

RESEARCH ARTICLE

Capacity Strengthening: Development and Evaluation of the Training Course “Research Methods for Mental Health in War and Conflict”

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Abstract

To address the gap in locally driven mental health capacity strengthening initiatives in the occupied Palestinian territory (oPt), researchers from Birzeit University (BZU) and King's College London (KCL) developed a unique short course focusing on the intersection between methods, mental health, and conflict. The course was delivered in the West Bank at BZU, aiming to strengthen mental health research capacity among local researchers, health professionals and administrators. Twenty-eight participants from the West Bank and East Jerusalem completed the course. Participants accepted on the course from the Gaza Strip did not receive permission by the Israeli authorities to travel to the West Bank and were thus unable to attend. A pre-training assessment was completed before the start of the course and identified a gap in participants' key qualitative and quantitative research skills. The post-evaluation showed that all participants agreed that their qualitative research skills improved, and the majority agreed that their quantitative research skills improved. Several participants considered the quantitative part too

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of the study and collection, analysis, and interpretation of data and in writing the manuscript

intensive, requiring more training time. The majority of participants were highly satisfied with the course. Our initiative offers a model for strengthening the local research capacity required to tackle the burden of mental illness in conflict-affected areas. This annual course can be scaled up to other conflict settings.

BACKGROUND

Wars and armed conflict cause and amplify stressors including poverty, malnutrition, inadequate housing and social isolation, adversely affecting people's mental health and psychosocial well-being (Hamber et al., 2015; Huppert & Ruggeri, 2018; Kumar & Willman, 2016; Miller, 2012; Miller & Rasmussen, 2010). Conflict-affected populations have a higher prevalence of mental disorders and wider treatment gaps compared to the general population (Tol et al., 2011).

Despite a call by the WHO for research into mental health treatment and psychosocial support in the Middle East and North Africa (MENA) region (Llosa et al., 2014; WHO-AIMS Report, 2006), research efforts are compromised due to limited infrastructure, concerns for researchers' safety, and a shortage of local and international researchers willing to enter conflict settings (Campbell, 2017; Horton, 2009). To help address this situation, our project aims to strengthen research capacity in the context of the occupied Palestinian territory (oPt). Although the oPt follows the WHO's Mental Health Action Plan 2013–2020, there is a lack of systematic mental health research due to weak research capacity, and a lack of resources and political will (Manenti et al., 2016; Marie et al., 2016).

Our course, "Research Methods for Mental Health in War and Conflict", is an interdisciplinary training course seeking to address these gaps by strengthening research capacity among Palestinian researchers, health professionals and administrators. The training was developed and delivered jointly by the Institute of Community Public Health (ICPH), Birzeit University (BZU) in the oPt and King's College London (KCL) as part of the project Research for Health in Conflict—Middle East and North Africa ([R4HC-MENA](#)).

The course focuses on:

1. training needs of mental health providers and researchers
2. teaching of qualitative and quantitative research methods focusing on mental health in war and conflict
3. knowledge dissemination.

Our article provides information and critical reflection on the mental health needs, interventions and research capacity strengthening in the oPt and war-affected settings globally. The method section provides details of the course design, implementation and evaluation. Finally, we share practical information for the development of similar courses in war and conflict-affected settings.

THE BURDEN OF MENTAL ILLNESS AMONG WAR AND CONFLICT AFFECTED POPULATIONS

Global evidence confirms the excessive burden of mental illness among conflict affected populations and a direct correlation between the degree of conflict and war related trauma and the amount of the psychological consequences (Charlson et al., 2016; Murthy & Lakshminarayana, 2006). Psychological consequences include somatisation, anxiety disorder, depression, alcohol and drug misuse, mood disorders and post-traumatic stress disorder (PTSD) (Luitel et al., 2013; Meffert & Ekblad, 2013; Onyut et al., 2009; Priebe et al., 2010; Silove et al., 2014; Steel et al., 2009). Murthy and Lakshminarayana's (2006) work in Afghanistan, the Balkans, Cambodia, Chechnya, Israel, Lebanon, Palestine, Iraq, Somalia, Rwanda, Uganda, and Sri Lanka, demonstrates an increased prevalence of mental disorders, particularly among groups living in vulnerable circumstances, including women, children, older people and disabled. Another review noted a prevalence of PTSD ranging from 15.8% to 37.4% across four conflict settings including Algeria, Cambodia, Ethiopia, and Palestine (De Jong et al., 2003), with similar findings in Lebanon (Karam et al., 2008), and among Syrian refugees (Gammouh et al., 2015; Naja et al., 2016).

Besides exposure to violence and traumatic experiences, mental health in war and conflict is impacted by the social, economic and physical environments in which people live (Miller & Rasmussen, 2010; Wahlbeck et al., 2017). Scholars highlight the importance of contextual factors in "shaping the mental health and psychosocial consequences of violence (...) rather than assuming a direct connection between traumatic events in creating symptomatology" (Tol et al., 2010, p. 35). Yet, we still lack insight into the impact of political and social determinants on people's mental health and wellbeing, as well as socially and culturally acceptable and effective intervention strategies. It is therefore critical to build local researchers' capacity to recognise these contextual factors and their ability to influence the effectiveness of mental health interventions.

THE IMPORTANCE OF CAPACITY STRENGTHENING FOR MENTAL HEALTH RESEARCH IN SETTINGS OF WARS AND CONFLICT

Undertaking research in war and conflict settings is necessary to expose the predicament of populations caught in conflict, report on the health and humanitarian consequences of conflict, and assess the feasibility and effectiveness of health interventions. However, in such settings, conducting high quality health research is often hindered by fragile political conditions, instability, outbreaks of violence, population displacement, high drop-out of study participants, limited and inadequate infrastructure, safety concerns for researchers and participants and scarcity of human resources (Bosqui & Marshoud, 2018).

Scholars have called for an improved quality of research methodologies implemented in war and conflict settings. They criticised studies for their poor quality of evidence, poor methodology, lack of transparency and ethical appraisal training, large, unexplained variations in mental health disorders and prevalence rates, and the extremely high statistical heterogeneity between studies (Bosqui & Marshoud, 2018; Charlson et al., 2016; Ford et al., 2009; Rodin & Van Ommeren, 2009). Others questioned the use and validity of tools developed in Western settings (Bracken et al., 1995; De Jong et al., 2003; Pedersen et al., 2015; Westermeyer & Janca, 1997). Scholars also called for better and equal collaboration between national and international research institutions

(Bosqui & Marshoud, 2018; Ford et al., 2009), throwing a spotlight on the need for locally appropriate training methods.

Strengthening local research capacity and engaging with the wider community in conflict settings is a priority for WHO (ESSENCE, 2014). This involves empowering local researchers to focus on research questions of local importance, using appropriate data collection methods, and to analyse and disseminate findings locally and internationally. This is currently more aspiration than reality. However, an analysis of authorship trends in *The Lancet Global Health* confirmed that authors from low- and middle-income countries (LMICs) contributing to articles focusing on their respective local settings are underrepresented (McKee et al., 2012). Similarly, a recent review on conflict settings concluded that (a) strengthening health research capacity in such areas is almost non-existent, (b) most health research is conducted by non-governmental organisations, and (c) there is a global imbalance in authorship trends (Bowsher et al., 2019).

