Training Needs Assessment for Mental Health Research in War and Conflict

The West Bank, Occupied Palestinian Territory

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Introduction

This report marks the launch of the UK Research and Innovation GCRF RESEARCH FOR HEALTH IN CONFLICT (R4HC-MENA); developing capability, partnerships and research in the Middle and Near East (MENA). Our mission is to 'co-create sustainable research capacity in the MENA region to address major health challenges in situations of wars and conflicts'. Led by Professor Richard Sullivan from King's College London (KCL), our partners include academics and researchers from KCL, UK; the American University of Beirut, Lebanon; Cambridge University, UK; Hacettepe University, Turkey; Imperial College London, UK; and King Hussein Cancer Centre, Jordan.

Our specific focus is on mental health research and capacity strengthening in research on the mental health consequences of conflict. In preparation for the development of a certificate intensive short course named "Research Methods for Mental Health in War and Conflict", we set out to assess the needs of potential course participants including researchers, current and recently graduated Master's students, professionals working for local or international NGOs and Ministries, and humanitarian aid providers. Beginning in January, our team opted to first investigate which institutions are doing what and where in the West Bank of the occupied Palestinian Territory in order to establish their training needs for research methods. Unfortunately, we could not reach the Gaza Strip due to the blockade of the movement of people and goods into and out of the Gaza Strip. However, as can been seen in the section 'Institutional profiles' (p. 3), some institutions with main offices in the West Bank extend their services to the Gaza Strip, albeit with difficulties given the political context. At the same time, we also wanted to find out from researchers or potential researchers themselves about their training needs for research methods in the field of mental health before we embarked on curricula development and training. We believe this is a necessary step to complete before training schemes can be developed. Although we have known the terrain of mental health research and services in the occupied Palestinian territory for quite a while contexts, people, and institutions change over time and such changes need to be taken into consideration when designing training projects.

Having completed such training needs assessments in the past, and knowing the general local institutional context, we believed it was important to address the weaknesses we had been observing, most importantly emphasizing the use of institutional records to produce epidemiological and other

types of data. Experience working locally indicates that while many institutions keep records, those records are often not kept accurately; contain a substantial amount of missing data, too many variables that institutions do not use, and records not analyzed for use in report writing or as a tool for policy, planning and intervention. Nevertheless, in a context where data are sparse, these records are crucial as they provide initial insights into epidemiological concerns, even if not ideal and still in need of improvement. This is not particular to the occupied Palestinian territory as, in the context of southern countries, and especially those affected by wars and conflict, it is often too costly and too complicated to conduct surveys and, thus, population-based data are largely missing. In order to improve the situation, capacity strengthening should focus on developing the needed research skills by taking into consideration the needs not only of researchers, but also practitioners who collect data but then do not engage with them further. This is why the institutions included in this needs assessment include mainly governmental and local and international organizations working in psychosocial mental health, whether in research or in service provision. Having said this, our training modules will also include researchers, students and others who want to learn how to conduct mental health research in war and conflict settings. But, at the moment, our priority is addressing what appears to be a local systemic weakness requiring action to improve data collection, interpretation and publication.

Method

Beginning with existing databases initially collated by Hanna Kienzler (KCL) and Suzan Mitwalli (ICPH/BZU) on institutions working in the area of mental health in the West Bank, we added institutions from another locally published list of psychosocial and mental health institutions composed of governmental, non-governmental local and international institutions, and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Data were collected using the structure, albeit not the content, of the Hennessy-Hicks Training Needs Analysis Questionnaire[1] (HH) which was provided to us by Patrick Marius Koga from the University of California, Davis, USA[2]. Therefore, our results cannot be compared with other needs assessments using the HH questionnaire due to the differences in the questions and psychometric properties of the original instrument.

[1] Hicks C, Hennessy D, Hennessy-Hicks Training Needs Analysis Questionnaire and Manual. For use at a local level to identify training and development needs. Undated: http://www.who.int/workforcealliance/knowledge/HennessyHicks_trainingneedstool.pdf

[2] At the time that we were began this project, we were working with a group led by Professor Suad Joseph from UC Davis, USA, composed of academics from UC Davis, Egypt, and Lebanon in order to develop a proposal for funding focusing on capacity strengthening in mental health diagnosis and practice. This is complementary to this project.

Our team then developed two types of questionnaires: one intended for the managers of the selected institutions, and another for their employees. The managers' questionnaire contained questions aimed at providing a picture of their institutional profiles as well as their personal training needs. In addition, we asked managers to put us in contact with 2-3 employees who specifically deal with data and report writing, as well as research in the field of mental health and psychosocial support. Both managers and employees were asked the same questions about how important a particular clinical, administrative or research activity is for their work, followed by a question asking how well they are able to complete this respective activity (see Appendix, p. 19 for questionnaire).

Interviews were conducted by telephone, after having written to the institutions' managers explaining the aims of this research. After having obtained informed consent, a date and time was set to complete the interview. Telephone interviews were completed between the months of March and mid-May 2018, and data was entered on computer while interviews were taking place. Data analysis and report writing was completed during the second half of May. Ethical approval was obtained from the Institute of Community and Public Health's Ethics Review Committee and the Research Ethics Board of King's College London.

Results

The managers

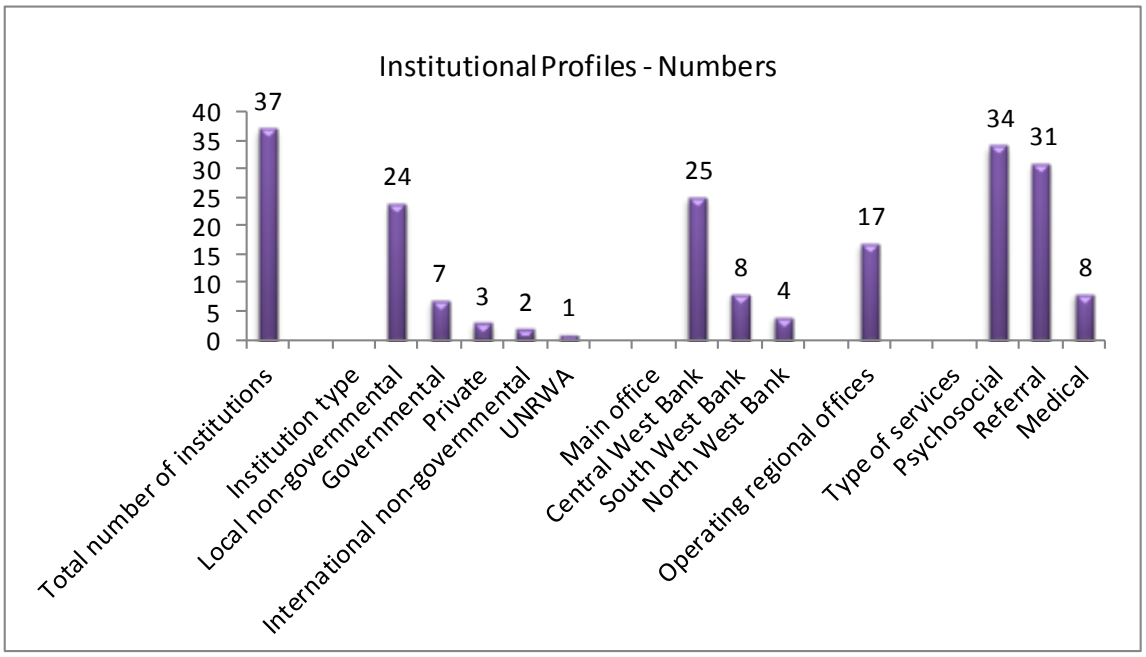
Institutional profiles

We identified a total of 37 institutions working in the field of mental health and psychosocial support with main offices in the West Bank, with some extending their activities to the Gaza Strip (Chart 1). Our sample included: 7 governmental institutions, including the Ministry of Health and the Ministry of Education and Higher Education's school counseling programs who are the largest service providers in the country, as well as several universities identifying themselves as governmental institutions; 24 local non-governmental organizations (LNGOs), including universities identified as public but not governmental, 2 international non-governmental institutions (INGO), 3 privately operated institutions, and UNRWA, the second largest provider of services, including mental health services, to Palestinian refugees of the 1948 Arab Israeli war.

