

**COLLABORATIVE MENTAL HEALTH PRACTICE RESEARCH
ACROSS CULTURES ON THREE ISSUES; A SUPERVISION MODEL
FOR SOCIAL WORK RESEARCH**

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ABSTRACT

A collaborative research programme was established between the Practice Research Programme in Health and Mental Health (PRP) in the Department of Social Work at The University of Melbourne and Rajagiri College of Social Sciences, Kerala, to collaborate on three separate mental health-related research projects. These projects were current in the PRP when the collaboration was formed, and the opportunity was welcomed by both stakeholders to share the measurement tools, research expertise and supervision and to conduct three projects in Indian communities: Study 1: Understanding the needs of the vulnerable and at-risk dependent children of clients/patients receiving mental health services Study 2: An exploratory study into the psychosocial context of aged clients receiving treatment at Aged Persons Mental Health Service: the development of guidelines for psychosocial intervention Study 3: Suicide prevention and the management of self-harm.

This collaboration commenced with a full-day workshop run by professors from Melbourne and a professor from Rajagiri, with twenty 2nd year postgraduate Social Work students at Rajagiri College of Social Sciences to train them in study methodologies (i) clinical data mining, (ii) client interviews and focus groups (iii) analysis and reporting. This was followed by Skype and telephone mentoring by professors from Melbourne to increase research capacity of the students in three separate research studies. The research has highlighted areas of social risk and opportunity as they contribute to outcomes for people with mental health issues in Indian communities. This not only contributed to the shared knowledge base of mental health but in

addition promote a more effective mental health service inclusive of social and cultural determinants.

Keywords: research, supervision, India, education, social work education

INTRODUCTION AND BACKGROUND

International Federation of Social Workers definition of social work essentially speaks about the importance of evidence based practices in social work (IFSW, 2014) and it has gained lot of importance in the discipline recently. This can be achieved through practicing good quality social work researches in social work institutions. Unlike other professions empirical base of research is not much developed and prior to 1990s, there were literally no empirical based researches going on in the field of social work (Bolin, Lee, GlenMaye & Yoon, 2012; Rosen, 2003).

Social work research-global and national perspective

Social work research was recently phrased as “no man’s land”, suggesting the elementary stage of social work research in India (Jagdale, 2018). Number of Social work course providers are increasing but the quality of the same remains limited (Garain, 2010; Howard and Jensen, 1999). The 1991 report of the Task Force on Social Work Research identified lack of connection between research teaching and actual practice of research and the students lack adequate opportunities to practice researches with quality. Even the doctoral level research training is inadequate to bring up high quality practice based researches (Bolin, et al, 2012). Reason for lower quality researches in social work can be attributed to inadequate content in research related courses, lack of evidence based practices by practitioners and students, lack of effective supervision in guiding the students towards evidence based practices and lack of institutional support for researches (Bolin et al, 2012).

Importance of social work research

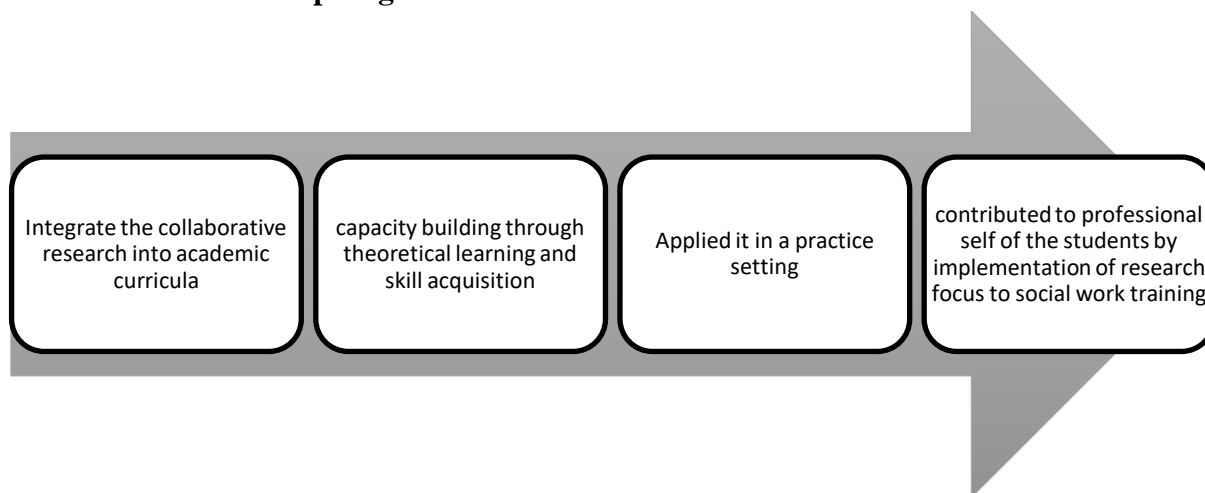
Ability to “engage in research-informed practice and practice-informed research” is listed as one of the ten core competencies identified by the Educational Policy and Accreditation Standards of the Council on Social Work Education (Bolin et al, 2014). Throughout the years, it was observed that there is a decrease in interest for social work research among the social work students. Utilization of various strategies in improving research interest among students such as engaging them in community research activities, capacity building and skill workshops, web assisted instruction and online statistics labs (Bolin et al, 2014) would help in developing research interest in students. Gambrill and Howard and Allen-Meares in 2007 mentioned a strategy termed problem based learning format in which students are arranged in groups of five or seven

