

Identification of market needs for the implementation of a psychological care center**Identificación de las necesidades del mercado para la implementación de un centro de atención psicológica**

SANDOVAL-PALOMARES, Jessica†* & GARCÍA-RAMÍREZ, Karina Nayeli

*Universidad Tecnológica de León; Centro Universitario CIFE*ID 1st Author: *Jessica, Sandoval-Palomares* / ORC ID: 0000-0002-3294-0916, Researcher ID Thomson: S-9841-2018, CVU CONACYT ID: 827848ID 1st Co-author: *Karina Nayeli, García-Ramírez* / ORC ID: 0000-0002-7419-5846, Researcher ID Thomson: S-8644-2018, CVU CONACYT ID: 947600

DOI: 10.35429/EJRC.2022.14.8.34.40

Received March 27, 2022; Accepted June 20, 2022

Abstract

Introduction. The World Health Organization (WHO) conceptualizes mental health as the state that allows the person to use their varied abilities, cope with the normal stress of life, work productively and fruitfully, and contributing significantly to their community. Objective. The following article presents the results of a study that was carried out to identify the needs of a market in order to lay the foundations for the development of a marketing plan for the implementation of a Psychological Support Care Center specialized in women's care. Methodology. Through a survey, information was collected about the different needs that a center must meet to offer mental health services. Results. The sample analyzed was 113; the instrument is constructed by items to analyze the sociodemographic and psychographic profile, and identify the lifestyle, interests, and perceptions of the women who made up the sample. Conclusion. Anxiety disorder is identified as a problem present in women, so the center must implement the relevant strategies for its care.

Market research, Anxiety, Marketing plan, Psychological care**Resumen**

Introducción. La Organización Mundial de la Salud (OMS), conceptualiza a la salud mental como el estado que permite a la persona utilizar sus variadas habilidades, afrontar el estrés normal de la vida, trabajar productiva y fructíferamente, contribuyendo significativamente a su comunidad. Objetivo. En el siguiente artículo se presentan los resultados de un estudio que se realizó para identificar las necesidades de un mercado con la finalidad de sentar las bases para el desarrollo de un plan de marketing para la implementación de un centro de Atención de Apoyo Psicológico especializado en atención a mujeres. Metodología. A través de una encuesta se recabó información en torno a las diferentes necesidades que un centro debe atender para ofrecer servicios de salud mental. Resultados. La muestra analizada fue de 113; el instrumento está construido por ítems para analizar el perfil sociodemográfico y psicográfico, e identificar el estilo de vida, los intereses y la percepción de las mujeres que conformaron la muestra. Conclusión. Se identifica como problemática presente en las mujeres el trastorno de ansiedad, por lo que en centro debe implementar las estrategias pertinentes para su atención.

Estudio de mercado, Ansiedad, Plan de marketing, Atención psicológica

Citation: SANDOVAL-PALOMARES, Jessica & GARCÍA-RAMÍREZ, Karina Nayeli. Identification of market needs for the implementation of a psychological care center. ECORFAN Journal-Republic of Cameroon. 2022, 8-14: 34-40

* Correspondence to Author (e-mail: jspalomares@utleon.edu.mx)

† Researcher contributing first Author.

Introduction

Affective and mood disorders generally originate at an early age, significantly reduce people's daily functioning in personal, social, family and work environments, and are considered frequent and recurrent conditions, which entail high economic costs (Wagner, *et al.*, 2012). Depression and anxiety are disabling illnesses and are therefore priority targets for attention around the world; An example of this is the diagnosis of the mental health situation carried out by the World Health Organisation (WHO, 2020), which identified the presence of a mental disorder as one of the causes of disability and mortality in different countries, An example of this is that people suffering from depression or schizophrenia have a 40-60% chance of premature death compared to the general population, because they do not attend to their health situation, and neither do diseases not associated with mental disorder, such as cancer, cardiovascular disease, hypertension, diabetes, HIV infections, etc. Globally, the study reports that the second most frequent cause of death in young people is suicide (WHO, 2020).

In a research carried out in collaboration between the WHO and the World Bank, it was determined that the cost generated by mental illnesses to society identified that neuro-psychiatric illnesses have an investment of approximately 20% of the total cost of medical illnesses, with depression standing out, which alone represents an expenditure of 36.5% of the allocated budget; in second place is alcoholism with 11.34% of the total investment in health (WHO, 2014).

