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“How to Expand the Revenue Streams for CADIn-
Evaluating and Benchmarking Strategic Solutions for
Revenue Growth?”

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Abstract

This paper analyses strategies for CADIn, a Portuguese non-profit organization, to diversify its revenue streams and improve its processes. Using data from several internal and external sources, a comprehensive gap assessment, market analysis, go-to-market strategy, and financial analysis were conducted. While identifying resource underutilization, methods will be suggested to optimize capacity by targeting new client segments. These include expanding teleconsultation services, meeting the needs of new mothers, and addressing mental health care for the elderly. By focusing on these segments, CADIn will expand beyond its child-centered services, thereby opening new growth opportunities.

Keywords

Management, Non-profit Organization, Social Impact, Strategy

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1. Introduction

The goal of this project is to strategically reflect on CADIn's operations and present recommendations for it to diversify its revenue streams. CADIn's operational dynamics will be analysed along with the proposal of innovative ideas to resolve the problem of optimizing spare capacity. The derived recommendations aim to empower the organization, while expanding its revenue streams, allowing to boost the positive impact of its *Bolsa Social* initiative—a crucial program offering therapeutic support to low-income families and institutionalized children.

1.1. History and context of the organization

CADIn is a Portuguese non-profit organization committed to the welfare of individuals facing neurodevelopmental disorders and behavioural challenges. Founded in 2003, it was a pioneer in its field, and it dedicates to the treatment and study of these health conditions. Beyond that, the organization has the mission to address a social problem, aiming to achieve higher societal welfare. Thus, an essential component of the organization is the fund *Bolsa Social*, tackling socioeconomic problems, by covering the costs associated with the services for institutionalized children and families with low income. A more detailed overview of CADIn's mission, vision and values can be found in *Appendix A1*.

Furthermore, CADIn is spread across three units – Lisbon, Cascais, and Setubal. In every unit, the organization provides treatment and long-term support for the clients and their families, organizing itself into several areas of expertise comprising clinical activity, trainings, social intervention, and research. *Table 1* displays CADIn's diverse range of services.

Table 1 - Areas of expertise and different supply specialties at CADIn

Clinical activity	Special Education and Rehabilitation	Intervention Areas (for treatment and long-term support) Intellectual and Developmental Disorders Communication and Relationship Disorders / Autism Spectrum Disorders Communication, Language and Speech Disorders Specific Learning Difficulties (dyslexia, dyscalculia, dysgraphia, among others) Attention Deficit / Hyperactivity Disorder Behavioural Disorders Mood / Anxiety Disorders Sleep Disorders Impulse Control Disorders / Eating Disorder
	Developmental Pediatrics	
	Neuropediatrics	
	Neuropsychology	
	Clinical Psychology	
	Educational Psychology	
	Psychometricity	
	Psychiatry	
	Child and Adolescent Psychiatry	
	Speech Therapy	
	Pediatrics	
	Trainings and others	
Trainings for knowledge-sharing among the community		Trainings to everyone interest to enhance awareness and understanding of these disorders and other topics
Product sales		In-house developed therapeutical games;
One-day seminars		Seminar is a one-day thing (once or twice a year)
Social Initiatives	Bolsa Social	Fund made by donations to sponsor the sessions for beneficiaries that cannot afford the established prices
	Redes Ativas	Program designed for teenagers that lack social skills
	Others	Other collaborations with stakeholders to promote understanding on neuroscience disorders
Research	Partnerships with Universities, such as Faculdade de Motricidade Humana	Generation of scientific knowledge in the filed of neuroscience
	Others	

Initially, the focus relied on services for children, however, they wanted to address the different stages of the clients' lives, adapting their services to all ages. As the children initially served by CADIn grew into adulthood, the organization evolved to meet their changing needs. Given that CADIn believes in continuity and a person-centred approach, and considering the long-term nature of these disorders, CADIn extended its services to a wider age range.

1.2. Problem statement

CADIn's operational environment reveals two critical challenges demanding strategic attention.

First, CADIn's brand identity is deeply affected by a historical alignment with child-centered services, unintentionally constraining the organization's potential for expansion beyond this segment. This results in careful research on how to diversify the organization's offerings while maintaining its foundational character.

Simultaneously, the mornings present a challenge of overcapacity. This includes both physical space and the availability of specialists that are not fully utilized. This is primarily attributed to a lower client turnout during these hours, as most clients are children attending school or kindergarten. Further, the issue involves the difficulty for parents, who typically work during these hours, to bring their children from school to CADIn clinics. This logistical challenge contributes to the underutilization of resources in the mornings. Contrary, in the afternoon, there is an excess of demand. Waiting lists for appointments are growing due to physical space limitations, highlighting a crucial pipeline issue. The complexities of these challenges are a pivotal aspect of this project, aiming to analyse the nuances within CADIn's operational framework.

In response to these issues, this project aims to provide practical and useful guidance to CADIn, focusing on creative and flexible approaches. This will help CADIn adapt and stay resilient in a constantly changing environment.

1.3. Research question

As a result of the problem statement, the main research question that will guide this report is: "How can CADIn optimize spare capacity to generate surplus revenues?"

To answer this question, the report is divided into four chapters that present the findings. The first section is dedicated to the presentation of the methodology, which demonstrates how the research of this project has been conducted, including the data collection and analysis. The first findings chapter is a gap assessment of the current situation of CADIn. Next, the second part constitutes a benchmark analysis, including the new drivers of revenues and their market sizes. Afterwards, a go-to-market strategy will follow, concluding with financial implications for CADIn to implement the proposed new strategic directions. The report will conclude by providing recommendations for CADIn on how to expand its new revenue streams.

2. Methodology

This chapter outlines the methodology used to answer the main research question mentioned above. Considering the project, it employs a mixed-methods approach, integrating quantitative and qualitative data. The research design was executed by following a consulting approach, suitable for an in-depth understanding of the organization's unique context and challenges. The data collection was conducted through several sources, both primary and secondary.

2.1. Primary research

Primary data was collected through interviews which were analysed qualitatively. Based on the choice of the interviewees, the non-probability sampling method was used. The interviewees were selected by judging whether their experience and expertise would help gain a better understanding of the topic. In total, eight interviews were conducted. An internal analysis was conducted by interviewing the director of Finance and Administration, and the clinical director of the Cascais unit, which provided qualitative insights into internal processes, challenges, and perceptions of resource utilization. An external analysis was carried by interviewing potential new clients from the proposed new target segments. Three interviews were held with recent mothers and two were held with elderly, both aiming to discover the preferences, needs and behaviours of the new segments.

A semi-structured interview method was used during all interviews. The team prepared open questions beforehand, which could vary between the interviews due to the different views. This helped to adjust the questions depending on the interview flow and enabled the interviewees to express their thoughts on certain topics on their own terms. The interviews were conducted on a one-to-one basis. Regarding data analysis, the interviews were transcribed, and some were

translated to English so that the entire data is coherent, and conclusions can be drawn respectively. Especially for the interviews that focussed on the new segments, relevant themes and phrases were identified and commonalities in the responses were analysed.

Potential response biases have been acknowledged to ensure the validity and reliability of the research findings. The internal stakeholders may be too close to the organisation to have objective views. This could lead to potentially overlooking areas that need improvement. To address this limitation, quantitative data from the organization's official records has been analysed as well. This included financial statements, room utilization schedules, and other relevant documents. Initially a data cleaning process was performed to organize the raw numbers into an organized Microsoft Excel file, in which the necessary information was compiled into tables. Further, a combination of functions and tools was used that enabled the extraction of specific information and cross-referencing to reach an analytical assessment of the organization's performance. Analysing the data was crucial for understanding the organization's financial health, resource allocation, and operational efficiency.

