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Social Work Intervention and Counselling Follow-up in COVID Care

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Abstract:

The COVID-19 pandemic created an unprecedented global crisis, impacting not only physical health but also mental well-being, social stability, and economic security. During this time, social work intervention and counselling follow-up played a crucial role in providing holistic care to affected individuals, families, and communities. The primary data for this study were covid patients who comes for holistic treatment and counselling to special isolated OPD of Alva's Education Foundation which was opened from 28th April 2021 to 15th July 2021. 1202 covid patients were treated and counselling and follow-up was also done.

Keywords: Social Work, Intervention, Counselling, Covid Care

Introduction:

Social workers acted as frontline responders, offering psychosocial support, crisis intervention, and community-based assistance. Their efforts extended beyond immediate healthcare needs to address social determinants such as unemployment, domestic violence, child welfare, and mental health crises. Counselling follow-up ensured continuity of care, helping individuals cope with grief, trauma, anxiety, and long-term psychological effects of the pandemic. This topic explores the multifaceted role of social workers in COVID care services, including their strategies for intervention, the importance of follow-up counselling, and the long-term impact of their work on pandemic recovery efforts. It highlights the significance of integrating social work into public health responses to build more resilient communities in the face of future crises. Research on social work interventions and counselling follow-up in COVID-19 care services has highlighted the critical role social workers have played in addressing the multifaceted challenges posed by the pandemic. Key findings from various studies include: A qualitative study involving 67 hospital social workers across multiple facilities in western Canada examined the personal and professional impacts of providing care during the pandemic. The study identified themes such as increased workloads, changing roles, communication challenges, and emotional distress among social workers. Despite these challenges, some positive aspects, or "silver linings," were noted, including enhanced collaboration and adaptability. The pandemic necessitated a rapid shift to telehealth services. A study exploring this transition found that social workers adapted to using information and communication technologies (ICTs) to maintain client relationships and deliver services. This shift presented challenges related to technology access and digital literacy but also offered opportunities for increased flexibility and reach in service delivery. Research focusing on frontline social workers during the pandemic revealed significant impacts on their professional roles and personal well-being. Social workers faced heightened stress due to increased demand for services, rapidly changing protocols, and concerns about personal



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safety. The study underscored the need for organizational support and resources to bolster social workers' resilience and capacity to effectively serve their communities during such crises. An analysis of social work responses during the initial phase of the pandemic in Barcelona highlighted the profession's agility in addressing urgent needs of vulnerable populations. Social workers implemented innovative strategies to ensure continuity of care, such as developing new communication channels and collaborating with community organizations to meet basic needs like food and shelter. These studies collectively emphasize the adaptability, resilience, and essential contributions of social workers in mitigating the social and psychological impacts of the COVID-19 pandemic.

Methodology:

Alva's Education Foundation (R) Moodubidire, opened an OPD (clinic – for covid care) to provide free health services, counselling and follow-up services to general public during Covid pandemic at Scouts Guides Kannada Bhavana, Moodubidire from 28th April 2021 to 15th July 2021. The services available in the clinic were - Free treatment & Free isolation ward to covid patients, providing integrated medicine – Allopathic, Ayurveda, Homeopathy, Yoga and Naturopathy and Counselling & Follow-up services. Preliminary planning meeting was held on 27th April 2021 at Scouts Guides Kannada Bhavana, Moodubidire . The below mentioned key persons were participated in the meeting.



- 1. Mr. Umanatha Kotyan, MLA of Mulky-Moodubidire Constituency
- 2. Mr. Prasad Kumar, President, Town Municipal Council, Moodubidire
- 3. Dr. Mohan Alva, Chairman, AEF, Moodubidire
- 4. Mrs. Indu, Chief Officer, Town Municipal Council, Moodubidire
- 5. Dr. Shashikala, Chief Medical Officer, Community Health Centre, Moodubidire
- 6. Members of Town Municipal Council, Moodubidire
- 7. Members from the Department of Alva's Ayurveda Medical College, Moodubidire
- 8. Members from the Department of Social Work, Alva's College, Moodubidire
- 9. Representatives from the Village Panchayaths of Moodubidire region and Local Health Workers



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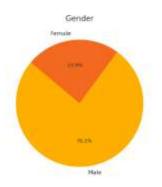
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Covid positive patients visited and received the services are 1202. So, the researcher considered all of them as respondents to this research. Data collection was done through one-to-one interview which was held from 28th April 2021 to 15th July 2021. Counselling follow-up services were provided to all the patients. The purpose of this research is to identify the importance of social work intervention and counselling follow-up in covid care.