Thirty-five managers reported that their main institutional office is located in an urban area, 2 in Palestinian refugee camps, and none reported having a main office in a rural area. **The majority reported that their main office is located in the central West Bank area** (CWB) (13 in East Jerusalem and 12 in Ramallah), 8 in the southern West Bank (SWB) and 4 in the northern West Bank (NWB). A total of 18 of the 37 institutions operate regional offices in various parts of the West Bank, including Palestinian East Jerusalem. These institutions' managers reported the presence of 13 regional offices in SWB, 23 in CWB, 31 in NWB with a total of 67 regional offices operated by the 18 institutions. We also asked managers if their institution has regional offices in the Gaza Strip, and 2 reported affirmatively. However, 10 of the managers reported that they provide services in the Gaza Strip without having set up offices there, and most likely provide their services through telephone, Skype and other methods of online contact. In conclusion, although these institutions' main offices are located in the CWB, they have managed to expand their services to the North and South WB, and some even to the Gaza Strip. **However, it seems that all regional offices are located in urban areas, which raises questions about rural populations' capacity to reach these services.**

We also asked managers about the type of mental health and psychosocial support services they offer. Eight reported that they offer medical services, 34 psychosocial services, and 31 referral services. Other services provided include counseling, capacity building and empowerment training, cognitive skills development, and child and family protection services. Out of the 37 total institutions, 33 managers reported that they engage in data analysis (most probably of their own data), in report and proposal writing and other research activities.

Chart 1: Institutional profiles

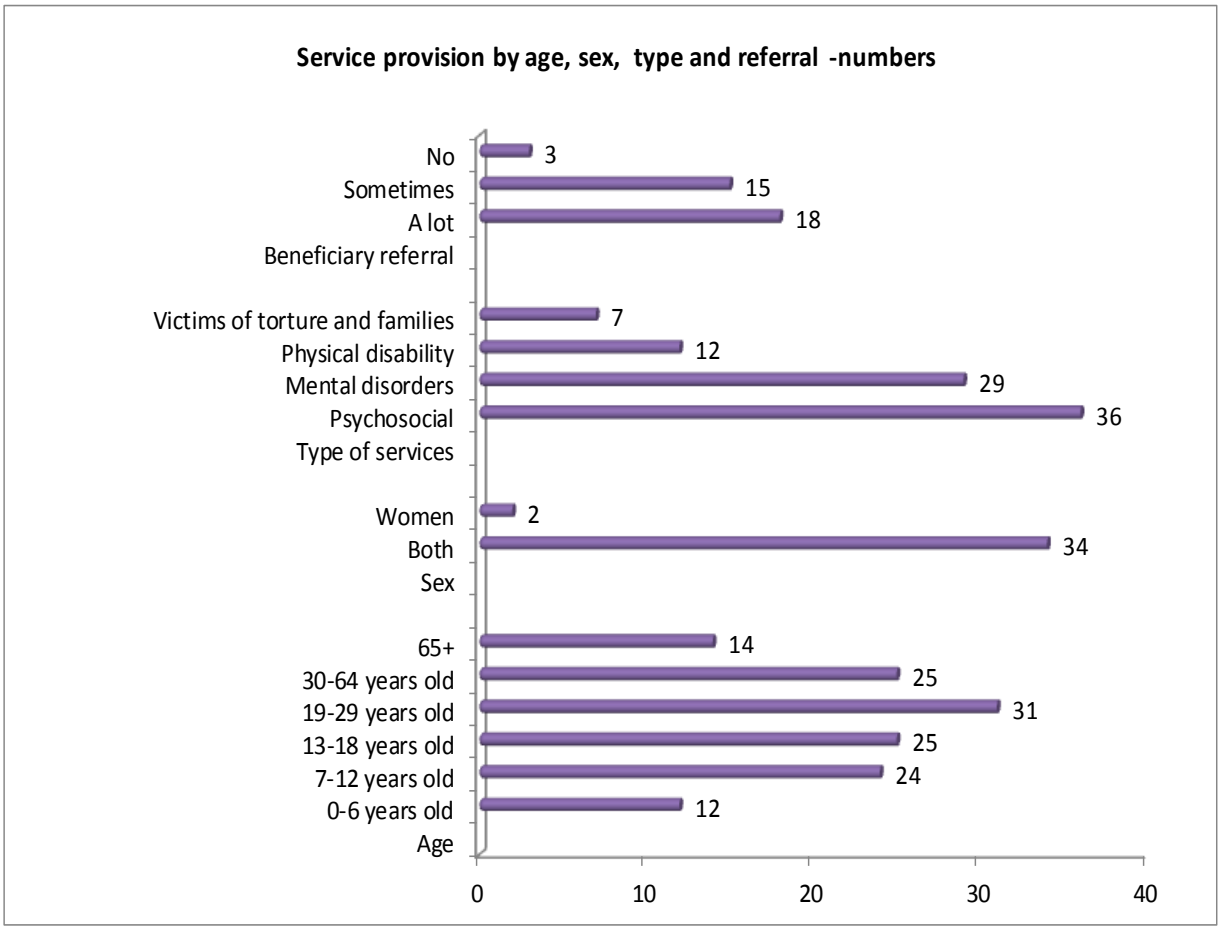


The number of employees working in these institutions ranges from 1 to over 100 (with the largest institutions probably being represented by governmental agencies and UNRWA). **The average number of cases these institutions deal with per month had a very wide range, from 10 to up to 3000 cases per month** as reported by managers. Despite these findings, we are not sure about the accuracy of these figures, mainly because of our observation that record keeping systems among several institutions leave something to be desired, and that managers may or may not refer to records when reporting about their institutions. Furthermore, we asked about the most common clinical cases institutions deal with. Our findings highlight that many institutions provided services to persons suffering from **a range of conditions such as psychosis, personality disorders, psychosomatic symptoms, social and behavioral problems, sexual violence, learning difficulties among children, physical disability, depression, post-traumatic stress disorder (PTSD), anxiety, trauma (including the traumas of war, stress, and violence), fears and worries, and anger management. The management of suicidal ideation was reported by one of these institutions.** Overall, 36 of these managers reported that they provide services mostly to those with psychosocial health problems, 29 to those with mental disorders, 12 to persons with physical disability, and 7 to victims of imprisonment/torture and their families (Chart 2), with one institution not providing services but working in research and training only.

As for the age group of service users, 12 managers reported dealing with children aged 0-6 years old, 24 with children aged 7-12 years old, 25 with adolescents aged 13-18 years old, 31 with adults aged 19-29 years old, 25 with adults aged 30-64 years old, and 14 with adults aged 65 years old or older. In other words, these institutions support people of all age ranges. The majority (34) of managers reported providing services to both sexes. When asking managers about referral services, 18 reported that they frequently refer service users, 15 sometimes, and 3 reported that they did not refer beneficiaries to other services.