Another limitation of this data collection is the limited representation of the new target segments. The first approach to collect data of the new segments was initiated by the consulting team through the development of a survey. This was developed to find the unique characteristics, needs and preferences of those segments. The distribution method of the survey was mainly through online channels like social media groups in Portugal, which was found to result in very few answers, that were not reliable enough to provide a solid foundation and analysis. Possibly due to its distinct nature being Portuguese pregnant women, recent mothers and elderly, the consulting team was not able to generate enough responses to achieve validity and reliability of the outcomes. As expanding of the sample size was not feasible, the team decided to conduct a few interviews, which had the

advantage of leading to a more comprehensive understanding of the interviewee's views, experiences, and motivations. It is acknowledged, that the insights from the interviews gathered do not fully capture the experiences and opinions of these segments, which could result in a lack of depth on information about these segments, resulting in mismatch strategies.

2.2. Secondary research

As a supplement to primary research, secondary research was conducted in order to gain a comprehensive understanding of the research topic. A benchmark analysis was performed for CADIn's strategic orientation, in which various institutions similar to CADIn were studied and listed, and all services they offer that can be applied to CADIn were analysed. The first criterion for selecting these institutions was based on their location in Portugal. This was due to the unique characteristics of the population and the significance of local health practices. Other considerations were the institutions' implementation of new teleconsultation procedures, as well as their ability in engaging specific demographic groups of clients.

Additionally, other secondary sources were assessed based on extensive literature review such as journals and academic articles in the field of health care. Peer-review articles of highly ranked online journals including for instance the Infant Mental Health Journal and Journal of Business and Management were used to ensure validity and reliability.

3. Strategic Direction: New Market Segments and Benchmark

The gap assessment from the previous chapter highlighted the need for CADIn to attract additional clients in order to expand its revenue sources. Building on this conclusion, the following chapter explores the current trends and challenges of healthcare needs and opportunities. Developing a benchmark analysis helps to first understand the best practices and strategies of market leaders. Using this methodology, a clear picture of the effective ways currently in use may be obtained, providing a practical context for the proposed strategies. By establishing what works well in the market through benchmarking, the size of the opportunity can be estimated by sizing the market.

3.1. Market analysis

In the current healthcare environment, where technology is increasingly integrated with client care, organizations like CADIn should be redefining their approach to meet evolving needs.

To assist CADIn in doing so while increasing their revenues, there were numerous potential paths explored in this strategic research. Some of these included, such as, the establishment of nutrition services, which is presently being considered by CADIn. This analysis, however, revealed uncertainty in demand fulfilment, especially during the morning hours, leading us to deprioritize this choice. Another option contemplated, was for CADIn to develop into a platform that allows medical staff to offer their services through a "marketplace". Renting out space was also considered but both the renting option and the platform idea were considered to diverge too much from CADIn's core activity and mission. Additionally, a suggestion could be for treatment sessions to be held at schools by the service providers. This option already exists and there is a cost for the journey and inconvenience. This alternative was disregarded, since it was discovered that few therapists (among those employed by CADIn) were interested in providing it, and it would also be

difficult to grow, requiring more than one student to be enrolled in each school in order to be effective. Finally, opening a kindergarten/daycare was considered, but due to legal limits and the necessity for extensive infrastructural changes, the decision was that it's not a feasible option. As a result of their relative lack of connection with CADIn's objectives and operational capabilities, these options were not investigated further.

So, after much consideration and a process of exclusion, the team decided to provide a strategic analysis focusing on three key areas: Teleconsultations, Elderly Care and New Mothers Support. The aim of this chapter is to identify and adopt industry best practices that align with CADIn's mission and enhance its service quality. This includes examining successful models to improve client engagement and address the underutilization of CADIn's services in the morning.

3.1.1. Teleconsultations

The global shift towards telemedicine, driven by the COVID-19 pandemic, has resulted in a new era where online consultations became a basis in healthcare delivery (Stowell Associates 2022). This type of care allows individuals to connect with healthcare professionals through various digital tools, avoiding the need to visit clinics in person. This provides more convenience for people with mobility or transportation issues, which often results in cost savings when compared to traditional care methods.

Currently, as already discussed above, CADIn offers a diverse range of services through teleconsultation: Neuropediatrics, Developmental Pediatrics, Child Psychiatry, Psychiatry, Psychology/Neuropsychology. Despite this, there is an evident gap in how the institution communicates the specifics of its online services. While the range of services offered is extensive, there is a lack of clear, accessible information on how clients can engage with these services online. The consequence of this scenario is the extremely low number of teleconsultations registered by

CADIn in recent years, as the Clinical Psychologist and Coordinator of the Cascais unit, admits: "I'm the only one who's doing it... I think my colleagues forgot a bit about this after the pandemic." (*Appendix H2*). As previously mentioned, online consultations accounted for only 4% of all CADIn's medical actions in 2022, a very low number. However, it also reflects there is a huge pool of untapped potential in this type of service, that can be reached if better organized and with more effective advertise.

A careful review of the organization's website reveals a lack of detailed information on online services. While references are made in the price list (*Appendix B10*), the messaging needs to be clearer. For an eventual client that is engaging with the clinic for online appointments, there is inadequacy of information, thus, demanding a more exhaustive presentation, structure, and detail on CADIn's website, which will be elaborated in another chapter.

To address this situation, elevating this segment, and use it to tackle the challenge of low demand for CADIn's services in the morning hours, a benchmark was performed, with several institutions similar to CADIn. From these, best practices that are feasible to implement at CADIn will be extracted, thereby improving its teleconsultation services.

3.1.1.1. Benchmark: PIN

PIN-Progresso Infantil is an institution dedicated to pediatric and developmental healthcare (PIN n.d.). It offers a large range of services that extend beyond the traditional in-person consultations to include innovative teleconsultation options. According to their website, PIN ensures that clients receive the best possible care regardless of their physical location. PIN's Distance Intervention Section, on their website (*appendix D1*), clearly illustrates the organization's commitment to convenient and accessible healthcare through video conferencing. This feature is particularly beneficial for clients who face challenges in visiting the clinic in-person and it's nearly mandatory

in a health clinic nowadays. The presence of Client Testimonials on the website serves as strong evidence to the success and satisfaction of PIN's clients on their teleconsultation services, offering reassurance to potential clients about the quality of care. By presenting research-backed findings, PIN's website strengthens the effectiveness and cost-efficiency of its online consultations.

The organization prides itself on its advanced technological capabilities, which play an important role in delivering an excellent experience similar to in-person sessions, thereby maintaining the integrity and quality of client care. Ensuring the confidentiality of client interactions, PIN emphasizes the security and privacy of its teleconsultation services, which is crucial in fostering trust and confidence among its clients.

Lastly, PIN offers a video conferencing service for professional supervision, enabling professionals outside PIN, to discuss and reflect on clinical cases, evaluation methods, and intervention techniques with PIN experts. This focused approach enhances skills and improves care quality, especially valuable in specialized fields like clinical psychology, therapy, and mental health care.

3.1.1.2. Benchmark Diferenças

Diferenças Centro de Desenvolvimento Infantil, offers an array of specialized services that cater to developmental needs (Diferenças n.d.). Their online interventions include Special Education and Psychomotor Rehabilitation, Clinical Psychology, Educational Psychology, Speech Therapy, and Family Therapy. These services are fundamental to the well-being of children and families they serve. The center also conducts Cognitive and Behavioral Assessments through teleconsultations, utilizing self-administered questionnaires and cognitive tests. This method allows for a personalized assessment of clients' needs, ensuring that each treatment plan is as effective and customized as possible.

Understanding the diverse needs of its clients, Diferenças demonstrates careful consideration for Client Diversity. They acknowledge that teleconsultations may not suit everyone, particularly those with physical disabilities or younger children, and emphasize the importance of evaluating each case individually to determine the best course of action.

The website, though informative, lacks client-friendly navigation and detailed information about their teleconsultation services (*Appendix D2*). Enhancing the site's design and functionality could significantly improve access to their services, particularly for those seeking remote consultations. In the digital age, a client-friendly and informative online platform is not a luxury but a necessity for engaging effectively with both existing and potential clients.

3.1.1.3. *Centro SEI*

Centro Sei (Centro Sei website n.d.), an institution in the field of developmental and therapeutic services, is at the forefront of integrating technology with client care. This is why its model clearly stands out. With a wide range of specialties of online consultations tailored for a variety of intervention areas, effectively addressing the different needs of their clients. These areas include assistance with learning difficulties such as dyslexia, dysgraphia, dyscalculia, and general academic underachievement. They also provide support for emotional challenges, including anxiety and depression, as well as neurodevelopmental disorders like ADHD and autism spectrum disorders.

