Practice Reflection

A Transformative Research Experience at Black Dog Institute

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ABSTRACT

This reflective writing piece discusses the various and unexpected impacts an intensive staff pilot research placement at the Black Dog Institute (BDI) had on my understanding of, and attitude to, research as a social worker. Pivotal were the ethos of the BDI and the discovery of research design and methodologies compatible with social work values. This piece aims to inspire readers to enquire further into research with a view to initiating or collaborating in new projects.

Keywords: *Suicide prevention; Research; Knowledge translation; Staff development innovation; Social work values*

HAT IN THE RING AND JUMPING IN

I graduated with a BSW (Hons) in 1984 with a very particular understanding of research and researchers that did not include me as a researcher. Blumenfield and Epstein sum up the situation faced by many social workers:

> …practitioners who are exposed to research educators in the classroom develop a "trained incapacity" to engage in research because their understanding of what research is, is overly perfectionistic, incompatible with their practice values and/or their organisational role-requirements. As a result, practitioners themselves come to believe that they have no interest in or ability to do research. (Blumenfield & Epstein, 2002, pp. 2–3)

It would be 33 years before I would act to challenge my notions of research and my research abilities. In May 2017, I noticed a call for expressions of interest by the NSW Mid North Coast Local Health District (MNCLHD) offering three Staff Research Placement (SRP) opportunities in Sydney for the month of July 2017.

There were three collaborating Sydney-based research organisations: The Garvan Institute of Medical Research, Neuroscience Research Australia (NeuRA) and the Black Dog Institute (BDI), each offering a number of research topic areas. The latter was of most relevance to my counsellor role at Lismore Sexual Health Service, owing to the BDI's focus on mental health research excellence and the topic area of suicide prevention.

Among the primary aims of the SRP pilot project was the provision of an in-depth research experience for staff including observation, participation and where possible, contribution to existing research; further there was the opportunity to gain insights into the demands of being a researcher, research processes and to explore research questions arising from everyday clinical practice.

Below is an excerpt from my application addressing why I wanted to undertake the placement and how it fitted with my professional experience and interests:

> Research that can help to prevent suicide and enhance people's lives by providing evidence-based information about how to support individuals, families and communities is vital. As a seasoned social worker/counsellor with over 30 years' experience in a variety of settings, both city and rural, suicide is a prominent issue. In my current role, at Lismore Sexual Health Service, a large portion of my time is spent counselling people living with HIV, of whom many have contemplated or attempted suicide in the past. I think there are many factors involved when people begin to think about ending their life. I am interested in people's lived experiences.
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> I value research that can have a social impact and improve wellbeing and quality of life, that can support people more fully to live rich and meaningful lives rather than lives of disconnection and despair. Whilst I have helped others in their research projects, the main "research" I have initiated has been around evaluating projects I have conducted and/or devising questionnaires. I would like to gain the confidence and knowledge to

> initiate or contribute to research that will benefit clients. There is research that informs practice, but I am also interested in practiced-based research.

Crucial in my decision to apply were four excellent student social work placement experiences; a favourite part of my social work degree and I remember each placement more than classroom-based learning. Hence, an SRP steeped in experiential learning held numerous appeals including the potential to become an “activated” researcher.

LEAVING THE COMFORT ZONE

My main worry was around needing to commit to the development of a publication on return to the Local Health District. In truth, this was scarier than the share household prospect of living with two unmet men – the other successful applicants. While acknowledging all my gender-focused concerns for safety, as it transpired, we were collegial housemates and sharing our varied research placement experiences provided a vital aspect of peer-to-peer learning in my development towards becoming a researcher. Lee, a doctor at Coffs Harbour hospital, was placed with The Garvan while Vince, a nurse from Coffs Harbour specialising in Parkinson’s disease, was placed with Neuroscience Research Australia. I am being transparent about these fears because I think it is important to consider how fear gets in the way of pursuing opportunities. Writing this journal article was enormously challenging. One suggestion for future programs would be to guide participants more clearly around the placement research post-writing expectations and offer additional support.

MAXIMISING MULTIPLE LEARNING OPPORTUNITIES

Key placement aspects that supported my transition to active researcher at BDI included:

Firstly, good organisation and utilisation of my time on a brief placement. I was given a comprehensive orientation, a security access card, my own desk and computer and warmly welcomed by everyone.

Secondly, some autonomy to tailor my learning; for example, I met with researchers exploring novel neuro-stimulation techniques for treating depression. I also mined the BDI website (www.blackdoginstitute.org.au) for clinical resources such as the Expert Insights podcasts.