with a trained tutor skilled in evidence-informed practice and framing research questions. This is an interactive and case based learning in which students receive the tools, acquire the skills, identify and practice scientific evidence and choose the best informed decisions (Jenson, 2007). Lack of adequate training has been identified as the barrier in practicing good quality researches (Jagdale, 2018). Quality of social work research can be brought to top notch in social work education by incorporating international standards of education to Indian context with handholding the students by the research experts. As a practicing profession that utilizes the reflective practitioner approach, the soul of social work training is in supervision (Hughes, 2010). The educational, supportive, and administrative (Bluckert, 2008) functions of supervisor contribute to the development of the supervisee to acquire professional self, that helps each one to become evidence informed and evidence based practitioner. This paper essentially brings out a model whereby field work activities are incorporated with research practice. This article explains the importance of academician guided, field work agency supervisor supervised and student initiated researches as post graduate theses.

Student Engagement Collaboration Model

Post graduate students in social work from Rajagiri College of Social Sciences were presented with three broad research areas, conceptualized and shared by faculty of University of Melbourne. The main objective of the student engagement collaboration was to develop a practice research culture within Rajagiri. Major aspect of this model was the constant and continuous supervision by external and internal faculty members in guiding students throughout all the stages of research process.

Practice research as a post graduate thesis



Most important question raised in the collaboration was; how can practice research be integrated into curricula to promote student confidence and skill development. This model envisaged practice research capacity building through theoretical and practical workshops and remote web based supervision to the students.

Process of academic – practitioner and student collaboration

The overall process of introducing the model involved five steps (i) Practice research workshop for capacity building in India, (ii) Focus groups in India focused on student engagement around 3 research topics, (iii) Student academic email and Skype group established for regular contact around key tasks, (iv) Ethical review, data collection and analysis with supervision in India and tele-supervision, (v) Discussion of findings and student write up of 100 page practice research reports. The whole process is described in detail in the following sections.

1. Formalization of the collaboration

Formalization of the collaboration between the University of Melbourne, Rajagiri College of Social Sciences and institutional heads of various practice settings were brought together in the initial step of collaborative research process. Institutional support found to be very crucial in frictionless conduct of the research. The research focus was on identifying the contribution of social factors in practice to ensure better outcomes in health and mental health.

2. Selection of Research projects for thesis collaboration

The researchers employed clinical data mining procedures to identify the research questions once the three areas were given for them. Three broad practice issues were chosen from studies undertaken as part of Academic Practitioner Practice Research Collaborations at the University of Melbourne.