These findings indicate a relative lack of specialization by age and sex. This might be partly due to the fact that there are only about 20 psychiatrists in the West Bank and around 10 clinical psychologists serving a population of over 3 million Palestinians according to the Palestinian Central Bureau of Statistics recently completed 2017 census. Moreover, service provision itself is seldom specialized which might reflect **the relatively recent psychosocial and mental health system development with few well-trained specialists, and operating in a context of ongoing war-like conditions where there is frequent and chronic exposure of the population to political and other forms of violence which require interventions. According to our observation, such interventions include offering psychosocial first aid; that is,** intervening soon after a potentially traumatic event by providing basic practical and emotional support to the community while also identifying cases in need of further, more specialized clinical interventions. **Examples of violent events deemed to require psychological first aid are Israeli settler violence against Palestinian communities, killing of a family member by the Israeli army, invasions, land confiscation, and house demolitions among other forms of political violence.**

Chart 2: Provided services by age, sex and type



Characteristics of institutional managers

Of the 37 managers, 21 were men and 16 were women. Their age ranged from 33 to 65 years, with a mean of 50 years. Eleven of the managers reported holding a Bachelor's degree, 18 a Master's degree and 7 had completed doctoral studies. One manager reported "other" for degree held. The specialties they reported are interesting and important as indicators of the degree to which such specialties are appropriate for the work they do. Specializations span a wide range of educational backgrounds, including general mental health, psychiatry (only 4 psychiatrists)[3], public health, counseling, management and several other specialties such as computer or electrical engineering, midwifery, business, economics and special education (disability related), sociology, and development studies among others. **While it may be argued that managers of mental health institutions do not require a**

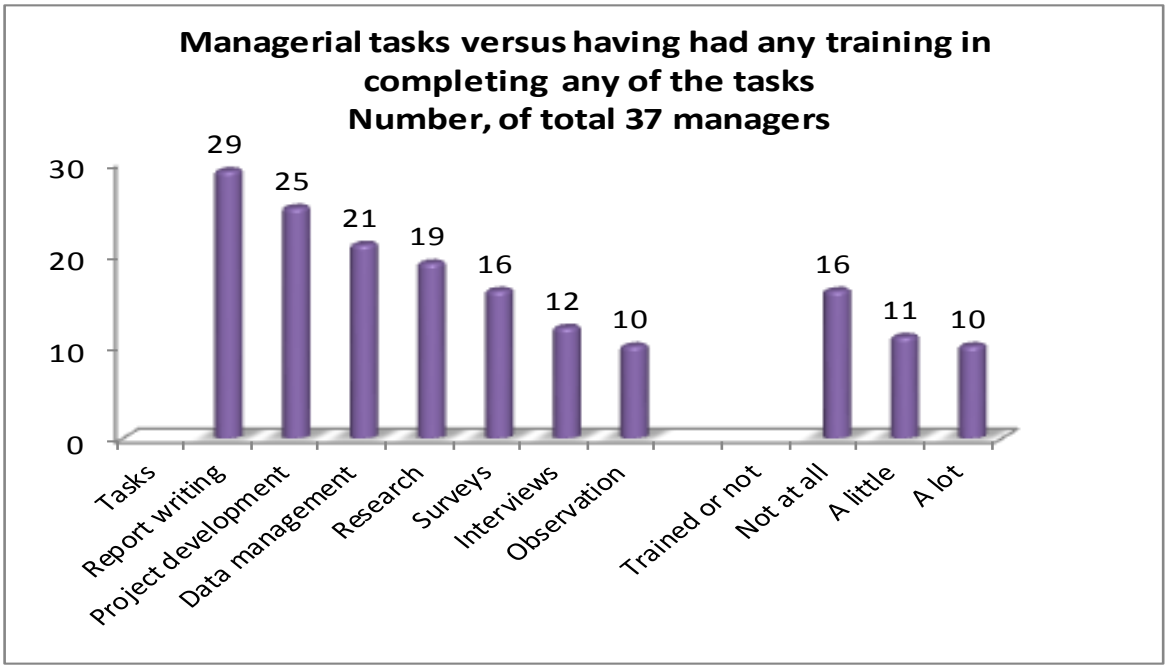
[3] We have noted in the past that because of the dearth of psychiatrists in the West Bank, they tend to work in different institutions at different days and times to fulfill need. This also reflects the need for professional training in the mental health area.

background in mental health as they focus on the managerial side of operations, it is our view that a background in mental health could assist managers in supervising work and ensuring its quality. It is thus worthwhile to include managers and not only employees in future psychosocial and mental health research training, especially as they report being involved in research and data management (see below).

The managers reported having held their positions as managers from 3 to 37 years, with a mean of 11 years. Twenty-five managers reported that they work in project development; 16 develop and carry out surveys, 21 manage data, 12 conduct interviews, 10 carry out observations; and 29 are involved in report writing, and 19 in research project development. Almost all of those who reported dealing with data management indicated that data comes from their own clinical records (Chart 3).

When asked about how much training managers have received in any of the above activities, 16 persons reported not receiving any training at all in any of the activities they perform, 11 a little, 9 a lot, and 1 a high amount (Chart 3). Of the 21 who reported having received some training in the above tasks, 4 reported that they have received some training in the use of the statistical software SPSS at a basic level and 3 at an advanced level; 2 reported knowing basic STATA and 2 others advanced STATA; 4 reported being skilled in research methods at a basic level, 3 at an intermediate, and 3 at an advanced level. Three managers reported that they have received training in statistics at a basic level, 1 at an intermediate level and 3 at an advanced level. Only 6 reported that they have received training in focus group discussions, interview techniques, and qualitative data analysis without software use; 5 at a basic level and 1 at an advanced level. Only 1 reported having been trained in using software for qualitative data analysis**. Clearly, managers require training in order to be able to complete the tasks they indicated they do with accuracy and quality.**

Chart 3: Reported managerial tasks versus having received training in these tasks



Reports on training in writing skills yielded similar results indicating the need to prioritize institutional managers in future training, with 15 reporting having had basic level writing skills training, and 5 advanced. Five managers reported having had basic abstract writing skills training and 3 advanced. Six managers reported having had basic paper writing skills training and 2 advanced. Twelve managers reported having had basic proposal writing skills training and 4 advanced, and 5 managers reported having had basic policy brief basic training skills and 2 advanced. Of those who received training in any one of these tasks 17 reported that such training was very useful or useful for their work, and 4 reported that it was not very useful or not at all useful. Only 5 out of the 37 managers reported having experienced barriers in accessing training, due to not finding suitable training, or because of movement restrictions within the West Bank.

When asked about their need for training, 24 managers reported that they need methods training in qualitative research methods, 17 in quantitative methods, 15 in the analysis of qualitative data and 18 in statistical analyses. Four reported that they prefer face-to-face training, 7 learning by experience, and 25 a combined approach of face-to-face and learning by experience.

Managers' training needs assessment using the HH structure

We asked managers 22 questions on the importance of particular clinical, administrative and research tasks for their work. These were followed by questions about how well they felt that they performed on these tasks. **The difference between these two sets of responses is what highlights the gap in training needs.** Overall, these questions have very high internal consistency as revealed by a Cronbach's alpha coefficient of 0.96. In other words, these questions are highly inter-related and together measure what we wanted to measure, that is, the gap in training which represents a baseline for our course development.

