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ORIGINAL ARTICLE

Engaging youth in stakeholder analysis for developing community-based digital innovations for mental health of young people in Ingwavuma community, in KwaZulu-Natal Province, South Africa

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Abstract

South Africa faces a critical shortage of mental health service professionals and support for young people with common mental health disorders is inadequate. Social relationships that provide support to adolescents in South African communities are increasingly declining due to socio-economic pressures. Developing ethical digital mental health innovations has potential to address provide services particularly in rural communities where mental health facilities are scarce. The active involvement of young people is critical to maximising uptake and reducing apathy on the use of digital innovations for mental health. Using the nominal group technique this study engaged young people in identifying stakeholders for setting up a community-based mental health intervention in a rural community. Use of nominal group technique for stakeholder analysis proved to a useful tool for engaging young people. The stakeholder identification and analysis provided a base for inclusivity in developing digital innovations for mental health through identifying multi-sector community stakeholders. It revealed that young people in the community have varying perceptions about the level of power and interest which their peers, family members, local leaders, health workers and social development organisations have in developing digital mental health interventions. This research contributes to our understanding of the ways in which to leverage young people's participation in project planning and decision-making and building strong teams and alliances for developing digital innovations for mental health in marginalised rural communities.

KEYWORDS
community consultation, eHealth, mental health, stakeholder analysis, young people

1 | INTRODUCTION

South Africa faces a critical shortage of trained mental healthcare workers (Sibeko et al., 2018). The country's rural and low resource urban communities lack mental health literacy, including biomedical understandings of mental health problems (Field et al., 2020; Kometsi et al., 2020). However, there is an opportunity for positive change through social innovations that are mindful of young people's lived

experiences relative to mental healthcare and mental health literacy (Ouansafi et al., 2021). Social innovations facilitate the creative use of readily available human and cultural capital to solve community challenges. While the importance of responsible innovation is unquestionable, success often hinges on encouraging the community's instrumental participation in the conceptualisation and implementation of community health projects (Mutero & Chimbari, 2021; Ouansafi et al., 2021). Stakeholder management is valued globally for its pragmatic value in implementation and sustainability of community health projects (Savage et al., 2004). There is also global consensus on importance of engaging communities in research processes.

While experts concur that inclusion of diverse stakeholders improves the quality of projects from conception to implementation, marginalised voices are often omitted (Chauveron et al., 2021). For South Africa, the inclusion of young people's voices in community projects is hindered by patriarch, regressive social norms, gender inequality and other intersecting power relationships, despite the presence of supportive legislation and constitutional provisions (Sathiparsad et al., 2008). Approximately 40% of South Africa's population reside in rural areas (Project, 2015). The rural areas are perceived as 'places of tradition rather than modernity, of agriculture rather than industry, of nature rather than culture, and changelessness rather than dynamism' (Ward & Brown, 2009). The conservative outlook and limited exposure potentially limits rural-based young people's perceptions of both the problem and the changes needed. Rural-based young people are therefore less likely to be involved in the development of digital innovations for mental health innovations.

The focus on conservative rurality leads to an assumption that the support structures for young people in living in rural societies are always stable contrary to existing evidence (Ntuli et al., 2020). Furthermore, the voices of South Africa's rural young people speaking about issues related to mental health such as substance use are relatively marginalised both in academic discussions and local communities (Majee et al., 2021). As a consequence, failing to include local youth in community-based mental healthcare projects may lead to poor implementation of interventions, apathy and the possibility of misinterpretation of their mental health literacy (Kometsi et al., 2020).

The study was conducted by the KwaZulu-Natal Ecohealth Project (KEP) in the context of the Ethics for Mental Health Digital Innovations for Youths in Africa (EMDIYA) project. At present members the EMDIYA network includes researchers, communities and organisations from five African countries, namely, Kenya, Uganda, Zimbabwe, Ghana, and South Africa as well as researchers from the University of Oxford in the United Kingdom. One of the key activities of EMDIYA is to work with young people, to co-create a sustainable engagement strategy to involve young people, with a focus on representation from underserved communities. South Africa is the only member country of the network working with rural-based young people. It is against this background that we engaged young people in identifying stakeholders for setting up a community-based mental health intervention in Ingwavuma community.

What is known about this topic?

