

INPLASY2023110102

doi: 10.37766/inplasy2023.11.0102

Received: 25 November 2023

Published: 25 November 2023

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None reported.

INPLASY registration number: INPLASY2023110102

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 25 November 2023 and was last updated on 25 November 2023.

INTRODUCTION

Review question / Objective 1. - How can communication design improve/facilitate communication between psychiatrists and patients in the field of mental health? (Research Question – qualitative)

1.1 - What methodologies, processes and instruments can communication design bring to the patient-psychiatrist or psychiatrist-patient relationship in the context of diagnosis? (Diagnosis)

1.1.1 - Can communication design prevent the likelihood of psychiatric hospitalization, by contributing to informed decisions for the patient to obtain insights (symptoms, self-knowledge and self-criticism) about their diagnosis?

1.1.2 - What criteria are necessary so that the communication design, throughout the patients' clinical history (medication), can optimize and record information, already standardized from other patients, in obtaining a diagnosis?

Rationale

1. Improve services by discovering problematic points and barriers between doctor and patient;
2. Benefit from the improvement of solutions to optimize the recording of information at each consultation;
3. Develop the service and organization of information about therapies, in a more effective and efficient way, in discovering patterns between user histories;
4. Benefit the health service, creating a better fit between the service and the needs of patients. Improving the service experience, resulting in greater satisfaction between psychiatrist (doctor) and patient;
5. Use communication design methodologies, processes and instruments to bring the patient-psychiatrist relationship within the scope of diagnosis. This being noticeable, simple and inclusive (emigrants/foreigners and elderly people) with mental illnesses;
6. Use design strategies to allow the patient insights into themselves in order to have

awareness in order to control and perceive their illness.

7. Facilitate data collection for studies and research, by patterns between user histories;

8. Bring design to the discussion table, on valuing the area of design as a fundamental instrument in any area of study.

9. Provide users with self-knowledge and self-criticism practices to prevent hospitalization.

Condition being studied The effects of design communication on the field of Psychiatry and Psychology on the Category of Mental Disorders: I will understand: Mood Disorders; Personality Disorders; Schizophrenia Spectrum and Other Psychotic Disorders.

METHODS

Search strategy In my work methodology, I intend to use a participatory approach by taking advantage of my own experience. I also intend to use observation and interviews to evaluate the user-centered experience (focus groups). When using these strategies, there is a participatory approach on both sides, both health professionals and patients. Therefore, I plan to involve users in improving services by listening to them. This strategy is extremely important in reformulating healthcare processes and improving public and private services.

This method is known as co-design. Co-design is a collaborative approach, in this case between doctors and patients, that ensures that services are designed, or redesigned, to meet the needs of the healthcare professionals involved (psychiatrists, family doctors, nurses and psychologists) and patients in services. Involvement in this collaboration makes the process different from other methods for improving services – there is a symbiosis, which benefits from the sharing of experience on both sides.

Participant or population Patients over eighteen years old (population), without restriction on gender or education level.

Intervention Communication design materials to facilitate/improve communication between healthcare professionals and patients on health literacy and mental health.

Comparator Neutral designed materials via visual image analysis methods focused on semiotics and gestalt and new technology.

Study designs to be included Quasi-experimental design - use these pre-existing groups to study the

symptom progression of the patients treated with the new therapy versus those receiving the standard course of treatment the control group— receives the standard course of treatment for depression.

Eligibility criteria Studies must meet the following criteria (include): (1) all studies with mental illness patients; (2) health literacy and mental health educational programs; (3) graphic materials that facilitate health communication articles in English; (4) research on book chapters, doctoral theses, master's dissertations; (5) reports; scientific database; scientific journal repositories; (6) Experts; (7) different therapies from the standard interventions; And studies shouldn't meet the following criteria (exclude): (1) studies that do not talk about communication between (doctor; psychologist; nurse; hospital or psychiatrist) with patients in the field of mental health.

Information sources The following online databases will be searched: PubMed; PsycINFO; PsycARTICLES; b-on.

Main outcome(s) How communication design can facilitate the psychiatrist's communication with the patient in the context of mental health, comparing design characteristics and treatment time; Design Outcomes features: 1. Autonomy (decision-making); 2. Competence (decision-making quality); 3. Critic Evaluation (Recognition); 4. Self-Knowledge (Identity) 5. Mental Health Literacy (Communication Design).

Additional outcome(s) (1) Positive communication between patients (family doctor; nurse; psychologist; psychiatrist) - (pre and post treatment); (2) Positive cognition in the patient; (3) Create a more organic and integrative health service in the field of mental health, using service design to implement new communication strategies and process processes.

Data management Pertinent studies yielded from databases will be imported into Zotero and duplicates will be removed.

Quality assessment / Risk of bias analysis The definition of the tool to be used to evaluate the methodological quality of articles is qualitative and will be: "Letts, L., Wilkins, S., Law, M., Stewart, D., Bosch, J., & Westmorland, M., 2007 by McMaster University".

Strategy of data synthesis In this review, a qualitative and narrative analysis will be performed and carried out on the articles included. This

analysis will be in the context of the main additional outcomes above. In this review will be performed a qualitative, narrative analysis will be carried out on the articles included. This analysis will be in the context of the main additional outcomes above.

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Subgroup analysis Subgroup analysis will be conducted based on the gender of participants, treatment time, specific combinations of design features, and preventive psychiatry communication. Exploring the results of potential positive outcomes for both sides on patient-psychiatrist OR psychiatrist-patient. Subgroup analysis will be conducted based on gender of participants, treatment time, specific combinations of design features and preventive psychiatry communication. Exploring the results of potential positive outcomes for both sides on patient-psychiatrist OR psychiatry-patient.

Sensitivity analysis Articles with low Literature Review (Background) and Theoretical Connections scores, will be reported (items of “Letts, L., Wilkins, S., Law, M., Stewart, D., Bosch, J., & Westmorland, M., 2007 by McMaster University”).

Language restriction Portuguese & English.

Country(ies) involved Portugal.

Other relevant information Create a more organic and integrative health service in the field of mental health, using service design to implement new communication strategies and process processes.

Keywords Design Communication on Mental Health; Mental health literacy; Preventive Psychiatry; Design Communication; Communication on Mental Health; design service on healthcare.

Dissemination plans Future Approach:

1. - The results will be discussed at relevant conferences and institutions;
2. - An institution that develops community projects in the area of mental health, carrying out various group and individual therapies for greater self-knowledge and criticism about mental health in at-risk patients who do not have family support, being isolated without any guidance for a stable and healthy life. Also breaking the barrier between the community and psychiatric patients, revealing that patients with mental disorders are not violent.

Contributions of each author

Author 1 - Alexandra Freitas.