The following priority training needs were identified in order of priority based on the gap between task importance and how well managers report that they complete these tasks (Table 1).

Table 1: Managers' training needs identification

	Very or moderately important	Performed moderately well or very well	Training need gap
Coding qualitative data	29	6	23
Analyze qualitative data	29	6	23
Use data for policy plans	34	15	19
Interpret research records	34	15	19
Use data to plan projects	35	16	19
Communicate research findings	35	16	19
Funding proposal writing	34	15	19
Research project design	32	14	18
Collect qualitative data	31	13	18
Use data to plan services	35	18	17
Present research at conferences and workshops	35	17	18
Report writing	34	16	18
Developing research objectives	31	14	17
Identify ethical concerns	31	14	17
Research paper writing	31	15	16
Collect research information	31	17	14
Analyze quantitative data	26	10	16
Software use as SPSS / NVivo	25	9	16
Literature review	29	15	14
Record keeping	34	20	14
Collect quantitative data	28	14	14
Program evaluation	33	20	13

The above table demonstrates that the need for training is generally high among managers. Results indicate that a maximum of 23 managers reported a particular task as important for work but that they do not do it well while a minimum of 13 managers reported a task as important for their work but that they do not do it well. Mangers should, consequently, be included in future training. The table indicates that there is a need for training in all the areas identified by our questions. Perhaps training should take place first for the tasks with the highest training needs reported, depending on whether managers have sufficient background to allow them to attend trainings they identify as needed, and continue in providing specific training over time. **These results once again reflect the emerging**

nature of mental health services system in the West Bank, the lack of specialists and properly trained personnel, and in particular the insufficient training of those in charge.

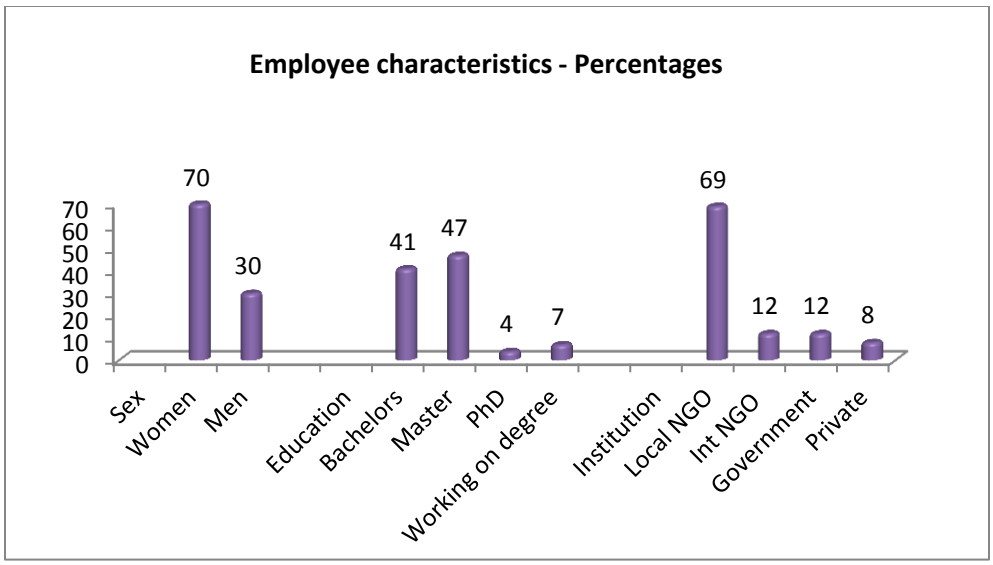
The employees

The managers identified 74 employees engaged specifically with records, data and report development to be included in our needs assessment sample. We interviewed the employees in order to assess their training needs.

Employee characteristics

Seventy percent of the respondents were female employees (52), compared to male employees (22) (Chart 4). This is expected as the health and caring professions in Palestine are generally staffed by more women than men. Their ages ranged from 21 years old up to 58 years old with a mean of 39.5 years, which makes this population slightly younger than that of the managers. Out of the total number of respondents, 41% reported having Bachelor's degrees, 47% Master's degrees, 4% PhD degrees, and 7% working on a Master or Diploma degree, 1 person with a post high-school diploma degree and 1 with a high school degree. The majority reported working with LNGOs (69%), followed by governmental services (11%), INGOs (12%), and private institutions (8%). It is important to note that we asked managers to select 2 employees who specifically work with records, reports and other forms of writing, thus the distribution of employees by institution here is not a reflection of the size of the institution, with governmental and UNRWA services known to be by far the largest service institutions.

Chart 4: Employee characteristics



A range of specialties was reported, including social work, counseling, psychology, sociology, biomedical sciences, clinical psychology, international health, public health, medicine, nursing, business administration, educational management, English language, and literature. Several participants reported their job titles as psychology specialist or social specialist, even though they only have Bachelor's degrees which they most likely obtained from local educational institutions which do not necessarily produce graduates with sufficient skills and conceptual abilities even at a Master's level. This is probably due to the increasing trend of rote learning (memorization based on repetition without necessarily gaining knowledge) and the problem of admitting students to university in order to defer unemployment, given the lack of jobs in the country and the constraints of the economy due to the political context. Despite this, the Palestinian Central Bureau of Statistics (PCBS) reports that 55% of young people who hold Bachelor's degrees are currently unemployed. The phenomenon of calling Bachelor's degree holders specialists began to appear during the past few years when people who are very generally and inadequately trained at the Bachelor and even Master levels began to identify themselves as specialists. This is in itself a problem that needs to be addressed, but perhaps not with this project.

Employees described the main focus of their respective institution's work as diverse, with 89% reporting service provision as a main focus, 73% community development, 20% research, and 12% education, with one institution focusing on research projects only. It is important to note that there is more than one reported focus per institution among most institutions. Ninety-six percent of respondents reported that the office where they work is located in an urban area and 4% in a Palestinian refugee camp. About 65% are housed in offices in the Ramallah/East Jerusalem localities, that is, the CWB. Twenty per cent are housed in the SWB region (Bethlehem and Hebron), and 15% in the NWB region (Nablus). **This raises the question of access to mental health services by rural populations.**