There were three studies:

1. Study 1: Understanding the needs of the vulnerable and at-risk dependent children of clients/patients receiving mental health services
2. Study 2: An exploratory study into the psychosocial context of aged clients receiving treatment at Aged Persons Mental Health Service: the development of guidelines for psychosocial intervention
3. Study 3: Suicide prevention and the management of self-harm

3. Pedagogical framework for workshop

The collaboration commenced with a full-day workshop run by professors from Melbourne and a faculty member from Rajagiri, with 20 Social Work students at Rajagiri College of Social Sciences to train them in each of the three study methodologies (i.e. secondary data using clinical data mining, and primary data using client interviews and focus groups). A shared model of peer learning was adopted and embraced and three research study themes were presented to the Masters of Social Work students. Students had selected the projects according to their interest to pursue their thesis. Methodologies and tools of data collection were discussed in detail within each small group. Data collection tools were modified to suit the local context. As part of data collection training, the role-plays and mock interviews were conducted to practice the ways to ask the sensitive questions. Later students began to develop their research questions. Specific guidelines were provided on how the research question need to be established. A group leader was appointed in each group and supervision arrangements were finalised in such a way that the group leader need to report to the concerning internal and external supervisors every week and update them regarding the progress that have been made.

3.1 Methodology of the researches

3.1.1 Research design

Cross-sectional observational exploratory design was used in all the three studies. The respondents were selected based on the specified criteria. The catchment area was decided as within Ernakulam District of Kerala, India. Data collection took place from March to June 2017. Each location used the same assessments for the exposure variables. Purposive sampling was employed for data collection for the study.

3.1.2 The recruitment process

Households were surveyed across the catchment areas and information was collected from 101 individual respondents. Household and participants' details were stored in a secure database (password protected) and secure place at Rajagiri College of Social Sciences. These contain names, addresses, ID numbers, and contact details for neighbours and key informants.

3.1.3 Sample size calculation

Since the purpose of the research was to explore the needs of the care givers, the researchers were not particular about the sample size calculation and decided to collect data from 100 respondents each for all the three groups were taken.

3.1.5 Research assistant training and data collection

Twenty students were trained for one full day by professors from Melbourne and Rajagiri. They used a standard operating procedures manual on the main diagnostic and screening measurements and field procedures. The student researchers were trained for interviewing in both the local languages (Malayalam) and English. They conducted role plays and mock sessions to practice the interviews, enhancing their skills in working with specific populations. In order to achieve inter-rater reliability students were paired to carry out the individual interviews and the Faculty from Rajagiri directly observed early interviews to supervise data collectors. Interviews with the participants lasted more than 90 minutes, subsequently, interviews were completed within 30-45 minutes as the student researchers became more familiar with the interview schedule. Ten participants became impatient with the amount of time it took, but with reassurances they cooperated. More than 75 % respondents ventilated their problems to the social work researchers. In those cases, the research trainees had to spend extra time for ego support and clarification of problems and 17 of them in total were referred to the Family Counselling Centre run by the college.

3.1.6 Translation of data collection tools

All tools included in this study were shared by professors from Melbourne University and it was translated, by two researchers separately and by the faculty, and back translated to English before the data collection. Items were queried to predict any possible issues in language or meaning.

3.1.7 Analysis

Data from the different study sites were entered in Excel, merged and the numerical data was converted into Statistical Package for Social Sciences version 21.0.1 (SPSS, IBM Corp, 2012). Thus data was then analysed to find the Independence, correlation and relationship between various variables.

The qualitative data was colour coded based on the major domains, themes and facets. A few distinguishable and common themes from qualitative data were converted into tables and graphs. Other qualitative materials were presented under various domains and themes.

3.1.8 Ethical approval

This study received Institutional Ethics Committee approval from Rajagiri College of Social Sciences (Ernakulam). Informed consent was obtained from each participant prior to interview and examination.

4. *Generating research questions*

The student researchers generated 20 practice research questions from the three different areas of suicide, children and dementia for undertaking their dissertation requirement in their Masters in Social Work. This was an effort to train the students in research and actually doing it with high quality.