Analysis & Discussion:

Figure No. 1 Gender wise distribution of respondents



The pie chart provides a representation of the gender distribution among the participants in the study. It reveals a significant gender disparity: Male respondents constitute the majority, accounting for 76.1% of the total sample. Female respondents represent only 23.9% of the participants. This disproportion indicates a gender imbalance in the data sample, with male participants forming more than three-fourths of the total population surveyed. Such a skewed distribution could potentially influence the interpretation of study findings, especially if gender-related perspectives are critical to the research objectives.



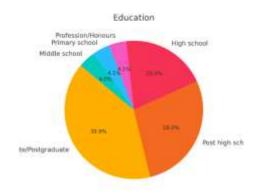


Figure 2: Educational Qualification Distribution of the Respondents

The data indicates a high level of educational attainment among the respondents, with nearly 68% having completed education beyond high school. This suggests that the sample consists largely of individuals with access to and engagement in higher education. The relatively low representation of individuals with only primary or middle school education suggests a limited presence of early-school dropouts or individuals from backgrounds with restricted access to education. The presence of 4.1% with professional/honours degrees further emphasizes that a portion of the population has pursued specialized or advanced academic paths. These educational levels may positively influence various socioeconomic factors such as employment prospects, awareness levels, and participation in developmental initiatives. Programs or interventions targeting this population may benefit from using more technically-informed and academically nuanced communication strategies, given the high level of literacy and formal education. However, the small percentage of individuals with basic education levels also indicates the need for inclusive outreach strategies to ensure no subgroup is excluded due to lower educational attainment.

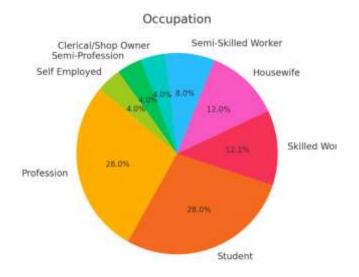


Figure No. 3 Occupational Distribution of the Respondents

The dominance of professionals and students suggests that the surveyed population is largely engaged in intellectually or skill-oriented activities, which may influence their access to resources, information, and



responsiveness to interventions (e.g., health campaigns or educational initiatives). The presence of housewives and skilled/semi-skilled workers highlights the importance of including a diverse range of occupational backgrounds when developing targeted programs, especially in areas related to employment, health, and social welfare. The relatively low representation of self-employed and small business owners may indicate either limited engagement from these groups in the survey or their lower population proportion in the studied population.

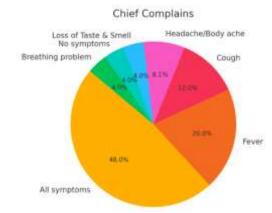


Figure No. 4 Chief complaints among respondents

The most significant portion of respondents (48.0%) reported experiencing all listed symptoms, indicating a considerable number of individuals faced multi-symptomatic conditions, possibly pointing to serious or systemic illnesses such as viral infections. Fever (20.0%) and cough (12.0%) were the most commonly reported individual symptoms, aligning with typical presentations of respiratory or viral illnesses. A smaller percentage reported headache/body ache (8.1%), loss of taste and smell (4.0%), breathing problems (4.0%), and no symptoms (4.0%), highlighting the varied nature of symptom expression and the presence of asymptomatic cases. The chart clearly indicates that nearly half of the individuals experienced a combination of all symptoms, underscoring the need for comprehensive clinical assessment in symptomatic cases. The significant presence of fever and cough further reinforces their diagnostic importance in early screening. The relatively small proportion of asymptomatic individuals also draws attention to potential challenges in detecting and controlling disease spread. Overall, these insights can inform healthcare professionals and public health authorities in tailoring diagnostic protocols, resource allocation, and awareness programs to effectively address prevalent and overlapping symptom profiles.

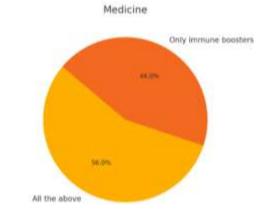


Figure No. 5 type of Medicines administered



A majority (56%) of the participants indicated that they utilize a comprehensive approach to medicine, which likely includes immune boosters along with other forms of treatment or preventive care. Meanwhile, 44% of respondents rely exclusively on immune boosters, suggesting a significant portion prefers a more targeted, preventive method rather than a combination of treatments. The data implies a notable preference for a holistic or multi-faceted approach to health among the respondents, with more than half opting for "all the above" strategies. This could reflect growing awareness or acceptance of integrated healthcare practices. The substantial percentage favoring only immune boosters also indicates trust in preventive health measures, possibly influenced by recent public health trends or specific health campaigns. This distribution provides valuable insight into public tendencies toward medical treatments, which may inform healthcare planning, pharmaceutical marketing strategies, and public health education