In Mexico, Medina-Mora and Carreño-García (2018), refer that the annual prevalence rate in the population aged 18-65 years, depression was 4.8 %; while anxiety disorders accounted for 6.8 %, and that when translated into years of life, mental illnesses in men correspond to 25 % and in women to 23 % of their total years of life; specifically, when talking about disabling diseases, depression in women obtains the first place of prevalence and the second in men; for men, low back pain is the most frequent disabling disease; Díaz-Castro L, *et al.*, (2019) mention the type of mental health scenario in the country, they report that the intervention work is precarious, and that it is expected that 28 % of the population in Mexico will suffer some mental disorder during their lifetime.

They also indicate that 90 % of the population with a mental or psychiatric condition does not receive adequate treatment; and that only 10 % of the people who do receive treatment, take between 4 and 20 years to be treated correctly.

Lozano, Et. al., (2013), mention the following numerals: (1) It is estimated that worldwide people suffering from depression exceeded 300 million in 2015, most also have associated anxiety, a percentage estimated at around 4.4%, evidently the current pandemic situation increased the amount. (2) Depression is classified by the WHO as the mental illness that contributes most to the disability of the person, it is estimated to be 7.5% of all years lived with disability in 2015. (3) Anxiety disorders are the sixth most prevalent mental health disorder, with approximately 3.4 % (4) Depression is more frequent and common among women, estimated at 5.1 %, while in men it is 3.6 % (5) Prevalence rates of a mental disorder vary according to age, in adults it is estimated at more than 7.5 % in the 55-74 age group. (6) Depression also occurs in children and adolescents under 15 years of age, but was observed at a lower level than in older age groups. (7) The estimated number of people living with depression increased by 18.4 % between 2005 and 2015, reflecting population growth; it is expected that during and after the pandemic, the numbers will increase significantly in all age groups.

In the Mental Health Action Plan 2013-2020 developed by the World Health Organization (WHO, 2013), it is reported that the mental disorder associated with depression is 3.4 times more frequent in patients who have some pain condition; with diabetes it is 2.2 times more frequent and 2.8 times more likely to be present when it comes to obesity; in Mexico, the symptom of anxiety is 4.4 times greater when suffering from severe obesity (BMI 35+), compared to when having a medium obesity (BMI 30-34.9). Due to the above, the need to generate actions from 6 basic principles was determined, which are mentioned below: 1° Complete health coverage. 2. Attention to human rights. 3° Professional practice based on scientific evidence. 4° Emphasis on the life cycle. 5th Multisectoral approach. 6th Psychosocial strengthening of people with mental illness.

Related to the aforementioned principles, and as core issues in the action plan, emphasis is placed on (a) work on the elimination of stigma and discrimination against people with mental disorders and suicide attempts, (b) early prevention in mental health issues, specifically in disorders that develop in childhood, and (c) design of intervention programmes focused on adequate childhood development, as well as on the prevention of disorders associated with substance use (WHO, 2014). According to Carreño-García and Medina-Mora (2018), mental illnesses have an important impact on the quality of life of the population that suffers from them, affecting the course and treatment of other chronic degenerative diseases; however, despite their high prevalence among the population (12 % of the population between 18 and 65 years old), only a small proportion of patients with mental illness receive any treatment, which obviously affects their quality of life.

On the other hand, Piqueras-Rodríguez, Et. Al., (2018), mention that disorders such as depression, anxiety and somatic complaints are predominant in women, representing risk factors related to gender roles, disturbing situations or negative experiences, such as the high degree of gender violence to which they are exposed, socio-economic deprivation, low wages, income inequality, low or subordinate social status and rank, care of others, alcoholism, drug addiction, among others. Depression is much more frequent in women than in men, as well as presenting more severely and with greater comorbidities (Sandoval-Escordia, 2018).

In terms of mental health prevention, three factors can help in the treatment of mental disorders, particularly depression: 1. Having sufficient autonomy and independence to control the behaviour associated with serious events; 2. Providing material and educational resources with a variety of options to choose from when a serious event occurs; 3. Carreño-García and Medina-Mora, (2018).

The objective of the present research was to identify the preferences of women as a target market around their mental health care needs, with the aim of having information that allows the design of a Marketing plan for the implementation, promotion and positioning of a Psychological Support Group.

Materials and methods

The present study is descriptive and quantitative in scope. It was based on the fact that the mental disorders that occur most frequently in the female population are depression and anxiety, and that they do not immediately seek the support and emotional containment provided by specialists in psychology or psychiatry, which is why there is interest in finding out the reasons for not seeking psychological care, their preference for services and the cost they are willing to pay for the service.

Population

Women aged 15 to 60 years belonging to socio-economic levels AB, C+ and C.

