Volume 5, Issue 1, June 2026, ISSN: 2948-4316
DOI: https://doi.org/10.5281/zenodo.20822675
Published on: 30 June 2026

Journal of Social Sciences and Business
Quest International University
https://qiu.edu.my/journal/index.php/jssb/index

RESEARCH-DRIVEN POLICY LEADERSHIP IN SOCIAL WORK: ADVANCING EVIDENCE-BASED ADVOCACY, BEHAVIORAL HEALTH EQUITY, AND LEGISLATIVE REFORM

Samadara Dilki Tharuka Batuwanthudawa *, Dinithi Nuwandi Nisansa

National Institution of Social Development, Seeduwa, Sri Lanka
**Corresponding author: sd.tharuka97@gmail.com*

Abstract: Research-driven policy leadership in social work is increasingly important in addressing behavioral health disparities, inequitable resource allocation, and systemic policy gaps. This study highlights the imperative of repositioning social workers not only as service professionals but also as knowledge producers and policy influencers capable of driving legislative reform. Despite growing engagement in advocacy, a critical gap persists in understanding how evidence-based practice (EBP) is systematically integrated into leadership-driven policy transformation. This study explores how social workers use research evidence to implement effective policy leadership and the mechanisms by which EBP strengthens advocacy, legislative reform, and social accountability. Guided by constructivist and critical social theory frameworks, the study adopts a qualitative research design. Data were collected through document analysis, national policy reviews, and case-based reflections drawn from behavioral health and community development interventions in Sri Lanka. Thematic analysis was applied to identify patterns of research use, leadership engagement, and evidence-to-policy translation mechanisms. Findings indicate that research-engaged social workers significantly strengthen advocacy outcomes, improve legislative responsiveness, and promote equitable resource allocation. Core leadership competencies including critical inquiry, strategic communication, and cross-sector collaboration emerged as essential in influencing governance structures. Institutional barriers, limited research funding, and weak policy-practice integration remain key challenges. This study underscores the urgent need to institutionalize research leadership training within social work education and to establish structured platforms for evidence-based advocacy at national and sub-national levels.

***Keywords*:** research leadership, policy advocacy, evidence-based practice, behavioral health equity, social work governance.

INTRODUCTION

The global landscape of social work practice has undergone substantial transformation in the twenty-first century. Once predominantly associated with direct service delivery and casework, social work has progressively expanded its scope to encompass systemic advocacy, policy influence, and legislative engagement (Jansson, 2018; Carey & Foster, 2021). Central to this evolution is an imperative to anchor professional practice in rigorous empirical evidence, thereby enhancing the legitimacy, accountability, and impact of social work interventions on both individual lives and public policy frameworks.

Behavioral health equity (BHE) constitutes one of the most urgent contemporary challenges facing social welfare systems worldwide. According to the World Health Organization (2022), approximately one billion people globally experience mental health disorders, yet fewer than half receive adequate treatment. In low- and middle-income countries, this treatment gap exceeds 75%, reflecting structural inequities rooted in underfunded systems and policy frameworks that have historically marginalized behavioral

health (Patel et al., 2018). In Sri Lanka, the National Mental Health Policy (2005, revised 2020) has identified resource disparities and service inaccessibility as central barriers, particularly in rural and post-conflict communities (Ministry of Health, Sri Lanka, 2020).

Social workers occupy a strategically unique position in bridging policy-making bodies and communities affected by inequitable governance. Their proximity to lived experiences of marginalization equips them with an irreplaceable empirical vantage point (Dominelli, 2021). However, translating this knowledge into evidence that meaningfully influences legislative processes requires deliberate research literacy, strategic communication, and leadership capabilities not traditionally central to social work education (Weiss-Gal & Gal, 2014; Parrott & Madoc-Jones, 2020). This study examines how social workers in Sri Lanka operationalize research-driven leadership to advance policy reform, BHE, and accountable governance.

1.1 Statement of the Problem

Despite rhetorical endorsement of EBP in social work discourse, empirical documentation of how research evidence is systematically mobilized for policy leadership remains sparse. Most existing studies focus narrowly on clinical EBP interventions rather than upstream policy processes (Anastas, 2020; Fouche et al., 2023). In Sri Lanka specifically, social workers operate within a governance environment characterized by centralized policy-making, limited intersectoral collaboration, and inadequate social research infrastructure (Holsteen & Dyrvig, 2021; Perera, 2019). The critical gap, therefore, is the absence of documented, context-specific mechanisms by which social workers in low- and middle-income country settings translate research evidence into concrete policy leadership action. This gap matters because, without such knowledge, efforts to reform social work education and practice remain theoretically ungrounded and practically ineffective. If this gap is not addressed, the continued marginalization of evidence in policy processes will perpetuate inequitable resource allocation, widen behavioral health treatment gaps, and entrench the structural conditions that social work ostensibly exists to dismantle (Joubert & Bhattacharya, 2023; Munford & Sanders, 2024). The absence of evidence-to-policy translation mechanisms leaves reform dependent on politically contingent rather than evidence-driven processes, necessitating a theoretical reimagining of social workers as research leaders.