- Young people in South Africa's low resource urban communities lack mental health literacy including biomedical understandings of mental health problems.
- Social relationships can provide support for young people's mental health wellness.
- For South Africa, the inclusion young people's voices in community health projects is hindered by patriarch, regressive social norms and other intersecting power relationships despite the presence of supportive legislation and constitutional provisions

What this paper adds?

- Insight on how to reduce the risk of taking an anticipatory approach in community health research through using nominal group technique to engage young people.
- Young people in the community have varying perceptions about the level of power and interest which their peers, family members, local leaders, health workers and social development organisations have in developing digital mental health interventions
- Evidence contributing to understanding the ways in which to leverage young people's participation in project planning and decision-making.

2 | METHODOLOGY

2.1 | Study setting

The study was conducted in the following three rural villages, KwaMai, Makhane and Bhambanana villages (Bhambanana) in the Mathenjwa community (local chieftaincy overseeing the villages) in Ingwavuma area, under Jozini Local Municipality in uMkhanyakude district Municipality of KwaZulu-Natal, South Africa. The Mathenjwa area experiences poverty, patriarchal gerontocracy, low levels of education and a myriad of diseases. The area is also completely rural and has traditional structures, where delegated gatekeepers are headmen (Nduna) who have jurisdiction over a village (Musesengwa & Chimbari, 2017). They are accountable to the chiefs, the tribal council and their communities. The Ingwavuma area has a few clinics and schools and limited access to employment opportunities (Gumede et al., 2020). Ingwavuma experiences a high prevalence of probable common mental health disorders (Mthiyane et al., 2021).

2.2 | Research design

This study adopts the participatory approach situated in the emancipatory paradigm with the view to emancipate and transform the

community through group action (Chilisa & Preece, 2005). The participatory approach was used to elicit data from participants during the stakeholder identification and analysis process. We engaged young people to understand and champion their perspective as project beneficiaries for their own sake and the benefits of others as opposed to researching for the purposes of depicting community life for outsiders as if taking a photograph (Dennis, 2009).

2.3 | Recruitment of participants

We employed multi-stage sampling to select study participants. We used the existing relationship between KEP and the Department of Social Development (DSD) to purposively select active youth groups from the Ingwavuma community. As a result, participants for this study were part of youth groups facilitated by the DSD in KwaMai, Makhane and Bhambanana villages. The second stage of sampling was done using convenient sampling where all members of the three groups were open to the invitation. There were at least 20 youth group members in each village. We invited these three groups for 1-day workshops that were held in the three villages. Groups attended workshops in their respective villages. A total of 40 young people attended the three workshops, in Bhambanana (10), Makhane (10) and KwaMai (20). The participants were aged between 15 and 24 and they included females and males.

2.4 | Data collection methods

Data were collected through the nominal group technique, a group process for eliciting opinions and aggregating judgements to increase rationality and creativity when faced with an unstructured problem situation (Harvey & Holmes, 2012). Our working definition for dialogue in this process allowed participants to think aloud and talk spontaneously about experiences and thoughts (Grill et al., 2011) as opposed to settling for the consensus approach. The consensus approach entails finding a view that reflects what most people can live with, without necessarily dealing with potential pitfalls of deep sited reservations (Isaacs, 1993). The collaborative and dialogic nature of nominal group technique increases the stakeholders' ownership of the ensuing research and therefore increases the likelihood of action.

Data collection began with randomly allocating the young people to groups to identify and analyse who the important stakeholders are. Each group had an average of five participants of mixed gender. The gender and age of participants was not considered a factor when composing the groups as the rule was to allow all participants to express themselves freely regardless of any difference, real or imagined.

The stakeholder identification and analysis had two distinct steps: first, identification of possible stakeholders deemed important to achieve success of the project. The first question that was posed to participants at this stage was 'Who are the stakeholders that you can work with on EMDIYA in your community?' Second, participants carried out a thorough scrutiny of who the important stakeholders are from the identified stakeholders using the stakeholder analysis matrix (SAM) method and categorising them into different segments according to their level of interest and influence. The nominal question asked at the second stage was 'What is the level of power and interest of each stakeholder on working with young people from the community to develop digital mental health innovations?'

2.5 | Data analysis and interpretation

Data analysis was through inductive content analysis and creative synthesis where patterns and relationships were searched thus going beyond the data to develop idea. Stakeholder analysis matrix (SAM) was used to assess stakeholders' level of power and interest. The young people's definition of power was related to policy making and planning, position to contribute, ability to influence the community and significance to the project. They described interest as the pull and push factors attracting or repulsing stakeholders from participating. These could be their roles and the relationships between them, including alliances, collaborations and inherent conflicts.