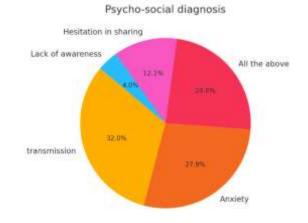


Figure No. 6. Psycho-social diagnosis of respondents

"Psycho-social diagnosis" illustrates the distribution of key psycho-social issues experienced or reported by individuals. The data is categorized into five distinct concerns: Transmission-related concerns emerged as the most prevalent issue, reported by 32.0% of respondents. This suggests a dominant fear or uncertainty surrounding the spread of illness or conditions, potentially pointing to gaps in education or trust in health systems. Anxiety follows closely at 27.9%, indicating that psychological distress plays a significant role in psycho-social diagnostics. This could be linked to both personal and societal stressors, including health, economic, or social instability. 24.0% of respondents selected "All the above", implying that a considerable portion of the population experiences multiple overlapping issues, underlining the complexity of psycho-social health. Hesitation in sharing (12.1%) points to stigma or discomfort in disclosing personal mental health concerns, which could hinder timely diagnosis and intervention. Lack of awareness, though the least reported at 4.0%, still represents an area of concern. This suggests that while awareness may be relatively widespread, a segment of the population remains uninformed or misinformed about psycho-social health. The chart highlights the multifaceted nature of psycho-social challenges, with transmission fears, anxiety, and combined issues being most prominent. This emphasizes the need for integrated mental health services, targeted communication strategies, and stigma reduction programs. Addressing these concerns holistically can lead to better diagnosis, support, and intervention in psycho-social health management.



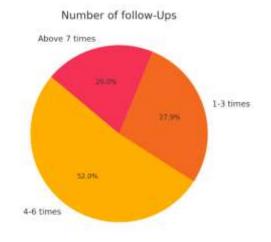


Figure No. 7 Number of follow-ups done with respondents

The majority (72%) needed at least 4 or more sessions, meaning short-term interventions are often not enough. Organizations or service providers should ensure consistent follow-up structures to maximize positive outcomes. Since 28% needed only a few sessions, while 20% required extended intervention, a tiered support system (basic follow-ups vs. intensive support) can allocate resources effectively. Individuals requiring 7+ follow-ups might benefit from personalized care, long-term coaching, or specialized therapy. Understanding the root causes (workplace stress, personal struggles, or mental health challenges) could improve outcomes.

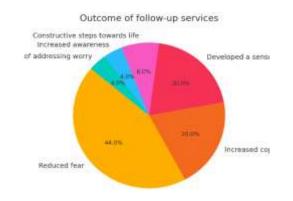


Figure No. 8 Outcome of follow-up services

The follow-up services appear to be highly effective in helping individuals feel safer and more secure. If applied in workplace settings, this indicates that employees may be dealing with stress or uncertainty, and follow-ups are crucial in addressing those concerns. Since 40% of individuals gained improved coping skills and a sense of control, follow-up services are helping build long-term resilience. This suggests that support services should continue emphasizing skill-building for stress management. Only 8% took constructive life steps, meaning follow-up interventions could include more goal-setting, motivation, or career guidance to translate emotional improvements into action. Since only 4% reported increased



awareness of worries, services should include actionable strategies rather than just education. Encouraging practical stress management exercises or workplace wellness programs might be beneficial.

Conclusion:

The COVID-19 pandemic exposed not only the fragility of global health systems but also the profound psychosocial challenges faced by individuals and communities. This study highlights the pivotal role that social work intervention and structured counselling follow-up have played in mitigating the pandemic's emotional, psychological, and social consequences. Social workers emerged as frontline responders, offering crisis counselling, psychosocial support, resource mobilization, and advocacy for marginalized populations. Through targeted interventions, they helped individuals cope with grief, isolation, anxiety, and the disruption of livelihoods and social networks. Moreover, counselling follow-up-whether in person, telephonically, or virtually-proved essential in maintaining continuity of care, especially for COVID survivors, bereaved families, and those with pre-existing mental health issues. These efforts not only promoted emotional resilience but also fostered community solidarity and trust in healthcare systems. In conclusion, the integration of social work and counselling into public health responses during the pandemic demonstrates the necessity of a holistic, person-cantered approach to crisis care. As we move forward, it is imperative to institutionalize these practices, ensuring that mental health and psychosocial support remain integral components of healthcare delivery during and beyond emergencies. The pandemic has provided a strong case for strengthening interdisciplinary collaboration and investing in the training and deployment of social work professionals in disaster preparedness and response frameworks.

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