Thirdly, access to multidisciplinary teams that are committed to research and include those with lived experience. I observed that BDI as an organisation walks the talk in terms of workplace mental health, fostering a supportive work environment including the design of the building.

Fourthly, the opportunity to be immersed in action-based research via my peripheral participation in a huge suicide prevention trial called LifeSpan; an evidence-based, integrated approach to suicide prevention that includes nine key strategies:

- Crisis care and aftercare

- Psychosocial and pharmacotherapy treatments

- GP capacity building and support
- Frontline staff training
- Gatekeeper training
- Schools programs
- Community campaigns
- Media guidelines
- Means restrictions

(Black Dog Institute, 2017; Ridani et al., 2016).

Twelve Commonwealth funded Primary Health Network locations (e.g., Townsville) are adapting the LifeSpan model to suit local community needs. (Black Dog Institute, 2017).

LIFESPAN LEARNINGS

For my brief stay, I became a quasi-member of the LifeSpan Central Implementation Team (CIT), based at BDI, who assist the four NSW trial sites. Being attached to a specific project made the research placement meaningful and greatly enhanced my learning opportunities.

I was able to draw on my clinical experience to assist the CIT; however, my most satisfying research learning experience came about with the opportunity to contribute to the development of a clinical summary tool for use in emergency departments and other acute settings. What matters to me as a clinical social work practitioner, is the way that relevant research discoveries are transmitted to service providers to be incorporated into best practice for the benefit of the community. It was my first introduction to the concept of Knowledge Translation (KT) – moving research into the hands of people who can put it to practical use ("Knowledge translation," 2017).

By being part of the research translation process I helped turn 12 pages of Guidelines (created using the Delphi consensus method) into a two-page clinical summary tool to be utilised by front-line health staff (Hill, Halliday, & Reavley, 2017, pp. 25–26). The Delphi consensus method combines evidence-based research with the wisdom of clinicians' practice experience and of those with lived experience in equal measure (2017, p. 7); "nothing about us without us" becomes a key research and practice ethic.

I regard this methodology as highly respectful and egalitarian, and sympathetic with the three key social work values of respect for persons, social justice and professional integrity (Australian Association of Social Workers, 2010, p. 12). It was refreshing and inspiring to discover this consensus research process as a shining example of what I would consider ethical, evidence-based research practice in action.

On this topic of KT strategies, I was further enthused when introduced to the transformative potential of the creative arts to convey research findings meaningfully to diverse audiences including those that are the subjects of and/or affected by the research (Parsons & Boydell, 2012, p. 2). In an Australian context, The Wobbly Hub Art Project collaboration is one innovation that included the conceptual creation of a 3-D interactive art object designed to share knowledge about the lived experience of rural people with disabilities, their families, carers and therapists using sounds, prose and poetry (Faculty of Health Services University of Sydney, 2015, p. 1). This active desire to convey results to local communities in an accessible and engaging manner demonstrates respect and inclusiveness.

My placement within a LifeSpan team afforded me many learning opportunities to understand the complexities of research at different stages. For example, the dynamic collaborations involved in funding such a large-scale project, the detailed work involved in gaining ethics approval for research, and the many different methodologies used to answer different research questions and provide varying levels of evidence (Ridani et al., 2016, p. 40). Most importantly, what became clear to me via my exposure to LifeSpan was not only how this project was using research evidence to shape practice – the bedrock of the model being trialled – but conversely, how the program was developing practice-informed evidence through sophisticated, evaluative design structures.

Social workers have a professional responsibility to view concerns, such as suicidality, within a broader cultural and political context. This was beyond the LifeSpan brief. Significantly, my placement at BDI in 2017 was the year of the "Marriage Equality" debate and subsequent Australian plebiscite. I want to believe that the "Yes" outcome and resultant legislative change will have a positive, measurable impact on the mental wellbeing of same-sex-attracted peoples, including reduction in suicidality (Jacobs & Morris, 2016, p. 9). Anecdotally, this is what I am hearing from clients and so I view that legislation as a big picture "P" for suicide prevention.

CONCLUSION

I fully endorse the MNCLHD Staff Research Placement model as a pathway to becoming research active. There were multiple learning opportunities available through my placement at BDI. Integral to the pilot success was my inclusion and participation in a specific research project, LifeSpan. Discovering research design, delivery and dissemination of findings in alignment with social work values was inspiring and central to this was the calibre of the staff. In particular, the women who guided me during the placement I consider remarkable with their intellect, research acumen, achievements and dedication coupled with pedagogic generosity. To see myself as a part of this in the role of budding researcher was transformative. By shifting my notion of research, this placement has increased my confidence to pursue collaborations with work colleagues.

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