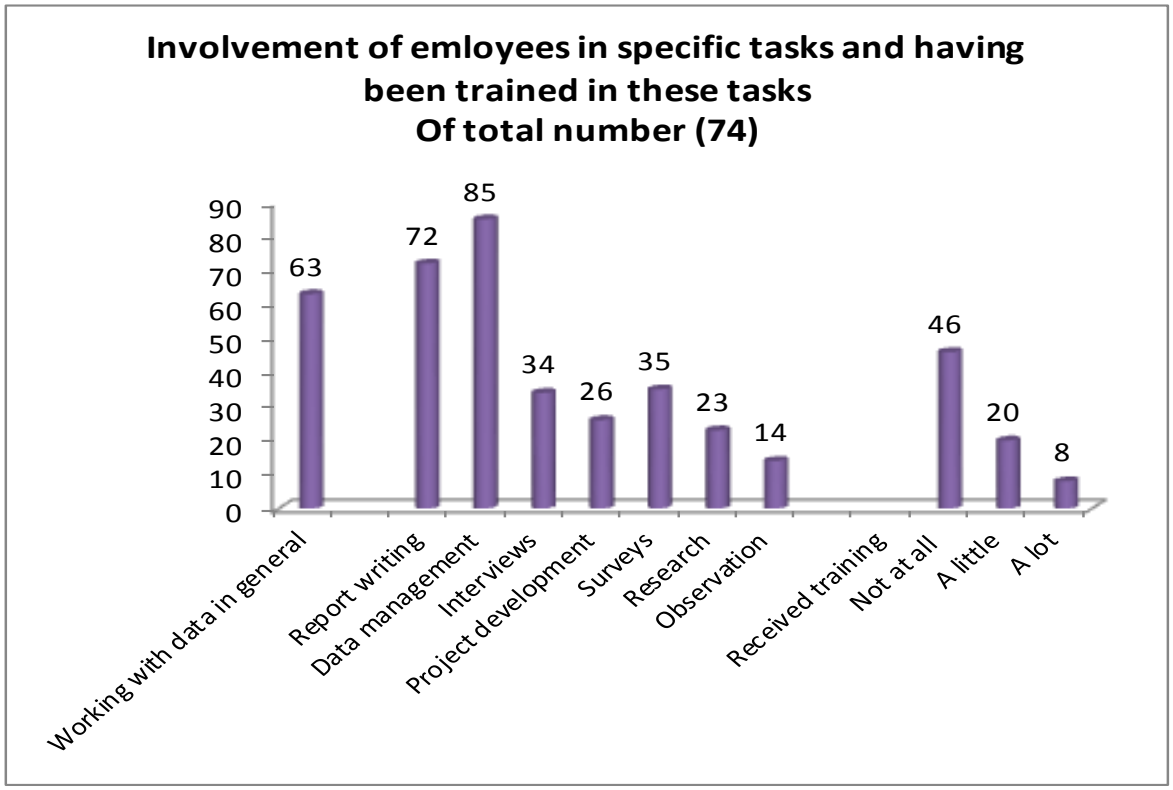
Seventy-five percent of all interviewed employees of these institutions reported providing services to those with general psychosocial health problems, 47% to those with mental disorders, 27% to victims of imprisonment/torture and their families and 1% to either chronic disease patients, those living close to Israeli settlements, and solely to women. The range of reports on the most common cases seen was varied, and similar to the managers' responses. Cases include depression, trauma, PTSD, stress, anxiety, violence and sexual abuse, behavioral problems, disabilities, gender discrimination and sexual

harassment, and autism. **This is another indication of the lack of specialization of the mental health and psychosocial support system in the West Bank.**

Involvement of employees in specific tasks

Eighty five percent of respondents (63) reported working on data management, analysis of the institution's records, and writing reports to management summarizing results from their records. Of those working on project data management, 26 reported working on project development, 35 reported conducting surveys, 34 conducting interviews, 14 using observation, and almost all (72) engaged in report writing and 23 in research projects (Chart 5). **When asked about how much training they had received in these activities, 66 reported that they received no training at all or very little in record analysis, report writing, proposal writing or research. This is a clear indication of the need for training schemes tailored to the work conducted by employees.**

Chart 5: Involvement of employees in specific tasks and having been trained in these tasks



When asked specifically about the type of training they would like to receive, 57 persons reported the need for training in qualitative research method and 47 in quantitative research methods, 45 reported needing training in analysis of qualitative data, 48 in statistical analysis, 15 in report writing, and 1 in

computer training. **It is important to note that, in terms of proportions, employees reported a higher need for training in quantitative research methods and analysis in contrast to managers who reported a slightly higher need for training in qualitative research methods and analysis.** When asked about the preferred method of training, 80% reported preferring face-to-face learning and 18% learning by experience, with the remaining respondents (2%) reporting favoring online learning, or a mix of online and face-to-face, face-to-face and learning by experience, or all methods combined. Very few of those who have received training reported experiencing barriers in accessing training (8). Of these, one respondent reported finding out too late about the training, another that the venue was located too far away, one could not travel because of restrictions of movement, 2 because they did not have access to funding to pay for expenses, one because the employer did not permit training participation, and 6 because they did not have enough time.

Employees' training needs assessment using the HH structure

With regards to employees' training needs, we used the same 22 questions we asked the managers with the aim of identifying gaps between the degree of confidence in completing a specific task and the importance of that task for the employee's work. Once again, the Cronbach's alpha was very high (0.95) for both the importance of the task in relation to the employee's work and for the degree of confidence with which the employee performed the task. We examined the training needs gap relevant to all questions, and found the following training needs gap (Table 2).

Table 2: Employees training needs identification (numbers)

Task	Very or moderately important	Performed moderately well or very well	Training needs gap
Analyze qualitative data	55	10	45
Coding qualitative data	54	11	43
Use data to plan services	68	26	42
Use data to plan projects	66	26	40
Communicate research findings	68	29	39
Research design	56	16	40
Develop research objectives	59	19	40
Use data for planning policy	64	28	36
Analyze quantitative data	52	15	37
Present at research conferences and workshops	59	23	36
Research paper writing	52	16	36
Software use as SPSS/NVivo	49	14	35
Interpret research records	65	30	35
Identify ethical concerns	55	22	33
Report writing	67	36	31
Collect qualitative data	65	32	33
Literature review	57	26	31
Collect quantitative data	61	32	29
Collect research information	62	34	28
Record keeping	71	43	28
Funding proposal writing	34	11	23
Program evaluation	67	47	20

As can be noted from Table 2, the training needs gap for tasks completed at work is quite wide, with a minimum of 20 persons (or 25% of employees) reporting the need for training for one of the items (*i.e.* program evaluation) and a maximum of 45 persons (61%) of employees reporting the need for training in the analysis of qualitative data, with the rest of training needs lying in between. **In conclusion, these results as well as the results from managers indicate the need for training in all the areas noted in the questionnaire.**

Discussion and conclusions

The results of this needs assessment will be used to design the intensive certificate course “Research Methods for Mental Health in War and Conflict” which will be delivered at the ICPH. The course is intended to equip participants with up-to-date qualitative and quantitative research skills. Participants

will learn about research design and how to independently design an original research project; key qualitative and quantitative research methods; and data analysis of their existing records or datasets for use in program evaluation, reporting, and paper writing. While this course is theory-led, it will give participants ample opportunities to apply the concepts via practical and interactive activities, including a small research project and a presentation. With these newly acquired skills participants will be able to contribute to research and evidence-based mental health interventions in the West Bank.

The certificate course will be divided into two sections which can be taken together or individually. The first focuses on qualitative research methods (9 – 14 July 2018) and the second on quantitative research methods (16 – 21 July 2018). The course will appeal to those who require training and professional development in research methods including researchers, current and recently graduated Master's students, professionals working for local or international NGOs and Ministries, and humanitarian aid providers. The question now is deciding what to begin with, not necessarily because of highest need, but in order to create a coherent curriculum which can allow for the gradual and systematic build-up of knowledge and skills in research.

The need for such a course is evident from the needs assessment. However, it is important to highlight that it has in fact grown over time as we have been monitoring the situation since the Second Palestinian Uprising (2000-2004). Indeed, it was specifically during the Second Palestinian Uprising that the rapid rise of psychosocial and mental health institutions became noticeable. At the time, ICPH conducted a mapping exercise[4] to identify the extent of institutional provision of psychosocial/mental health services, the type of work conducted, approaches and methods used, and to identify the main learning and system development needs at these institutions in the West Bank and the Gaza Strip.