Practice research issue one; Suicide prevention and Management of Self-harm:

Background of selection of this topic

Kerala has second highest suicide rate in India- roughly 2.3 times higher than national average (National Crime Records bureau, 2015) and suicide is among the top three causes of death in the population aged 15- 34 years, (WHO, 2011; Vijayakumar, 2010) and this trend is significantly rampant in Kerala (Kerala State Mental Health Authority, 2012). Society impose huge stigma to the family of the attempters (Tadros and Jolly, 2018). Attempted suicides are 40 times more frequent than completed and first attempters have higher chance of repeating the attempts (Gunnell & Frankel, 1994; Holley, Fick & Love, 1998; Bennewith, Stocks, Gunnell, Peters, Evans & Sharp, 2002). Studies have found that care of suicide attempters in hospitals is very much inadequate from the psychosocial support perspective (Bantjes, Nel, Louw, Frenkel, Benjamin & Lewis, 2016). This scenario demands effective psychosocial strategies of prevention and management of self-harm. Realizing the importance of this theme, nine subthemes developed from the suicide research for each of the students. They were; suicidal behaviours, anxiety, Emotional and behavioural dimensions of suicidal behaviour, Situational stressors contributing to suicidal behaviour, Depression, Substance abuse and self-harm, General health, Family relationships and the Informal support networks.

Tools of data collection included; demographic questionnaire, General Health Questionnaire (GHQ-28) (Goldberg & Hillier, 1979), Self-report measure of general psychological distress. Four sub scales: Somatic symptoms; anxiety and insomnia, social dysfunction and severe depression. Mini International Neuropsychiatric Interview (MINI) (Sheehan et al, 1998), semi-structured screening and diagnostic tool for 17 Axis one disorders, Brief Reasons for Living Inventory (Osman, et. al, 1996), Substance abuse questionnaire and Social Network Interview.

Practice research issue two: Understanding the needs of the vulnerable and at - risk dependent children of clients / patients receiving mental health services

The children of mentally ill parents are considered as children in need of care and protection (JJ Act 2015) and require extra support to care their children (Seth, 2013). Researchers have found

that child with severe parental mental illness are at greater risk of physical and psychological ill health and difficulties in behaviour and development (Reupert & Mayberry 2007), greater material deprivation, higher risk of child maltreatment and neglect (Stith, Liu, Davies, Boykin, Alder, Harris & Dees, 2009), educational under achievement (Gopfert, Webster, Seeman & Gullickson, 2004) and lower competency than their peers (Oyserman, Mowbray, Allen Meares & Firminger, 2000). These issues further extended to adulthood resulting in social and occupational dysfunction, lower self-esteem, increased psychiatric morbidity and alcohol or substance misuse (Bee, Berzins, Calam, Prymachuk & Abel, 2013). Usually the focus of mental health practitioners is on the client and their children are given least importance in mental health system. This study explored the needs of the dependent children and explores the possibility of investing the intervention on empowering the family, social supports and substitute parenting.

The research questions developed were social adjustment, physical well-being, peer group experience of children, formal community support, emotional attachment and quality of life of children. All the students have used following tools of data collection; demographic questionnaire, semi-structured interview schedule consisting of various domains such as economic, cultural, interpersonal, social context and community, details of their mental health diagnosis and treatment and details of their child's well-being, including emotional attachment.

Practice research issue three: The psychosocial context and needs of elderly people referred to and receiving services from mental health agencies:

Dementia as a medical condition is a fast emerging global epidemic and as number of elderly people are rising (WHO, 1998, Riaz & Jose, 2014). More than 75% of the care givers attending demented patients are either families or friends and majority of these unpaid care givers are either wives, daughter in laws, daughters or granddaughters (Brodaty & Donkin, 2009). The needs of the care givers are extensive as most of the persons with dementia are staying in their respective homes leaving the entire responsibility to primary caregivers (Hansen, Hauge & Bergland, 2017). Caregivers of demented patients found to have more health issues, finance related stress and other family commitments. Care of patients with Dementia involves multiple risk of managing behavioural disturbances, personality changes, communication issues, disequilibrium in family system and burden (2013). The caregivers' burden contributes to negative psychological and physical outcomes in caregivers such as depression (Richardson, Lee, Berg-Weger & Grossberg, 2013), anxiety, sleep disorders and reduced quality of life (Win, Chong, Ali, Chan & Lim, 2017). Government system do not provide financial support to care givers though elderly receive a pension, but very insignificant amount.