The process entailed rating the power and interest of the stakeholders identified using a scoring system where H (High) = 1 point and L (Low) = 0. Each of the groups in our workshop were asked to place the stakeholders in the Matrix box according to their power and interest. We used these matrixes to assign each stakeholder a score based on whether they had power and/or interest in the project. The total score for both power and interest gave us the level of relevance/significance for each identified stakeholder, and hence we ranked their relevance to the project according to this total score.

After the engagement with the participants the researchers independently used the matrices to identify all the listed stakeholders, categorise them and to find meaning from the rating done by youth. The interpretation facilitated an understanding of the social structures and relations that facilitate implementation and uptake of digital mental health services in the researched community. As a result, this study employed an interpretive paradigm which allows the 'researchers to view the world through the perceptions and experiences of the participants' (Thanh and Thanh 2015: 24). The process allowed researchers to analyse the results acknowledging the experiences of young people as valid, to reconstruct them, to understand them, to avoid distorting them, to use them as building blocks in understanding stakeholder relations in Ingwavuma community.

2.6 | Ethical considerations

Ethical approval was obtained from the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee. The

participants gave consent orally before participating in the study after the study purpose, and their role has been clearly explained to them. The oral consent given by participants at the beginning of the FGD was also recorded as part of proceedings. While the significance of ensuring the confidentiality of discussion proceedings was emphasised during FGDs, participants were informed about the limitations on researchers to enforce post-discussion adherence to confidentiality commitments by fellow participants. All participants were informed that they had the right to decline to participate and to drop out at any time without any consequences.

3 | FINDINGS

3.1 | Identification of stakeholders

The participants identified 46 important stakeholders for EMDIYA and categorised them into following groups: Local area leadership, Religious and cultural leaders and institutions, Recreational services, social development institutions and professionals, Healthcare professionals and service centres, Policy makers, Education, Information technology and communication, local businesses, law enforcement and security services.

Two groups had the highest number (7) of stakeholder, that is, Healthcare professionals and service centres and Policy makers. The capital group had the lowest number (1) of stakeholders as shown in Table 1.

3.2 | Levels of power and interest

Figure 1 shows an adapted pareto chart where lengths of the bars represent the frequency of each stakeholder being mentioned and assigned a high score (on interest or power). The bars are arranged with the longest bars on the left representing stakeholders frequently rated as having high power or interest and the shortest to the right representing stakeholders with less power/interest. The chart visually depicts which stakeholders are perceived by young people as being more significant to developing digital innovations for mental health of young people in the study area. Figure 1 adapted pareto chart where lengths of the bars represent the frequency of each stakeholder being mentioned and assigned a high score (on interest or power).

Relevance of the stakeholders is depicted by total scores per stakeholder and the number of times they appear in all the groups. The stakeholders which scored high were also mentioned by almost all the groups and tended to have more power and interest. Those mentioned in only one group were ranked low. The social workers, village headmen, parents, pastors, councillor, NGOs, municipality, teachers, business people and nurses were the 10 highest ranked stakeholders, and they were identified almost all the groups indicating that they are critical for stakeholder engagement activities.

TABLE 1 List of EMDIYA stakeholders identified by young people

Primary targets	Local area leadership	Religious and cultural leaders and institutions.	Recreational services	Social development institutions and professionals	Healthcare professionals and service centres	Policy makers	Education	Information technology and communication	Local businesses	Law enforcement and security services
Youths (12–24 years) Elders/parents	Induna/village head	Traditional Doctors	Sports associations	Social Worker Chairperson of youth development	Psychologist	Councillor	Teachers	Network companies (Vodacom, etc)	Local business	South African police services
	Youth leaders committee	Prophets	Entertainment/ talent show	NGOs	Doctors	Mayor	Special schools	IT Specialists		South African national defence forces
	Community policing forum	Reed dance organisers	Leisure centre	Department of Social Development	Counsellor	Municipalities	Library	Camera person		
	Elders/parents	Pastors		Youth centres	Nurses	Department of liquor Authority		Radio project		
	Ward committee	Churches		Support groups	Community health workers			Zisize Educational trust,		
				Feeding schemes	Mobile clinic			The Rural Development Company		
				Orphanages	Rehabilitation Centre					