Centro Sei's website is a prime example of how an online presence can reflect an organization's commitment to client-friendly service and client engagement. With its intuitive layout and easy navigation, the website serves as an outstanding model for CADIn. The website's clear and organized structure facilitates quick access to information, enhancing the client experience and likely increasing client retention and acquisition.

A notable feature of Centro Sei's online service is the dedicated section for online consultations (*Appendix D3*), which is set up to guide visitors interested in remote services directly to the information they need. This level of specificity not only promotes transparency but also makes it easier for clients to access important details about the services offered. Interactive elements such as live chat (*Appendix D4*) and sophisticated scheduling tools (*Appendix D5*) are integrated within Centro Sei's website to facilitate client engagement. Such features could be instrumental for CADIn in simplifying the process for clients to connect with their services, potentially improving accessibility and convenience.

Centro Sei's detailed presentation of information concerning their online consultation services provides a comprehensive view of what clients can expect. By detailing the process, technical requirements, and areas of intervention, they ensure that clients are well-equipped to make informed decisions. CADIn could incorporate this approach to provide clarity and build trust with potential clients.

Moreover, Centro Sei places a high priority on client communication, effectively addressing common questions and concerns which can serve as a valuable practice for CADIn. Ensuring that clients feel heard and supported is essential for a positive client experience.

In essence, Centro Sei's website stands out as a benchmark for excellence in digital healthcare service delivery. By adopting similar practices, CADIn can enhance its online visibility, improve client engagement, and provide a secure and supportive environment for those seeking teleconsultation services.

3.1.1.4. Implications for CADIn

In improving its teleconsultation services, CADIn aims to reach the diverse needs of its clients. The primary target audience includes Portuguese adults who can allocate a portion of their

mornings for online therapy sessions, providing a flexible and accessible solution for mental health support. Additionally, CADIn should extend its reach to Portuguese individuals residing in other parts of Europe and Asia. The Coordinator of the Cascais unit pointed out the difference in prices for this type of service in other countries, mentioning one case of one of her clients who lives in New York and their teleconsultations work very well, something that could benefit CADIn: “It would be much cheaper for them, living in more expensive countries, compared to local services in other countries” (*Appendix H2*). This presents an opportunity for CADIn to extend its reach and fill appointment slots, especially in the mornings. The choice of these two continents is based on the alignment of their respective time zones with those of Portugal. There is an important temporal alignment in which the afternoon hours in various European countries and most Asian countries correspond to the early morning hours in Portugal, which makes these regions suitable for CADIn’s objective to increase morning services. While prioritizing the introduction of teleconsultations for new clients, CADIn should invite existing clients to explore this convenient option, allowing them to request or transition to online therapy if their specific needs align with the available teleconsultation specialties.

Moreover, to improve CADIn’s online services, a strategic assimilation of Centro SEI's website model is recommended. By aligning with these best practices, the organization can potentiate its online segment, attract a broader client base, and efficiently fill morning slots. This not only addresses operational challenges but also solidifies CADIn’s position as a pioneer in neurodevelopmental healthcare.

3.1.2. Elderly Care

As previously discussed, prioritizing teleconsultations is a primary strategy for CADIn to increase its client base, the number of morning sessions, and consequently enhance revenue streams.

However, aware of the limitations in relying solely on teleconsultations, it's crucial to recognize the need to formulate additional strategies tailored to the organization's specific challenges. The median age in Portugal increased by 4.7 years over the past decade, reaching 46.8 years in 2022, which is higher than the EU average increase of 2.5 years (Público 2023). Factors contributing to this trend include low birth rates and increased life expectancy. Portugal's demographic changes are expected to continue, with predictions of significant aging until at least 2040-2050. Portugal has one of the highest elderly dependency ratios in Europe. This demographic group necessitates increased medical and health support, particularly for those wishing to maintain an independent lifestyle while managing geriatric conditions and chronic diseases.

The introduction of geriatric psychology services is tailored to meet the mental health needs of the elderly population in Portugal. These services include psychiatric assessments and treatments for conditions commonly associated with aging, such as depression, anxiety, and sleep disorders. By scheduling these appointments in the morning, CADIn effectively utilizes available resources and accommodates the daily routines of the community, considering that other services serve to children and working adults during other times.

It's also important to mention that CADIn has already tried to enter the segment of elderly people but was unsuccessful, as Clinical Psychologist, Sandra Pinho said, "We tried... we had a psychiatrist specialized in the elderly and dementia, but it was not the right Doctor, that was the problem" (*Appendix H2*).

To ensure a strategic and informed approach, a study of geriatric psychology practices across various institutions was completed. This benchmarking will provide insights into successful models and identify potential downsides, enabling CADIn to tailor its services of geriatric psychology is both strategic and effective.

3.1.2.1. Benchmark: Hospital Lusíadas

Hospital Lusíadas (Lusíadas n.d.) (Lusíadas, Lusíadas Website n.d.) adopts a comprehensive approach to geriatric psychology by offering both individual and group sessions. This reflects a strategic recognition of the diverse needs of the elderly population. The inclusion of group interventions showcases a commitment to addressing mental health challenges through varied and tailored therapeutic modalities.

3.1.2.2. Benchmark: Clínica de Saúde Mental do Porto

Clínica de Saúde Mental do Porto (Clínica de Saúde Mental do Porto Website n.d.) provides specialized consultations for the elderly, focusing on conditions such as depression and dementia. Recognizing the challenges of accurate diagnosis in this age group, where symptoms of these clinical conditions can be easily confused, the clinic highlights the importance of employing updated psychological assessment techniques and specialized psychiatric evaluations. This approach ensures precise diagnoses, leading to the selection of the most appropriate treatment strategies. Services offered in the Elderly Consultation include Depression, Dementias, Alzheimer's Disease, Parkinson's Disease, Cognitive deficits, Aging Psychology and Sleep Disorders, and the cost of one consultation is 110€. The clinic's commitment to utilizing contemporary assessment methods and providing specialized psychiatric evaluations underscores its dedication to delivering accurate diagnoses and tailored treatment plans for the elderly.

3.1.2.3. CUF

CUF Hospital/Clinic's geriatric psychology service offers a comprehensive consultation designed for clients aged 65 and above (CUF website n.d.). Focusing on the evaluation and management of mental health challenges associated with aging, the service encompasses conditions like depression, anxiety disorders, behavioral symptoms, and psychiatric aspects of dementia. With a

specialized focus on the complexities that can arise in psychiatric conditions within the context of aging, CUF aims to deliver targeted and effective interventions for the well-being of their elderly clients.

3.1.2.4. Implications for CADIn

CADIn should consider developing its service offerings, with the introduction of comprehensive geriatric psychology services, offering both individual and group therapy sessions. This strategy, inspired by successful models like Hospital Lusíadas, aims to offer flexible and inclusive care that addresses the needs of the aging population. Accurate diagnostic processes and personalized treatment plans are crucial.

A fundamental aspect of this strategic expansion is collaboration with a geriatric specialist. The choice of specialist must be based on the fact that they can bring their clients to CADIn, so it's important to have a good client base. This is something that failed when CADIn previously tried to expand into this area, as CADIn's Director Finance and Administration, said: "Yes, we tried in 2021/22, but it was a rather weak attempt, since it wasn't backed up by significant promotion of a new service. In addition, the geriatric psychiatrist was not the right one for a start-up. Possibly, we should have looked for one who could have brought his own clients/funnel to CADIn, rather than one who expected CADIn to attract clients." (*Appendix H1*). Even though the vital importance of selecting a specialist for the success of this implementation is recognized, it is acknowledged that selecting a specific profile falls outside the scope of this project. This decision should be carefully taken by those responsible for CADIn. However, it is important to view this selection as a prerequisite for the successful expansion of the project and to avoid repeating past mistakes.

