



## Research Report

# “The potential of focus groups as a strategy for participatory technology development for promoting mental health”<sup>i</sup>

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## Research Report “The potential of focus groups as a strategy for participatory technology development for promoting mental health”

### Abstract

Due to the high demands in the mental health field, this study aimed to present the use of FG as a tool for the participatory technology development for promoting mental health in Primary Health Care (PHC). This action research was performed in a city in the Midwest of Santa Catarina, Brazil. Data were collected through a focus group that met once. Two professors from the Professional Master’s Program in PHC Nursing and 15 PHC workers from the mental health field participated in the focus group. The information was collected in October 2022, and the data treatment was guided by content analysis. The health workers’ experiences in mental health include a concern with adolescents and women, as they identify the need to implement care practices to strengthen protective and preventive mental health factors. Educational gymkhanas, online psychoeducational interventions, and a podcast emerged as care strategies to be implemented in mental health within PHC. The perceptions of the PHC workers regarding mental health needs and demands enabled defining the public audience and the educational technology that needs to be developed to promote and protect the mental health of PHC service users.

**Keywords:** primary health care; focus groups; mental health; educational technology.

## Relato de Pesquisa “O potencial do grupo focal como estratégia para o desenvolvimento participativo de uma tecnologia para promoção da saúde mental”

### Resumo

Devido à alta demanda de atendimentos no campo de saúde mental, este estudo teve por objetivo apresentar o grupo focal como uma ferramenta para o desenvolvimento participativo de tecnologia para a promoção da saúde mental na Atenção Primária à Saúde. Trata-se de uma pesquisa-ação, desenvolvida em um município localizado no Meio Oeste de Santa Catarina. A coleta de dados se deu através de um grupo focal, realizado em um único encontro. Dois docentes do Programa de Mestrado Profissional de Enfermagem na APS e quinze profissionais de saúde, atuantes na APS, no campo de saúde mental participaram do grupo focal. As informações foram produzidas no mês de outubro de 2022 e o tratamento dos dados foi guiado pela análise de conteúdo. Dentre as vivências relatadas pelos profissionais de saúde na assistência em saúde mental está a preocupação acerca dos adolescentes e das mulheres, identificando a importância e a necessidade da realização de práticas de cuidado pensando em fortalecer os fatores de proteção e prevenção em saúde mental. A gincana educativa, as intervenções psicoeducativas on-line, e o podcast, emergiram como estratégias de cuidado em saúde mental na APS. As percepções dos profissionais de saúde da APS, acerca das necessidades e demandas locais de cuidado em saúde mental, possibilitaram definir o público-alvo e a tecnologia educacional a ser construída, voltada à promoção e proteção da saúde mental dos usuários na APS.

**Palavras-chave:** atenção primária à saúde; grupo focal; saúde mental; tecnologia educacional.

## 1 Introduction

Primary Health Care (PHC) professionals must develop technologies and care strategies to promote the health of individuals and families, as between a third and half of the population may experience psychological distress throughout life if no specific interventions are implemented (Melo; Pauferro, 2020).

Caring-Educational Technologies (CET) are understood as a set of knowledge/scientific concepts derived from realized processes that support the operationalization of the process of caring for and educating others (Salbego *et al.*, 2018).

Health education technologies emerge in the health field to facilitate care delivery and health education processes. Implementing such technologies in individuals daily lives effectively promotes reflective, creative, and transforming knowledge, enabling people to become autonomous and understand their life and health conditions (De Melo Lanzoni *et al.*, 2015). Hence, actions in mental health services are needed to prevent harm and promote healthier behaviors among individuals (Fernandez *et al.*, 2020).

The health field, especially graduate programs, has contributed to the production of knowledge and technologies to transform and change services through interventionist research, including action research, which uses the collection of data and collaborative strategies to jointly build new knowledge intending to solve problems or transform contexts (Zocche; Primo; Leal, 2022). According to Vantil and collaborators, the participants in this type of research share the experience of producing knowledge to develop technologies and products necessary to solve the problems identified in a given work context (Vantil *et al.*, 2020).

Studies have adopted the focus group (GF) technique in the Seminar stage, which, in addition to expanding the participation of research subjects, also serves as an instrument to collect data, supporting the development of technologies and educational products (Silva; Castilho, 2022). Focus groups within PHC in the nursing field allow the participants to reflect and act upon professional practice, providing helpful information to improve the quality of health services and guide public policies (Zocche; Rosa; Zanatta, 2021).

Thus, this study’s objective is to present the use of FG as a tool for the participatory technology development for promoting mental health in Primary Health Care.

## 2 Method

This action research was developed through five phases adapted from the method described by Thiollent (2011). This paper presents the second phase, the Seminar stage, where the FG technique was implemented. This technique enables the participants and researcher to interact, promoting the exchange of experiences, concepts, and opinions among the participants and encouraging them to play an active role as they dialogue and collectively construct the study’s results (Kinalski *et al.*, 2017).