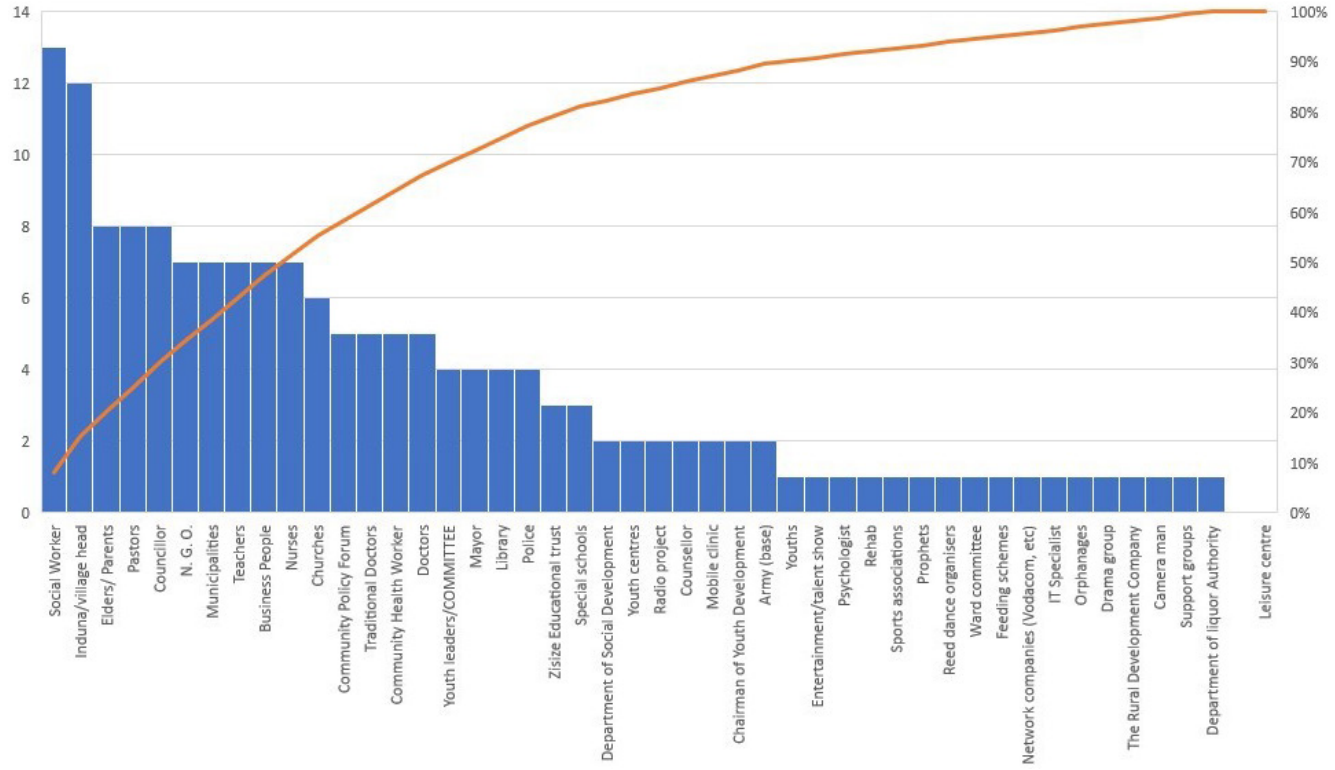

FIGURE 1 Adapted pareto chart where lengths of the bars represent the frequency of each stakeholder being mentioned and assigned a high score (on interest or power)

Table 2 also shows the outcomes of the stakeholder analysis indicating the stakeholders identified by the youths and the interest and power of each stakeholder.

3.2.1 | Primary target

Participants identified fellow young people aged between 12 and 24 years, from their community, as potential stakeholders for the project. The youth were, however, deemed to lack both the power to influence and interest in developing digital innovations for mental health. Also, in the same circle of primary target stakeholders were members of participants' families who could be biological parents, guardians or the elderly people. Half of the participants considered parents and the elderly people to have both interest and power, while the other half thought parents and guardians lacked interest in the mental health and lacked the power to influence the development of digital innovations for mental health.