While in 2004 over 70 institutions reported providing psychosocial/mental health services, the list was eventually narrowed down to 34 institutions in the West Bank and 23 in the Gaza Strip, with some indication that several of the smaller institutions were established for a short period of time. This was possibly due to shifts in donor priorities, as during the Second Uprising emergency funds were mainly used to establish programs aimed at alleviating the effects of traumatic exposure to political violence

[4] Institute of Community and Public Health, Birzeit University Psycho-Social/Mental Health Care in the Occupied Palestinian Territories: The Embryonic System, 2004, http://icph.birzeit.edu/system/files/2004%20-%20Psychosocial%20mental%20health%20system%20-counsellors.pdf

among the Palestinian population. As exposure to violence began to subside, money was likely shifted elsewhere, as we have also experienced at ICPH. However, the bulk of activities in 2004 came from the school health program which was initiated in 1996 by the Ministry of Education and UNWA's Educational Services. Yet even at that time, a small group of specialist psychosocial institutions, mainly LNGOs and the Ministry of Health, provided specific psychosocial and mental health care to groups within the population, with 9 West Bank institutions reporting that medication provision was part of the services they offered.

The system seems to have developed and stabilized since then. Comparing the list of institutions operating at the time with our current list revealed that many of the LNGOs which were operating at the time are still operating today. It is likely that the build-up of practical experience has also resulted in the stabilization of programs, skills and tasks related to caregiving. The degree to which such services have improved in terms of quality, effectiveness, and ability to fulfill ongoing needs would in itself be an important issue to assess in the future.

In this sense, this needs assessment with its focus on mental and psychosocial health research in war and conflict settings may be seen as another step which can assist in further developing the mental health and psychosocial support system. The emphasis here is on using records for research, policy and planning purposes and on establishing or strengthening collaborations between LNGOs, research institutions and universities to enhance local capacity in producing research as a tool for policies and plans. Moreover, forthcoming research could provide documentation of the Palestinian experience, help increase the general understanding of what it means to live in wars and conflicts, and illustrate the effects of wars and conflicts on mental health and wellbeing beyond death, injury, disease and physical disability.

Finally, collaborations such as this one, involving researchers from the wider MENA region and the UK on a par with each other is of real value. First, it allows for the comparison of contexts, causes and consequences of traumas, and how health systems in different countries respond and address people's needs. Second, such collaborations allow Palestinians to get out of their isolation, and their fixation on Palestinian trauma, while also gaining a regional understanding and perspective supported by researchers from the region and the UK. Together, we seek capacity strengthening in psychosocial/ mental health research so that responses to the effects of war and conflict on health could be more

adequately geared towards needs, and the ways in which ill mental health is expressed in different contexts.

We have a lot to learn about the MENA region as a whole in collaboration with our UK partners. We also have a lot to offer, as the Palestinian team members are part of the Palestinian community, and have been so as persons with their families exposed to chronic war-like conditions for decades, with no end in sight. We have been conducting research to understand what happens to persons, families and communities during war, and the effects of war on mental health. By beginning with identifying needs as expressed by beneficiaries themselves, we also hope to alert others of the importance to always start by listening the people to be served, and learning from this experience. As a friend recently wrote (Suad Joseph): “Nothing is more powerful in knowledge production than the willingness to be taught by the experience itself.”

Appendix: The questionnaires

MANAGER'S QUESTIONNAIRE

RCUK Needs Assessment Questionnaire	
Date: |__|__| / |__|__| /|__|__|__|__|	Serial Number: |__|__|__|__|__|
Please answer the following questions:	
Institution and Beneficiary information	
Q1	Name of institution:
Q2	2.1. Type of institution: 1. Governmental 2. UNRWA 3. Local NGO 4. International NGO 5. Other, specify: _____ 2.2. 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: _____
Q3	Where is the main office of your institution based? 3.1. Area: 1. Urban 2. Rural 3. Camp 3.2. Governorate: 1. Bethlehem 2. Hebron 3. Jenin 4. Jericho 5. Jerusalem (incl. East Jerusalem) 6. Nablus 7. Qalqilia 8. Ramallah & al-Bireh 9. Salfit

	10. Tubas 11. Tulkarem
Q4	4.1. Does your institution have regional offices? 1. Yes 2. No 4.2. If your institution has regional offices that provide services, please provide us with the following: 4.2.1 Where and how many? 1. Urban |__|__| 2. Rural |__|__| 3. Camp |__|__| 4.2.2. Governorate. *Circle as many as apply:* 1. Bethlehem 2. Hebron 3. Jenin 4. Jericho 5. Jerusalem (incl. East Jerusalem) 6. Nablus 7. Qalqilia 8. Ramallah & Al-Bireh 9. Salfit 10. Tubas 11. Tulkarem 4.2.3. Addresses (including regional offices): _____ _____ _____
Q5	What services does your institution provide for persons with mental health and psychosocial problems? *Circle as many as apply* 1. Medical 2. Psychosocial 3. Referral to other institutions 4. Other, specify:_____
Q6	6.1. Do you also provide services in Gaza? 1. Yes 2. No *6.2. If yes, where? Circle as many as apply* 1. North Gaza 2. Gaza 3. Deir Al-Balah

	4. Khan Yunis 5. Rafah
Q7	What is the total number of employees working in the West Bank in your institution? |__|__|
Q8	Is your institution involved in any of the following activities: record analysis, report writing, proposal writing or other research? 1. Yes 2. No
Q9	If possible please provide us with the contact information of people within your organization responsible for report writing, proposal writing, research or presentations in conferences for us to interview them (*if more than two, please add*) 1. Name: Telephone number: Email address: 2. Name: Telephone number: Email address:
Q10	What is the average number of cases your institution deals with per month? |__|__|
Q11	Most common cases seen, in order of frequency (list up to 10): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Q12	Age group of beneficiaries. *Circle as many as apply:* 1. 0-6 years old 2. 7-12 years old 3. 13-18 years old 4. 19-29 years old 5. 30-64 years old 6. ≥65 years old
Q13	13.1. Do you mainly provide services to: 1. Female 2. Male

	3. Both 13.2. To whom do you provide services to mostly? *Circle as many as apply* 1. Psychosocial health problems 2. Mental disorders 3. Persons with physical disabilities 4. Victims of imprisonment /torture 5. Families of prisoners/torture 6. Other, specify: _____
Q14	From which governorates do your beneficiaries come from? Circle *as many as apply* 1. Bethlehem 2. Hebron 3. Jenin 4. Jericho 5. Jerusalem (incl. East Jerusalem) 6. Nablus 7. Qalqilia 8. Ramallah & Al-Bireh 9. Salfit 10. Tubas 11. Tulkarem
Q15	15.1. Do you refer service users to other institutions when needed? 1. Yes a lot 2. Yes sometime 3. No 15.2. *If "yes" to Q15.1. which ones:* _____ _____
Professional information - Manager	
Q16	Name of interviewee:
Q17	Gender: 1. Male 2. Female
Q18	Age: |__|__|
Q19	Contact details Email:

	Phone no:
Q20	What is the highest educational degree you have received? 1. Undergraduate (BSc or BA) 2. Master (MA or MSc) 3. PhD 4. Other, specify: _____
Q21	In what discipline were you awarded this degree?
Q22	What is your job title?
Q23	How many years have you been working in this position? |__|__|
Research activities and training - Manager	
Q24	24.1. Are you involved in some form of data management (*i.e.* beneficiary record keeping, analysis of client data)? 1. Yes 2. No *24.2. If "yes" to Q24.1. please briefly provide details:*
Q25	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: _____
Q26	26.1 How much training have you received in record analysis, report writing, proposal writing or research? 1. Not at all 2. A little 3. A lot 4. Extremely 26.2. If" yes" to Q26.1. , what type of training? *Circle as many as apply* • Quantitative 1. SPSS - Basic level 2. SPSS - Intermediate level