Inclusion criteria were: being a PHC physician, nurse, nursing technician, physical therapist, psychologist, or social worker involved with mental health care, or a community health agent (CHA) who is in close contact with the community; and being working in a PHC service for at least six months. The exclusion criterion was: being on sick leave. The decision to include these PHC professionals was based on the fact that even though each professional plays a specific role in care practice, the demand of patients is the same; hence, all the team members must apply the construct and commit collectively (BRASIL, 2006).

The health professionals were intentionally selected and personally invited to participate. Two professors from the Professional Master’s Program in Nursing in Primary Health Care (PHC) and 15 PHC professionals participated in the FG: one physician, four nurses, five nursing technicians, one psychologist, one physical therapist, and three CHAs working in the mental health service from a town located in the Midwest of Santa Catarina, Brazil. The FG was held in October 2022 and lasted 75 minutes. The participants sat around a table so that everyone could see each other and watch the multimedia exhibition, ensuring face-to-face interaction. The activity was coordinated by a moderator (the study’s author, a master’s student), with the support of the research co-advisor and an observer (research advisor).

The FG was divided into three parts: first, the participants were welcomed, the researchers were introduced, and the study’s objective was presented, after which the participants introduced themselves and received clarification about the FG’s session and organization and the time the session would end. Next, the data collected in the study’s first stage (exploratory stage) were presented, including a) the characterization of the patients with psychological distress attending the service, mostly women aged between 50 and 54. The most prevalent health problem/condition was Anxiety; b) the individual interviews held previously with the professionals, which aimed to identify health promotion practices implemented in the work process; and c) the results of an integrative literature review on Educational Technologies (ET) that collaborated to promote the mental health of PHC users. Infographics containing the study’s results were presented in the first part of the FG session to promote reflection and debate. The debate followed a semi-structured script to promote a participatory discussion around the topic and material presented. In the third part, after the debate, the central ideas raised in the discussion were summarized and validated, and the session ended. The focus group session was audio recorded and transcribed for further analysis.

Bardin content analysis was used in data analysis (BARDIN, 2016). A field diary was also adopted for the researcher to record observations and impressions. It was a recording and support instrument, as the analyses were based on the participants’ reports. According to Minayo (2000, p. 295), “the collection of impressions and notes on the differences between reports, behaviors, and relationships can make field research more real”.

The transcribed material was read to enable an understanding of the meanings of the professionals’ reports, from which two thematic categories emerged.

The study complied with Resolutions No. 466/12 and No. 510/2016 of the Brazilian National Health Council, which guides research with human beings subjects. Additionally it was submitted to and approved by the Institutional Review Board at the State University of Santa Catarina (Opinion report No. 5.538.518, July 21st, 2022), CAAE n. 58479622.7.0000.0118. The participants’ identities remained confidential, so the initials “CHA” (Community Health Agent), “SW” (Social Worker), “N” (Nurse), “PT” (Physical therapist), “P” (Physician), “PSY” (Psychologist), and “NT” (Nursing Technician) were

followed by sequential numbers: SW1, P1, N2, NT2, CHA3, respectively. All the participants signed free and informed consent Forms.

### 3 Results

Most of the participants in the FG were women (n=14), in relation to age group, 2 (14,3%) were between 25-29 years old; 4 (28,6%) were 30-34 years old; 3 (21,4%) were 35-39 years old, 1 (7,1%) were 40-44 years old; 3 (21,4%) were 45-50 years old and 1 (7,1%) 51-54 years old, and had a professional experience of 8.5 years on average. Next, the data composing the thematic categories are presented: the concerns and difficulties health professionals experienced in mental health care and mental health care strategies in primary care.

#### 3.1 The concerns and difficulties health professionals experienced in mental health care

This category presents the participants' perceptions of the difficulties experienced during assistance provided to people with mental health conditions within PHC. Note that the reports mainly focused on defining the public to whom the actions are intended.

The first weakness the PHC professionals mentioned concerns the service users' difficulty acknowledging their mental health problems. For example, denying that they have a mental disorder configured a barrier that prevented the implementation of actions, as the following report shows:

We note that patients resist acknowledging their mental problems. They believe it is taboo, a prejudice on top of that, not even relating the medication to their pathology (N2).

Sometimes the patient takes a medication, and when they are filing in the registration, they'd say that they do not have a mental condition (N1).

Yeah, we live in a society that still has “pre-conceptions”. You know, going to a psychologist or a psychiatrist is for crazy people. But it is a change that takes time, and we see this situation frequently in our population(N2).