3.2.2 | Local area leadership

Local area leadership stakeholders identified included the Induna, ward committee, youth leader committee, parents and the elderly people and the community policing forum. The iZinduna/village heads who are unelected community leaders, assuming authority from appointment by the local chieftaincy were considered by most young people to possess substantial power and to be keenly interested in young people's issues. The community policing forum which is a group of community representatives who are tasked to be arbiter of village disputes and are consulted on community programs was considered to have the power to but lack interest in facilitating change. Contrary to the community policing forum, which is often constituted by the elderly people, the youth leader committee which is made up leaders of youth associations and groups in the community was perceived to have no power but interested in youth activities.

3.2.3 | Religious and cultural leaders and institutions

The custodians of religious and spiritual life including traditional healers, prophets, pastors, reed dance organisers and churches were listed as potential stakeholders for the project. In this community traditional healers and prophets serve the community by providing healing associated by African traditional religion and Christianity respectively. Traditional healers, churches and pastors were considered by half of the participants to have interest while reed dance organisers were deemed to be lacking the same. The reed dance organisers are women who assist young girls to retain their virginity and prepare them for the reed dance, a local festival celebrating the virgins. Traditional healers and reed dance organisers who are both associated with the African traditional religion and culture were considered to lack the power to influence change.

TABLE 2 Shows all the stakeholders identified including their description and roles in the community, table also shows how participants rated them according to their power and interest scores

No	Stakeholders	Description	Role	Power								Power score	Interest							Interest score	Total score for power and interest
				A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H	
1	Social worker	Helps the vulnerable in the community	Social development institutions and professionals	L	H	L	H	H	H	L	H	5	H	H	H	H	H	H	H	H	8	13
2	Chairperson of youth development	Association for the youths and its leader in the community	Social development institutions and professionals	L	L							0	H	H							2	2
3	N. G. O.	Non-profit organisations offering help to community members	Social development institutions and professionals	H		H				L	H	3	H		H				H	H	4	7
4	Department of social development	Responsible for allocating resources and services to the development of community members	Social development institutions and professionals	H								1	H								1	2
5	Youth centres	Places or institutions meant for youth interaction and education.	Social development institutions and professionals					H				1					H				1	2
6	Support groups	Community groups that help vulnerable people in society	Social development institutions and professionals		L							0		H							1	1
7	Orphanages	Open homes that take care of homeless children	Social development institutions and professionals			L						0			H						1	1
8	Feeding schemes	Feeding programs that supply food to young people from under privileged homes.	Social development institutions and professionals			L						0			H						1	1
9	Induna/village head	Leader of villages, resolves tribal issues	Local area leadership	H	H		H	H	H	H	H	7	H	H		H	L	H	L	H	5	12
10	Youth leaders/ committee	Leaders of youth associations and groups in the community	Local area leadership		L		L	L		L	L	0		H		H	H		H	L	4	4
11	Community policy forum	Group of community representatives, consulted on community programs and village disputes.	Local area leadership	H	H					H	L	3	H	H					L	L	2	5
12	Ward committee	Group of community representatives, consulted on community programs and village disputes.	Local area leadership					H				1					L				0	1

TABLE 2 (Continued)

No	Stakeholders	Description	Role	Power								Power score	Interest							Interest score	Total score for power and interest
				A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H	
13	Pastors	Religious leaders of various church denominations	Religious and cultural leadership	L	H	H		L		H	H	4	H	H	L		H		L	H	4	8
14	Churches	Religious institutions offering spiritual help services to the community	Religious and cultural leadership	H			L		L	L	H	2	L			H		H	H	H	4	6
15	Reed dance organisers	Women who assist young girls to retain their virginity and prepare for the local reed dance.	Religious and cultural leadership		L							0		H							1	1
16	Traditional doctors	Provides healing using indigenous knowledge, for example, spiritual, animal, plant, and mineral substances	Religious and cultural leadership	L	L	L	L	L		H	L	1	L	H	L	L	H		H	H	4	5
17	Prophets	People with spiritual powers, who reveals divine knowledge.	Culture and tradition		L							0		H							1	1
18	Sports associations	Groups organising sporting activities in communities	Recreational services	L								0	H								1	1
19	Entertainment/ talent show	Individuals and groups organising entertainment events in the community	Recreational services	L								0	H								1	1
20	Leisure centre	Bar and entertainment centre	Recreational services						L			0						L			0	0
21	Drama group	Arts and performance group	Recreational services						L			0						H			1	1
22	Councillor	Political ward leader, resolves party and ward issues	Policy makers	H	H	H	L		H	H		5	L	L	L	H		H	H		3	8
23	Mayor	Leader of the town, decision-maker on local municipality governance and political administration.	Policy makers						H	H		2						H	H		2	4
24	Municipalities	Institutional body led by the mayor that governs the town and administers local civil services	Policy makers	H					H	H	H	4	H					H	L	H	3	7
25	Department of liquor authority	Alcohol and liquor management body that regulates the use and distribution of Alcohol in the country	Policy makers		H							1	L	L							0	1