A focused rebranding effort will be essential to reflect this shift towards geriatric care. There is the need to create a website that communicates CADIn's commitment to the mental health of older

individuals, making it a go-to resource for geriatric psychological support. This change is not only about expanding services but also about redefining CADIn's identity to align with the evolving healthcare needs of various age groups. When asked about its association with children, Pedro Boffe, CADIn's representative, mentioned "I would say yes. CADIn started as a "child" institution and gained a name for itself with children and young adults. We are not known for the elderly segment and would need a significant change marketing and management approach to market/target this segment" (*Appendix H1*). Thus confirming there is work to be done.

3.1.3. New Mothers

Research highlights the importance of social support for new mothers, who are at risk for psychological distress postpartum (Machado, Chur-Hansen Due 2020), with a significant number experiencing some form of distress that can impair daily functioning. Women often face additional pressures upon returning to work, juggling family responsibilities with employment, which can lead to guilt and self-judgment.

In response to these challenges and as part of the strategy to optimize morning availability within the three clinics, the third proposed initiative involves an approach focused towards recent mothers and pregnant women. This strategy covers the introduction of individual therapy sessions designed to address the emotional and psychological aspects of new and expectant mothers. These sessions are made to offer a supportive space where mothers can navigate the complexities of this transformative period with the guidance of experienced professionals.

Furthermore, the implementation of "Baby Days" group sessions emerges as a new feature within this strategy. These group sessions create a communal platform where mothers can participate along with their infants. With the help of specialists and therapists, these sessions provide a collaborative space for mothers to share experiences, seek advice, and receive expert guidance on

various aspects of early childcare. In order to implement this third strategy, targeting recent mothers and pregnant women, the importance of adopting a proven and valuable model is recognized. The focus for benchmarking is on Clínica Amamentos, a healthcare institution that presents a wealth of services and a model that holds significant potential for adaptation by CADIn. The commitment to providing highly qualified professionals, creating an inviting environment, and delivering coherent information aligns seamlessly with the vision. By closely examining Clínica Amamentos, inspirations for the development and enhancement of services at CADIn are drawn.

3.1.3.1. Clínica Amamentos

Clínica Amamentos (Clínica Amamentos Website n.d.), a distinguished healthcare institution, stands at the forefront of providing medical services tailored for mothers and children. With a mission dedicated to serving the often-overlooked needs of children, the clinic offers a range of specialized medical and complementary services.

Clínica Amamentos provides a big range of medical specialties, emphasizing the importance of holistic care for both mothers and children. These specialties include Pediatrics, Obstetrics, Gynecology, General Surgery, Psychiatry, Infertility, Pediatric Psychiatry, Obstetric Ultrasound, Immunology and Allergology, and Endocrinology. In addition to their core medical services, Clínica Amamentos provides a diverse range of complementary specialties:

Table 12 - Clínica Amamentos

SPECIALITY	PRICE	SPECIALITY	PRICE
Pediatric Craniosacral Therapy	65,0 €	Nutrition	60,0 €
Speech Therapy	50,0 €	Babywearing Consultati	45,0 €
Pediatric Physiotherapy	55,0 €	HappyBaby Consultatio	65,0 €
Respiratory Physiotherapy	50,0 €	Peripartum Craniosacral	65,0 €
Pelvic Floor Rehabilitation	60,0 €	Pediatric Psychology	55,0 €
Psychology	75,0 €	Psychomotricity	65,0 €

Clínica Amamentos also offers informative and engaging workshops. These workshops cover a range of topics: From practical sessions like Babywearing Consultation, addressing colic and stress-related issues in the HappyBaby Consultation, to educational workshops such as Baby Led Weaning and Baby Signs. They also delve into areas like Mindfulness for Children, Pediatric Food Safety and Vegetarian Baby Nutrition. This structured approach to both medical and complementary services reflect Clínica Amamentos' commitment to supporting families through various stages of parenthood. Drawing inspiration from the diverse and well-rounded model of Clínica Amamentos promises to bring added value and relevance to the offerings that are being explored in the potential enhancements for CADIn's new services catering to baby days and therapy for new mothers and pregnant women.

3.1.3.2. Implications for CADIn

Acknowledging the distinct emotional challenges of new mothers and pregnant women, CADIn should consider the introduction of specialized Psychiatry Therapy for women within this segment. This service, will explore the psychological aspects of motherhood, creating a supportive space for mothers to navigate the complexities of this difficult period.

Drawing from internal discussions with CADIn, the company is willing to consider the implementation of "Baby days". These group spaces for new mothers and their children, will feature specialists in pediatrics, psychiatry, and other relevant fields, offering mothers an opportunity to connect, share experiences, and receive professional guidance in a supportive community environment.

In one of the interviews with a new mother, to get some feedback on this possible expansion of CADIn, she mentioned: "The 'Baby Day' activity is very interesting. The question is how we access it, where does it exist and how does the information reach us easily, or do we, as new mums with

busy lives, not have access to it. So, I need feedback on where it takes place, on what days, testimonies from other mums on how it works" (*Appendix H5*).

Recognizing the value of hands-on workshops in empowering mothers with practical knowledge, CADIn plans to offer workshops aligned with Clínica Amamentos' successful model. These include Babywearing Consultation, addressing colic and stress-related issues, educational sessions like Baby Led Weaning (BLW) and Baby Signs.

To summarize, acknowledging the unique circumstances of this segment, CADIn should offer the services of psychiatric and psychological therapy, Baby Days, and workshops for new mothers and pregnant women, during morning hours. This deliberate choice results from understanding that this target demographic often benefits from the flexibility provided by maternity leaves and the absence of school schedules for their children. By tailoring the services to the mornings, the project addresses a crucial need for accessibility and convenience during this critical phase of motherhood. Unlike CADIn's current client base, which faces limitations on morning sessions due to various constraints, pregnant women and new mothers make themselves more available, allowing them to prioritize their well-being without the constraints faced by other client groups.

3.1.4. Strategic Expansion with the Ansoff Matrix

In order to strategically expand CADIn's reach and enhance service delivery, an Ansoff Matrix was employed as a tool to visualize potential growth strategies. This matrix allowed to delineate between extending to market penetration with existing services and exploring new markets with the current offerings. Additionally, it helps identifying opportunities for product development with the present clientele and diversifying into new services for new market segments. The following Matrix outlines the specific services explored throughout this project that are to be offered to the target groups and segments identified for CADIn's – teleconsultation services, elderly care

programs, and initiatives for recent mothers and pregnant women. These segments are strategically placed within the matrix to inform and guide CADIn’s business development strategies, ensuring that the clients’ needs are addressed while capitalizing on market opportunities to provide top psychological care.



Figure 8 - Ansoff Matrix

Market penetration strategy:

Market penetration involves focusing on providing existing products or services into CADIn's current market to increase its market share. For CADIn, this means boosting the use of teleconsultations among current clients who are seeking more convenience in their therapy sessions. The organization could enhance its marketing efforts to highlight the benefits and ease of teleconsultation services, especially targeting busy professionals who may struggle to attend in-person sessions due to their demanding schedules. The aim is to deepen engagement with existing clients and encourage them to take advantage of CADIn's more accessible services, thereby solidifying their market presence and increasing utilization rates.

Existing Clients Seeking Convenience: These are clients already engaged with CADIn's services but may not yet be aware of or using the teleconsultation option to its full potential. CADIn's aim here would be to increase the current client base's usage of teleconsultations, thus penetrating deeper into the existing market.

Busy Professionals: This segment, despite being part of the current market CADIn serves, might not be utilizing the teleconsultation services due to a lack of targeted marketing or awareness. By focusing on the specific needs and marketing directly to busy professionals with demanding work schedules that prefer the flexibility of teleconsultation services, CADIn can encourage a higher number of teleconsultation services, leading to increased market penetration among a demographic that could highly benefit from the convenience of remote sessions.

Market Development strategy:

Market development involves expanding the client base by promoting existing services to new market segments or geographic areas. For CADIn, this strategy is about extending the reach of its teleconsultation services beyond the current clientele to include geographically remote clients, expatriates, or international clients, and new demographics such as elderly clients and recent mothers or pregnant women. The goal is to introduce and adapt CADIn's reputable psychological services to these new markets, overcoming barriers such as distance and language, and catering to the specific needs of each group.