Design of the measuring instrument

For the search and collection of information a survey consisting of 10 questions was constructed, the application was carried out during the period from 2 to 18 September 2020 through the SurveyMonkey tool, the surveys were sent via WhatsApp link and email. The survey was used as a tool because it seeks descriptive and objective statistical data on the behaviour of the target market around the search for a psychological service.

The analysis of the results of the sample is carried out through the online portal surveyMonkey.com, which provides information, percentages and graphs of the answered surveys. The sample is a probability sample by convenience, with data according to INEGI, (2015), the calculation of the sample size is presented below in table 1:

Sample Calculation		Sample size calculation		
Population of León Gto	1,578,626	Residents	Population size	151,074
31.9 females between the ages of 15 and 60	503,582	Females (15 to 60 years)	Confidence level (%)	95
Market Segment (30%)	151,075	Target market	Error margin (%)	10
AB: 5 %			Sample size	96 surveys
C+: 10 %				
C: 15 %				

Table 1 Sample size

Results and discussion

According to the Mexican Psychoanalytic Association (APM, 2020), one of the most frequently encountered obstacles is the stigma surrounding mental illness, who in addition to facing the complications of their condition, suffer from social, economic and occupational marginalisation; these factors give relevance to the present study, as it allows us to visualise what is off the radar of importance.

For the purposes of the study, a total of 160 surveys were sent out, of which only 113 were answered, the results of which are mentioned below: The survey consists of 10 items describing the consumer profile, 4 items are socio-demographic in nature, the remaining 6 questions are psychographic in nature designed to identify the lifestyle, interests and perceptions of the sample.

With the results obtained, it is a priority to emphasise what is mentioned by the Office of Scientific and Technological Information for the Congress of the Union (INCYTU, 2018), as a reference point for good mental health, recognising that people have a series of skills that allow them to overcome the daily stresses of life, to work productively and contribute to the community, having a favourable impact on the attitude of individuals, allowing them to achieve their objectives.

A. Socio-demographic profile:

The question What is your age range? allows to identify the range in which the target market segment responding to the survey is located, was answered by 100 people. The results show that 8% of women are in the 15-20 age range, 26% between 21-30 years, 37% between 31-40 years, 20% between 41-50 years, 8% between 51-60 years, and only 1% between 61-70 years.

The question "What is your marital status?" was answered by 100 women, and the results obtained show that 48% of the sample is single, 33% married, 5% divorced, 1% widowed, while 13% said "other".

The question "What is your level of studies?" was answered by 100 of the respondents, and the results show that 54 % have a bachelor's degree; in second place, 23 % have a secondary school degree; in third place, 13 % have a high school degree, while 9 % have a postgraduate degree; 1 % of the respondents mentioned that they only have a primary school degree.

The next question: Do you have any work or paid activity? gives the percentage of the respondents who have some kind of work activity, which will allow them to have economic solvency to cover the cost of psychological treatment without depending on other people. The question was answered by 99 women, 84.85% work, while 15.15% do not have any work activity, with this result there is a window of opportunity to offer the service.

B. Psychographic profile:

For the identification of the profile, 6 items were designed, the results are described, by question, below:

Do you currently attend any type of psychological help, the item was made to identify the opportunity for growth of the psychological support group; it was answered by 97 women, 14 of them stated that they attend psychological treatment, while 83 women indicated not receiving it; this represents in percentage, that 14.44 % of the sample that could use the service offered and 85.56 % do not attend at the moment, which represents an opportunity for growth in reference to the selected target market. An influential factor in the decision not to seek psychological treatment is the discrimination and stigma suffered by those suffering from a mental illness, whose families prevent them from seeking appropriate health services (INCYT, 2018).

What do you consider to be the emotional conflict that affects women the most, the question aims to identify which are the reasons that the interviewees identify as a priority and consequently, are the causes that would lead them to seek psychological support; the question was answered by 93 women, the answers that were issued are the basis of the marketing campaign, and will allow the direct approach to the satisfaction of the specific needs of the target market.

The results indicated that anxiety was the main cause for 50 of the respondents (50.51 %), secondly, low self-esteem for 13 of the women (13.13 %) and thirdly, sadness for 10 of the women interviewed (10.10 %), while the remaining 26.26 %, i.e. 20 of the respondents gave different answers. In addition to the situation of confinement resulting from the health contingency, according to WHO (2020), this will increase the levels of loneliness, depression, substance abuse and self-harm. On the other hand, the economic crisis caused by the pandemic led to the loss of jobs for a large number of people; from a gender perspective, it increased the burden of activities for women, both at home and at work (OAS 2020), as well as the risk of suffering episodes of violence, increasing the possibility of anxiety and depression.