(Continues)

TABLE 2 (Continued)

No	Stakeholders	Description	Role	Power								Power score	Interest							Interest score	Total score for power and interest
				A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H	
26	Youths	Yong people aged between the age of 12–24 years	Primary target			L						0			H						1	1
27	Elders/parents	Caregivers and biological parents of young people involved in the project	Primary target	H		H	H	L		H		4	H		H	H	H		L		4	8
28	Psychologist	Health practitioner who studies the mind and helps people to change their behaviour.	Healthcare professionals and service centres		H							1		L							0	1
29	Doctors	Medical practitioners using allopathic medicine to heal patients in medical centres.	Healthcare professionals and service centres		H	L	H				H	3		L	H	L				H	2	5
30	Counsellor	Kelp individuals overcome their personal problems and to make the appropriate changes in their lives	Healthcare professionals and service centres			H						1			H						1	2
31	Nurses	Provides medical care to patients in health centres	Healthcare professionals and service centres	L	H	L	L	L		L	H	2	H	H	H	L	L		H	H	5	7
32	Community Health Worker	Community-based health carer giver offering services to home-based patients	Healthcare professionals and service centres		L	L	H		H	L		2		L	H	H		H	L		3	5
33	Mobile clinic	Community outreach service offering primary healthcare needs on a monthly basis	Healthcare professionals and service centres						H			1						H			1	2
34	Rehab	Centre for the rehabilitation of people suffering mental health disorders resulting from drug abuse	Healthcare professionals and service centres						L			0						H			1	1
35	Business People	Local traders and shop owners in the community	Local businesses	H	H		L	H	H	H	H	6	L	L		L	L	L	L	H	1	7
36	Teachers	Educators in school environments. Responsible for educating learners in schools	Education			H		L	H	L	H	3	H		H		L	H	L	H	4	7
37	Special schools	Schools meant for children with physical and mental incapability.	Education			H						1	H		H						2	3

TABLE 2 (Continued)

No	Stakeholders	Description	Role	Power								Power score	Interest							Interest score	Total score for power and interest
				A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H	
38	Library	Centre for reading and borrowing books, also offers internet access and training facilities	Education						H		H	2						H		H	2	4
39	Network companies (Vodacom, etc)	Providers of telecommunication services in the country.	Information technology and communication			H						1	L		L						0	1
40	IT Specialist	Computer services and software development	Information technology and communication			H						1	L		L						0	1
41	Zisize Educational trust	Another community-based youth training centre focusing on IT skills development.	Information technology and communication			H						1	H		H						2	3
42	Radio project	Local radio initiative that brings radio reporting to the community, allowing youths to tell stories on radio.	Information technology and communication			L						0	H		H						2	2
43	The Rural Development Company	Computer and IT skills development company based in the community	Information technology and communication	H								1	L								0	1
44	Camera man	Photographer covering most local events and activities	Information technology and communication						L			0						H			1	1
45	Police	Officers responsible for safeguarding community	Law enforcement and Security Services	H	H					H		3	L	L					H		1	4
46	Army (base)	Officers responsible for safeguarding country borders (areas lies at the border of SA and Mozambique	Law enforcement and Security							H		1							H		1	2

Abbreviations: A-H, youth groups; H, High (1 point); L, Low (0 point).

3.2.4 | Social development institutions and professionals

Participants believed that organisations working in the social development field lack both the power and interest necessary to influence the development of both digital innovations for mental health. The participants listed stakeholders who included non-governmental organisations, department of social development, youth centres, support centres, orphanages, chairperson of youth development and feeding schemes. Social workers were also listed and classified under this category as professionals. Apart from social workers and non-governmental organisation the aforementioned potential stakeholders were perceived to lack interest in young people's mental healthcare issues. However, these organisations that were considered to lack power are strategically set-up in the community to champion the interests of young people. The participants considered social workers and non-governmental organisations to have high interest and power to influence change. Social workers and non-governmental organisations often interact with young people when carrying out their work in the community.