Geographically Remote Clients: CADIn's promotion of teleconsultation services is particularly aimed at individuals residing within Portugal but situated at a considerable distance from its three centers. These clients are often in areas where access to quality psychological services may be limited or non-existent. By targeting this segment, CADIn seeks to bridge the geographical divide, extending its reach to those who may not have the means or the ability to travel to a CADIn center.

The organization's teleconsultation services offer a practical solution to this accessibility issue, ensuring that comprehensive mental health care is available across the country, regardless of clients' proximity to urban centers where CADIn's facilities are located.

Expatriates or International Clients: Targeting Portuguese expatriates or international clients.

This approach can meet the unique needs of individuals who are living abroad and seeking the comfort of their native language or cultural understanding in psychological services.

New Elderly Clients: Older individuals who have not previously used CADIn's services but may be interested in the existing psychological services offered. CADIn's outreach to new elderly clients who haven't previously utilized its services can be facilitated through tailored marketing campaigns that highlight the ease and comfort of accessing teleconsultation services, which can be particularly appealing to those with mobility issues or who prefer the safety and convenience of home-based sessions.

Recent Mothers and Pregnant Women (General): CADIn can expand its market by offering **existing** psychological services to recent mothers, pregnant women and their new-borns. This new demographic may benefit from the privacy and convenience of teleconsultations during a life stage when attending in-person sessions can be challenging.

Diversification Strategy

Diversification involves introducing new products or services to new markets. For CADIn, this strategy could mean developing specialized services that cater to the unique needs of community-dwelling elderly individuals, such as preventative mental health programs and group sessions. It also involves creating specific services for subgroups such as elderly individuals experiencing cognitive decline or significant life transitions. In addition, CADIn could design targeted psychological support for pregnant women facing emotional challenges and new mothers seeking

community support. Initiatives like "Baby Days" sessions would represent a new offering that encourages mother-infant bonding and peer connection. Through diversification, CADIn aims to open new streams of revenue and client engagement by addressing the unmet needs of these distinct groups, ultimately expanding its impact in the community.

Elderly Groups for Support: CADIn aims to offer group therapy sessions for older people, where they can open up about problems, fears and issues related to ageing and loneliness. In these spaces, the elderly can receive support from specialists as well as from other members who are in similar situations.

Specialized Elderly Conditions: Recognizing the specialized needs of elderly individuals experiencing cognitive decline (Dementia, Alzheimer...) or facing significant life transitions like retirement, CADIn plans to offer services that provide support and therapeutic interventions tailored to these sensitive phases of life.

Pregnant Women Seeking Emotional Support: Understanding the emotional implications that come with pregnancy, CADIn will develop targeted psychological services for Pregnant women in need of specific psychological treatment to help with the emotional challenges associated with pregnancy, like mothers facing specific postpartum challenges pregnant women.

Mothers in Need of Community Support: CADIn intends to offer workshops, or a platform (e.g. WhatsApp group) for mothers looking for communal support. These programs are envisioned to build networks of support, share experiences, and offer professional guidance in the journey of motherhood.

Baby Days Enthusiasts: With the development of "Baby Days" sessions, CADIn proposes a novel service offering where Recent mothers interested in participating in group sessions, which are designed to enhance the mother-infant bond through interactive activities and provide mothers

with a space to connect with others, exchange experiences, and receive professional parenting support. These sessions are intended to strengthen the mother-child connection and provide a supportive space for new mothers to connect with others in similar life stages.

It is important to emphasise that there is no **product development strategy**, as no new services have been proposed for markets where CADIn already operates.

3.1.5. Conclusion of Strategic Initiatives for CADIn

In summary, this chapter suggests several initiatives that could address CADIn current problems and tackle into emerging needs within its service scope. The demographic trend of an aging population, the specific challenges faced by new mothers, and the expansion of telemedicine provide contexts where CADIn might expand its reach and impact.

The initiatives outlined, such as specialized geriatric care, support programs for new mothers, and enhanced telemedicine services, are tailored to CADIn's capabilities. These are designed not only to utilize the organization's resources more effectively, especially in the underused morning hours, but also to respond to the shifts in community needs. Inspired by best practices of other institutions, the goal is to prepare CADIn with models of success that could be adapted to its framework. The Ansoff Matrix, used as a strategic planning tool, has served as a framework guided to explore various growth strategies. Finally, the strategies presented offer a selection of pathways for CADIn to consider as it seeks to align its operations with its mission and the needs of the community. The choices that CADIn makes in response to these suggestions will be aligned with its strategic objectives and the broader context in which it operates.

4. Conclusion

To answer the main research question: "How can CADIn optimize spare capacity to generate surplus revenues?", a thorough analysis was presented across various chapters of this thesis.

An analysis of CADIn's past and current performance showed that while physical space remains crucial for CADIn's current service offerings, the exploration of additional methods, such as online consultations, is imperative. Specially because it was also revealed that to achieve full efficiency, CADIn needs to increase its current number of monthly appointments by 45%, necessitating an addition of approximately 2088 clients per month.

Market research has identified key demographic trends and emerging needs, such as the aging population, challenges faced by new mothers, and the rise of telemedicine. These insights, paired with a thorough benchmark analysis and market sizing efforts helped to develop tailored initiatives, including specialized geriatric care, support programs for new mothers, and enhanced telemedicine services. By following Centro Sei's approach of marketing and promoting online services, through a structured and client-friendly website, CADIn will be able to increase the number of teleconsultations. In terms of specialized services for new mothers, it was concluded that the Clinica Amamentos' model, which provides a wide range of consultations and seminars for mothers, must be studied, and followed.

The development of a comprehensive Go-to-Market Strategy was another pivotal aspect of this project, focused on effectively reaching and engaging with the newly identified segments. The two most important promotional strategies are medical referral and client referrals, representing the importance of trust and personal recommendation in healthcare services. Moreover, CADIn should implement digital marketing strategies, collaborations and partnerships with local healthcare provider and community outreach events.

Finally, in the financial implications chapter, a meticulous investment analysis is presented. This study considers various utilization scenarios and their impact on future net income, evaluating the feasibility, risks, and potential returns of each strategy. Although this approach might appear profit-oriented, prioritizing marketing and investment expenses over immediate contributions to Bolsa Social is a strategic choice. This decision is projected to yield higher future profits, thereby increasing the present value of contributions over CADIn's lifespan and amplifying its social impact.

To conclude, CADIn should optimize spare capacity and generate surplus revenues, by primarily focusing on expanding service offerings and strategically targeting new market segments. Key initiatives include specialized geriatric care, support programs for new mothers, and the expansion of online therapy services. These initiatives are designed to effectively utilize CADIn's resources, especially in underused morning hours, and respond to shifting community needs.

5. Recommendations

Based on the research findings and analysis, the following recommendations are proposed for CADIn in order to optimize its spare capacity and generate surplus revenues, by focusing on each new target segment as well as operational and technological changes.