Another concern the professionals markedly mentioned was toward adolescents due to fear of the impacts of the Covid-19 pandemic and its implications for this population’s mental health.

You could see that she needed help. It’s a phase; it will pass, but if you don’t bring her here, don’t seek help; how will she be diagnosed? We can’t reach a diagnosis. We can visit and see her condition, but the parents are the ones who have to bring her, especially when it’s a minor. [...] I think that the pandemic was when young people became more anxious and did not know how to deal with what happened. I think that nowadays anxiety symptoms are the most prevalent among youngsters”(CHA1).

The participants mentioned the importance and the need to implement care practices among adolescents to strengthen protective and preventive mental health factors. “Considering health promotion; if you prevent it now during adolescence, you won’t need to treat them later” (P1).

Note that the participants discouraged the use of digital technologies to provide education to adolescents. “Young people are already in poor health because they are on their mobile phones, playing games” (CHA3).

The discussion following the data presentation showed that women were the population that most frequently sought assistance in the last three years. Most participants considered women to be the technology’s target audience.

Other issues the professionals discussed concerned the family relationships of patients in mental distress. This population, primarily women, often raised complaints from their family context.

[...] We know that the mother, as always, is concerned with her children and absorbs it all. So, there are many problems, especially anxiety, the most frequent complaint, which is strongly related to family problems.

[...] They are the ones who hold down the fort, for their children, husband, and even the neighbor (N3).

Women are the ones making the family stick (N1).

The FG also discussed that the environment and family standards reflect on the behavior of family members, and is a reference for children and/or adolescents, as the reports show:

Many children and adolescents don't know how to deal with parents with a disorder, anxiety, or depression. So, they end up developing it; the condition is passed from the parents to the children. I think this is an interesting subject to discuss (P1).

We often associate the mother, who has been dealing with a depressive condition for years, and then her daughter comes, and we identify them both, including suicidal attempts (N2).

Regarding the definition of the target audience, the results from the focus group's discussion show the importance and the need to implement care practices for two populations: women, who comprise most patients experiencing psychological distress attending the PHC service in the Vargem, SC, Brazil; and adolescents, intending to strengthen protective and preventive mental health factors.

A crucial aspect is to keep the health of these women facing illnesses balanced and implement preventive measures among the next generation, the adolescents (N2).

### 3.2 Mental health care strategies in PHC

This category includes the participants' suggestions about health promotion and mental health care strategies to be implemented among PHC patients, CET to be developed, and its content. In this study, we addressed the suggestions related to mental health promotion and interventions, considering that the work of PHC professionals should go beyond the care provided to patients with mental disorders and include activities to promote and prevent mental health problems in the population.

Suggestions included online psychoeducational interventions conducted by a psychologist (tele-psychotherapy) as an opportunity to provide therapeutic support to decrease symptoms and improve the patients' physical and mental quality of life of both audiences.



Most participants mentioned online psychological support as a resource to promote mental health and comfort those in distress. The participants stated that such a service is an alternative to facilitate the population’s access, enabling care to be provided to those people who want to keep their treatment confidential and to those who are shy and do not like face-to-face sessions, as noted below:

Many people are shy and don’t even want to come to the health unit (NT3).

Without having a family member accompanying the consultation, people feel more at ease to talk about their complaints (M1).

Some participants suggested refraining from using digital technologies in the educational environment directed to adolescents because youngsters are already immersed in digital technologies and social networks.

Adolescents already spend much time on mobile phones (CHA3).

This increased prevalence of mental health disorders in this age group, among adolescents [...] I think it’s because of this (mobile phone). So, if we chose this method, we may lose a lot; hence, the idea is to bring them for something different, something face-to-face (P1).

Therefore, they proposed an educational and recreational approach, such as a gymkhana, in which playful and educational aspects can be integrated, in addition to developing didactic materials, such as infographics.

A gymkhana involving all the groups. I think this is something that involves teenagers, I see myself back in my time when I was very involved in this sort of thing, and the whole school would get involved. I think that it would get their attention (PT1).

Having fun, being competitive, and having a goal (N2).

Learning too. We can use some things, some aspects that they will have to research, they will have to go after and build materials (P1).

The other strategy proposed was an educational podcast, produced by the inter-professional team and radio transmitted, providing relevant information related to the risk factors for mental problems, the leading mental disorders, symptoms that affect PHC patients, strategies and tools for promoting mental health care, encouraging the use of Integrative and Complementary Practices offered within PHC. Such a podcast would be directed to both audiences as a mental health care strategy. Presenting this topic in depth to the population is essential to implement preventive actions and promote mental health.

[...] a healthy habit that was recently adopted, especially because of technology, is staying at home and enjoying family time, forgetting about the mobile phone, having dinner together, watching a TV show or reading something together (P1).