The research question developed in this area were family network, well-being of care givers, spousal care, financial and emotional stress and community resources for dementia care. The tools of data collection included the demographic questionnaire, semi-structured interview schedule with variables like economic, cultural, interpersonal, social context and community domains, details of their neurological diagnosis and treatment, details of their psychosocial issues and supports / referrals, care giver, strain index, General Health Questionnaire (GHQ-28) (Goldberg & Hillier, 1979) and Self-report measure of general psychological distress

5. Data collection process

Practice research 1: Adults who had presented to a hospital emergency department (ED) with: suicidal ideation, self-harm (any method) or suicide attempt were included in the practice research of suicide. Even the clients discharged home from emergency department, without hospital admission were also included in the study. The respondents were recruited from three hospital emergency departments in the Ernakulam District of Kerala over a period of 40 days.

Practice issue 2: Six Post Graduate students were involved in this study and they have collected data from hundred respondents from four different mental health settings. All the six students have used the same tools of data collection, collected over a period of 40 days. They have selected the cases where at least one parent is mentally ill. Adults currently receiving inpatient hospital treatment who were parents to dependent children aged 0-18 years were included in the study. Respondents were recruited from four hospitals in the Ernakulam District of Kerala and Students screened patients at their bedside.

Practice issue 3: In this context, six Post Graduate students collected data from hundred and one (101) respondents from the households in one District of Kerala State. All these students used the same tools of data collection over a period of 40 days. Analysed the data based on different factors such as family network, spousal care, wellbeing of caregivers, financial and emotional stress and community resources. Significant family care givers of dependent elderly people with cognitive and neurological disorders were included in the study and the Students screened eligibility based on the Government registry. Data collected by community home-visiting to families living in Ernakulam District of Kerala.

6. Data analysis

Data was collected from 247 participants across the three studies and entered the qualitative data into Excel and quantitative data into SPSS 21.0.1 (SPSS, IBM Corp, 2012). Descriptive and inferential analyses were performed on the quantitative data. Qualitative data from interview transcripts were analyzed thematically. For this purpose, the students were paired to ensure inter-

rater reliability with coding analysis. Student pairs worked with Faculty to review transcripts to ensure the intensity of participant's experience was not compromised in translation from Malayalam to English. The combined data sets of three projects were then shared between the students to inform their individual thesis topics.

6.1 Qualitative data analysis

6.1.1 Transcription

The research students transcribed the data collected through observational schedule for non-verbal behaviour. Special care was given not to clean up transcript. Data were entered into the excel file after verifying the translation. Then entered data was stored in a CD to ensure its safety. Handwritten notes had verbatim quotes, pertinent observations, interpretations of participant's responses. And this note was attached to the transcript. This helped to provide contextual information that could enhance all the researchers' understanding of the transcript.

6.1.2 Coding the data

At the end of the data collection, transcription and translation, the data was categorised and sorted by the research students for the purpose of developing social case work intervention plan. The coding involved breaking down of data into units and then grouped together by their characteristics. Basic procedure of this qualitative data analysis was going through the data and to look for things pertinent to answering the research questions such as what are the problem areas, specific issues in each problem area, access to resources (financial, physical, practical, cognitive, social and emotional) that the clients would require to cope and if possible reduce or even resolve the problems and issues besetting them. Each student's research question suggested what parts of the transcript needed to be coded. Each student had written paraphrase, phrase, heading, or label that describes what they are seeing in that passage or statement or quote that is most important.

In the process of coding the research students had read through the transcripts to see what is there and what patterns are emerging from the data and asked to jot down their thoughts and ideas on that data and ensured they write it as memos as they go on with the analysis. They had formatted the transcripts with a wide margin to get space to write in. This process helped to develop an initial coding scheme. Subsequently they had repeated the process to refine, expand or reject some of the initial categories. The identified significant elements of the data were coded and some of the codes were presented in the form of letters or numbers that make sense to the research students. The coding helped them to divide the data into manageable segments and

allowed to quick access to the relevant data when the researchers needed it. At times there was more than one code in same themes.

Student researchers developed the themes from data initially and colours were assigned to the codes. Each of the student physically cut out the sections they have labelled on each one's transcripts. But master copy was saved for future reference. Sorted coded data were piled according to topics and domains. All the data that had same labels or closely related labels were put in the same pile and labelled each pile with a word or phrase that denoted the problems and issues of that pile. The content of each pile were scrutinized further to eliminated unrelated unnecessary elements from the pile. As a result, some of the piles were combined into one; some piles were deleted because they were insignificant to the research question. Subsequently the research team connected the themes with the inputs from the researchers. Later the theory and literature were used to support the ideas.

