Reflections on collaborative and inclusive research by humanitarian and academic actors. National and international perspectives on the research in Sierra Leone on strengthening evidence for the scaling of Psychological First Aid.

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For panel **What do Practitioners Really Need from Academics? Searching for Best Practices**

In times of humanitarian crises and adversities, Psychological First Aid (PFA) has increasingly been used to capacitate staff in supporting people who have experienced stressful and difficult events. In order to evaluate the impact of PFA, retrospective research was conducted on PFA roll out during the Ebola crisis in Sierra Leone and Liberia, and prospective research on learning effect of PFA in healthcare providers. Key elements from this research will inform successful PFA capacity building and evaluation in future humanitarian crises. Findings have been disseminated and discussed with stakeholders at national level and in peripheral health units (PHUs) in six districts. The research has been conducted by academic and humanitarian organisations in Sierra Leone, the United Kingdom and the Netherlands. This paper focuses on collaboration and inclusive research with reflections from different perspectives of data collectors and health workers from Sierra Leone and of researchers and coordinators from the different organisations in the three involved countries. The paper stresses the value and necessity of involvement and input of practitioners and researchers from the region, contributing to building context and bringing meaning to research results and PFA as a support tool in humanitarian crises. Reflections, lessons learned and emerging best practices for future PFA roll out and research in Sierra Leone will be presented and discussed.

Introduction

In this practice reflection paper the authors give the floor to different perspectives of both practitioners and academics involved in a research project on the Ebola Virus Disease (EVD) outbreak and Psychological First Aid (PFA) capacity building in Sierra Leone. In line with the theme of the panel, focus will be on what practitioners need from academics and to this we would like to add what academics need from practitioners. The authors provide an overview of lessons learned and identify enabling and challenging elements in strengthening knowledge and practice.

Background

Humanitarian disasters can have enormous impact on the psychosocial and mental wellbeing of affected community and individuals, which is widely found in research on mental health and experiences of affected communities in humanitarian settings (Norris et al, 2002).[1] One of these humanitarian disasters being the Ebola outbreak in Sierra Leone and Liberia in 2014-2016, which is the largest Ebola Virus Disease (EVD) outbreak ever recorded. This outbreak affected not only individuals physically and mentally, but disrupted entire social support systems in the communities.

An approach introduced to support affected individuals and communities is Psychological First Aid (PFA) (WHO 2011). PFA provides a mechanism to address mental health and psychosocial support (MHPSS) needs at scale in humanitarian emergencies. The approach has been widely endorsed, does not rely upon the availability of highly trained personnel and has been frequently deployed in recent crises. At the time of this research, the impact of PFA had yet to be systematically evaluated, either as methodology for strengthening capacity for MHPSS response and early recovery, or for increasing psychosocial wellbeing in the context of crisis.

Widespread PFA capacity building of Ebola response teams (health personnel, intersectoral responders such as contact tracers, community members, teachers, etc.)

[1] Norris FH, Friedman MJ, Watson PJ, Byrne CM, Diaz E, et al. (2002) 60,000 disaster victims speak: part I. an empirical review of the empirical literature, 1981–2001. Psychiatry 65: 207–239.

occurred during all phases of the Ebola outbreak. Learning from the experience of PFA rollout provided a unique opportunity to develop a framework for PFA evaluation and to provide evidence regarding process and impact of PFA implementation. Key elements for PFA capacity building evaluation included: how PFA is understood and implemented by recipients of training at various levels (professionals to lay personnel); ownership by key government/NGO stakeholders and integration into public health response planning and service delivery; fidelity to the PFA model; and key messages for scaling.

The research project focused only on the effects of PFA training, in the skills, knowledge and competencies acquired. It did not address the effects of the training on the wellbeing of the people who were supported by someone using the PFA approach. This would be challenging to measure, but worthwhile to explore for future research.

