

Usher, K., Bhullar, N., & Jackson, D. (2020, August 1). Life in the pandemic: Social isolation and mental health. *Journal of Clinical Nursing*. Blackwell Publishing Ltd. <https://doi.org/10.1111/jocn.15290>

Garfan, S., Alamoodi, A., Zaidan, B., Al-Zobbi, M., Hamid, R. A., Alwan, J. K., Ahmaro, I. Y., Khalid, E. T., Jumaah, F., Albahri, O., Zaidan, A., Albahri, A., Al-qaysi, Z., Ahmed, M., Shuwandy, M. L., Salih, M. M., Zughoul, O., Mohammed, K., & Momani, F. (2021, November). Telehealth utilization during the Covid-19 pandemic: A systematic review. *Computers in Biology and Medicine*, 138, 104878. <https://doi.org/10.1016/j.combiomed.2021.104878>

Health Promotion Bureau. (n.d.). *COVID-19: Live Situational Analysis Dashboard of Sri Lanka*. <https://hpb.health.gov.lk/covid19-dashboard/>

Herath. (n.d.). The COVID-19 pandemic in Sri Lanka: Multi-sectoral Healthcare and Other Workers on the Front Line – Risk and Challengers. In <https://www.caipe.org>. Retrieved August 16, 2022, from [https://www.caipe.org/resource/CAIPE-Seminar-Presentation- -Sri-Lanka.pptx](https://www.caipe.org/resource/CAIPE-Seminar-Presentation--Sri-Lanka.pptx)

International Federation of Social Works (IFSW). (2020). *Updated information of IFSW and COVID-19*. Retrieved September 5, 2022, from <https://www.ifsw.org/updated-information-on-ifsw-and-the-COVID-19-virus>

Jalili, M., Niroomand, M., Hadavand, F., Zeinali, K., & Fotouhi, A. (2021, April 17). *Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study - International Archives of Occupational and Environmental Health*. SpringerLink. <https://doi.org/10.1007/s00420-021-01695-x>

Knipe, D., Silba, T., Aroos, A., Senarathna, L., Hettiarchchi, A., L., Galappaththi, R., L., Spittal, M. J., Gunnell, D., Metcalfe, C., Rajapaksha, T., (2021). *Hospital presentations for self-poisoning during COVID-19 in Sri Lanka: an interrupted time-series analysis*. ScienceDirect. Volume 8, Issue 10.

Kumar, R., Paul, S., Meena, V., Tiwari, P., Bhatnagar, S., Mohan, A., & Wig, N. (2020). Holistic approach to patient care in COVID-19: Need of an hour. *Journal of Family Medicine and Primary Care*, 9(10), 5423. [https://doi.org/10.4103/jfmpe.jfmpe\\_1589\\_20](https://doi.org/10.4103/jfmpe.jfmpe_1589_20)



Montani, D., Savale, L., Beurnier, A., Colle, R., Noël, N., Pham, T., Monnet, X., & Humbert, M. (2021, May 6). Multidisciplinary approach for post-acute COVID-19 syndrome: time to break down the walls. *European Respiratory Journal*, 58(1), 2101090. <https://doi.org/10.1183/13993003.01090-2021>

*NOCPCO Operations Formally Culminate to Undertake One More National Task.* (2022, December 10). Sri Lanka Army. Retrieved March 10, 2023, from <https://alt.army.lk/covid19/content/nocpco-operations-formally-culminate-undertake-one-more-national-task>

Perera, B., Wickramarachchi, B., Samanmalie, C., & Hettiarachchi, M. (2021, March 24). *Psychological experiences of healthcare professionals in Sri Lanka during COVID-19 - BMC Psychology*. BioMed Central. <https://doi.org/10.1186/s40359-021-00526-5>

Rathnayake, S., Dasanayake, D., Maithreepala S.D., Ekanayake, R., Basnayake, P.L., (2021) Nurses' *perspectives of taking care of patients with Coronavirus disease 2019: A phenomenological study.* <https://doi.org/10.1371/journal.pone.0257064>

Rizwan, M. (2020). Covid-19 Outbreak and Risk of Suicide: Psychosocial Outlook. *International Journal of Advance Study and Research Work* (2581-5997)/ Special Issue ICROIRT-2020/September 2020

Usher, K., Bhullar, N., & Jackson, D. (2020, August 1). Life in the pandemic: Social isolation and mental health. *Journal of Clinical Nursing*. Blackwell Publishing Ltd. <https://doi.org/10.1111/jocn.15290>

Vishal, M.V. (2021). *Medical Social Work Practice during Covid-19: An Introspective Analysis by a Medical Social Worker from India.* International Federation of Social Workers.

WHO. (n.d.). *WHO Constitution.* Retrieved October 7, 2022, from <https://www.euro.who.int/>

data/assets/pdf\_file/0003/152184/RD\_Dastein\_speech\_wellbeing\_07Oct.pdf

World Bank. (2020, September 11). *World Bank Supports Sri Lanka With \$56 Million to Mitigate COVID-19 Impacts.* worldbank.org. Retrieved July 10, 2022, from <https://www.worldbank.org/en/news/press-release/2020/09/11/world-bank-supports-sri-lanka-with-usd56-million-mitigate-covid-19-impacts>