	3. SPSS - Advanced level 4. Stata – Basic level 5. Stata - Intermediate level 6. Stata - Advanced level 7. Research methods – Basic level 8. Research methods - Intermediate level 9. Research methods - Advanced level 10. Statistics – Basic level 11. Statistics - Intermediate level 12. Statistics - Advanced level • Qualitative 13. Focus group discussion – Basic level 14. Focus group discussion – Advanced level 15. Interview technique – Basic level 16. Interview technique – Advanced level 17. Qualitative Data analysis without software – Basic level 18. Qualitative Data analysis without software – Advanced level 19. Qualitative Data analysis with software – Basic level 20. Qualitative Data analysis with software – Advanced level • Writing 21. Report writing – Basic level 22. Report writing – Advanced level 23. Abstract writing – Basic level 24. Abstract writing – Advanced level 25. Paper writing – Basic level 26. Paper writing – Advanced level 27. Proposal writing – Basic level 28. Proposal writing – Advanced level 29. Policy brief – Basic level 30. Policy brief – Advanced level 31. Other, Specify:_____ Q26.3. How useful in general were those trainings for your work? *Tick one box* 1 2 3 4 5 6 7 8 9 10 Not useful at all Extremely useful Q26.4. Do you feel that the training you have received form record analysis, report writing, proposal writing or research is appropriate to your work requirements? *Tick one box* 1 2 3 4 5 6 7 8 9 10 Not appropriate Very appropriate
Q27	27.1. Have you experienced any barriers in accessing record analysis, report writing, proposal writing or research training?

	1. Yes a lot 2. Yes sometimes 3. No 4. Not applicable 27.2. If "yes" to Q27.1. , what were these barriers? *Circle as many as apply* 1. Looking for but not finding any suitable training 2. Not finding out about the training until it was too late 3. The training venue was too far away 4. Training required an overnight stay 5. Could not travel due to restrictions of movement 6. Did not have enough time 7. Did not have access to funding to pay for fees/ expenses 8. Your employer did not allow you to receive the training 9. Other specify:_____
Q28	Are there any specific record keeping analyses, other data analysis and research methods that you would like to receive training in (ideally in the next 12 months)? *Circle as many as apply* 1. Qualitative research methods (*e.g.* interviews, focus groups) 2. Quantitative research methods (*e.g.* questionnaires) 3. Analysis of qualitative data 4. Statistical analysis 5. Other, specify: _____ 6. Not interested
Q29	What would be your preferred way of receiving training in record analysis, report writing proposal writing or research? 1. Face to face training 2. Online training 3. A mixture of online and face to face training (blended learning) 4. Learning by experience, for example through involvement in a research project

Training needs questionnaire

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

(1) *Not at all*
(2) *A little*
(3) *Moderately*
(4) *A lot*

	Question A				**Question B**			
	How important is this activity for you and/or your job?				*How well do you think you currently perform on this activity?*			
	Not at all	A little	Moderately	A lot	Not at all	A little	Moderately	A lot
Research project development								
1. Developing an appropriate research objective in the mental health field	1	2	3	4	1	2	3	4
2. Designing research projects as part of your work in mental health	1	2	3	4	1	2	3	4
3. Identifying ethical concerns around mental health research	1	2	3	4	1	2	3	4
Research methods								
4. Reviewing scientific/academic literature	1	2	3	4	1	2	3	4
5. Accurate and complete record keeping of data (*e.g.* organizing data systematically, developing spread sheets)	1	2	3	4	1	2	3	4
6. Collecting and collating relevant research information	1	2	3	4	1	2	3	4
7. Collecting qualitative data (*e.g.* interviews, focus groups, observations, participatory approaches *etc.*)	1	2	3	4	1	2	3	4
8. Collecting quantitative data (*e.g.* questionnaires, clinical measures *etc.*)	1	2	3	4	1	2	3	4
9. Evaluating the effectiveness of program(s) you are working on	1	2	3	4	1	2	3	4
Data analysis								

10. Knowing how to code qualitative data	1	2	3	4	1	2	3	4
11. Knowing how to analyze qualitative data	1	2	3	4	1	2	3	4
12. Knowing how to analyze quantitative data	1	2	3	4	1	2	3	4
13. Knowing how to use software for data management and interpretation (*e.g.* SPSS, R, NVivo, Atlas.ti)	1	2	3	4	1	2	3	4
Application and dissemination								
14. Interpreting your own research data from records or other findings	1	2	3	4	1	2	3	4
15. Using findings from analyzing records or other data for planning policy	1	2	3	4	1	2	3	4
16. Using findings from analyzing records or other data for planning services	1	2	3	4	1	2	3	4
17. Using findings from analyzing records or other data for planning projects	1	2	3	4	1	2	3	4
18. Communicating your research findings effectively	1	2	3	4	1	2	3	4
19. Presenting your research in workshops and conferences (oral and poster presentations)	1	2	3	4	1	2	3	4
20. Writing reports based on your research	1	2	3	4	1	2	3	4
21. Writing research papers based on your research for publication in academic journals	1	2	3	4	1	2	3	4
22. Writing funding proposals based on your record or research	1	2	3	4	1	2	3	4

- Do you know other institutions working in this area and who could participate in the survey?
  1. Yes
  2. No

If yes, please provide us with information:

_____

_____

_____

_____

WORKERS'S QUESTIONNAIRE

RCUK Needs Assessment Questionnaire	
Date: |__|__| / |__|__| /|__|__|__|__|	Serial Number: |__|__|__|__|__|
Please answer the following questions:	
Personal Information	
Q1	Name of interviewee:
Q2	Gender: 3. Male 4. Female
Q3	Age: |__|__|
Q4	Contact details: Email: Phone no:
Q5	What is the highest educational degree you have received? 5. Undergraduate (BSc or BA) 6. Master (MA or MSc) 7. PhD 8. Other, specify: _____
Q6	In what discipline were you awarded this degree? _____
Institutional information	
Q7	Name of institution:
Q8	8.1. Type of institution: 6. Governmental 7. UNRWA 8. Local NGO 9. International NGO 10. Other, specify: _____ 8.2. How would you describe your institution's main focus? *Circle as many as apply* 6. Education 7. Research 8. Service 9. Community development 10. Other; specify:

Q9	Where is the main office of your institution based? 9.1. Area: 4. Urban 5. Rural 6. Camp 9.2. Governorate: 12. Bethlehem 13. Hebron 14. Jenin 15. Jericho 16. Jerusalem (incl. East Jerusalem) 17. Nablus 18. Qalqilia 19. Ramallah & Al-Bireh 20. Salfit 21. Tubas 22. Tulkarem
Q10	What services does your institution provide for persons with mental health and psychosocial problems? *Circle as many as apply* 5. Medical 6. Psychosocial 7. Referral to other institutions 8. Other, specify: _____
Q11	Where does your institution provide services? 11.1. Area: 1. Urban 2. Rural 3. Camp 11.2. Governorate: 1. Bethlehem 2. Hebron 3. Jenin 4. Jericho 5. Jerusalem (incl. East Jerusalem) 6. Nablus 7. Qalqilia 8. Ramallah & al-Bireh 9. Salfit 10. Tubas 11. Tulkarem
Professional information – Workers	
Q12	What is your job title?