1.2 Objectives of the Study

This study is guided by the following objectives: (1) to examine the role of EBP in strengthening social work policy leadership; (2) to identify mechanisms through which research evidence is translated into advocacy and legislative reform; (3) to analyze leadership competencies enabling social workers to influence governance structures; (4) to assess institutional barriers impeding research-to-policy integration; and (5) to propose evidence-informed recommendations for institutionalizing research leadership in social work education and practice.

LITERATURE REVIEW

2.1 Evidence-Based Practice in Social Work: Conceptual Foundations

Evidence-based practice in social work has its conceptual roots in evidence-based medicine and was progressively adapted to address the complex, value-laden character of social work (Gray et al., 2009; Mullen et al., 2008). Thyer and Pignotti (2011) distinguish three interrelated EBP dimensions: empirically supported interventions, practice-relevant research application, and critical appraisal skill cultivation. Epstein (2011) and Plath (2014) extended this framework to encompass organizational and policy dimensions, arguing EBP must function as a structural imperative for accountable governance, not merely a clinical tool. More recently, Anastas (2020) and Fouche et al. (2023) have called for an expanded conception of EBP that explicitly incorporates practitioner-generated evidence and community knowledge as legitimate inputs into policy processes. Day et al. (2023) argue compellingly that policy advocacy is the critical bridge connecting social work research and practice, and that unless the profession prioritizes writing and communicating evidence for policymaker audiences, its research will remain inaccessible to those who shape legislation and resource allocation. This argument is reinforced at the international level by the Lancet Psychiatry Commission on Transforming Mental Health Implementation Research (McGinty et al., 2024), which identifies a persistent 'know–do gap' the failure to translate robust evidence into real-world policy at scale as the defining challenge of contemporary mental health governance, and calls for transdisciplinary, equity-centred approaches to close it.

Scholars have raised persistent concerns about technocratic EBP interpretations that privilege quantitative methodologies at the expense of practice wisdom and contextual sensitivity (Mullen et al., 2008; Strand et al., 2023) critiques especially salient in developing country contexts where research bases are thinner and knowledge production more distorted (Fouche et al., 2023). More recently, Bergmark et al. (2022) and Strand et al. (2023) reinforced the importance of pluralistic epistemological approaches that recognize both empirical rigor and local contextual knowledge as legitimate foundations of EBP. This study adopts an integrative perspective valuing empirical rigor while acknowledging the epistemological plurality inherent to social work knowledge.

2.2 Social Workers as Policy Advocates and Leaders

The National Association of Social Workers (NASW, 2017) identifies social and political action as a core professional ethical obligation, while the International Federation of Social Workers (IFSW, 2014) frames the profession as promoting social change and empowerment. Despite these commitments, empirical evidence consistently documents a gap between advocacy ideals and practitioner engagement in policy processes (Weiss-Gal & Gal, 2014; Parrott & Madoc-Jones, 2020). Sewell et al. (2024), in a mixed-methods study of hospital social workers in Ontario, Canada, identified role ambiguity, institutional risk aversion, and inadequate research training as the three primary structural barriers preventing social

workers from translating their frontline knowledge into formal policy advocacy, underscoring that the problem is systemic rather than one of individual motivation. Jansson (2018) demonstrates that social workers receiving structured policy practice education are significantly more likely to engage in legislative testimony and community organizing. More recent scholarship underscores the growing urgency of this agenda: Slater and Bhattacharya (2023) found that social workers trained in research translation methods were three times more likely to contribute to national-level policy consultations, while Munford and Sanders (2024) argue that embedding advocacy competencies within professional curricula is now a prerequisite for sustainable social welfare governance. In Sri Lanka, the profession remains nascent with formal associations still developing (Perera, 2019), and the National Institution of Social Development (NISD) has historically prioritized training over research and policy engagement (NISD Annual Report, 2022).

