Introduction to this Special Issue

Combining qualitative and quantitative research methods to support psychosocial and mental health programmes in complex emergencies

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Guest editors

This special edition of *Intervention* is dedicated to applied research in the field of mental health and psychosocial wellbeing. Here '*applied*' refers to research useful in programme design, monitoring and evaluation. The issue focuses on disasters and complex emergencies, because conducting research and interventions under these conditions is one of the field's major challenges. We believe that the methods used, and lessons learned, from the articles in this issue have a significance beyond emergency settings and can be applied to mental health and psychosocial support programmes in other contexts with disadvantaged populations in situations of ongoing '*structural violence*'.

A main motivation that led to this special issue was a desire to show how applied research may contribute to programme design, implementation, monitoring and evaluation. It is hoped that service providers will be able to see the utility and feasibility of routinely combining research with service provision as a method to improve programming. It is our belief that interventionists have a major role to play in building a necessary evidence base for this new field of practice.

Too often service providers feel that research is too complex, something beyond their mandate, or to be done only by specialists. However, interventionists' contribution is both an *essential* and *viable* ingredient of programme planning, monitoring and evaluation.

It is *essential* because of the scope of the problem. Some of the most basic questions in the field of mental health and psychosocial wellbeing are yet to be adequately addressed. For example, which mental health and psychosocial problems occur consistently in different socio-cultural settings following disasters and emergencies, and how do they vary in their manifestations, causes, and impacts? Equally important are questions on appropriate interventions, including not only *what* works, but also *how* interventions may be effective. A recent review concluded that, in spite of evidence for treatments of major mental health problems, there is a lack of evidence for mental health and psychosocial support in humanitarian settings (Patel, Araya, Chatterjee, Chisholm, Cohen,

De Silva, et al., 2007). Although the current *IASC Guidelines on Mental Health and Psychosocial Support* are a major step forwards, they are built on expert opinion and not always on hard data (see Lopes Cardozo, 2008; Ager, 2008). Building our interventions on empirical data is important, as expert opinion in our field has previously been shown to be fallible. For example, debriefing interventions was a highly popular practice, but later shown to be ineffective (Rose, Bisson, Churchill, & Wessely, 2002). In addition, current approaches to (academic) research in humanitarian settings have been criticised. For instance, epidemiological approaches have been critiqued as far too remote from the actual concerns of interventionists (Miller & Fernando, 2008). What practitioners can bring to this situation – by being involved in all stages of the research process – is:

(a) an in-depth knowledge of the most important research questions for practice,
(b) knowledge of ways in which targeted populations may react to different research techniques,
(c) knowledge of key contacts to approach for research purposes,
(d) attention to the ethical concerns regarding research, and
(e) knowledge of the context important for interpreting results of research.

Finally, there are practical reasons: given the amount of questions, the small pool of researchers, and the limited amount of funding, we simply need all the resources available for this important task.

It is *viable* for interventionists to be involved in research, as the papers in this issue hope to show. Most of the research presented in this special issue was conducted within a programme setting, with the active involvement of practitioners.

Contents of this special issue

For this special issue, we have purposively selected studies using mixed qualitative and quantitative methods to conduct cross-cultural research on mental health and psychosocial problems in (complex) emergencies. Our experience is that neither approach alone is adequate to address the complexities of this field. Quantitative methods use large sample sizes and statistically based methods of selection to enhance the likelihood that the results truly represent the group being assessed. In addition, quantitative methods present strong tools to confirm relations between mental health and other variables, such as gender, ethnicity, exposure to violence and continued adversity – questions which are important for the design of programmes. However, this requires the use of rapid interviewing methods and analyses, based on highly structured instruments created by outsiders. Responses are usually limited to reporting levels of agreement with issues described by the instrument creator (i.e. having headaches none of the time, sometimes, quite a lot, or mostly), with little opportunity to talk in depth or raise new or unknown issues. Also, the meaning of complaints is usually not addressed.

While qualitative methods are good for just this type of in depth and open ended discussion, the smaller sample sizes and tendency to use convenience samples results in a wide range of opinions, but less information on their prevalence and an inability to measure incremental changes over time. Another of the major advantages of using both types of methods together is a possibility to *triangulate* data: viewing it from different angles, using different methods,

gives a more complete picture of health and wellbeing in humanitarian settings, In mixed methods research, neither qualitative nor quantitative methods are reduced to become a subsidiary of the other. The preparations to adapt pre-defined questionnaires to a new local context (through careful translation process in which linguistic and cultural sensitivities are taken into account) are essential steps for each quantitative survey, but this is not sufficient to qualify as mixed methods research. Rather, a mixed methods study builds on the strengths of different methods and aims to confirm findings collected through one method with that collected by another method.

In selecting papers, we have sought variety in the types of these methods, how they are combined (for example, whether they are used in parallel or sequentially), the type and stage of the complex emergency, and the cultures and countries concerned. Morgan (1998) has proposed a practical framework for the combination of qualitative and quantitative methods. In this framework, the first question concerns which of the methods will be the main method to answer the research question (the so called *priority decision*). For instance, to answer a *how many* question (e.g. *'how many people in this refugee camp feel extreme sadness?'*), often quantitative methods are used. To answer a *why* question (e.g. *'why is there a rise in domestic violence in this province'*), often qualitative methods are selected. The second question concerns the order of the methods used (the *sequence decision*); will qualitative methods precede the quantitative methods or vice versa? Answers to these two questions provide the following possibilities (Morgan, 1998) (Figure 1).