THE CASE OF THE OPT: CAPACITY STRENGTHENING FOR MENTAL HEALTH RESEARCH IN THE CONTEXT OF MILITARY OCCUPATION

Since the 1967 Arab Israeli war and the fall of the West Bank and Gaza Strip under Israeli military rule, the Palestinian population has endured chronic exposure to political violence and human rights abuses. The Second Palestinian Uprising against Israeli military occupation (the Intifada of 2000–2004) and the large scale Israeli military offensives on the Gaza Strip (2008, 2012, and 2014), are examples characterised by the intensification of political violence (Allen, 2008; Batniji et al., 2009) which continues until today. During the 2000–2004 Intifada, the Israeli army invaded Palestinian cities in the West Bank, imposing a curfew for up to 45 continuous days. The Israeli army shelled, bombed, destroyed institutions and homes, and shot and killed and injured civilians, including children, and arrested many. Since September 2000, Israel increased restriction of movement in the West Bank, building of a massive wall separating families, cutting villages off from commercial centres and people from their land. This Wall incorporates areas of the West Bank into Israel, that is, a de facto annexation of Palestinian land. The Israeli army has also set up hundreds of military checkpoints on the West Bank, restricting or prohibiting movement of people and goods. It enforces regular curfews, uses lethal force against civilians, confiscates Palestinian land to build illegal Israeli settlements on the West Bank, and demolishes homes (Giacaman et al., 2009; UN, 2009). The Israeli army continues to invade Palestinian towns and villages on the West Bank to arrest Palestinians, bomb and shoot, demolish homes. Such factors have become a major cause of social suffering and general ill-health, including poor mental health outcomes among civilians (Giacaman et al., 2004, 2009).

A recent report by WHO states, “the mental health of Palestinians is affected by the exposure to violence and the context of chronic occupation, with mental ill health representing one of the most significant public health challenges” (WHO, 2019, p. 5). A study in the West Bank found that the prevalence of chronic PTSD comorbidity with lifetime major depressive disorder (MDD) and chronic PTSD alone were 18.7% and 26.5% respectively (Madianos et al., 2011). Another survey of a representative sample of adolescents and children in five West Bank towns invaded by the Israeli military in 2002, reported high psychological distress, including sleeplessness, uncontrollable fear and shaking episodes, fatigue, depression and hopelessness. Children were also reported to suffer from enuresis and uncontrolled crying episodes (Giacaman et al., 2007). Besides trauma-related mental disorders, severe mental disorders are also on the rise (Palestinian MOH, 2019).

While the burden of war-related mental illness is high, there is only limited capacity to provide adequate mental health treatment and psychosocial support to affected Palestinians (Giacaman et al., 2009, 2018; Jabr et al., 2013; WHO-AIMS Report, 2006). Service provision is seldom specialised, and local health research capacity is weak (AlKhalidi et al., 2018; Marie et al., 2016). It is therefore crucial to strengthen research capacity among researchers and service providers, to develop locally driven approaches to mental health care.

Our previous research, conducted in the West Bank, confirms these conclusions, finding a significant gap in research capacity among professionals and researchers working for governmental, and local and international non-governmental organisations (Giacaman et al., 2018). Specifically, our Training Needs Assessment (TNA) highlighted that professionals working in the mental health field engage in research-related tasks with little or no training. Barriers to training included distant venues given the restriction of movement by Israeli army checkpoints and closures, lack of access to funding, lack of employers' support and lack of time. Furthermore, our TNA revealed a lack of well-trained research personnel in the field of mental and psychosocial health research and services.

Our work was informed by the literature on post-coloniality, and the influence of political and economic inequalities on power structures and knowledge production practices (Minn, 2015; Noxolo, 2017). Mindful of the power and resource imbalance among the different actors and institutions involved in research capacity strengthening, we designed a course based on locally identified needs and worked collaboratively throughout the design, implementation and evaluation process, with researchers from BZU and KCL carrying equal work loads. We also emphasised the need for independent, locally produced and led research. This is essential to strengthen a sustainable and locally responsive research capacity and avoids the perpetuation of post-colonial geopolitical and economic hierarchies, where foreign, top-down, neo-colonial strategies reflect donor priorities, possibly leading to negative outcomes for the beneficiaries (Minn, 2015; Sukarieh & Tannock, 2019). Our bottom-up capacity strengthening initiative offers a valuable model, designed to inform ongoing and future efforts and, therefore, contributes to the improvement of mental health and psychosocial support in conflict-affected areas.

METHODS

The “Research Methods for Mental Health in War and Conflict” course aims to build research capacity for both qualitative and quantitative methods to improve relevant research skills, and to assist development of the local research field of mental and psychosocial health and wellbeing. The course follows an inquiry-based learning (IBL) approach (Spronken-Smith & Walker, 2010) which emphasises the importance of students performing investigative work that prioritises question-driven rather than topic-driven activities (BU Centre for Teaching and Learning, 2018; Davis & Wilcock, 2003; Herreid et al., 2011; Kienzler & Fontanesi, 2017; Ruggiero, 2002; Savin-Baden, 2003). Specifically, Oliver (2008) notes that IBL refers to approaches in which “some form of problem or task serves as catalyst for student engagement and participation [...], learning comes as a consequence of the information processing that occurs as students work to explore the problem setting and to seek a solution” (p. 288). In our course, we encouraged IBL by requiring students to develop a research project focusing on the impact of uncertainty on mental health in the oPt in order to allow them to acquire new transferable skills, be involved in goal-oriented teamwork, and engage with tasks that stimulate creativity, higher-order thinking and reflection.

COURSE DEVELOPMENT

We reviewed publicly available university syllabi of courses focusing on mental health and war, and research methods for mental health, and realised there is currently no capacity strengthening course available that focuses on the intersections between research methods AND mental health AND war and conflict. Combined with the TNA findings and our professional experience, these reviews provided a robust background to the course design.

Course material was developed and reviewed jointly by academics at KCL and ICPH to ensure it was consistent with the findings of both the TNA and the literature and syllabi reviews. Research methods were linked to regional and local case studies on mental and psychosocial health and wellbeing. Our qualitative methods training addresses the ethics related to researching vulnerable populations; recruiting vulnerable and hard-to-reach groups; sampling; collecting data through observation, interviews and focus groups; and coding and data analysis. The quantitative training consists of two components, quantitative research methods focusing on designing observational and experimental studies in mental health in contexts of war and conflict, and statistical data analysis, focusing on theoretical and practical training in statistics and statistical analysis of local datasets using SPSS software.

The three main course educators were women. NT and WH are of Arab/Palestinian origin. NT is a UK resident with a medical background, working as a Lecturer at KCL. WH has a sociological background and is an Associate Professor at BZU. HK is of a German origin and an anthropologist by training; she is an Associate Professor at KCL.

RECRUITMENT OF COURSE PARTICIPANTS

We advertised the course through previously identified organisations in mental health and psychosocial fields in the oPt, and social media. The course was open to anyone able to reach BZU without needing its support to cross Israeli army checkpoints or obtain permits from Israel to travel from the Gaza Strip to the West Bank. The course was aimed at researchers, current and recently graduated Master's students, professionals working for local or international NGOs and Ministries, and international aid providers.

Seventy highly qualified applicants contacted us, mostly from the West Bank with a few from the Gaza Strip. The majority wanted to enrol in both the qualitative and quantitative training. They held Bachelor, Master's or PhD qualifications and were a mix of professionals, researchers and students. Although a few places were offered to participants from the Gaza Strip, none were able to obtain a permit from the Israeli authorities to travel to BZU.

Twenty-eight participants were selected for the qualitative, and 29 for the quantitative training; 21 attended both courses. There were three Bachelor's holders, 20 Master's holders, and three medical doctors. Four worked for the government, three for the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), six for local NGOs (LNGOs), and five for international NGOs (INGOs). Additionally, five worked in universities, one in the private sector, one as a freelancer and one for both an INGO and a university. The number of working years for participants ranged from one to 20, with a mean of 9.35 years. Twenty-three students had previous experience in data management and 16 in project development. Participants reported having some knowledge and skills in conducting surveys (17), interviews (17), observation (15), and report writing (2)—three participants did not fill out the background information sheet. Six mentioned being involved in other

activities including monitoring and supervision, project management, training, and writing-up case studies.