7. Focus group Discussion with students

Focus group discussions with the three teams were conducted separately to scrutinize the collected data carefully and to make sense of the data. In it they read and re-read the textual database collectively to discover labels and their inter relationships.

8. Discussion of findings and student write up of 100-page practice research report

The last and final process of the collaborative practice research was the dissertation report writing which included summarizing and bringing up the findings of the researches integrating with already existing research evidences. The component of supervision and training was clearly given importance in this section which brought up 20 research dissertation reports based on the practice issue areas.

Components of mentoring and supervision

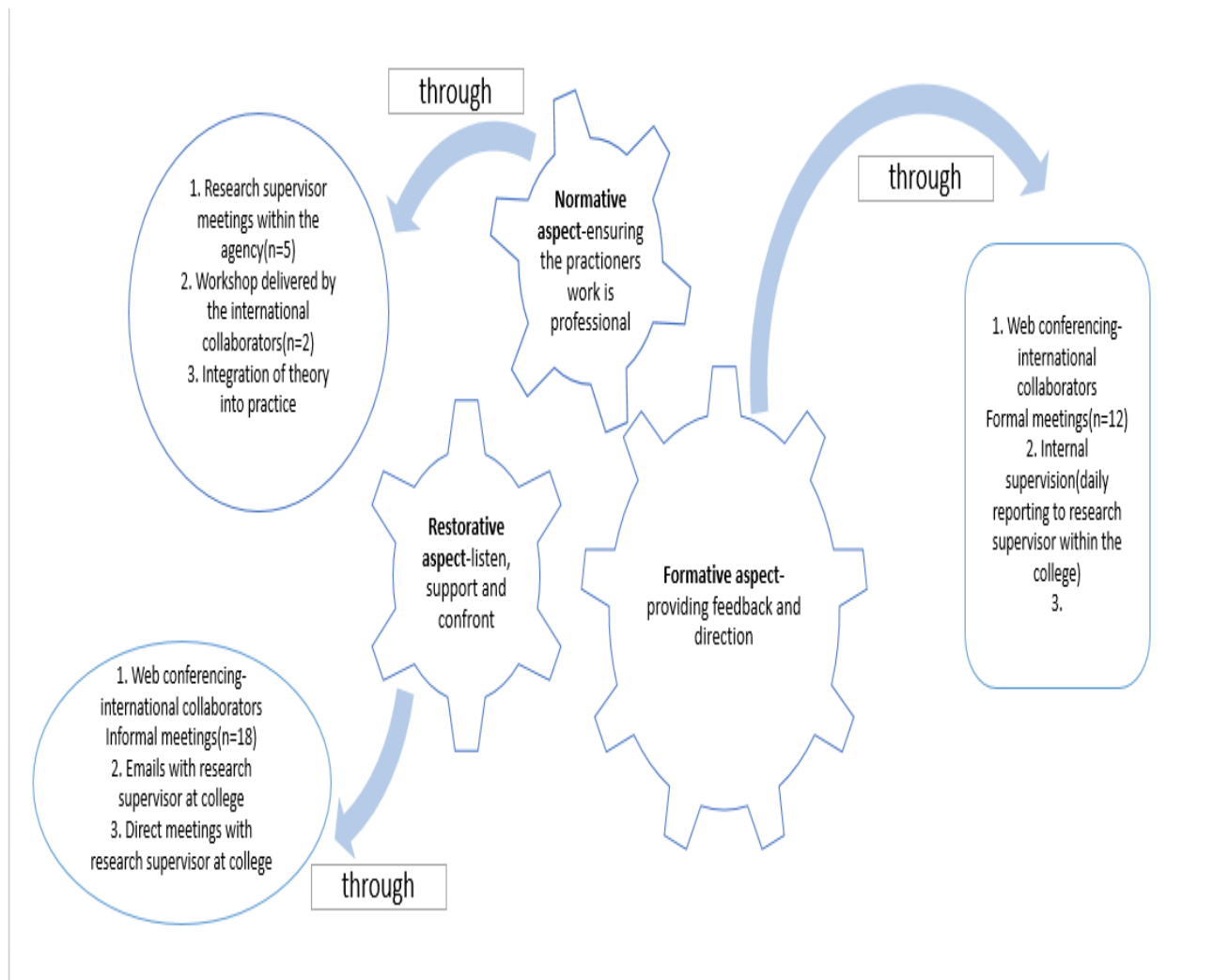
Supervision was the key component of the model developed. The tele-thesis supervision model employs the social work research collaborators from Melbourne to constantly monitor and supervise the different research procedures happening in India. Purpose was to increase research capacity in the three separate research studies. The research progress was updated through electronic mails regularly at least once in a week and clarifications were made through Skype meetings. The same data entering templates that were used in Australia was used to enter the data into the computer system to enable comparisons of the findings. Supervision was facilitated at different levels including onsite supervision, web-conferencing, Skype meetings with each research group and Weekly email updates from each student group leader. Students had several