5.1. Segment-Specific Recommendations

5.1.1. Elderly

Strategy for Entry	Service Adjustments	Marketing and Promotion
<ul style="list-style-type: none"> • Find geriatric therapists • Reach out to community and local healthcare providers to promote new services • Educate staff 	<ul style="list-style-type: none"> • Introduce specialized treatments for conditions like dementia, Alzheimer, depression, anxiety, and sleep disorders commonly associated with aging • Implement new services such as group therapy sessions 	<ul style="list-style-type: none"> • Implement targeted marketing campaigns to reposition CADIn as a trusted provider of geriatric care • Focus on medical referral • Highlight commitment to elderly mental health on the website and through community engagement initiatives • Develop marketing materials like flyers and actively inform target group in waiting areas

5.1.2. New Mothers/Pregnant Women

Strategy for Entry	Service Adjustments	Marketing and Promotion
<ul style="list-style-type: none"> • Reach out to community and local healthcare providers to promote new services • Educate staff on addressing the emotional and psychological aspects of motherhood 	<ul style="list-style-type: none"> • Draw inspiration from Clínica Amamentos about their range of services • Focus on individual therapy sessions • Implement "Baby Days" group sessions as a community platform for mothers • Offer workshops related to parenting topics 	<ul style="list-style-type: none"> • Tailor marketing efforts to reach new and expectant mothers, emphasizing the availability of specialized motherhood-related services and group sessions • Use digital marketing (regular social media posts) and community outreach to increase awareness and accessibility. • Focus on client referral

5.1.3. Teleconsultations for adults with mental health problems

Strategy for Entry	Service Adjustments	Marketing and Promotion
<ul style="list-style-type: none"> • Enhance online presence and present the process for clients to connect with teleconsultation services • Target Portuguese expatriates in Europe and Asia, leveraging time zone alignments 	<ul style="list-style-type: none"> • Draw inspiration from Centro Sei • Improve website functionality to show online consultations, ensuring ease of scheduling and access • Clearly present the range of teleconsultation specialties 	<ul style="list-style-type: none"> • Develop a comprehensive digital marketing strategy to promote teleconsultation services • Focus on online visibility and utilize social media platforms to reach a broader clientele, especially targeting busy professionals and individuals in remote areas • Focus on client referral

5.2. Cross-Segment Recommendations

5.2.1. Operational Changes

Operational area	Description of Change	Objective
Clinical Staff Training	Implement comprehensive training focused on elderly care and maternal mental health, including handling doctor referrals	To equip staff with the skills needed to reach to the diverse needs of new segments
Improved Service Coordination	Improve the coordination of services for mornings and afternoons, especially teleconsultation, in order to schedule efficiently and use resources	To enhance operational efficiency and manage increased client flow effectively
Flexible Work Models	Introduce flexible work models (home-office) for therapists and support staff to meet the demands of expanded services	To provide services at times convenient for clients, especially those referred by doctors & provide flexible workforce
Better use of Saturdays at Cascais	When promoting the new services, make sure to use this timetable as its one with the lowest utilization rates	To optimize the utilization of units and unlock unrealized potential
Recruitment of New Staff	Actively recruit additional therapists and mental health professionals for the new	To manage the increased client load and ensure

	services but also for the existing services	specialized care for new segments
Building Collaborations with Doctors	Develop relationships with doctors and healthcare providers and also create a steady referral system	To establish a consistent referral pipeline and reach broader clientele

5.2.2. Technology and Innovation

Technological area	Description of change	Objective
Website Development and Rebranding	Find service provider for rebranding and website development to implement changes that were proposed (display dedicated pages for new segments, new logo, new value proposition, new first appointment form and include a system for appointment reminders to avoid cancellations)	To effectively present CADIn's new branding image. Showcasing its expanded services and establishing its identity as a comprehensive mental health provider for diverse segments and ages
Staff Technical Enablement	Provide staff with essential technical equipment and software for conducting online consultation (might include high-quality webcams, microphones, and robust training in utilizing digital tools and platforms effectively)	To ensure that staff are fully equipped to deliver proficient high-quality online consultations, enhancing the overall service experience

5.3. Implementation Plan/Roadmap

The proposed strategies contain several different steps that result ultimately in an extensive version of the plan, advised specifically for CADIn. Thus, it is important to have a clear step-by-step action plan, with realistic timelines, divided into short-term, medium-term and long-term, for the implementation of these strategies. Moreover, considering the resource allocation and the tools available at the moment, to account for technological, personnel or other subjects needed to be anticipated in the plan. In the figure below there is a representation of the plan within a time horizon of 3 years.

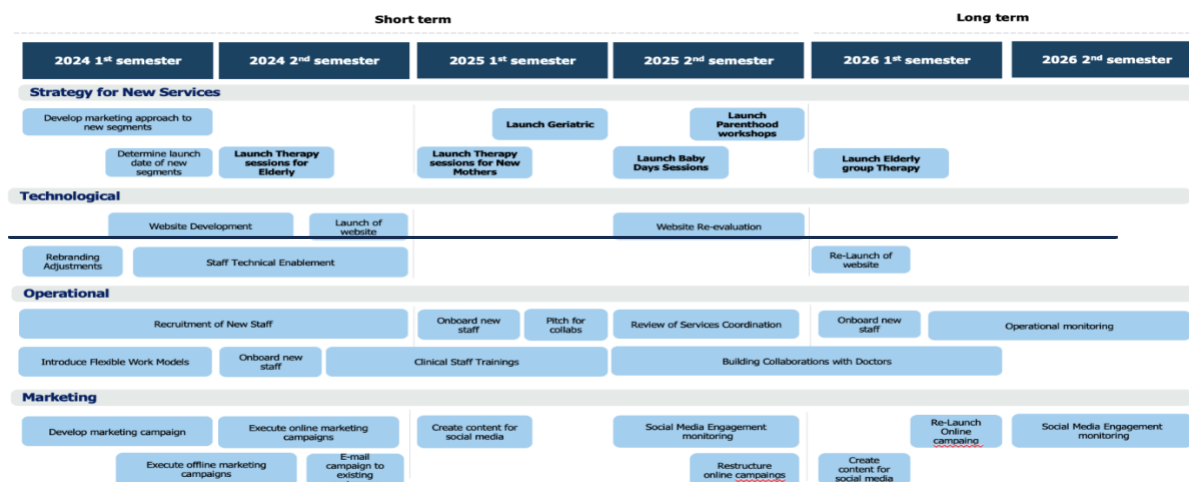


Figure 18 – Strategy Roadmap to implement

5.3.1. KPIs to monitor the plan

Along with the implementation plan across time, the KPIs (Key Performance Indicators) are presented in the table below. These were developed to measure and guarantee the improvement of the operations, and the efficiency of the projects adoption. It will make sure that CADIn stays aligned with the objectives proposed for a better service and organizational expansion.

<p style="text-align: center;">Elderly</p>	<p style="text-align: center;">New Mothers or Pregnant Women</p>
<ul style="list-style-type: none"> • Number of Geriatric Therapists or doctors: at least 2 in the first year • Clinical acts: achieve at least 300 clinical acts on this segment within the first year 	<ul style="list-style-type: none"> • Client Acquisition: aim for a 15% increase per quarter • Clinical acts: achieve at least 127 clinical acts on this segment within the first year
<p style="text-align: center;">Teleconsultations</p>	<p style="text-align: center;">Cross-Segment</p>
<ul style="list-style-type: none"> • Online Presence: target for a 30% increase on website traffic in six months • Clinical acts: achieve at least 3070 clinical acts on of teleconsultations within the first year 	<ul style="list-style-type: none"> • Operational Efficiency: aim for an average increase of 12% utilization rate per year • Financial Metrics: target a 25% year-over-year overall revenue growth

Figure 19 – Summary of the KPIs

5.3.2. General advises and considerations for the future

As previously stated, a number of strategic solutions were taken into account and examined in order to address CADIn's present problem. The establishment of nutrition services, the creation of a platform that would enable medical professionals to provide their services through a "marketplace," leasing space, and launching a kindergarten/Creche were all ideas that were taken into consideration but were ultimately determined to be unfeasible because of related constraints. All of the options mentioned above may be employed at CADIn in the future; they were rejected for now, since they seemed less feasible. Still, there's always opportunity for improvement, so these are ideas worth thinking about.

Finally, based on everything mentioned throughout this project, the current chapter proposes the actual strategy that the consulting team advises CADIn to follow. This should ensure a steady improvement of the organizations operations and results. The actions mentioned will help the organization to seize the opportunities, expand its social mission, anticipate the challenges ahead and enhance its outcomes. Nonetheless, it is imperative for CADIn to continuously adapt to the trends in the market and the resources available, while searching for new insights.

6. Limitations

Regarding the methodology, one limitation of this project is that not enough data was gathered to fully capture the new markets. Unfortunately, due to resource restrictions, the survey did not yield enough responses.

One specific challenge for CADIn was also discovered, which is the need to implement new strategies is the recruitment of specialized therapists. The limited availability of specialists creates a competitive and time-intensive recruitment process. CADIn's nature of being non-profit, may limit its ability to offer competitive salaries compared to the private sector. Particularly in the field of geriatric physical therapy (where CADIn has already tried to enter in the past), the recruitment of the staff with right profile is a must. Even though the vital importance of selecting a specialist for the success of this implementation is recognized, it is acknowledged that selecting a specific profile falls outside the scope of this project. This decision remains under those responsible for CADIn.