COURSE EVALUATION

The first task we set our students before delivering the course was a baseline questionnaire on the importance of various research activities they perform in their work, and how well they perform them (Appendix 1). Participants were also asked about their motivation, what they expected to learn from the course and how they hoped to implement their newly gained knowledge. Twenty-six participants (11 male and 15 female) completed the baseline questionnaire.

At the end of course, participants were asked to evaluate their overall experience through a post-course questionnaire addressing the same topics as the baseline questionnaire for comparative purposes. We also asked them to rate their agreement/disagreement with some statements that captured their course experience and to write, in response to open-ended questions, about what they liked and/or disliked about its delivery, including components they found challenging, topics they would like to have seen addressed, and suggestions for future improvements. Twenty-two students filled out the post-qualitative evaluation (ten male and 12 female) and 20 students filled out the post-quantitative evaluation (11 male and nine female). Questionnaire results were analysed using SPSS, while qualitative feedback was analysed using thematic analysis.

DELIVERY OF “CAPACITY STRENGTHENING IN RESEARCH METHODS FOR MENTAL HEALTH IN WAR AND CONFLICT”

The research methods course was taught over two weeks in 2018. Qualitative Research methods were taught from 9th–14th July and Quantitative Research methods from 16th–21st July; both courses were intensive, running from 9 AM until 3:30 PM. Most lectures were followed by workshops where participants were divided into small groups of four or five to apply theoretical knowledge and to design components for their research projects relating to the impact of uncertainty on mental health. Each group was allocated a research assistant to supervise and guide them. At the end of each day, we engaged with participants in an informal reflection and evaluation of lectures and workshops.

ENHANCING THE FIT BETWEEN STUDENTS’ EXPECTATIONS AND COURSE DESIGN

Although participants’ expectations were diverse, they had some common features. Participants wanted to: improve existing qualitative and quantitative knowledge and skills; improve the ability to develop research projects; identify ethical issues; conduct interviews; run focus groups; code and analyse data; use SPSS; and learn how to write reports. Participants also wanted to learn how to utilise their existing datasets, explore theoretical concepts and learn about existing mental health research in the oPt. Many expressed the hope that conducting research would help them better understand mental health in the community and, thereby, improve their work. For instance, one participant said it was important for them to

“understand social issues deeper, especially the reality of persons with [mental] disability in Palestine.” Some expectations were profession specific, e.g. those working in hospitals and private clinics hoped to learn about data collection methods to help them better understand their patients’ mental health and related behaviours. Course material was adapted to match participants’ needs. For instance, lecturers included additional information and references to research about mental and psychosocial health in the oPt and designed short exercises allowing participants to reflect on their own work.

Individual expectations and course satisfaction were monitored via oral feedback or one-to-one conversations. Participants said they enjoyed learning from each other, so time was allocated for group discussions. This iterative process helped us deliver a meaningful and useful course for participants with diverse disciplinary and professional backgrounds.

DELIVERY OF QUALITATIVE RESEARCH METHODS COURSE

The course opened with an introduction to the programme, and existing research on mental health in war and conflict, with particular focus on the oPt. A cross-cutting theme called “Investigating the impact of uncertainty on mental health in the context of war and conflict” ran through the course, and participants were expected to engage with the theme throughout to design an original research project in line with the IBL approach. Exploring the concept of uncertainty and its connection to mental health was considered appropriate as the course convenors had just embarked on a new research project on this topic to fill an important research gap. Despite the growing literature in other conflict-affected contexts (Biehl, 2015; El-Shaarawi, 2015; Farhat et al., 2018; Schiltz et al., 2019), no information is currently available on how the uncertainty of daily life affects mental health and wellbeing. By engaging participants in this project, we provided them with contextual information, taught them how to identify a research gap in knowledge, and encouraged them to develop a research project. Table 1 shows an overview of the qualitative course syllabi.

Following the introductory lectures, participants reflected on the ethical dilemmas relating to the research of vulnerable populations in contexts of war. This was followed by methodological elements that included finding a research topic, formulating a research question, deciding on methods, designing research tools, collecting and analysing data, and disseminating findings. Participants designed interview guides for their research question on uncertainty and its impact on mental health in the oPt (see above). They also practised interviewing techniques, which they found very useful, saying, “This is what we actually want, hands-on exercises.” The session on conducting focus group discussions explored ways of tackling sensitive mental health subjects in group settings, with examples drawn from refugee camps. The related role-play workshop, where participants were assigned the roles of convenor, note taker, observer, shy, dominant, disruptive, antagonistic or ideal participant, was very well received, and highlighted the skills required and challenges involved in conducting focus groups. Interview transcripts used in the practical workshops featured discussions between lecturers from KCL and ICPH about their different experiences of uncertainty and its impact on their respective mental health and wellbeing in contexts of conflict and peace. Subsequent lectures focused on coding and thematic analysis. Participants followed the Braun and Clarke (2006) thematic analysis method to generate some codes and themes.

Finally, participants learned how to use infographics to disseminate their research findings through posters and oral presentations. Participants downloaded free Infographic software at our computer lab and were provided with a manual on infographic design. Overall, tutorials and

TABLE 1 An overview of the qualitative course syllabi

Day	Lecture topic	Illustrative examples	Workshop exercises
1	Mental health in war and conflict	<ul style="list-style-type: none"> • Conflict and Health Studies • The burden and consequences of conflict and war from a public health perspective • Challenges of working in war and conflict settings as a researcher • Trauma-focused approaches • Psychosocial frameworks • Social suffering • “Ease” and “dis-ease” 	<p>Group discussions From your own experience</p> <ol style="list-style-type: none"> 1. In what ways might suffering be a social rather than just individualistic form of expressing distress in oPt? 2. How does the political, economic, and social context influence the suffering is expressed?
1	The process and value of qualitative research	<ul style="list-style-type: none"> • Research Paradigms • Characteristics of qualitative research • Qualitative research steps • Qualitative research methods • Issues of validity • Qualitative research in mental health field 	<p>Exercise Choose which questions are suitable for qualitative research</p> <p>Identify good research questions with examples from the mental health field</p>
1	Researching vulnerable populations & ethical concerns throughout the research process	<ul style="list-style-type: none"> • Vulnerable populations • Sources of vulnerability • Ethics throughout the research process 	<p>Exercise</p> <ol style="list-style-type: none"> 1. Choose a group whom you consider particularly vulnerable in the context of oPt. 2. Identify internal, external and relational aspects of their vulnerability
2	Developing a project and formulating a research question	<ul style="list-style-type: none"> • How to design a qualitative research? • How to find a research topic? • How to translate a topic into a question? • Good research question 	<p>Exercise Formulate research questions linked to uncertainty in the context of oPt</p>

TABLE 1 (Continued)