2.3 Behavioral Health Equity and Social Work's Role

Behavioral health equity (BHE) holds that all individuals should have equal access to quality mental health and substance use services regardless of race, socioeconomic status, or geography (SAMHSA, 2022). Social workers address BHE through clinical practice, community outreach, system navigation, and participatory research (Kirst-Ashman & Hull, 2018; Munford & Sanders, 2024). The WHO Mental Health Gap Action Programme (mhGAP, 2016) explicitly calls for integrating social workers into task-shared mental health care, with evidence indicating this integration improves access and reduces stigma (Keynejad et al., 2024). Recent empirical advances reinforce this mandate: Keynejad et al. (2024) demonstrated that community-based social work interventions in low-resource settings significantly reduced untreated mental disorder prevalence, while Thornicroft et al. (2023) identified advocacy-driven policy change as a primary lever for closing the global treatment gap. The Lancet Psychiatry Commission (McGinty et al., 2024) further argues that the mental health implementation gap the persistent failure to translate evidence into equitable, scaled services cannot be closed through clinical innovation alone but requires structural policy change centred on equity, and that social workers' frontline positioning makes them indispensable to this process. Suarez et al. (2025) extended this argument by identifying community-engaged evidence generation as a foundational requirement for meaningful progress on mental health equity, placing practitioner research leadership at the intersection of policy and justice agendas. In Sri Lanka, mental health infrastructure remains concentrated in tertiary institutions while post-war trauma and high rural suicide rates underscore the urgency of equitable, community-responsive systems (de Silva et al., 2016; Hapangama et al., 2020).

2.4 Theoretical Frameworks

This study is grounded in two complementary frameworks. Constructivist epistemology (Creswell, 2014; Lincoln et al., 2018) holds that knowledge is actively constructed through social interactions,

supporting methodological approaches that foreground practitioner and service user perspectives as legitimate evidence sources (Parton, 2008; Parrott & Madoc-Jones, 2020). Critical social theory, drawing on Fook (2002) and Gray et al. (2020), provides an analytic lens for examining how power relations shape knowledge production and deployment in policy contexts. Together, these frameworks orient critical examination of evidence-to-policy pathways, taking seriously both the epistemic contributions of social workers and the structural conditions constraining their policy influence. Methodologically, this epistemological positioning aligns with Braun and Clarke's (2023) reflexive approach to thematic analysis, which foregrounds the researcher's theoretical assumptions as generative resources rather than sources of bias to be minimized an approach particularly well-suited to critical inquiry into policy processes.

METHODOLOGY

3.1 Research Design

This study employs a qualitative research design consistent with constructivist and critical social theory frameworks. Qualitative methodology is appropriate for investigating the complex, interpretive processes through which social workers mobilize research evidence for policy advocacy purposes (Creswell & Poth, 2018; Denzin & Lincoln, 2018), enabling thick description of mechanisms, enabling conditions, and barriers associated with evidence-based policy leadership.

3.2 Data Sources and Collection Procedures

Data were collected through three principal mechanisms. First, document analysis involved a systematic review of 38 national policy documents, legislative records, and institutional reports related to social welfare, mental health, and community development in Sri Lanka. Second, national policy reviews comprised critical examination of five national policy frameworks relevant to BHE and social work governance, including the National Mental Health Policy (2005, revised 2020), National Social Protection Policy (2016), National Child Protection Policy (2019), National Policy on Disability (2003), and the SDG Implementation Framework (2030). Third, case-based reflections included twelve narrative case studies drawn from behavioral health and community development interventions, selected from professional practice literature, program evaluations, and NISD institutional archives.

3.3 Sampling and Analysis

A purposive sampling strategy maximized informational richness and theoretical relevance (Patton, 2015). Thematic analysis following Braun and Clarke's (2006) six-phase framework was applied across all data sources using ATLAS.ti (version 23) qualitative data analysis software. The analytical process proceeded through Braun and Clarke's phases as follows: (1) familiarization with the data through repeated reading of all policy documents and case narratives; (2) generation of initial codes by assigning

descriptive labels to meaningful units of text; (3) construction of candidate themes by collating related codes into broader patterns; (4) review of themes against the coded extracts and full dataset to ensure coherence and distinctiveness; (5) definition and naming of finalized themes; and (6) production of the written report. The coding process was primarily deductive, beginning with a provisional codebook derived from the theoretical frameworks (constructivist epistemology and critical social theory) and the study's five objectives, while remaining open to inductively generated codes that emerged from the data. Codes were iteratively refined and consolidated into the four overarching themes reported in the findings. Inter-rater reliability was assessed through independent coding of a 20% document subset by a second researcher, yielding a Cohen's Kappa coefficient of 0.81. Cohen's Kappa measures the degree of agreement between two raters beyond what would be expected by chance alone, with values above 0.80 interpreted as strong or near-perfect agreement (Landis & Koch, 1977; McHugh, 2012). This threshold confirms the reliability and consistency of the coding framework applied. The study relied exclusively on publicly available documents without direct human participants, adhering to the IFSW Code of Ethics (2018) and NISD Research Ethics guidelines.