3.2.5 | Healthcare professionals and service centres

The participants made a list of healthcare facilities and professionals as potential stakeholders. The medical professionals comprised of psychologists, doctors, nurses, community health workers and psychologists. While the listed psychologists, nurses and community health workers are key to provision of patient care, and mental healthcare, most of the participants believed they lacked the power to influence the development of digital innovations for mental health. Medical doctors were, however, considered to not have interest though they possessed influential power. Rehabilitation centres and mobile clinics were considered to lack both interest and power. In summary, participants thought all health professionals except for nurses had little interest on working with the young people in the project.

3.2.6 | Policy makers

The Mathenjwa area falls under the Jozini municipality which is presided over by elected officials. The local government is the sphere of government closest to the people and has the power to design and effect policy. Participants listed the mayor, councillor, department of liquor authority and municipalities as important stakeholders. The mayor who is the leader of the town, decision-maker on local municipality governance and political administration was perceived as not having much power and also to have little interest in working with young people at the village community level. This is contrary to councillors who are political leaders within a ward. Ward councillors were regarded to have influential power and slightly low interest in working on youth issues.

Participants' views were that the municipality had little interest, yet it had power to influence the development of digital mental health innovations for young people in the community. The municipality is an institutional body led by the mayor that governs the town and administers local civil services. The Department of liquor Authority, an alcohol and liquor management body that regulates the use and distribution of alcohol was considered to lack both the power and interest in issues to do with development of digital innovations for mental health for young people.

3.2.7 | Recreation services

The researched communities have sports associations, leisure centres, drama groups and performance arts promotion organisations which were all perceived as not having power to influence change. All the youth reaction services, except for leisure centres were said to have little interest for involvement in the development of community-based digital innovations for mental health innovations of young people in the community. Leisure centres which include bars and entertainment centres were considered to have no interest in the project.

3.2.8 | Local businesses

Participants identified local traders and shop owners from within the community as potential stakeholders for the project. The local business assists the community with employment opportunities and at times they finance community projects. The participants perceived these local businesses as having high power and substantial interest in working with young people to develop digital mental health innovations.

3.2.9 | Information technology and communication

The young people identified information technology and communication stakeholders including the local area camera person, radio project, telephone network companies and two non-governmental organisations namely Zisize Educational Trust and the Rural development company. These stakeholders were invariably deemed to have insignificant power and little interest in working with young people on the development of digital innovations for the mental health of young people.

4 | DISCUSSION

The objective of this study was to engage young people through the nominal group technique, in identifying stakeholders for setting up a community-based digital mental health intervention in Ingwavuma community. The discussion of the findings follows two broad categories. First, we discuss how the nominal group technique was

used and its effectiveness or lack thereof. Second, the discussion focuses on the stakeholder identification and analysis findings and their implication.

4.1 | Using nominal group technique to collect data from young people

There is global consensus on the efficacy of stakeholder involvement in engaged research (Tembo et al., 2021; Tindana et al., 2007). The stakeholder analysis described in this article demonstrates an alternative by which community engagement in health research can be achieved. The use of nominal group technique allowed participants to freely express themselves without fear of being judged as observed by Rice et al. (2018). The participants identified stakeholders who mattered to them thus reducing the risks of taking an anticipatory approach which is often aligned to top-down approaches (Wasserman et al., 2018).

The active participation of young people in the groups potentially shows the effectiveness of using the nominal group technique in eliciting data from young people. Using the nominal group technique allowed young people not only to reach consensus regarding the stakeholder identification and analysis but it also gave them an opportunity to be actively participate on issues that concern them. The use of nominal group technique in society characterised by patriarchy deconstructs hegemonic norms that silence young people. It pays attention to individual concerns and lays a foundation for group efforts. Engaging young people in stakeholder analysis enhances their understanding of principles of inclusivity, co-developing resource use rules and appreciation of the values that underpin management decisions (Cavalcante de Oliveira Júnior et al., 2021).