Day	Lecture topic	Illustrative examples	Workshop exercises
2-	Sampling and recruiting vulnerable & hard to reach groups	<ul style="list-style-type: none"> • Qualitative Sampling • The perfect sample size! • Sampling and recruiting vulnerable/hard to reach populations • Good practices 	<p>Group discussion</p> <p>You are a researcher who conducts a study among persons with severe mental disorders in oPt to explore how experiences of exclusion affect their sense of wellbeing</p> <p>Group A: Discuss the pros and cons of snowball sampling.</p> <p>Group B: Discuss the pros and cons of using gatekeepers</p>
2	Observation and field notes	<ul style="list-style-type: none"> • Key characteristics of ethnographic-research methods • Participant observation • Complexities of gaining access • Writing fieldnotes in a systematic manner 	<p>Exercise</p> <p>Conduct an observation in place you typically spend time and write down your observations. Reflect on the insights gained and things you noticed during the observation</p>
3	Semi-structured interviews	<ul style="list-style-type: none"> • Characteristics of semi-structured interviews • Constructing the Interview Guide • Methodological themes in interviewing individuals receiving mental health services • Boundary issues when working on sensitive topics 	<p>Exercise</p> <p>Develop interview guide following the research question linked to uncertainty in the context of oPt</p>
3	Focus groups (FG)	<ul style="list-style-type: none"> • Key characteristics of focus group • Reasons for using the focus group method • Practicalities of focus group conduction • Limitations of focus groups • Ways of tackling sensitive subjects such as mental health problems in group settings 	<p>Exercise</p> <ol style="list-style-type: none"> 1. Generating & perfecting a FG guide 2. Conduct a FG/role play 3. Reflections

TABLE 1 (Continued)

Day	Lecture topic	Illustrative examples	Workshop exercises
4	Coding data	<ul style="list-style-type: none"> • What is coding? • Deductive versus inductive coding • Steps in the coding process • Open coding • Doing the coding 	<p>Exercise</p> <p>Code two transcripts of interviews on the topic of uncertainty among academics from BZU and KCL</p>
4	Thematic analysis	<ul style="list-style-type: none"> • Common qualitative data analysis approaches • What is Thematic Analysis? • The difference between a code and a theme • From codes to categories to themes, concepts & theory 	<p>Exercise</p> <p>Apply thematic analysis to coded interviews</p>
5	Research project development workshop		<p>Exercise</p> <p>Develop Research project on uncertainty among the Palestinian population</p>
5	Presenting findings of qualitative research	<ul style="list-style-type: none"> • How to present data using infographics 	<p>Hands on practice</p> <p>Practice designing an infographics</p>

workshops were interactive with ample time provided for discussion, questions and answers, debates, the sharing of real-life experiences, and feedback.

To actively engage students in a research project, we included an infographic assessment to be completed within eight weeks of the course finishing. Inspired by Oliver (2008), we anticipated that learning would come “as a consequence of the information processing that occurs as students work to explore the problem setting and to seek a solution” (p. 288). Participants were required to conduct an original research project, interviewing a number of their acquaintances to explore the influence of uncertainty on the psychosocial wellbeing among civilians, and what every day coping strategies they used. Infographics were to be used to illustrate the research findings. Participants said they faced challenges balancing other life and work commitments when trying to complete this assignment, and only two participants submitted their infographics. Nearly, all participants worked full time, and some reported that their workload had increased because they had taken time off work to attend the course. So, adding an assignment was considered an extra burden. On reflection, and for similar future programmes, we recommend incorporating assignments within the course.

DELIVERY OF QUANTITATIVE RESEARCH METHODS COURSE

The quantitative course addressed the training needs highlighted in the TNA and took into account the perspectives, needs, occupational backgrounds and research expertise of participants. It consisted of two components: research methods and design, and statistics and statistical analysis using SPSS software, and started with an overview of quantitative approaches for studying mental health in war and conflict, highlighting distinctive features of these approaches compared with qualitative approaches. In both components, we used examples from research in mental health. We began the course with basic research design and statistical analysis.

Each training day was divided between the two main components so students could learn about them in parallel. The first four days began with two research method and design sessions, followed by one theoretical statistics session and one practical session in the computer lab on conducting statistical analysis using SPSS. The exercises were performed on data from the Children's Mental Health Survey conducted by the Palestinian Central Bureau of Statistics.

The methods component began with an introduction to quantitative research, which provided students with an overview of the different types of studies, and the assumptions, strengths and limitations of each method. Students were given concrete examples of the types of questions they could research using the different methods. This was followed by sessions on observational studies, including case reports, case series, econological, cross-sectional, case control and cohort studies. The next session turned attention to experimental studies, providing a general overview of experimental approaches and why they are used. This was followed by explanations of randomised controlled trials, field trials and community trials, and then a session on sampling and sample size calculation for various study types, and what factors are taken into consideration when calculating sample size. Lecturers dedicated a final methods section on developing a survey questionnaire after participants indicated this was important for their work. It began with an overview of the overall structure of the questionnaire, wording and order of questions, and wording and order of response sets. Examples were discussed in class, and group activities were conducted. Time was allotted for discussion and questions from students in all sessions to address areas lacking clarity, including types of bias, confounding and the appropriate timing of specific research methods. Students were asked to do some basic calculations or quick searches during the sessions to clarify ideas and demonstrate that some calculations can be conducted even with limited background expertise. Online sample size calculators were introduced, and participants calculated sample

sizes by themselves. A list of online calculators was given for future reference. Examples from research conducted on mental health in war and conflict were consistently used to elucidate ideas and participants were given the opportunity to share examples from their own experience.

In the statistics and statistical analysis component, lecturers introduced basic statistics in an approachable way. While the mathematical and theoretical aspects were discussed to show how numbers were derived, emphasis was placed on reading and interpreting statistics throughout the sessions. Measures of central tendency and basic descriptive statistics were introduced, followed by scale development and bivariate analysis, including chi-square, t-tests and ANOVA. In the final session, lecturers discussed different ways to present data and recommended how to report numbers. Theoretical sessions included class exercises on reading and interpreting numbers. Practical sessions focused on conducting different analyses using SPSS software. Participants were asked to read and think about the numbers they produced in each session. During the last session, they were asked to complete an assignment where they conducted bivariate analysis with dependent and independent variables of their choice, and reported and interpreted the results. See Table 2 for an overview of the quantitative course syllabi.

TABLE 2 An overview of the quantitative course syllabi

Day	Lectures	Practical sessions
1	Introducing quantitative health research and analysis: <ul style="list-style-type: none"> • Overview of quantitative approaches for studying mental health in war and conflict • Introduction to quantitative research • Study design in quantitative research • Introduction to Quantitative Analysis 1-Descriptive Statistics: frequencies and proportions 	
2	Research Design: Observational studies 1: case reports, case series, ecological and cross-sectional studies Observational studies 2: case control and cohort	
2	Statistical analysis: Introduction to Quantitative Analysis 2-Descriptive Statistics: measures of dispersion and central tendency	SPSS practical session-Getting acquainted with SPSS and exploring your data using the Children's Mental Health Survey dataset conducted by the Palestinian Central Bureau of Statistics.
3	Research design: Experimental studies: Randomized controlled trials, field trials, community trials Sampling and sample size calculation for quantitative studies	Calculating sample sizes
3	Statistical analysis: Introduction to Quantitative Analysis 3-Scales	SPSS practical session-Descriptive Statistics
4	Data collection and instruments: <ul style="list-style-type: none"> • Records and record keeping • Developing a questionnaire 	Workshop on developing a questionnaire
4 & 5	Statistical analysis <ul style="list-style-type: none"> • Bivariate Analysis (2 sessions) 	SPSS practical session-Bivariate analysis
5	Data presentation	Presenting data practical session

RESULTS OF PRE-TRAINING NEEDS ASSESSMENT AND POST-COURSE EVALUATION

Participants' needs and skills were assessed in two stages through pre-training and post-training assessments. The pre-training needs assessment was administered on the first day prior to course delivery, while the post-course evaluation was administered at the end of the final days of the qualitative and quantitative course runs. In the following, we present the results of the pre-training needs assessment compared to post-training evaluation for both courses, qualitative feedback for qualitative course and qualitative feedback for quantitative course.