FINDINGS

Thematic analysis yielded four overarching themes, presented below with supporting documentary evidence, policy analysis, and case illustrations.

4.1 Theme 1: Research Engagement Amplifies Advocacy Effectiveness

The most consistent finding is that social workers who systematically engage with research evidence achieve substantially greater advocacy effectiveness. NISD Annual Reports (2018–2022) reveal that research-engaged social work units were 2.7 times more likely to have recommendations incorporated into ministry-level policy reviews. This aligns with findings by Blomberg et al. (2021) that social work units with dedicated research capacity secured significantly greater policy concessions during national budget consultations.

The Sri Lanka National Mental Health Policy revision of 2020 directly incorporated community-level treatment gap data compiled by social workers in the District Mental Health Units in Kandy and Galle, resulting in Objective 3.4 mandating community-based outreach teams across all provincial health authorities. Bogenschneider et al. (2019), studying 27 U.S. state legislatures, similarly found that researcher-legislator relationships were the single most influential factor in evidence utilization, operating through credibility transfer, data accessibility, and relational maintenance.

Table 1

Evidence of Research-Advocacy Impact Across Selected Case Studies

Case / Context	Policy Outcome Achieved
Kandy District Mental Health Unit, Sri Lanka (2018-2020)	Practitioner-compiled data contributed to National Mental Health Policy Objective 3.4 mandating provincial outreach teams.
Women's Empowerment Program, North Province (2019)	Participatory needs assessment led to gender-responsive provisions in the revised National Social Protection Policy.
NISD Child Protection Documentation Initiative (2020-2022)	Systematic case documentation influenced revisions to child remand procedures under the National Child Protection Authority.
Substance Use Advocacy Coalition, Colombo District (2021)	Research briefs contributed to allocation of LKR 45 million for community-based rehabilitation services.
School Social Work Research Network, Western Province (2022)	Evidence synthesis submitted to the Ministry of Education resulted in pilot rollout of school counseling guidelines.

4.2 Theme 2: Core Leadership Competencies Enabling Evidence-to-Policy Translation

Three competencies consistently distinguished social workers who successfully translated research into policy impact: critical inquiry, strategic communication, and cross-sector collaboration.

4.2.1 Critical Inquiry

Critical inquiry involves reflexively examining the political dimensions of knowledge production whose evidence is counted, which methodologies are valorized, and how framing shapes legislative receptivity (Fook, 2002; Gray et al., 2020). The NISD Child Protection Documentation Initiative demonstrated this clearly: practitioners with formal research methods training presented disaggregated demographic data that challenged ministry assumptions about offender profiles, triggering a formal policy review and ultimately revised intake procedures aligned with restorative justice principles.

4.2.2 Strategic Communication

Strategic communication is the ability to translate research findings into accessible, actionable policy narratives for diverse audiences including legislators and civil society organizations (Brownson et al., 2018). Evidence repackaged as one-page briefs, infographics, or legislative testimony achieved significantly greater policy uptake than academic-format reports. Oliver et al. (2022) found that audience-tailored evidence summaries achieved substantially higher policy influence scores than academic-format dissemination alone. The Substance Use Advocacy Coalition's successful 2021 campaign combined epidemiological data with humanized community testimony, securing cross-party parliamentary support.

4.2.3 Cross-Sector Collaboration

Cross-sector collaboration cultivating policy alliances with public health agencies, academic institutions, and international development bodies consistently produced advocacy outcomes of greater scope and sustainability (Waddock & Steckler, 2021). The Women's Empowerment Program in the

Northern Province secured gender-responsive provisions in the National Social Protection Policy through a research consortium involving the University of Jaffna, the UNDP Gender Office, and grassroots women's organizations, combining academic legitimacy, international normative authority, and community credibility.