Regarding the gap assessment, another limitation is the lack of detailed information on appointments per doctor, which could have provided a more accurate analysis of the supply occupation rate. This project relied on the provided schedules to evaluate service provider availability and utilization, which might not be entirely representative of the actual service provision scenario. For instance, there are staff members whose work at CADIn may not be fully captured in these schedules.

Finally, both the market size and financial chapter rely on previously stated assumptions and its limitations are discussed along with their introduction. Therapy use goes far beyond clinical cases, and there is a clear limitation in defining the spectrum where a person is a possible target or not to CADIn. Moreover, the financial implications, although backed by data from the market size

analysis, and creating a scenario analysis correlated with both capacity and market size, might be insufficient to predict revenues for the next 5 years, as there are multiple factors affecting these.

A possible future research opportunity could involve a study on transforming CADIn's online services it into a hub for mental health consultations. In this evolution, CADIn assumes responsibility for marketing and technological costs while acting as a bridge, connecting clients with mental health specialists around the world. For a more conservative approach, CADIn could explore the implantation of a nutritional program to complement its holistic oriented treatments.

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8. Appendix

8.1. Appendix A: Overview of CADIn’s Mission, Vision, Values

Appendix A1: *Relevant topics that characterize the organization*

Mission	The goal is to make the lives of individuals with neurodevelopmental disorders easier, by allowing for a smooth integration into society by providing long-term support to their clients. Moreover, they promote education for the community.
Vision	CADIn strives to position itself as a reference center accessible to everyone in the treatment and study of neurodevelopmental disorders. It wants to establish itself as a premier resource for support for these individuals, their families, and society in general.
Areas of Expertise	CADIn has several areas of expertise, including clinical activity, training, social intervention, and research among others. The organization provides treatment and long-term support for the clients and their families. Furthermore, they offer other options such as training courses, seminars and some products with the intent of collaborating with all the stakeholders to promote understanding about these disorders.

Social Problem

People that are impacted by these disorders suffer with lack of knowledge, opportunities and proper healthcare associated. They especially struggle with the limited access to resources and stigma attached to these problems.

Social Intervention

The organization is deeply committed to addressing social problems. To face these problems, CADIn has a strong social mission to treat while fostering inclusion in society those who suffer from development disorders.

As a part of their social intervention area, one of CADIn key initiatives, is the Social Grant or “Bolsa Social”. This funding assists families with limited or insufficient income by sharing the cost of therapeutic care for families on insufficient income. This fund relies on donations to support a portion of the expenses of medical treatment and therapy for these individuals and families.

Beneficiaries

When it comes to beneficiaries these are both direct and indirect. Direct clients include children, teenagers, and adults that live with neurodevelopment disorders. Indirect beneficiaries involve families, schools, and businesses that closely interact with the directly affected and aim to enhance their role in facilitation the inclusion of these beneficiaries in society.

8.2. Appendix D: Strategic Direction: New Market Segments and Benchmark

Appendix D1: PIN Website - Distance Intervention Section

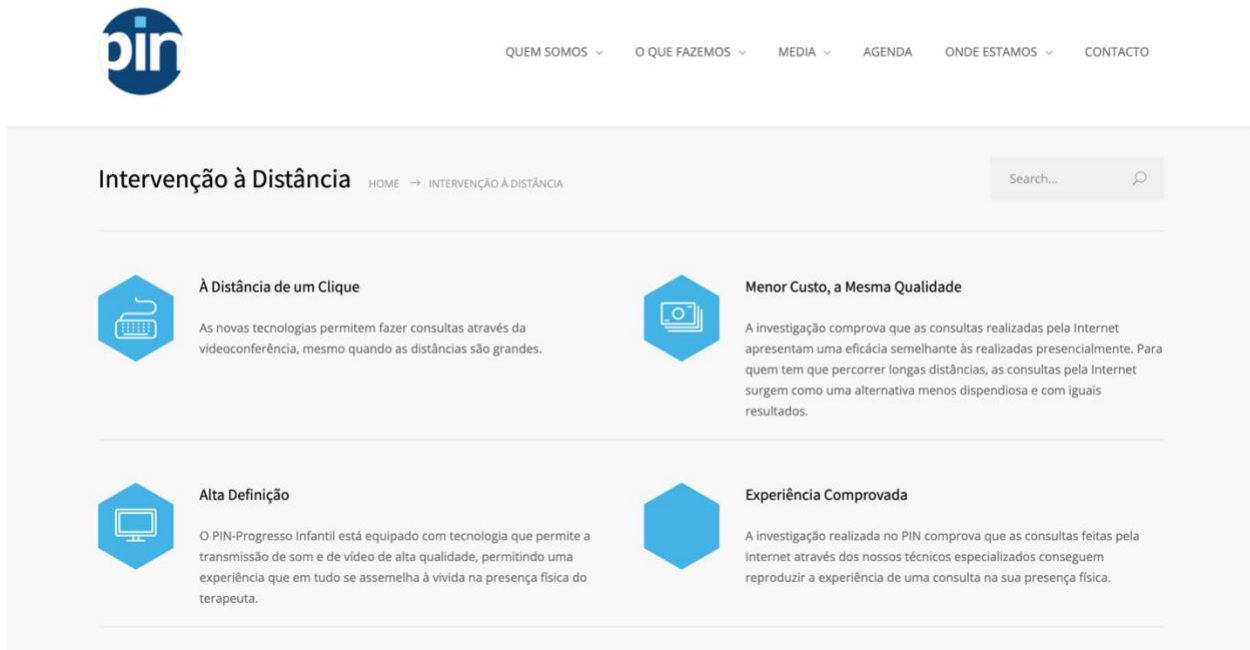


Figure 22 1- Screenshot Pin Website (Pin 2023) Figure 22 2- Screenshot Pin Website (Pin 2023)

Appendix D2: Diferenças Website- Online Consultations Section



Figure 233 - Screenshot Diferenças Website- Online Consultations Section (Diferenças 2023)

Appendix D3: *Centro Sei Website- Online Consultations Section*

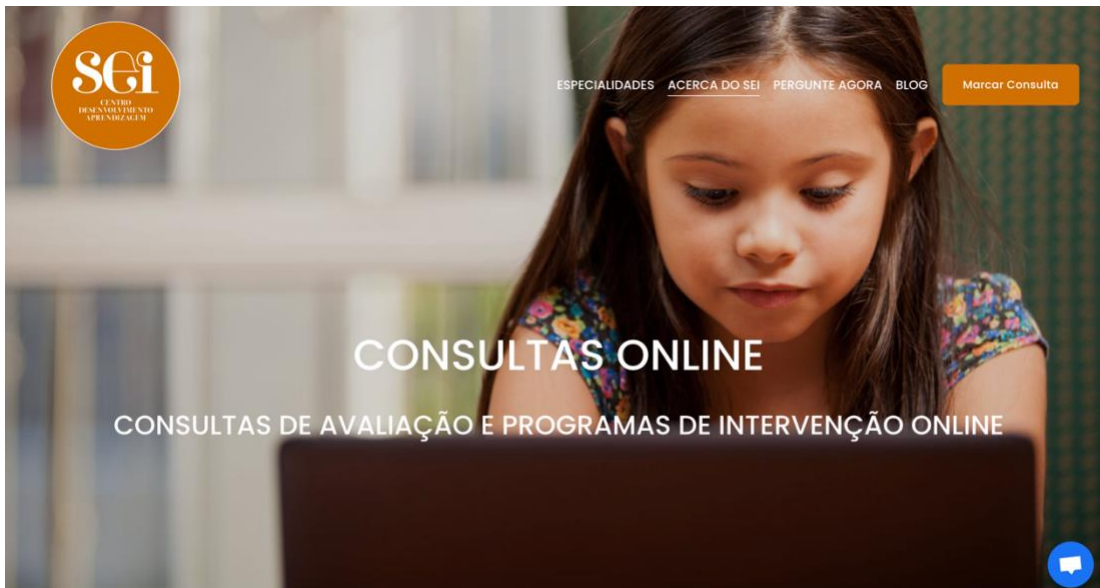


Figure 2421 - Screenshot Centro Sei's Website Online Consultations Section (Centro Sei 2023)