Pre-training assessment compared to post-training evaluation for both courses

Our baseline questionnaire highlighted the gap between how important our participants considered a given research related task to be, and how well they thought they were able to complete it. There was a clear gap between tasks participants considered important and their self-assessed ability to perform them well. The biggest gap was in knowing how to code qualitative data, followed by interpreting qualitative data from existing records or other findings. It also flagged up other training needs, including developing a research objective in the mental health field, designing research projects, collecting qualitative data, interpreting quantitative data, and using findings to plan projects. (See Charts 1 and 2).

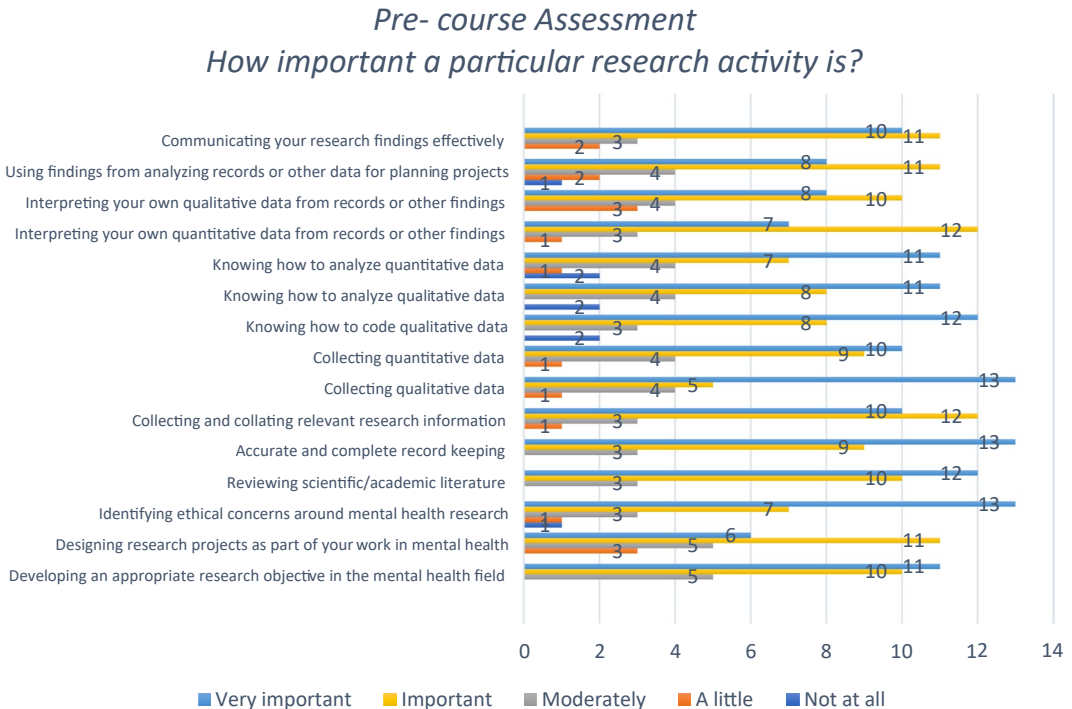


CHART 1 Pre-course assessment “How important is a particular research activity?”

Pre- course Assessment

How well do you think you can carry these activities out?

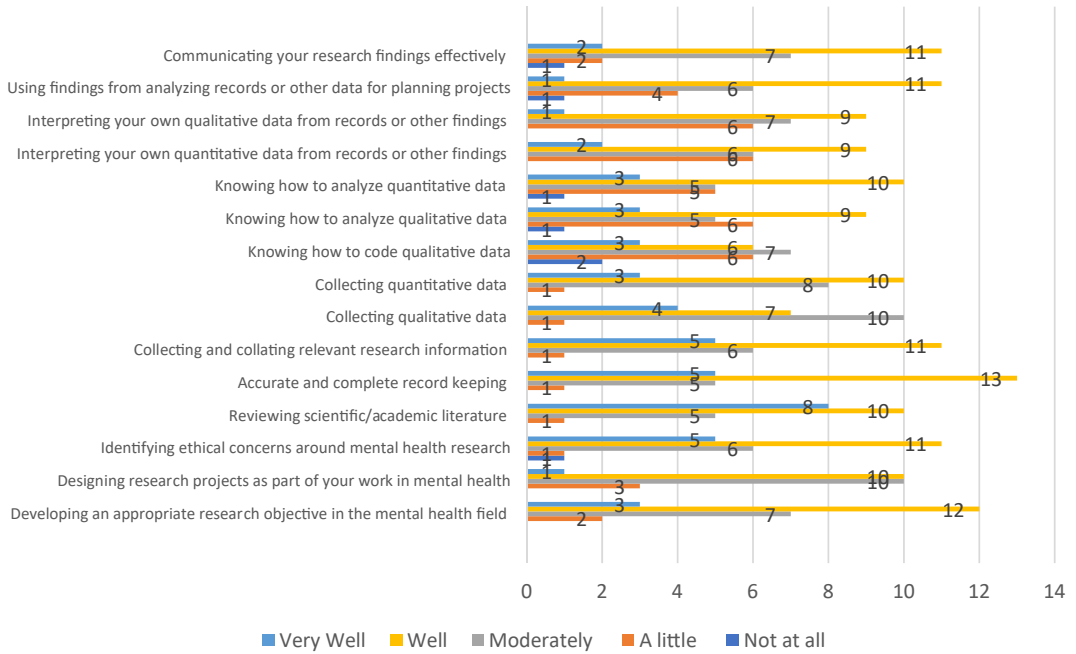


CHART 2 Pre-course assessment “How well do you think you can carry out these activities?”

A comparison between pre and post qualitative course questionnaires
how well participants thought they could carry out a particular activity
before and after the training

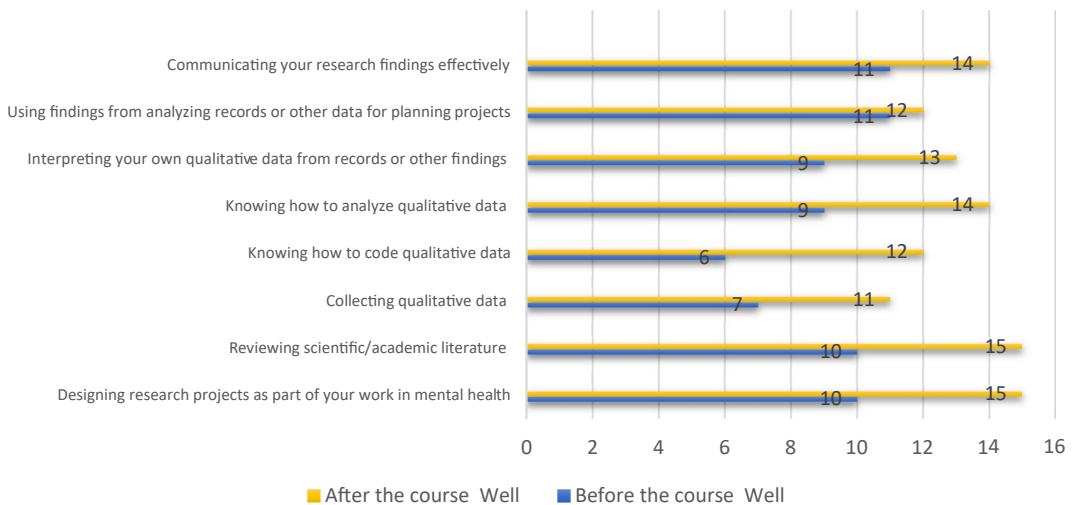


CHART 3 A comparison between pre- and post-qualitative course questionnaires

The findings of the baseline questionnaire were later compared to the results of the post-course evaluation. Firstly, when comparing the *pre- and post-qualitative course questionnaires*, it appears there was a tangible improvement in participants' self-perceived qualitative research skills. For example, before the course, only three participants indicated they could code qualitative data *very well*, six *well*, seven *moderately*, six *a little*, and two *not at all*. However, after the course, 12 indicated they could code *well*, four *very well*, three *moderately* and one *not at all*. (See Chart 3). After the qualitative training course, the number of participants answering "well" to most activities increased. However, the improvements were greater for men than for women in almost all research skills.