Table 2

Leadership Competency Framework for Research-Engaged Social Work Policy Practice

Competency	Key Indicators	Supporting Evidence
Critical Inquiry	Reflexive analysis; counter-evidence framing; research design literacy	NISD Child Protection case; Fook (2002); Morley et al. (2014)
Strategic Communication	Tailored evidence briefs; legislative testimony; narrative integration	Substance Use Coalition case; Oliver et al. (2022); Brownson et al. (2018)
Cross-Sector Collaboration	Multi-stakeholder coalitions; academic and UN/INGO partnerships; community engagement	North Province Women's Program; Waddock & Steckler (2021); Selsky & Parker (2021)

4.3 Theme 3: Research-Based Leadership Promotes Behavioral Health Equity

A direct relationship exists between research-engaged social work leadership and improvements in BHE outcomes across service access, resource allocation equity, and structural stigma reduction. Provinces in Sri Lanka where social workers systematically documented mental health service gaps received significantly higher per capita community mental health allocations in the 2021 Ministry of Health budget. The Western Province recorded a 23% budget increase, partly attributable to advocacy evidence from the Colombo District Mental Health Social Work team, compared to 4.2% average increases in provinces without comparable advocacy infrastructure.

Henderson et al. (2023) demonstrated that stigma reduction programs led by research-trained social workers achieved significantly larger effect sizes compared to programs led by workers without research backgrounds. The School Social Work Research Network's evidence synthesis drawing on data from 1,847 students across 12 Western Province schools, finding 34.2% exhibited clinically significant anxiety or depression symptoms while fewer than 8% had received professional support directly influenced the Ministry of Education's pilot rollout of school counseling guidelines.

4.4 Theme 4: Institutional Barriers to Research-Policy Integration

Substantial institutional barriers constrain social workers' capacity as research leaders, operating at multiple levels.

4.4.1 Organizational Barriers

Excessive caseloads, absent protected research time, and inadequate infrastructure represent the primary organizational barriers. NISD institutional reports (2018-2022) reveal frontline workers average 47 active cases per practitioner, significantly exceeding the IFSW recommended maximum of 20-25. The British Association of Social Workers (BASW, 2021) documented that 72% of surveyed social workers identified workload pressure as the primary barrier to research engagement, while the King's Fund (2019) found that protected research time allocations of four hours per week significantly increased evidence-based practice adoption.

4.4.2 Systemic and Epistemological Barriers

Sri Lanka allocates approximately 0.11% of GDP to research and development (UNESCO, 2022), with social welfare research receiving a disproportionately small share compared to countries like Sweden (3.2%) and Denmark (2.9%). The absence of a national social work research agenda or centralized practice data repository means service-delivery evidence is routinely lost rather than accumulated. Epistemological barriers compound this: policy-makers operating within biomedical or economic paradigms frequently dismiss qualitative evidence as anecdotal regardless of methodological rigor (Langer et al., 2022; Oliver & Boaz, 2019). The NISD Child Protection case documented practitioners' ethnographic evidence being deprioritized until reframed as quantitative incident frequency data, illustrating both the barrier and the strategic adaptability required to overcome it.

DISCUSSION

The findings provide robust empirical support for the proposition that research-driven policy leadership is a transformative capacity for advancing BHE, legislative reform, and accountable governance. The relationship is structural rather than incidental: social workers possessing and exercising research leadership competencies demonstrate measurably greater policy effectiveness. These findings extend earlier scholarship by Jansson (2018), Weiss-Gal and Gal (2014), and Bogenschneider et al. (2019) by situating evidence-to-policy translation within a non-Western, resource-constrained context and documenting specific causal mechanisms rather than merely associative patterns. They also converge with emerging international evidence: Bywaters et al. (2023) documented that advocacy infrastructure is among the strongest predictors of equitable welfare spending in comparative cross-national analysis, and Joubert and Bhattacharya (2023) demonstrated that practitioner-generated evidence from the Global South is increasingly shaping international social policy norms when strategically deployed through multilateral channels.

The BHE findings are particularly significant. Documented disparities between provinces with and without research-engaged advocacy infrastructure reveal that professional advocacy capacity distribution is itself a determinant of health equity. If advocacy capacity remains concentrated in urban, better-resourced jurisdictions, advocacy-driven resource improvements will replicate rather than redress geographic

inequities. This insight carries direct implications for health system planning and workforce distribution strategies.

The epistemological marginalization of qualitative and practice-based evidence is especially pernicious because it is largely invisible to practitioners experiencing its effects. Critical social theory offers analytic resources for making these power dynamics legible and developing counter-hegemonic strategies that do not require social workers to abandon epistemological commitments to achieve policy influence. The competency triad of critical inquiry, strategic communication, and cross-sector collaboration provides a theoretically grounded, empirically supported framework for professional development curricula. While the severity of resource constraints documented here reflects Sri Lanka's developmental context, the core mechanisms appear generalizable across social work governance contexts in both the Global South and North.

RECOMMENDATIONS

Based on the findings above, the following evidence-informed recommendations are advanced.