The question What do you consider to be the reason for not seeking psychological help? This question aims to identify the barriers for which the potential client does not seek or does not seek an emotional or psychological service. The question was answered by 97 women; the results identify three main reasons why they avoid seeking the service, the first barrier with 31.63 % "I don't have money", the second with 26.53% "My problem is not so important", the third, with 13.27 % "I don't have time"; these three reasons added together are 71.43 % of the total sample, because of the results obtained, the communication and marketing campaign should focus specifically on breaking these barriers, in order to generate an appropriate insight in the target population (vision, understanding, introduction).

The question is relevant because of the APM (2020), which reports that many patients with mental illness lack support networks in their social and family environment. The question "What type of therapist would I feel more comfortable with?" aims to identify whether the target market has a preference or would be more comfortable being seen by a male or female therapist. The item was answered by 100 respondents, the results obtained indicate that 67% of the women interviewed would feel more comfortable with a female therapist, while 33% would prefer to work with a male therapist; this question does not include the option "I am indifferent", as it is intended to be an unambiguous choice;

The results indicate that the marketing and communication campaign should focus on having female therapists to increase patient confidence and safety, to minimise risks and to avoid loss or diversion of the potential client. With the item: What age range do I consider to be the most suitable for a psychologist, the aim is to find and/or rule out the influence that the age of the therapist has when attending a client; that is, if the target market prefers a person with a certain age range, which would imply relating it to experience or choosing age as a synonym of energy or tiredness (Urdiales-Ibarra, 2015).

The question was answered by 100 women, according to the answers obtained, it is observed that 50% of the respondents do not have a preference for the age of the therapist, while the remaining population divides their opinion; 20% of the sample mentions preferring a therapist between 21 and 40 years old; another similar percentage for the selection of therapists between 41 to 50 years of age; while 6% of the sample selects an age range of 20 to 30 years; a minimal percentage, 4%, selects the option of therapists between 51 to 60 years of age. Based on these results, it is affirmed that age is not a significant parameter to stand out in the target market for decision making in the search for a psychological support service.

By what means would you seek psychological support, this question is of utmost importance, as it will allow to identify through which media a successful marketing campaign can be planned and carried out, generating a greater reach and impact on potential clients.

The question was answered by 100 women, the results indicate that 76 % of the target market would seek the service through a recommendation; only 9 % through social networks and the same percentage through other means; considering the results obtained, the campaign should impact a secondary client, which allows identifying other services that attend in the first instance to the target market; the referral or recommendation factor of the service should therefore be considered, an example of this would be the first contact doctors.

In this sense, Carreño-García and Medina-Mora, (2018), in terms of mental health prevention, show the existence of at least three factors that can help in the treatment of mental disorders, particularly depression: 1. Having sufficient autonomy and independence to control the behaviour associated with serious events; 2. Providing material and educational resources that have a variety of options to choose from when a serious event occurs; 3.

Conclusions

The opportunity for growth in the market of the city of León, Guanajuato for a psychology care group is very large. 86% of the target market is identified as an opportunity for growth, in real numbers, when compared with population data from the census, this percentage represents 84,014 potential clients in the city. However, significant barriers to attending mental illness care are identified as two phrases: "I don't have money" and "my problems are not so important"; in the literature it is mentioned that mental disorder is disabling at a labour and social level, so it is inferred that until a person presents a severe picture of anxiety and/or depression, is when they decide to seek emotional or medical-psychiatric support or containment; therefore, it becomes relevant and important to carry out a specific campaign through media, with educational messages and reflection around mental disease, anxiety, depression, etc. , with the aim of making the population aware of the consequences of not dealing with the situation that is causing them discomfort, informing them of the symptoms of the illness and the benefits of controlling and maintaining anxiety levels within a tolerable range. This will have a favourable and beneficial impact on mental health, avoiding the use of extra resources for taking medication, absenteeism from work or the presence of disabling illnesses.

The psychological support group that is proposed to be implemented should highlight as a competitive advantage that it will be a group specialised in treating anxiety in women, to ensure comfort and greater acceptance of the target market, advertising should be directed with the corporate image of a female therapist, since 67% of the market identifies with this type of profile, it is recommended to use an advertising image of a woman in an age range between 20 and 50 years.