Moreover, most participants were *highly satisfied* with the course, particularly with content, delivery and practical exercises. Of the 22 who filled out the post-qualitative evaluation, 13 *strongly agreed*, eight *agreed* and one *somewhat agreed* that the course had improved their qualitative research skills.

Secondly, the comparison between the *pre- and post-quantitative course questionnaires* revealed mixed results. While some improvements were noted, some figures suggested a less than anticipated improvement. (See Chart 4). For example, when participants were asked about their knowledge of analysing quantitative data prior to the course, one wrote

A comparison between pre and post quantitative course questionnaires how well participants thought they could carry out a particular activity before and after the training

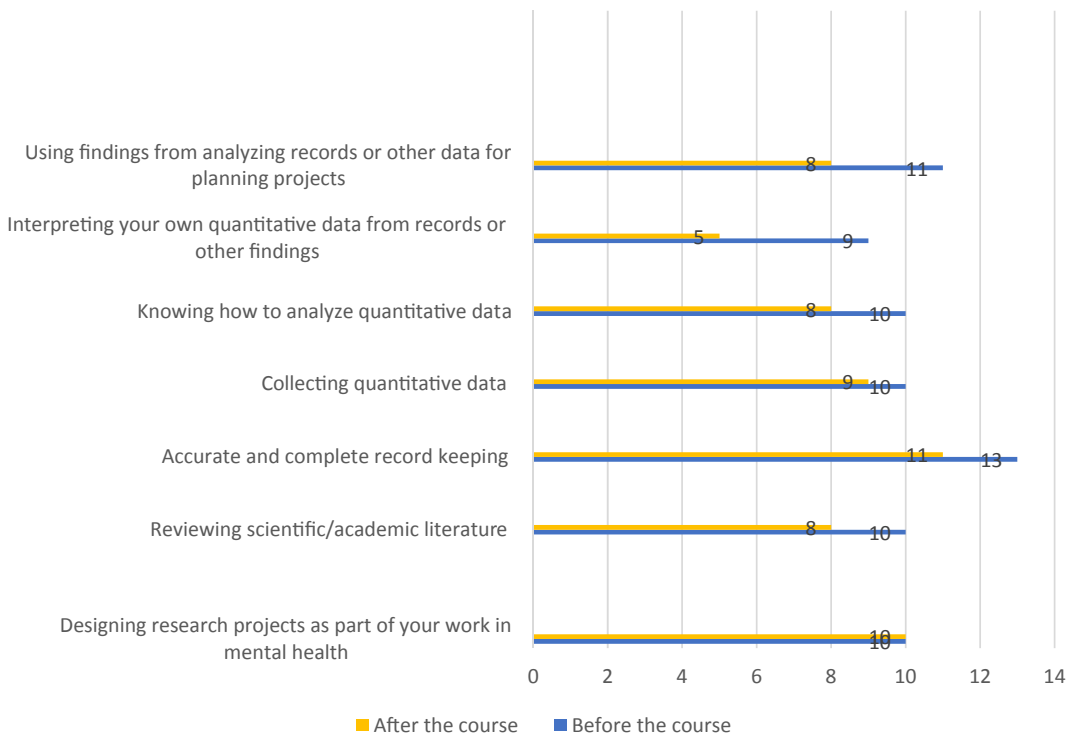


CHART 4 A comparison between pre- and post-quantitative course questionnaires

not at all, while five wrote *a little*, five *moderately*, ten *well*, and three *very well*. After the course, two indicated *not at all*, ten *moderately* and *eight well* and none *very well*. The majority reported having achieved a moderate skill level, rather than well or very well. Generally, men reported moderate improvements in a few quantitative research skills while women did not. While we cannot determine why gender differences exist, some possible explanations might be that men, given gender differences in access to education and work, may have been more prepared to benefit from this course than women. Women also have relatively more responsibilities at home, which may have reduced their time working on training materials. Or it could be that men exaggerated their research competence. The research will inquire into these differences further to ensure that courses are equally accessible across differently positioned groups.

Evaluation results indicate most participants were satisfied with their overall experience of the quantitative course, especially the content, content delivery and workshops. Eight agreed the course was delivered *well*, five *strongly agreed*, four *somewhat agreed*, two *disagreed*, and one *strongly disagreed*. Eight *strongly agreed* the course improved their skills in doing quantitative research, three *agreed*, four *somewhat agreed*, three *disagreed*, and two *strongly disagreed*.

The overwhelmingly positive reaction about course delivery was also reflected in the written feedback. Themes that emerged based on our thematic analysis included (1) the course delivery was useful and interactive; (2) the content was comprehensive but intensive and (3) suggestions for improvements.

Qualitative feedback for qualitative course

In general, the course was considered “*useful*” and described as “*new*” and “*innovative and well-designed*.” Participants enjoyed the “*newly acquired knowledge and skills*”, positively highlighted a good balance between theory and practice, the interactive approach to teaching, practical exercises and workshops, the consistency of working with the same group throughout the course, and organisation and time management. For example, one participant commented, “I liked how the workshops were highly linked to the theoretical part, also I liked the interaction between the participants and all the discussions were highly useful.”

Regarding content, participants highlighted the value of using examples from the Palestinian context and the clarity with which the various topics were explained, and also learning how to create infographics. Participants also highly commended the “*well prepared instructors*”, their “*warmth*”, communication and teaching skills. Another summarised, “The subject is very important. Obviously, there is a lack of appropriate qualitative research in Palestine. Therefore, there is a need to provide a continuation of the course in order to have a comprehensive knowledge in developing qualitative research.”

Participants also noted several challenging aspects of the course, including coding and thematic analysis. One explanation may be that for many it had been their first exposure to these topics. A participant wrote, “I feel I still need more training or maybe practice on like the coding and thematic analysis.” In contrast, coding and analysis was challenging for others at the start but became “*clear*” and “*easy*” over time. It was noted, “All topics were challenging at first, but after the lectures, everything was easy and smooth.” Other challenges related to the assignment, infographic design and use of the English language (although several lectures were delivered in Arabic.)

Some elements of the course were also criticised. Firstly, the majority of participants felt the course was too intensive and should last longer, with more practical exercises. Secondly, a few participants requested more individual work, less group work. One participant considered group working stressful due to the “huge gap between levels” of participants’ knowledge and skills. Topics participants would have liked to see covered in our course ranged from the history of qualitative research and notions of bias, validity and reliability, discourse analysis, writing academic articles and reports, and software coding. Others suggested longer training sessions with more workshops, a pre-course reading list, follow-up training and research supervision, and opportunities to work collaboratively to “research and publish.”

Qualitative feedback for quantitative course

The positive reaction to the delivery of course content was also reflected in the written feedback. Participants valued the importance and usefulness of the topics covered on the course, including the focus on questionnaires, using and practising SPSS, data analysis and sample size calculation. They praised the training approaches, the practical work on theory, the use of illustrative examples from Palestine, and the “comprehensive cover” of course material. One participant commented, “The coverage of all topics was done in a beautiful and valuable way.” Additionally, the lecturers were praised for their diversity, availability, support and patience, and their collaboration.