6.1 For Social Work Education Institutions

Education institutions should integrate mandatory research leadership modules into all social work curricula, encompassing applied research design, policy analysis, evidence synthesis, and advocacy communication. Community-engaged research practicum requirements should provide supervised experience in translating evidence into policy advocacy products, including evidence briefs and legislative testimony. Faculty-practitioner research partnerships should bridge the divide between academic knowledge production and practice-based evidence generation.

6.2 For Professional and Regulatory Bodies

A National Social Work Research and Policy Institute should be established to coordinate practice-based evidence generation, maintain a national data repository, and support frontline practitioner policy engagement. Continuing professional development (CPD) requirements in research literacy and policy advocacy should be introduced, with accreditation linked to demonstrated evidence-based advocacy competency.

6.3 For Government and Policy Institutions

Government and policy institutions should mandate inclusion of social work research evidence in all behavioral health and social welfare policy consultations alongside epidemiological and economic

evidence. Dedicated social welfare research funding should be increased, and IFSW-aligned caseload reduction standards implemented to create structural conditions enabling frontline research engagement.

CONCLUSION

This study demonstrates, through systematic analysis of national policy documents, institutional reports, and practice-based case narratives, that research-driven policy leadership is a demonstrably effective mechanism for advancing BHE, legislative reform, and socially accountable governance. Social workers who function as research leaders achieve substantially greater policy impact, and the mechanisms through which this occurs are identifiable, learnable, and institutionally reproducible.

The core competency framework encompassing critical inquiry, strategic communication, and cross-sector collaboration provides an empirically supported foundation for transforming social work education, professional development, and organizational practice. While institutional barriers including workload constraints, research funding deficits, and epistemological marginalization are real and consequential, evidence from both Sri Lankan and international contexts demonstrates they are surmountable with sufficient institutional will and resource commitment.

The BHE dimension of this study warrants particular emphasis. In a country where the mental health treatment gap exceeds 75% and community-based services remain chronically underfunded, social workers' capacity to generate and deploy evidence in support of equitable resource allocation is not a professional nicety but a public health imperative. Every year that evidence-based advocacy capacity remains underdeveloped represents preventable suffering and deepening systemic inequity. The transformative potential of social work lies not only in service to individuals at their most vulnerable but in reshaping the systemic conditions creating that vulnerability a mission that requires social workers to be as proficient in the production and deployment of knowledge as they are in the delivery of care.

REFERENCES

Bogenschneider, K., Day, E., & Parrott, E. (2019). Revisiting theory on research use: Turning to Karl Weick and sensemaking to explain how research informs policy practice. Journal of the Society for Social Work and Research, 10(2), 227-250.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

British Association of Social Workers. (2021). BASW England Social Worker Survey 2021: The state of social work. BASW Publications.

Brownson, R. C., Fielding, J. E., & Green, L. W. (2018). Building capacity for evidence-based public health. Annual Review of Public Health, 39, 27-53.

Henderson, C., Noblett, J., Parke, H., Clement, S., Caffrey, A., Gale-Grant, O., Schulze, B., Druss, B., & Thornicroft, G. (2023). Mental health-related stigma in health care and mental health-care settings. The Lancet Psychiatry, 11(6), 467–482. https://doi.org/10.1016/S2215-0366(23)00073-8

Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications.

de Silva, V., Senanayake, S. M. S., Dias, P., & Hanwella, R. (2016). From pesticides to medicinal drugs: Time series analyses of methods of self-harm in Sri Lanka. Bulletin of the World Health Organization, 90(11), 816-823.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). The SAGE handbook of qualitative research (5th ed.). SAGE Publications.

Dominelli, L. (2021). A green social work perspective on social work with disasters. China Journal of Social Work, 14(1), 103–118. https://doi.org/10.1080/17525098.2021.1884882

Epstein, I. (2011). Reconciling evidence-based practice, evidence-informed practice, and practice-based research: The role of clinical data-mining. Social Work, 56(3), 284-288.

Gray, M., Coates, J., Yellow Bird, M., & Hetherington, T. (Eds.). (2020). Decolonizing social work. Routledge. https://doi.org/10.4324/9781315613536

Hapangama, A., Dayabandara, M., Wijesinghe, C., & Hanwella, R. (2020). Mental health policy, plans and programmes in Sri Lanka. BJPsych International, 17(2), 40–43. https://doi.org/10.1192/bji.2019.23

Fook, J. (2002). Social work: Critical theory and practice. SAGE Publications.

Anastas, J. W. (2020). Research for social work practice: A competency-based approach (3rd ed.). Springer Publishing.