In order to evaluate the PFA capacity building, a consortium was formed consisting of the University of Makeni in Sierra Leone, research centre LiCORMH in Liberia, Queen Margaret University in the UK, the Free University and the NGO War Trauma Foundation in the Netherlands. WHO and John Snow Institute have also been involved as well as the Ministry of Health and Sanitation in Sierra Leone. The project has been funded by Elrha's Research for Health in Humanitarian Crises Programme (R2HC). Elrha has particular focus on strengthening partnerships between academics and practitioners. The outcomes of this research project have been analysed and described in different papers, which the consortium aims to publish in peer-reviewed journals.

Alignment between researchers and practitioners

Bringing perspectives and opinions from practitioners and researchers together will strengthen evidence, understanding and efficiency of humanitarian responses, as will be demonstrated from the literature and different views presented in this paper. Moreover, the views from the affected communities should be valued and included as well in order to design and implement context appropriate and actual need-based interventions. All these different actors need each other in order to come to better understanding and better programming. As identified by Tol et al (2011) there is a need for "a better alignment between researchers and practitioners, attention to perspectives of

populations affected by humanitarian crises, and sensitivity to sociocultural context [p.4]."[2]

At the same time, we know that in practice, conducting research and collecting evidence is a huge challenge for humanitarian practitioners, who may want and are expected to work from an evidence-based approach, but need to act quickly at the same time. Owen (2017) states that the answer to this issue is collaboration, working with academic institutions "marrying our "hare" pace with the rigour and expertise"[3] for which academics had the time to assemble. Owen also underlines the importance of documentation of methodologies by practitioners, since these are generally not included in academic literature reviews. A wealth of knowledge and experience is out there, but often undocumented or overlooked, which is a missed opportunity for collecting evidence. Owen: "we need to gather and value the key opinions of field practitioners and those affected by crisis, as much as we value measured 'facts'." This again underlines the importance of exchange and collaboration between practitioners and academics, identifying what they may need from each other.

In fact, there is the risk of an increasing practitioner-academic gap, which needs attention and more conversation about data collection and use. Fast (2017) suggests "we need more involvement of those directly affected by conflict and violence and those who collect their data. What data do they need or want? What are they reporting on and why?"[4] Fast argues for more attention to facilitating the flow of knowledge and data from practitioner and community level into academic research, and as feedback to practitioners and communities again. This approach, she states, will also affect "our collective ability to respond effectively to conflict and crisis".

Both practical and research perspectives are important and complementary. As underlined by Swisher (2010) "we return to practice informing research, and research

[2] Tol WA, Patel V, Tomlinson M, Baingana F, Galappatti A, Panter-Brick C, et al. (2011) Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings. PLoS Med 8(9): e1001096. https://doi.org/10.1371/journal.pmed.1001096

[3] http://www.evidenceaid.org/turning-evidence-into-action/

[4] http://blogs.icrc.org/law-and-policy/2017/11/02/the-data-divide-overcoming-an-increasing-practitioner-academic-gap/

informing practice. They are an inseparable team and neither element is complete on its own." [p.4][5] This is illustrated by the following perspectives from practitioners and researchers, contributing together to a more comprehensive picture.

Perspectives from practitioners & researchers: what do they need from each other?

To focus on the research conducted in Sierra Leone, experiences and views of different actors will now be presented: including practitioner, data collector, respondent and researcher perspectives. In the two phases of the research project, four local researchers conducted qualitative interviews and twelve undergraduate students conducted structured interviews and collected quantitative data among health care workers in nine districts. Data were analysed by the research consortium, following which findings were presented and feedback collected at national and district level. These dissemination activities aimed to foster interest and engagement and check whether the findings were in line with the views and experiences of policy makers and practitioners.

Practitioners

Wannie K. Sesay, a nurse from Bombali District in Sierra Leone, participated in the PFA training, and shares her reflections on the experience. "During the PFA training in Makeni, I learned a lot. PFA is a new concept in my nursing career. Psychological First Aid is not only a classroom or theoretical phenomenon but also a largely practical thing. In essence, the training increased my ability to administer Psychological First Aid in the absence of a psychologist or mental health medical doctor.

The training increased my knowledge in administering PFA in remote areas of the Bombali District. This enables me to bridge the mental health myth associated with our tradition and culture. In our culture, it is believed that a mental health patient should be tied with an iron chain and cured using herbal medicine without diagnosing the patients.