Skype interactions initially during the time of pilot testing to maximize the clarity, secondly during the data entry and finally at the time of interpreting the data. There was a total of 18 formal and 12 informal communications with the faculty from Melbourne University. Apart from the external supervision, the internal supervision (by research faculty at Rajagiri and field work supervisors from respective organizations) was facilitated through direct meetings and onsite field visits.

Content of supervision: the essentials of research methodology which includes research design, sampling technique, sample size calculation, qualitative and quantitative interviewing, questionnaire administration, quantitative (descriptive and inferential statistics) and qualitative analysis (transcription and coding of data, generating themes) of data were the major contents of the supervision.

Benefits of supervision: Supervision was the strategy to enhance knowledge and skills of the students. It also facilitated a direct way of practice, improved clarity of procedures and improved confidence in research methodology.

Theoretical background of the model



Outcome of the model introduced

Most important objective outcome of this process was higher grade points of these students in comparison to their peers from same course, which indicates their higher knowledge, skills and competencies they acquired through this process. Forty percent of the students belonging to the research group scored A grade compared to 9.7% in the comparison group and there was significant difference in their grade points where these students scored high grade points (3.35± 0.22) compared to their comparison group (2.89 ± 0.33), in their final exams and one of them received the best dissertation award too.

	Team	Control	T value	Df	P - value
Average GPA	3.3575(SD=0.22)	2.89(SD=0.33)	5.491	49	0.000
Minimum GPA	2.97	2.33			
Percentage of students with A grade	40 %	9.7%			

DISCUSSION

The model of imparting international standard to research practice was beneficial not only for the graduate students but it also helped developing a research culture at Rajagiri that are of international standards. Students could Gain skill in research methodology through first hand training on research methodology, client interviewing; observing and assessing, practicing evidence based interventions, developing research questions, questionnaire administration, data analysis and interpretation, reporting and recording of the analysed findings through Effective supervision from both internal and external facilitators. This cross country research facilitated cultural expansion and knowledge sharing between the two countries. Students in India were able to gain understanding of the research practices prevalent in the other country and international standardization was made possible and students were made confident of the research methodology and in practicing evidence based researches and in taking evidence based decisions.

The students could gain skills in diagnosing different clinical conditions like depression, anxiety, stress through the client interviews and observation as three of the chosen researches was clinical based. Being medical and psychiatric social work students, they could practice the essentials of psychotherapy with the people they have encountered. Many respondents could ventilate their problems with them during the data collection process. The researchers could intervene through ego support and clarification. There were respondents whose anxiety and Depression level were found to be at a clinically significant level (Moderate to severe) who were referred to a psychiatrist.

Working as a multi-disciplinary team member in the hospital guided the students in developing their professional self through interactions and collaborations. The student researchers who took part in the collaborative research projects got higher academic achievements for dissertation.

CONCLUSION

Apart from the benefits to individual students, the collaborative practice research has paved way for a collaborative research culture within the institution that contributed to the profession at large. In addition to facilitating national and international presentations and publications, the research collaborations has improved academician-student relationship which further contributed to the quality of education in the institution. The study could explore the needs and issues related to these three areas of study to enable the social work fraternity to develop need based integrated social care models both for health settings and in the community, for the benefit of concerned population. The findings from the present model of social work training would equip the students with more skills, knowledge and develop a research oriented practice in their profession. Research based practice enhance the quality of the social work education, practice and the profession.

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