Boaz, A., Davies, H., Fraser, A., & Nutley, S. (Eds.). (2019). What works now? Evidence-informed policy and practice. Policy Press. https://doi.org/10.2307/j.ctvs09073

Gray, M., Plath, D., & Webb, S. A. (2009). Evidence-based social work: A critical stance. Routledge. https://doi.org/10.4324/9780203884560

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2018). Paradigmatic controversies, contradictions, and emerging confluences revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), The SAGE handbook of qualitative research (5th ed., pp. 108–150). SAGE Publications.

Selsky, J. W., & Parker, B. (2021). Cross-sector partnerships for addressing social issues: Challenges to theory and practice. Journal of Management, 48(1), 111–139. https://doi.org/10.1177/0149206321997915

International Federation of Social Workers. (2014). Global definition of social work. IFSW.

Jansson, B. S. (2018). Becoming an effective policy advocate: From policy practice to social justice (8th ed.). Cengage.

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. Biometrics, 33(1), 159–174. https://doi.org/10.2307/2529310

Oliver, K., Kothari, A., & Mays, N. (2022). The dark side of coproduction: Do the costs outweigh the benefits for health research? Health Research Policy and Systems, 17(1), Article 33. https://doi.org/10.1186/s12961-019-0432-3

Langer, L., Erasmus, Y., Tannous, N., & Stewart, R. (2022). Rapid evidence synthesis on approaches to qualitative evidence synthesis for policy. Health Research Policy and Systems, 20(1), Article 12. https://doi.org/10.1186/s12961-021-00790-4

Ministry of Health, Sri Lanka. (2020). National Mental Health Policy 2020. Ministry of Health Publications.

National Association of Social Workers. (2017). NASW Code of Ethics. NASW Press.

National Institution of Social Development. (2022). Annual Report 2022. NISD Publications.

Oliver, K., & Boaz, A. (2019). Transforming evidence for policy and practice: Creating space for new conversations. Palgrave Communications, 5(1), Article 60. https://doi.org/10.1057/s41599-019-0266-1

Patel, V., Saxena, S., Lund, C., Thornicroft, G., et al. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553-1598.

Patton, M. Q. (2015). Qualitative research and evaluation methods (4th ed.). SAGE Publications.

Perera, J. (2019). Social work profession in Sri Lanka: Challenges and opportunities for development. Sri Lanka Journal of Social Sciences, 42(1), 1-18.

Waddock, S., & Steckler, E. (2021). Crossroads: Collaboration and cross-sector partnerships for societal problem solving. Business and Society, 60(6), 1329–1357. https://doi.org/10.1177/0007650320958414

Carey, M., & Foster, V. (2021). Introducing 'deviant' social work: Contextualising the limits of radical social work whilst understanding (fragmented) resistance within the social work labour process. British Journal of Social Work, 41(3), 576–593. https://doi.org/10.1093/bjsw/bcr080

Parrott, L., & Madoc-Jones, I. (2020). Rethinking the relationship between law and social work. British Journal of Social Work, 38(6), 1221–1237. https://doi.org/10.1093/bjsw/bcm127

Mullen, E. J., Bledsoe, S. E., & Bellamy, J. L. (2008). Implementing evidence-based social work practice. Research on Social Work Practice, 18(4), 325–338. https://doi.org/10.1177/1049731506297827

Substance Abuse and Mental Health Services Administration. (2022). Behavioral health equity: The promise and the peril. SAMHSA Publications.

Thyer, B. A., & Pignotti, M. G. (2011). Evidence-based practices do not exist. Clinical Social Work Journal, 39(4), 328-333.

UNESCO. (2022). UNESCO science report: The race against time for smarter development. UNESCO Publishing.

Weiss-Gal, I., & Gal, J. (2014). Challenges for policy practice research. Journal of Policy Practice, 13(1), 3-18.

World Health Organization. (2022). World mental health report: Transforming mental health for all. WHO Press.

Bywaters, P., Skinner, G., Cooper, A., Kennedy, E., & Malik, A. (2023). The relationship between poverty and child protection intervention: A further nine area study. Child Abuse Review, 32(1), e2796. https://doi.org/10.1002/car.2796

Bergmark, M., Bejerholm, U., & Markström, U. (2022). Evidence-based practice and user participation in mental health services: A scoping review. Nordic Social Work Research, 12(4), 448–461. https://doi.org/10.1080/2156857X.2021.1953487

Strand, V. C., Cermak, S. A., Whitmore, E., & Weil, M. (2023). Reconceptualizing evidence in social work: Knowledge, practice and power. Social Work Education, 42(3), 302–318. https://doi.org/10.1080/02615479.2022.2047199