Health education addressing the risk factors and showing that it is OK to experience anxiety, have tachycardia, stress, sorrow, or feel like crying (N2).

Some participants mentioned radio broadcasting because it facilitates access to most of the population:

Our population has easy radio access, even in the interior. Some have difficulties accessing the Internet, but we know everyone has radio (N2).

It's in our culture to listen to the radio, especially during the day, women, people in the interior, listen to radio (N1).

The previous discussion show that the FG was an opportunity for reflecting on the work process, interacting and sharing different practices and demands, where the participants expressed their opinions, suggestions, and understanding about the development of educational technology to promote the mental health of the users attending the city's health service.

## 4 Discussion

The literature highlights that people sometimes refuse treatment, therapy, and care, often abandoning it, compromising their health and aggravating mental disorders. In such a context, users may find it challenging to access the service, and professionals cannot act and intervene in times of crisis. Thus, patients’ denial is a challenge preventing the implementation of resolving actions, as people have an internal struggle between their need for treatment and their willingness to accept it (Rotoli *et al.*, 2019).

As for concerns about adolescents’ mental health, note that the literature points to the need to perform health education activities focusing on the families to care for the adolescents’ mental health (Almeida *et al.*, 2020). Family members should be sensitized to perceive changes in the adolescents’ behavior, seek help from health professionals, and get guidance and treatment, preventing symptoms from becoming chronic and causing more severe consequences (Prime; Wade; Browne, 2020). Santos (2021) notes that anxiety was one of the factors leading adolescents to use the Internet and social media more intensively during the Covid-19 pandemic.

Loiola *et al.* show that mental disorders are more predominant among women than men, highlighting some aspects such as potential external stressors, in which violence stands out, the demand from the society that assigns roles and tasks to the female figure, and hormonal factors and reproduction-related aspects, which can also lead to frustration and distress (Loiola *et al.*, 2020).

The diagnosed patient is usually the “tip of the iceberg.” Most of the time, it is easier for people to blame a family member for their misunderstood or unacceptable afflictions than express, acknowledge, and work through their emotions, feelings, and thoughts that permeate their families. Hence, this family member is the one to blame for the family’s limitations, overloading one member but easing the tensions of others (Knewitz; Boeckel, 2022).

Emotionally healthy relationships are protective factors. The quality of interpersonal relationships and their affective representations play an important role in determining vulnerabilities to psychopathologies and promoting security and psychosocial adjustment. On the other hand, insecure, disorganized, and indiscriminate

bonds are related to psychological distress among adolescents, exposing them to emotional and affective vulnerability (Rodrigues; Mendes, 2019).

Among the therapeutic practices adopted in the individuals’ routines to gradually reduce anxious and depressive symptoms, online psychological care emerges as an alternative for providing mental health care within PHC. It prevents the aggravation of mental disorders and promotes mental health by providing active listening and comfort to patients in distress (Araujo *et al.*, 2020).

Studies suggest that online treatments are as effective as the face-to-face model. Correia *et al.* highlight that online psychological care is a feasible alternative to implementing psychological interventions in times of crisis, confirming the possibility of establishing bonds in the virtual model (Correia *et al.*, 2023).

We know the intersectoral partnership between health and education is vital to building strategies to promote adolescents’ health, favoring a broader understanding of their way of life, and encouraging healthy behaviors (Tavares, 2020). The study developed by Costa *et al.* considered gymkhanas an alternative to promote health education, as it enabled uniting students as a team and aroused their interest through competitiveness, providing a favorable environment for learning and expanding skills (Costa *et al.*, 2020). Such health education actions should enable dialogue, inquiry, reflection, questioning, and professional cooperation (Melo; Pauferro, 2020).

A podcast is a compelling educational technology in the teaching and learning process (Gomes *et al.*, 2020). Bragé *et al.* report the use of a podcast as an educational practice that allows listeners to easily access scientific information to promote knowledge and learning (Bragé *et al.*, 2020).

## 5 Final considerations

Note that a FG is a valuable strategy to support the construction and collective definition of an ET. The group made observations that enabled recognizing local needs and demands, proposing solutions to collective problems, and bringing research closer to clinical practice.

The conclusion is that the perceptions and experiences of PHC health professionals regarding mental health care needs enabled defining the target audience and collectively building CET to promote and protect patients’ mental health within PHC.

Future research is suggested, utilizing the FG technique for the collective construction of CET that promote mental health in PHC.

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Relato aprovado em 13/12/2024

<sup>ii</sup> Contribuições da autora: conceituação; análise formal; investigação; metodologia; recursos; visualização e escrita – rascunho original.

<sup>iii</sup> Contribuições da autora: conceituação; administração do projeto; supervisão e escrita – análise e edição.

<sup>iv</sup> Contribuições da autora: administração do projeto; supervisão e escrita – análise e edição.