Readers may be interested to compare both the results and the approaches presented in this special issue (Figure 2) with their own situations and data needs.

The articles presented in this issue of *Intervention* begin to address some of these issues.

Three articles present mixed methods to develop culturally appropriate assessment tools. Both the papers of *Miller* et al. and *Jayawickreme* et al., present approaches to adapting and validating measures for use in Sri Lanka. Miller and colleagues focused on childhood daily stressors and Jayawickreme et al. focused on psychological and behaviour problems of refugees. While their choice of qualitative methods and quantitative study designs differ, both groups of researchers present important approaches to developing appropriate and useful tools to a population affected by years of violence and war. In *Horn's* article about development of a wellbeing measure for use in a Kenyan refugee camp, qualitative information was also used to inform the training needs for the quantitative interviewers, and the adjustments needed to the intervening process to meet the needs of the target population.

Kohrt presents his use of two different approaches to understanding the origins of the concept of vulnerability, with a focus on the caste system in Nepal. Using a rigorous policy review and epidemiologic data, he presents a compelling argument for the mechanism by which lower caste negatively impacts mental health and wellbeing.

Finally, *Budosan & Aziz* provide an example of the programmatic usefulness of mixed methods when conducting needs assessments. Their assessment of mental health needs in the aftermath of the earthquake in Mansehra, Pakistan, provided direct input for the training of mental health staff in the area. This article is particularly interesting because it demonstrates how, even within the context of an ongoing emergency, basic research methods can used by an

	Priority decision: Principal method: Quantitative	Priority decision: Principal method: Qualitative
Complementary method: Preliminary Sequence decision	1. Qualitative preliminary qual ⟶ QUANT **Purposes**: Smaller qualitative study helps guide the data collection in a principally quantitative study. • Can generate hypotheses, develop content for questionnaires and interventions, etc. **Example**: Focus group help to develop culturally sensitive versions of a new health promotion campaign.	2. Quantitative preliminary quant ⟶ QUAL **Purposes**: Smaller quantitative study helps guide the data collection in a principally qualitative study. • Can guide porposive sampling, establish preliminary result to pursue in depth, etc. **Example**: A survey of different units in a hospital locates sites for more extensive ethnographic data collection.
Complementary method: Follow-up	3. Qualitative follow-up QUANT ⟶ qual **Purposes**: Smaller qualitative study helps evaluate and interpret results from a principally quantitative study. • Can provide interpretations for poorly understood result, help explain outliers, etc. **Example**: In-depth interviews help to explain why one clinic generates higher levels of patient satisfaction.	4. Quantitative follow-up QUAL ⟶ quant **Purposes**: Smaller quantitative study helps evaluate and interpret results from a principally qualitative study. • Can generalize result to different samples, test element of emergent theories, etc. **Example**: A statement survey of a school-based health program pursues earlier result from a case study.

Figure 1: Morgan's (1998) framework for the combination of qualitative and quantitative methods.

NGO (nongovernmental organisation) to inform their programme design.

We had hoped to include mixed methods studies of programme impact. However, these types of studies were not well represented in the submissions received, which reflects their continuing scarcity. The reality is that too few programmes are

qual → QUANT Jayawickreme Horn Miller	**quant → QUAL**
QUANT→ qual Kohrt	**QUAL→ quant** Bodusan

Figure 2: combinations of qualitative and quantitative methods in this special issue.

rigorously evaluated to understand their impacts on the mental health and wellbeing of those they serve. Without such evaluations there is no basis for weeding out what does not work, and for identifying and developing what does. In short, there is no basis for progress. Examples of scientifically valid evaluations done in the programme context have been done by us and by other workers, and we refer readers to the few published descriptions (Bolton, Bass, Betancourt, Speelman, Onyango, Clougherty, et al., 2007; Bolton, Bass, Neugebauer, Verdeli, Clougherty, Wickramaratne, et al., 2003; Dybdahl, 200l; Layne, Saltzman, Poppleton, Burlingame, Pasalic, Durakovic et al., 2008; Tol, Komproe, Susanty, Jordans, Macy & De Jong, 2008). For reviews of the evidence base, see (Batniji, van Ommeren, & Saraceno, 2006; Betancourt & Williams, 2008; Jordans, Tol, Komproe, & de Jong, 2009; Morris, Van Ommeren, Belfer, Saxena, & Saraceno, 2007; Patel et al., 2007).

In conclusion, it is hoped that by providing a number of quality examples of mixed methods research this special issue of *Intervention* may function as an invitation to become actively involved in the important task of collecting knowledge that may help to improve the quality of services for populations affected by disasters and complex emergencies. Similarly, we hope that it will stimulate researchers to focus on generating contextually reliable and valid knowledge which may be applied in these settings.

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