Q13	Where is the office based in which you work? 13.1. Area: 1. Urban 2. Rural 3. Camp 13.2. Governorate: 1. Bethlehem 2. Hebron 3. Jenin 4. Jericho 5. Jerusalem (incl. East Jerusalem) 6. Nablus 7. Qalqilia 8. Ramallah & Al-Bireh 9. Salfit 10. Tubas 11. Tulkarem
Q14	How many years have you been working in this position? |__|__|
Q15	What is the average number of cases seen per month? |__|__|
Q16	Most common cases seen, in order of frequency (list up to 10): 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____
Q17	Age group of beneficiaries: 7. 0-6 years old 8. 7-12 years old 9. 13-18 years old

	10. 19-29 years old 11. 30-64 years old 12. ≥65 years old
Q18	18.1 Do you mainly provide services to: 4. Female 5. Male 6. Both 18.2 To whom do you provide services to mostly? *Circle as many as apply* 7. Psychosocial health problems 8. Mental disorders 9. Persons with physical disabilities 10. Victims of imprisonment /torture 11. Families of prisoners/torture 12. Other, specify: _____
Q19	From which governorates do your beneficiaries mainly come from? Circle *as many as apply:* 12. Bethlehem 13. Hebron 14. Jenin 15. Jericho 16. Jerusalem (incl. East Jerusalem) 17. Nablus 18. Qalqilya 19. Ramallah & Al-Bireh 20. Salfit 21. Tubas 22. Tulkarem
Q20	20.1. Can you refer service users to other institutions when needed? 4. Yes a lot 5. Yes sometimes 6. No 20.2. *If "yes" to Q20.1. which ones:* _____ _____
Research activities and training	
Q21	21.1. Are you involved in some form of data management (*i.e.* beneficiary record keeping, analysis of beneficiary data)?

	3. Yes 4. Yes sometimes 5. No *21.2. If "yes" to Q21.1. please briefly provide details:* _____ _____
Q22	Are you involved in any of the following activities? *Circle as many as apply* 8. Projects development 9. Surveys 10. Interviews 11. Observations 12. Report writing 13. Research projects 14. Other, specify: _____
Q23	23.1 How much training have you received in record analysis, report writing, proposal writing or research? 5. Not at all 6. A little 7. A lot 8. Extremely 23.2. If" yes" to Q23.1. , what type of training? *Circle as many as apply* • Quantitative 32. SPSS - Basic level 33. SPSS - Intermediate level 34. SPSS - Advanced level 35. Stata – Basic level 36. Stata - Intermediate level 37. Stata - Advanced level 38. Research methods – Basic level 39. Research methods - Intermediate level 40. Research methods - Advanced level 41. Statistics – Basic level 42. Statistics - Intermediate level 43. Statistics - Advanced level • Qualitative 44. Focus group discussion – Basic level 45. Focus group discussion – Advanced level 46. Interview technique – Basic level 47. Interview technique – Advanced level

48. Qualitative Data analysis without software – Basic level
49. Qualitative Data analysis without software – Advanced level
50. Qualitative Data analysis with software – Basic level
51. Qualitative Data analysis with software – Advanced level

- Writing
    1. Report writing – Basic level
    2. Report writing – Advanced level
    3. Abstract writing – Basic level
    4. Abstract writing – Advanced level
    5. Paper writing – Basic level
    6. Paper writing – Advanced level
    7. Proposal writing – Basic level
    8. Proposal writing – Advanced level
    9. Policy brief – Basic level
    10. Policy brief – Advanced level
    11. Other, Specify:_____

23.3. How useful were those trainings for your work? *Tick one box*

1	2	3	4	5	6	7	8	9	10
Not useful at all									Extremely useful

23.4. Do you feel that the training you have received form record analysis, report writing or research is appropriate to your work requirements? *Tick one box*

1	2	3	4	5	6	7	8	9	10
Not appropriate									Very appropriate

Q24

24.1. Have you experienced any barriers in accessing record analysis, report writing, proposal writing or research training?

5. Yes
6. No
7. Not applicable

24.2. If "yes" to Q24.1. , what were these barriers? *Circle as many as apply*

10. Looking for but not finding any suitable training
11. Not finding out about the training until it was too late
12. The training venue was too far away
13. Training required an overnight stay
14. Could not travel due to restrictions of movement
15. Did not have enough time
16. Did not have access to funding to pay for fees/ expenses
17. Your employer did not allow you to receive the training
18. Other specify:_____

Q25

Are there any specific record analysis, report writing, proposal writing or research that

	you would like to receive training in (ideally in the next 12 months)? *Circle as many as apply* 7. Qualitative research methods (*e.g.* interviews, focus groups) 8. Quantitative research methods (*e.g.* questionnaires) 9. Analysis of qualitative data 10. Statistical analysis 11. Other, specify: _____ 12. Not interested
Q26	What would be your preferred way of receiving training in record analysis, report writing, proposal writing or research? 5. Face to face training 6. Online training 7. A mixture of online and face to face training (blended learning) 8. Learning by experience, for example through involvement in a research project

Training needs questionnaire

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

(5) *Not at all*
(6) *A little*
(7) *Moderately*
(8) *A lot*

	Question A				**Question B**			
	How important is this activity for you and/or your job?				*How well do you think you currently perform on this activity?*			
	Not at all	A little	Moderately	A lot	Not at all	A little	Moderately	A lot
Research project development								
23. Developing an appropriate research objective in the mental health field	1	2	3	4	1	2	3	4
24. Designing research projects as part of your work in mental health	1	2	3	4	1	2	3	4
25. Identifying ethical concerns around mental health research	1	2	3	4	1	2	3	4
Research methods								
26. Reviewing scientific/academic literature	1	2	3	4	1	2	3	4

27. Accurate and complete record keeping of data (*e.g.* organizing data systematically, developing spread sheets)	1	2	3	4	1	2	3	4
28. Collecting and collating relevant research information	1	2	3	4	1	2	3	4
29. Collecting qualitative data (*e.g.* interviews, focus groups, observations, participatory approaches *etc.*)	1	2	3	4	1	2	3	4
30. Collecting quantitative data (*e.g.* questionnaires, clinical measures *etc.*)	1	2	3	4	1	2	3	4
31. Evaluating the effectiveness of program(s) you are working on	1	2	3	4	1	2	3	4
Data analysis								
32. Knowing how to code qualitative data	1	2	3	4	1	2	3	4
33. Knowing how to analyze qualitative data	1	2	3	4	1	2	3	4
34. Knowing how to analyze quantitative data	1	2	3	4	1	2	3	4
35. Knowing how to use software for data management and interpretation (*e.g.* SPSS, R, NVivo, Atlas.ti)	1	2	3	4	1	2	3	4
Application and dissemination								
36. Interpreting your own research data from records or other findings	1	2	3	4	1	2	3	4
37. Using findings from analyzing records or other data for planning policy	1	2	3	4	1	2	3	4
38. Using findings from analyzing records or other data for planning services	1	2	3	4	1	2	3	4
39. Using findings from analyzing records or other data for planning projects	1	2	3	4	1	2	3	4
40. Communicating your research findings effectively	1	2	3	4	1	2	3	
41. Presenting your research in workshops and conferences (oral and poster presentations)	1	2	3	4	1	2	3	4
42. Writing reports based on your research	1	2	3	4	1	2	3	4
43. Writing research papers based on your research for publication in academic journals	1	2	3	4	1	2	3	4
44. Writing funding proposals based on your record or research	1	2	3	4	1	2	3	4

- Do you know other institutions working in this area and who could participate in the survey?
  3. Yes
  4. No

If yes, please provide us with information:

_____

_____

_____