A separate issue is that of indirect marketing, since according to the results it is observed that 76 % of the target market would seek the service through a recommendation and not through a direct means, therefore the use of social networks, a website, etc. is fundamental, It is also important to consider being open to recommendations from a third party, which is why one strategy could be to approach the first contact doctors, as they are the first to attend to the women in the selected target market, when they are consulted to solve the symptoms of anxiety, represented by tachycardia, choking sensation, rapid breathing, chest tightness, fear or panic, sweating, nausea, dizziness, etc.

Indirect marketing to physicians will be carried out alongside direct marketing to the target market in order to generate an impact at the same time. For indirect marketing, i.e. media, it is suggested to be carried out through print media for direct delivery to the doctor's office and with key messages shared on the Facebook and Instagram social networks of the first contact medical associations in the city.

References

- Asociación Psicoanalítica Mexicana (2020). *Depresión: en 2020 será la enfermedad mental principal en México*. [En línea]. Disponible en: <https://asociacionpsicoanaliticamexicana.org/de-presion-en-2020-sera-la-principal-causa-de-discapacidad-en-mexico/>
- Carreño-García, S. Medina-Mora, M.E. (2018). *Panorama epidemiológico de los trastornos mentales, su impacto entre el balance trabajo familia*. Instituto Nacional de psiquiatría Ramón de la Fuente Muñiz. Material de trabajo. [En línea]. Disponible en: <http://www.imss.gob.mx/sites/all/statics/salud/streslaboral/1erjornada/07-Panorama-Trastornos-Mentales.pdf>
- Díaz-Castro L, Cabello-Rangel H, Medina-Mora ME, Berenzon-Gorn S, Robles-García R, Madrigal-de León E Ángel. (2019). *Necesidades de atención en salud mental y uso de servicios en población mexicana con trastornos mentales graves*. Salud Publica Mex [Internet]. Disponible en: <https://saludpublica.mx/index.php/spm/article/view/10323>

INCYTU-Oficina de Información Científica y Tecnológica para el congreso de la Unión (2018). Salud mental en México. [En línea]. Disponible en: https://www.foroconsultivo.org.mx/INCYTU/documentos/Completa/INCYTU_18-007.pdf

INEGI-Instituto Nacional de Estadística y Geografía. (2015). *Panorama sociodemográfico de Guanajuato*. Instituto Nacional de Estadística y Geografía. [En línea]. Disponible en: http://internet.contenidos.inegi.org.mx/contenidos/productos/prod_serv/contenidos/espanol/bviniegi/productos/nueva_estruc/inter_censal/panorama/702825082192.pdf.

Medina-Mora, M. y Carreño-García, S. (2018). Panorama epidemiológico de los trastornos mentales, su impacto entre el balance trabajo familia. Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz. [En línea]. Disponible en: <http://www.imss.gob.mx/sites/all/statics/salud/estreslaboral/1erjornada/07-Panorama-Trastornos-Mentales.pdf>.

OEA-Organización de los Estados Americanos (2020). *COVID-19 en la vida de las mujeres Razones para reconocer los impactos diferenciados*. Comisión Interamericana de Mujeres. [En línea]. Disponible en: <https://www.oas.org/es/cim/docs/Argumentario COVID19-ES.pdf>

OMS-Organización Mundial de la Salud (2013). *Plan de acción sobre salud mental 2013-2020*. Departamento de Salud Mental y Abuso de Sustancias. [En línea]. Disponible en: https://apps.who.int/iris/bitstream/handle/10665/97488/9789243506029_spa.pdf;jsessionid=925D6944EDD78E5534DFE588562A3C07?sequence=1.

OMS-Organización Mundial de la Salud (2014). *Atlas de salud mental. Resumen de atención*. [En línea]. Disponible en: https://www.who.int/mental_health/evidence/atlas/executive_summary_es.pdf?ua=1.

OMS-Organización Mundial de la Salud (2020). *Boletín de la Organización Mundial de la Salud*. [En línea]. Disponible en: <https://www.who.int/es/publications/journals/boletin>

Piqueras-Rodríguez, J. A., Martínez-González, A.E., Ramos-Linares, V., Rivero- Burón, R., García-López, L. J. (2018). *Ansiedad, depresión y salud*. Suma Psicológica, 15 (1), 43-73. ISSN: 0121-4381. Disponible en: <https://www.redalyc.org/articulo.oa?id=134212604002>

Urdiales-Ibarra, M. E. (2015). Centro de Atención Psicológica de una universidad pública: características, programas y situación actual. Uaricha. *Revista de Psicología*. 12(28): 21-34.

Wagner, F. A., González-Forteza, C., Sánchez-García, S., García-Peña, C. y Gallo, J. J. (2012). *Enfocando la depresión como problema de salud pública en México*. Salud mental. 35(1): 3-11.