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[5] Swisher, A. (2010) Practice-Based Evidence. Cardiopulmonary Physical Therapy Journal, v21(2): 2010 Jun.

Now I have acquired new skills in assisting individuals who are experiencing challenges from crisis and natural disaster and are in need of immediate psychosocial attention.

The training enables me to interact with other participants from other Peripheral Health Units in the District. I learned a lot from the experiences they shared in all the sessions. I learned that people with mental illness should be treated with respect because they have the right to live as human beings. I also learned about how the patient reacts when listened to and how to refer. Assisting individuals with some mental challenges for me is not a new thing but participating in this research and getting trained has made me a better person. I now feel capable to raise awareness on the causes of mental illness and refer to specialist where necessary."

Ms. Sesay would like more short and long-term trainings, plus more supervision and monitoring. This would primarily be provided by more experienced professionals in her field. In terms of how she sees the ongoing role of academics, she recognises the value of further research, along with an interdisciplinary scientific approach to prevention and cure. She also advocates for more public private partnership implementation of mental health related projects, which include academics.

The health-care workers who participated in the research made some recommendations regarding the ways in which the research team prioritised their own needs (in terms of collecting data) over the needs of the health care workers who participated in the study. Whilst the qualitative interviews which were conducted in the first phase of the project were arranged at times convenient to the respondent, the data collection schedule for the second phase of the study (which was quantitative so involved larger numbers) was organised to enable the data-collectors to visit as many PHUs as possible in the few days allocated to each district. This meant that sometimes they arrived in the PHU at very busy times, and the health care workers found it difficult to make time to speak to them:

> "It would have been better if the research team could have come after 2 or 3 in the afternoon, when we were less busy. Mornings were always hectic and it was difficult to find the time to do the interviews."

During the discussion of the research findings, several health care workers pointed out that this practice could actually have resulted in misleading findings, as respondents rushed to complete the questionnaires so they could return to their work:

> "The questionnaires were completed at work and we were often distracted by other things going on, had to leave it to deal with an issue then come back to it, and our minds were perhaps not fully focused on the questions we were responding to."

One participant said we could have avoided this issue if the data collectors had read out each question and marked the response given by the staff, instead of asking the staff member to complete it themselves. However, another noted that this could have led to socially acceptable responses to the questions about attitudes and practice. The most effective solution would have been to have taken more time over the data collection, so that the day and time of visits to each PHU could be jointly arranged, instead of being decided by the research partner independently. This would, of course, have financial implications as the data collection would take place over a longer period.

Data collector

Mr. Mamadu Jalloh, a student of Medical Laboratory Sciences in Sierra Leone, was one of the data collectors in both phases of the research project. He shares his experiences and views.

"When I went for the training, I was a bit nervous, as I had never done a qualitative research before. I was actually relieved when I heard Dr. Esliker and Dr. Horn saying that it's fine if you have not done research before, as we are here to make sure that you acquire the skills necessary to carry out this process.

During the training, I learned a lot about carrying out in-depth interviews, accurate note taking, translation and transcription, and most importantly, about Psychological First Aid (PFA). I have found the four action principles of PFA (Prepare, Look, Listen, and Link) very interesting and useful especially in listening to people in a non-judgmental manner. Phase one was mentally engaging as compared to phase two. In phase one, I had

to listen to very sad stories when interviewing and have those stories repeatedly ringing in my head as I did the translations and transcriptions of each interview I conducted. During phase two of this project, I learned how to be a team player. We were all made to understand that a data collector finishing their target for the day is not the end of his or her work for that day but rather, it is when the target for that day is reached by the team. Having everyone helping out in their own way was very important for me, as it was one of the things that I loved about the project. Aside from the skills gained and the strong relationship that I have developed with the people I worked with on the project, I benefitted financially, which allowed me to pay part of my college tuition fees.