4.2 | Implication of findings

The stakeholder analysis provided a base for inclusivity in developing digital innovations for mental health through identifying multisector community stakeholders. The range of stakeholders included the young people, their parents, socialisation agents such as the church, local organisations and policy makers. The broad array of stakeholders that were suggested by participants showed that developing digital innovations for mental health innovations for young people requires the community-wide effort. Involving stakeholders is a pre-condition for community wide efforts in local disease prevention and control enhances emotional and psychological support for participants (Mutero & Chimbari, 2021). Community involvement may also enhance both mental health and accountability in developing interventions (Johnson & Rogers, 2020).

Young people engaged in this study have divergent views on their parents and peers' interest in developing an eHealth facility for use by young people and by extension mental healthcare. Half of the participants suggested that their parents and guardians had interest in young people's mental health. Parent involvement is a well-established correlate of adolescent well-being; however, half of the participants felt their parents were not interested and were thus likely to play a limited role in the envisaged project. The young people's concern corroborates Hlungwani, Ntshingila, Poggenpoel, and Myburgh (2020, p. 1) assertion that some parents experience a sense worthlessness and powerlessness in terms managing their adolescents children's mental health challenges. The results highlight the need for improved parent–adolescent communication and cooperation on tackling mental health challenges. This might be central in developing mental health interventions as social relationships contribute to mental health wellness.

4.3 | Limitations of the study

While important lessons can be drawn from this study, there are limitations to that. The study participants were already proactive young people who participated in community youth groups. Therefore, they already had some degree of agency and perhaps confidence. Delbecq et al. (1975) noted the process of choosing membership of the group and prior preparation are important for its success. Getting young people who are not in community groups might present challenges related to active participants during the sessions. Recourse should, however, be found in preparing young people in ways that boost their confidence and make them comfortable to speak before the actual engagement.

The stakeholder analysis employed falls short on exploring interdependency between stakeholders (Henjewele et al., 2013). Exploring interdependency of stakeholders will imply going beyond finding 'who is important' to how can the collective strength be harnessed. Interdependency fosters collaboration and success of community engagement projects (Mutero & Govender, 2020). Only the immediate beneficiaries participated in the process hence the views of other stakeholders are not considered. However, the exclusion was meant to offer young people a space where they can openly dialogue with any barriers from social hierarchies.

4.4 | Summary

The study shows the advantages of using the nominal group technique to collect data from young people. It gives young people an opportunity to freely voice their concerns on issues that concern them. The nominal group technique also created rapport between researchers and the community thus facilitating a collaborative partnership for jointly solving a problem. Essentially, the nominal group technique provides a base to meaningfully involve the community in participatory action research. Therefore, based on this experience, we recommend the use of the nominal group technique in community health research.

This study was useful in identifying stakeholders from across the social strata and rating stakeholders based on interest and power. The results will be used in setting up community

partnerships for developing digital mental health innovations for young people in the community. There are different ways of engaging stakeholders relative to each stakeholder's power or influence. The registered scores will be used to determine the level at which each stakeholder will be engaged. The recommended action for stakeholders who scored less on both power and interest can include increasing their awareness of the project activities, encouraging them to be part of the project as well as inviting them to project activities. Stakeholders who scored high on both power and interest can be meaningfully engaged through inviting them to meetings so that they can be informed of youth needs; negotiating partnerships; and value proposition. Advocacy can be used to engage stakeholders scoring high on interest but low on power so that they become aware of young people's expectations. However, there is no one definitive way of ensuring stakeholder participation.

5 | CONCLUSION

Overall, this research contributes to our understanding of the ways in which to leverage young people's participation in project planning and decision-making. Use of nominal group technique for stakeholder analysis proved to a useful tool for engaging young people. Our findings show that participants thought that community members had different levels of interest in the development of digital innovations for mental health and by extension young people's mental healthcare. However, stakeholder analysis done by participants provides recourse on who to involve and potentially a leeway to map stakeholder interdependency for collaboratively developing digital innovations for mental health for young people in Ingwavuma community.

AUTHOR CONTRIBUTIONS

Innocent Tinashe Mutero (ITM) conceptualised the study, collected the data and interpreted the data. Tafadzwa Mindu (TM), Winnie Cele (WC) and ITM analysed the data. ITM wrote the first draft. ITM Tinashe Mutero, Tawanda Manyangadze (MT) and Moses John Chimbari (MJC) critically reviewed and edited the draft. MJC supervised the process. ITM, TM, WC, MT and MJC agreed to the published version of the manuscript.

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CONFLICT OF INTEREST

There is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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