Some elements of the course were criticised by participants. The majority thought the course too short given the intensity of topics. One participant wrote, “Lectures were exhausting at times given the short time for the course.” Others found difficulty with the statistical components, some applications of SPSS, use of research data, the “heavy content”, “the difficult concepts”, and “the reading of reports and tables”.

When asked about topics they wished had been included, only one participant considered the course completely comprehensive while others listed additional types of analysis, including T test, multivariate analysis, and focus on other fields of epidemiological studies. In terms of suggestions for improvement, some would have liked more practical workshops and fewer lectures, while others suggested less intensive training, or more time to explore particular components in greater depth. Nevertheless, the course was mostly received positively, as is reflected in the following statement, “The presentation of the course was wonderful, especially the use of the Arabic language. But it could have needed a longer time, although the explanation was highly professional.”

DISCUSSION

The main goal of developing and teaching the “Research Methods for Mental Health in War and Conflict” course was to strengthen research capacity in the oPt with the vision of contributing to the development of locally relevant evidence on the Palestinian experience, helping to increase general understandings of what it means to live in the context of war, illustrating its effects on mental health and wellbeing, and informing policy-making in the long-term, and practices in the short term. Our course was fundamentally collaborative, responded to local needs on the ground, and was inquiry based. Participants acquired crucial insights into mental health in contexts of war and learned how to conduct interdisciplinary mental health

research through lectures, workshops, and by developing their own original research projects in parallel.

The international, multidisciplinary and collaborative approach to course development and teaching were considered particularly important by our team. Consequently, the training course was delivered by international and local interdisciplinary researchers and lecturers to a diverse group of participants from various sectors interested in mental and psychosocial health. Throughout the course, new partnerships developed (that are ongoing at the time of writing) in terms of research project supervision, ethical oversight, access to field sites, and data dissemination. One such collaboration is the publication of a Mental Health and Psychosocial Directory for the West Bank, based on focused internet searches and telephone interviews with stakeholders (Mental Health and Psychosocial Directory (MHPSS)—West Bank/oPt, n.d.). The Directory is publicly available and can aid referrals, facilitate cooperation and partnerships between organisations engaged in similar work, and further research purposes in this field. Building partnerships and engaging in joint mental health research is crucial to develop sustainable programmes that educate and train a new generation of in-country researchers and professionals. This research can inform policy and practice on the ground (Fricchione et al., 2012).

To achieve meaningful training, another key component of our course was its local relevance. We assessed research skills and knowledge gaps among health professionals and administrators through a TNA (Giacaman et al., 2018), evaluated the findings, and developed our course accordingly. Similarly, other scholars have highlighted that local relevance can only be achieved when training courses are developed from the bottom up and explicitly respond to local skills, needs, and requirements (Minn, 2015). We envisioned a bottom-up approach, would improve research skills in a targeted manner, enabling participants to identify local research gaps and mental health needs, explore mental illness experiences and related help-seeking and health-seeking behaviours, investigate and analyse existing data sets and medical records, and advocate for mental health in contexts of war and conflict based on solid evidence.

Key findings from the evaluation showed that, although not all participants completed the questionnaires, self-perceived qualitative research skills had improved. This included coding, analysing and interpreting data, designing research projects, literature review, using existing data sets and medical records, and communicating research findings. Self-perceived quantitative skills had improved, but participants found the training more advanced than they had anticipated. Hence, for future courses, we recommend extending a practical and hand on exercises or reducing the content of the training.

The challenges we faced while delivering our course are similar to other research methods short courses (Earley, 2014; Kilburn et al., 2014; Wagner et al., 2011). First, due to time constraints and the large number of needs identified in the TNA and baseline questionnaire, only those of the highest demand and essential to research could be addressed in this intensive short course. Participants found the content dense, and their feedback highlighted the need for the balance of content to be in keeping with the duration of the course. While a solution is to extend the duration of the course, this might be challenging for those participants unable to take time off from work over a long period of time or who have other life commitments. We responded to this challenge by offering our cohort in-depth follow-up training sessions and mentoring in data analysis, presentation, and report writing throughout the year. For future courses, we recommend providing less dense content during such short courses, offering further training opportunities, and making use of online platforms as well as online communication channels (i.e., Zoom, Skype, WhatsApp) for mentoring and supervision. The quantitative course could potentially be

divided into two courses, one focusing on design, and the other on statistical analysis. This would allow adequate time to explain materials, provide examples, and include more practical sessions in research design.

Second, since we believe that evidence-based capacity strengthening is needed for mental health system strengthening in LMICs (Hanlon et al., 2018), we made the baseline and post-course evaluation an integral part of our course. Although we planned for the comparison of each participant's pre- and post-course assessment questionnaires in order to measure changes in knowledge, attitudes and competencies by providing each participant with a unique ID number; however, we missed the opportunity to scrutinise the process systematically. Consequently, we could not measure these changes for each participant. Yet, the overall feedback allowed us to form a reasonable judgment on the overall experience of the course. For example, we noticed that prior to the course some participants rated their ability to conduct particular activities highly; yet, their feedback after the course implied that their ability to conduct the same activities became lower. Since the first task undertaken by participants was the pre-course questionnaire, which was subjective and subject to social desirability, it could be that participants overestimated their research skills and were later challenged by the advanced methods used. Similarly, the literature suggests people inflate their information competencies in self-assessment and are overconfident in reporting their skills compared to their actual performance. This behaviour is known as The Dunning-Kruger Effect (Kruger & Dunning, 1999; Mahmood, 2016). Future programmes should endeavour to conduct evaluation using a before-and-after design that measures changes in knowledge, attitudes and competencies for each participant by providing individual ID numbers for systematic comparison purposes.

Third, to capture the long-term impact of our training among our cohort in relation to research and policymaking, we established channels for mentoring, supervision and networking. To further increase long-term impact, we consider it crucial to offer funded opportunities for mental health professionals to conduct research activities after the training period to enhance research outputs from the region. Linked to this, funding should be made available for conference travel, meetings and other activities to develop research skills and peer-to-peer networks and collaborations. A longer-term impact would be reflected in career advancements; publications with local lead authors (Bowsher et al., 2019; McKee et al., 2012); and successful grant applications led by local rather than international principal investigators based on local identified needs, rather than funders' agendas, and researched by unexploited local researchers (Sukarieh & Tannock, 2019). We consider such actions to be crucial in order to tackle "inequities in the industrial organisation of academic research production" between the global North and global South (Sukarieh & Tannock, 2019, p. 677). We regard our course as an essential step towards strengthening the research skills required for quality academic research production in the oPt.

Fourth, to develop and implement our intensive short course, we received funding over a period of five years. However, in order to develop long-term research capacity in conflict-affected areas, it is crucial for this and similar courses to be sustainable. Like other scholars, we believe this can only be achieved through long-term partnerships and by securing political will, financial commitment, access to resources and good governance (Bosqui & Marshoud, 2018; Ford et al., 2009; Fricchione et al., 2012; Manenti et al., 2016; Marie et al., 2016). Therefore, we will continue to invest in the collaboration between KCL and BZU to deliver more meaningful and locally driven projects.

Overall, our short course was well received and led to perceived improvements in core skills of qualitative and quantitative research methods. The main strengths of the course were that all the training sessions were designed and delivered in partnership, by lecturers from both ICPH and KCL. It incorporated relevant local case studies, sessions were interactive and led by participants, and, most importantly, it met locally identified needs. A major drawback of our course was that professionals from the Gaza Strip, who were accepted on the course, were not able to attend due to movement restrictions imposed by Israeli military occupation. Hence, researchers at KCL and ICPH developed an online course for researchers and health professionals interested in research methods for mental health in conflict settings in the Gaza Strip and the region.