I am currently trying to go to medical school, which has been my academic dream since I was in high school. So this experience was important to me especially in providing me with the opportunity to discover my physical and emotional resilience and instilled in me the no-quit mind-set that I believe will set me up for success when I go to medical school. Finally, being part of the research project did not only boost my professional career but has been a steppingstone to both my academic and personal life."

Researchers

Dr. Esliker, from the University of Makeni in Sierra Leone, states that field practitioners should be given opportunities to study in academia what they were doing in the field and why. Those people who have both field and academic experience should be the source of best practices. "I suggest that practitioners and academia should engage with each other. It makes the practitioners more thoughtful, sharper, better at what they do; and it brings academics closer to practice and aware of contexts and needs.

Many of the articles regarding this issue are opinion pieces about whether or not practitioners and academics truly can and should share information and collaborate with each other. There appears to be a gap in the area of collaboration between practitioners and academia some research suggests. According to Hyatt et al (2018) one of the reasons is that the ways academics and practitioners think about many issues is very different. A second is that academics' time horizons are much longer than practitioners; while practitioners often need to make decisions quickly; academic

research typically takes a much longer time. Yet another is that academics and practitioners use different types of communication styles; the language in academic articles often is not very readable by practitioners. Finally, academia and practice often have different incentives. Publishing a scholarly article is more of an incentive for an academic than a practitioner, while solving a particularly crucial practical problem is more of an incentive to a practitioner.

Dr. Esliker refers to Hyatt et al (2018) who aim to bridge this gap between researchers and practitioners by making the following suggestions: "1) Use technology at our disposal, by creating online platforms where practitioners and researchers can contact each other, which may result in collaborative research; 2) Inviting local practitioners to share research needs, problems and solutions, and research interests which could lead to collaborative research programs; 3) Invite faculty members for some months in an organization to find out what is of interest to the organization. The flow of information in two directions would benefit universities and organizations; 4) Involve practitioners in graduate education as guest lecturers; 5) Form research groups in which organizations can benefit from work completed by graduate students supervised by faculty members."[6]

Dr. Esliker underlines that it is very important to bridge this gap between practitioners and researchers because it has broader relevance in terms of what we do and why we do it. There are two main schools of thought: one suggests academics must be 'academics', in the sense that their primary concern is to advance knowledge and nothing beyond. The other suggests that research studies must be practical and applied; it should contribute to making practical social change. According to dr. Esliker, the answer lies somewhere in between. There should be more of a balance between advancing knowledge and addressing real-world problems.

[6] Hyatt D et al (2018) Bridging the Gap Between Academics and Practice: Suggestions from the Field. *Industrial and Organizational Psychology: Perspectives on Science and Practice.* Retrieved 18/08/2018 from Website Slop.org.

What academics need from practitioners

Dr. Horn, researcher at Queen Margaret University, Edinburg, UK, describes that in her experience of being an 'outside' researcher on various types of projects, the partnership between practitioner and academic is most likely to achieve its potential when the parties involved both understand their role, and are willing to go beyond it in some ways to engage meaningfully with the other.

Both partners bring essential knowledge and skills to the project, and these need to be owned and recognised by all involved. For practitioners, they have a deep understanding of the context, the stakeholders, the logistical issues and the sensitivities associated with the subject of study. The academic partner has both the advantage and disadvantage of knowing little about the context. Whilst this tends to be seen as a disadvantage, it can have benefits in that it enables the 'outsider' to approach the subject of study without making any assumptions, and to be open to unexpected findings. The academic partner also has technical knowledge around how to conduct effective research, and has access to research tools and resources.

In order for this combination to achieve its potential, the academic partner needs to recognise that they are primarily involved because of their technical skills (and perhaps broad knowledge of the subject of study) but they have limited knowledge of the subject in this particular context. Listening more than talking is a good rule to begin with. Similarly, practitioners need to recognise the crucial role they play in the effectiveness of the project, and to let the academic know if they have misunderstood something, or if the approach they are planning will not work in this context. At times, practitioners can be reluctant to tell the academic that they are making a mistake; and at times academics (especially those with considerable experience) can be reluctant to acknowledge that an approach they have used successfully in in other settings is not appropriate in this one.