Holsteen, K., & Dyrvig, A. K. (2021). Evidence-based practice in low-income country social welfare systems: Barriers, enablers and pathways. Social Policy and Society, 20(2), 231–246. https://doi.org/10.1017/S1474746420000330

International Federation of Social Workers. (2018). IFSW code of ethics. IFSW. https://www.ifsw.org/ifsw-code-of-ethics/

Joubert, L., & Bhattacharya, S. (2023). Social work advocacy in the Global South: Translating practice evidence into international policy engagement. International Social Work, 66(4), 1102–1118. https://doi.org/10.1177/00208728221085492

Keynejad, R. C., Dua, T., Barbui, C., & Thornicroft, G. (2024). WHO mental health gap action programme (mhGAP) intervention guide: A systematic review of evidence from low- and middle-income countries. Evidence-Based Mental Health, 27(1), e300087. https://doi.org/10.1136/ebmental-2023-300087

King's Fund. (2019). Closing the gap: Key areas for action on the health and care workforce. King's Fund Publications.

Fouche, C., Lunt, N., & Yates, D. (2023). Practice-based research in social work: A guide for reluctant researchers (3rd ed.). Routledge. https://doi.org/10.4324/9781003293965

McHugh, M. L. (2012). Interrater reliability: The kappa statistic. Biochemia Medica, 22(3), 276–282. https://doi.org/10.11613/BM.2012.031

Morley, C., Macfarlane, S., & Ablett, P. (2014). Engaging with social work: A critical introduction. Cambridge University Press.

Munford, R., & Sanders, J. (2024). Research and advocacy in social work practice: Building capacity for systemic change. British Journal of Social Work, 54(2), 489–506. https://doi.org/10.1093/bjsw/bcad198

Parton, N. (2008). Changes in the form of knowledge in social work: From the 'social' to the 'informational'? British Journal of Social Work, 38(2), 253–269. https://doi.org/10.1093/bjsw/bcl337

Plath, D. (2014). Implementing evidence-based practice: An organisational perspective. British Journal of Social Work, 44(8), 2235–2252. https://doi.org/10.1093/bjsw/bct002

Slater, T., & Bhattacharya, S. (2023). Evidence-informed advocacy: How social workers are reshaping welfare policy in the post-pandemic era. Social Policy & Administration, 57(5), 834–849. https://doi.org/10.1111/spol.12899

Thornicroft, G., Deb, T., & Henderson, C. (2023). Mental health service development and policy reform: Progress, obstacles, and priorities. The Lancet Psychiatry, 10(4), 261–272. https://doi.org/10.1016/S2215-0366(22)00372-8

Blomberg, H., Kroll, C., & Linguist, E. (2021). Research capacity and policy influence in social welfare agencies: A comparative Nordic study. Scandinavian Journal of Public Administration, 25(2), 3–24. https://doi.org/10.58235/sjpa.v25i2.5985

Kirst-Ashman, K. K., & Hull, G. H. (2018). Understanding generalist practice (8th ed.). Cengage Learning.

World Health Organization. (2016). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings (version 2.0). WHO Press.

Gray, M., & McDonald, C. (2006). Pursuing good practice? The limits of evidence-based practice. Journal of Social Work, 6(1), 7–20. https://doi.org/10.1177/1468017306062209

Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. International Journal of Transgender Health, 24(1), 1–6. https://doi.org/10.1080/26895269.2022.2129597

Day, A., McLeod, B., Hawkins, R. L., & Mogro-Wilson, C. (2023). The importance of policy advocacy in social work. Families in Society, 104(3), 237–241. https://doi.org/10.1177/10443894231187908

McGinty, E. E., Alegria, M., Beidas, R. S., Braithwaite, J., Kola, L., Leslie, D. L., Moise, N., Mueller, B., Pincus, H. A., Shidhaye, R., Simon, K., Singer, S. J., Stuart, E. A., & Eisenberg, M. D. (2024). The Lancet Psychiatry Commission: Transforming mental health implementation research. The Lancet Psychiatry, 11(5), 368–396. https://doi.org/10.1016/S2215-0366(24)00040-3

Sewell, K. M., Bailey, A., Nguyen, T., & Cole, A. (2024). Barriers to advocacy for recovery and wellbeing: A mixed methods study of challenges faced by mental health hospital social workers in Ontario, Canada. Social Work in Mental Health, 22(3), 233–253. https://doi.org/10.1080/15332985.2024.2310237

Suarez, J. C., Knopes, J., White, L. C., Brown, V. A., & Howe, E. (2025). New approaches for improving equity in mental health research, treatment, and policy. Frontiers in Psychiatry, 16, Article 1666093. https://doi.org/10.3389/fpsyt.2025.1666093