CONCLUSIONS

Given the increased burden of mental ill-health in conflict affected regions, the global and national commitment to closing the treatment gap, and the lack of locally driven research, our research methods course is timely. To our knowledge, it is the only formal capacity-strengthening initiative combining insights into mental health with research methods training in conflict-affected settings, with particular focus on the oPt and wider MENA region. The initiative is unique as it addresses the undisputed need for more locally driven research from areas of conflict, while taking into account the research barriers in these settings. Our vision is to continue strengthening local capacity to overcome these barriers and improve mental health and mental health care through locally relevant research, evidence-based policies and intervention strategies in the oPt.

We have presented details of the design, implementation, and evaluation of our course. Responding to evaluation, we delivered additional advanced training courses and personalised mentoring to the same cohort in 2018/2019. We then further improved the course ahead of its delivery in Turkey in April 2019 and while we have not systematically analysed the participants' feedback, the informal feedback we received was positive. We developed an online course and delivered it in February 2019 for Gazans professionals unable to travel to the West Bank. We then delivered the course to researchers from the wider MENA region in November 2020. Our face-to-face course planned for 2020 in the oPt was not delivered due to the COVID 19 pandemic.

Drawing on our experience, we strongly recommend that capacity-strengthening initiatives incorporate tools for systematic evaluation so as to provide evidence on the feasibility, acceptability and effectiveness of capacity-strengthening activities. Our initiative offers a valuable model for strengthening the research capacity needed to tackle the burden of mental illness in the oPt and other conflict-affected areas.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

ETHICAL APPROVAL

Ethical approval was obtained from the ICPH Ethics Review Committee and the Research Ethics Board of KCL (Research Ethics number MR/17/18-34).

DATA AVAILABILITY STATEMENT

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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Nancy Tamimi is a lecturer in the Department of Global Health and Social Medicine at King's College London. Nancy was trained as a dentist. Then her career moved into the field of public health before gaining a Ph.D. in Medical Sociology from a UK University. Nancy has worked in different settings including the Middle East, the Arabian Peninsula and the UK. Currently, she is working on a Global Challenge Research Fund (GCRF) project "Research for Health in Conflict" that aims to build research and policy capacity in conflict-affected areas, focusing on health, the political economy of health, and complex non-communicable diseases such as mental health and cancer.

Hanna Kienzler is an Associate Professor/Reader in the Department of Global Health & Social Medicine at King's College London. She has a long-standing academic interest in the field of global health, in connection with organised violence, ethnic conflict, and complex emergencies, and their health and mental health outcomes. She conducts ethnographic research on the impact of war and trauma on women in Kosovo, on new mental health treatment options for torture survivors in Nepal, and on humanitarian and mental health interventions in the occupied Palestinian territory and Kosovo. She holds three major grants: a Wellcome Trust Collaborative Award to investigate community-based support for persons with mental health problems in Palestine, Ghana and the UK and a RCUK grant to build research capacity in the field of mental health in conflict affected areas of the Middle East with particular focus on Palestine. She also is a Co-Investigator of the new ESRC Centre "Society and Mental Health" at King's College London.

Weeam Hammoudeh is currently an Assistant Professor at the Institute of Community and Public Health. She holds a PhD and MA in Sociology, and an MPH. She has an academic interest in understanding how political and social transformations impact health, psychosocial wellbeing, and population processes, particularly in conflict areas; as well as how health systems and social institutions develop and shift in relation to political, economic, and structural factors, particularly in developing countries and post-colonial settings. She is currently co-PI on two research grants, one focusing on reconceptualizing deprivation and its impact on health in the OPT, and another implementation research project focused on the health and wellbeing of Palestinian adolescent refugee girls in the West Bank and Jordan. She is also a research associate in the "Research for Health in Conflict" (R4HC-MENA) project.

Rita Giacaman is a professor of public health at the Institute of Community and Public Health, Birzeit University, occupied Palestinian territory. Founder of the Institute, she served as a committee member for the establishment of the Women's Studies Institute at Birzeit University in 1993. As a researcher/practitioner, Rita was part of the 1980's Palestinian social action, which led to the development of the Palestinian primary health care model. In the 1990s, she participated in building the Palestinian community based disability rehabilitation network. She has chronicled the effects of Israeli military occupation on the life and health of Palestinians under occupation. Since 2000, she has been focusing on the impact of chronic war-like conditions and exposure to violence on the health and well-being of Palestinians, with an emphasis on psychosocial health among adolescents and young people; and the development of measures to assess health and well-being in conditions of protracted political violence. She has published extensively locally and internationally.

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APPENDIX

RCUK participant baseline questionnaire

Personal information

- Q1 Gender:
1. Male
 2. Female
- Q2 What is the highest educational degree you have received?
1. Undergraduate (BSc or BA)
 2. Master (MA or MSc)
 3. PhD
 4. Other, specify:

Institutional information

- Q3 Type of institution:
1. Governmental
 2. UNRWA
 3. Local NGO
 4. International NGO
 5. Other, specify:
- How would you describe your institution's main focus? *Circle as many as apply*
1. Education
 2. Research
 3. Service
 4. Community development
 5. Other; specify:
- Q4 How many years have you been working at this institution? |__|__|

Research activities and training

- Q5 . Are you involved in some form of data management (i.e., beneficiary record keeping, analysis of beneficiary data)?
1. Yes
 2. Yes sometimes
 3. No

RCUK participant baseline questionnaire

Q6 Are you involved in any of the following activities? *Circle as many as apply*

1. Projects development
2. Surveys
3. Interviews
4. Observations
5. Report writing
6. Research projects
7. Other, specify:

Course expectation

Q7 What do you expect to learn from this course?

How do you hope to be able to apply the newly gained knowledge in your work?

Training questionnaire									
Please read the two questions (A & B) and circle the answer:									
Question A					Question B				
How important is this activity for you and/or your job?					How well do you think you can carry these activities out?				
Not at all	A little	Moderately	Important	Very	Not at all	A little	Moderately	Well	Very well
<i>Research project development</i>									
1	2	3	4	5	1	2	3	4	5
1. Developing an appropriate research objective in the mental health field									
1	2	3	4	5	1	2	3	4	5
2. Designing research projects as part of your work in mental health									
1	2	3	4	5	1	2	3	4	5
3. Identifying ethical concerns around mental health research									
<i>Research methods</i>									
1	2	3	4	5	1	2	3	4	5
4. Reviewing scientific/academic literature									
1	2	3	4	5	1	2	3	4	5
5. Accurate and complete record keeping of data (e.g., organizing data systematically, developing spread sheets)									
1	2	3	4	5	1	2	3	4	5
6. Collecting and collating relevant research information									
1	2	3	4	5	1	2	3	4	5
7. Collecting qualitative data (e.g., interviews, focus groups, observations, participatory approaches etc.)									
<i>Data analysis</i>									
1	2	3	4	5	1	2	3	4	5
8. Knowing how to code qualitative data									
1	2	3	4	5	1	2	3	4	5
9. Knowing how to analyze qualitative data									
<i>Application and dissemination</i>									

(Continues)

Training questionnaire

Please read the two questions (A & B) and circle the answer:

		Question A					Question B				
		How important is this activity for you and/or your job?					How well do you think you can carry these activities out?				
		Not at all	A little	Moderately	Important	Very	Not at all	A little	Moderately	Well	Very well
10.	Interpreting your own qualitative data from records or other findings	1	2	3	4	5	1	2	3	4	5
11.	Using findings from analyzing records or other data for planning projects	1	2	3	4	5	1	2	3	4	5
12.	Communicating your research findings effectively	1	2	3	4	5	1	2	3	4	5