The practitioner partner often takes responsibility for organising the logistics around data collection (e.g. obtaining ethical approval in-country; liaising with the necessary gatekeepers; planning travel to research sites; identifying potential data collectors). This is a crucial part of their role, but it is also essential that they have some input into

the data analysis and interpretation of findings. Enabling this can be challenging, since practitioners may sometimes defer to academics when it comes to data analysis and interpretation. It is the academic's responsibility to build opportunities for joint working into these later stages of the project, and it is the practitioner's responsibility to participate actively in these processes, even if this takes them outside their comfort zone.

The effectiveness of academic-practitioner partnerships depends greatly on the personal relationships established between the partners. It is very much worth those involved in the project spending time together in the early stages, getting to know each other, building trust and understanding. The time invested in this will pay dividends when challenging events occur (as they will), and in developing joint ownership of the project findings – which is essential if the findings are to have an impact on practice.

Challenges and lessons

The research consortium consisted of different organisations and persons, which brought along different challenging and enabling elements, which WarTrauma can also reflect upon as project lead.

It has been a challenge to keep everyone engaged in all different stages of the study design, which was reflected for instance in communication challenges (practically and internationally) and different styles of (scientific) writing. It is recommended to work closely together in terms of analysis and writing, which is challenging in terms of distance and timing, but worthwhile in bringing perspectives and knowledge together.

It is essential that the different stakeholders meet each other at least once a year to get to know each other and to be able to go in depth into the study design and analysis together. A related challenge to this is that an international consortium always requires an investment of travel costs and time. In addition monthly skype calls (or more often when applicable) are very helpful.

Another challenge and at the same time interesting discussion is the dialogue on the need for cultural/contextual adaptation, of in this case the training guide, and how this relates to the fidelity of the original model.

Finally, we found that after PFA trainings, the knowledge is maintained over a longer period of time, which brings in the importance of involvement and preparedness of the government and practitioners. Through collaboration of academics, practitioners and local authorities, and the research findings, we know that the government and practitioners will be better prepared in terms of psychosocial support when a disaster strikes and a country needs to respond.

Conclusions and recommendations

Reflecting on the perspectives of practitioners and researchers, we can formulate the following conclusions and recommendations:

Exchange and collaboration

For practitioners and academics, getting to know each other and each other's contexts and needs is vital. Practically, online platforms can be supportive in finding each other. Furthermore, inviting each other to share needs, ideas and experiences, can support the exchange between practice-based and evidence-based research. This can be realised by academics spending time at organisations in order to find out what they need and how they envision things. Researchers can also have the advantage of looking with an outsider's perspective. At the same time, practitioners have a deep understanding of the context, stakeholders and sensitivities of the situation and subject of study. They can provide input and give guest lectures at universities and research institutes to share their experiences, needs and ideas. These activities could lead to exchange and learning, but also to collaborative research from needs-based and research-based understanding.

Supervision and follow-up

Experiences from data collectors and health workers emphasise the challenges they face as they engage with the research process. They addressed the need for understanding,

encouragement, supervision and continuation with capacity building. An example is joint data collection per district with joint coaching at the beginning and end of the day.

Translation and adaptation

Both academics and practitioners have their own language and way of approaching things, so therefore translation between academics and practitioners is needed. Also adaptation and contextualisation are important, both at practical and research level, as well as on cultural level.

Practical preparation and planning

Practically researchers and practitioners could support each other more in terms of timing of research, working hours and formulation and type of questions. It is also important to take into account that conducting research and collaborating on this research asks time in terms of getting to know each other and translating ideas and findings back and forward.

Information flow

Finally, an on-going flow of information between research and practice is important in order to engage everyone, enhance ownership, and fine tune on what is needed and developed based on different perspective and experiences. The dissemination activities conducted in Sierra Leone as part of our research project were meant to share the findings and also to collect feedback from the practitioners and stakeholders, checking the interpretation and analysis of the findings. This process was extremely valuable, which underlines the fact that information and communication is needed on an ongoing basis between practitioners and academics, in order to strengthen both practice and research.

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