Appendix D4: *Centro Sei Website - Chat Section*

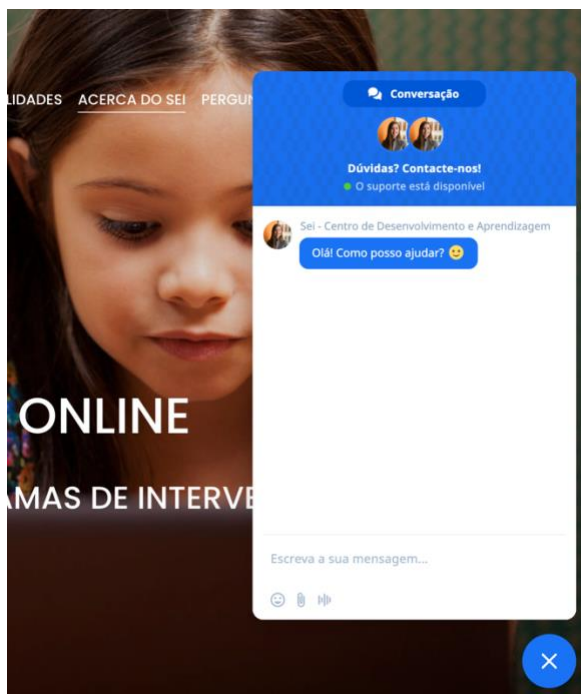
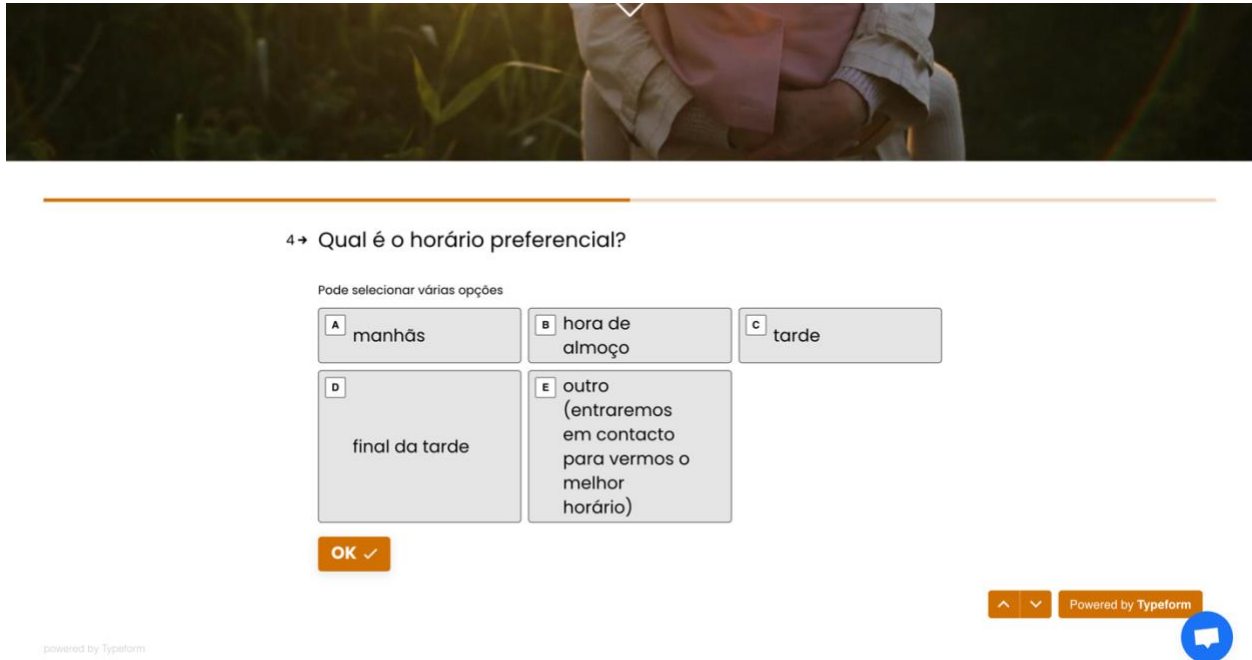


Figure 25 22- Screenshot Centro Sei's Live Chat Section (Centro Sei 2023)

Appendix D5: *Centro Sei Website - Online appointment*

4 → Qual é o horário preferencial?

Pode seleccionar várias opções

A	manhãs	B	hora de almoço	C	tarde
D	final da tarde	E	outro (entraremos em contacto para vermos o melhor horário)		

OK ✓

powered by Typeform

Powered by Typeform

Figure 26 23 – Screenshot Centro Sei’s Website- Online appointment section (Centro Sei 2023)

Appendix H: Interview transcripts

Appendix H1: *Interview Pedro Boffe (Director Finance and Administration; E-Mail)*

Group: As we delve deeper into the project, we have identified several key areas where we require additional information and insights to make well-informed recommendations. Your assistance with these inquiries would be greatly appreciated.

Pedro: As explained in a prior email we do not have any accounts by unit. We do have number of clinical acts and can revenue by unit. See attached document. The background from this is a large excel file that has all the detail of the type of consultation or session.

Group: Could you provide details on the 4Ps (Product, Price, Place, Promotion) for each unit?

Pedro: It is the same service, price and promotion for all 3 units. Most are standard medical/clinical appointments and therapy sessions and are all on our website including the price list. Some services can be requested as a custom service and then it is subject to a specific price but these services will represent less than 5% of total revenue. Clinical services represent about 1.100k€. We do offer about 10 courses, online via zoom for 3 hours, maybe once or twice a year in-class one day seminars. These are offered by any of the units. The total value is less than 1% of revenue. The 3 hour courses are 30€, vat included, per student and vary between 10 and 50 students. The seminars are approx. 60€ and about 40 students. There is also the sale of in-house developed educational/therapeutical gains. These are developed by staff from any of the units and then the production is ordered from a games organization that assumes the risk so our royalties tend to be very small. This year 1100 units of a game were produced and about 800 have been sold. For CADIn that only represents margin of about 4k. The second most significant source of income is via donors/supporters which account for between 300k to 400k.

Group: What are the main services offered by each unit?

Pedro: As stated above, clinical/medical. The same services are basically offered in all 3 units now that from September we now have a gym for therapy sessions with (typically 2 to 6 year olds) in Lisbon (we already had in Cascais and Setubal).

Group: Please share any other relevant differences that can assist us in targeting and managing excess capacity effectively.

Pedro: There are no relevant differences in offerings or capabilities between the units. Just a size difference driven by the number of rooms available for clinical acts. There is one difference in timetable/opening as Cascais is the only one that is open on Saturdays from 9h to 17h. The normal week day is 9 – 20h. Cascais has now 16 medical therapeutical rooms (had 12 2 years ago and 15 until this summer), Setubal has 8 (had 6 until March 2022) and Lisbon also has 8 from July this year (had 6). The excess capacity is directly tied to the mornings as +70% of our clients are children with school going responsibilities and the majority of parents are not prepared to have regular sessions in CADIn during school hours. Of course they normally accept a first medical

appointment or evaluation but not continuing therapies in the mornings. So our current offerings are not exactly targeted at filling capacity in the morning periods. We also have more difficulty in getting our medical/therapeutic service providers to be available in the mornings since many also render services at other private clinics/hospitals or especially in the public hospitals where they have commitments for the mornings and early afternoon. Our busiest period is normally between 14h and 20h each day. We do normally have a waiting list especially for clients to see doctors (as opposed to therapists) as we don't have doctors of all our areas available in all units every day. The fact that when we have increased the availability of rooms (9 to 20h day consultations only) the number of clinical acts has also grown proportionately. We had an exception with Setubal as the unit leader left to start her own practice and half the clinical service providers left with her and consequently a lot of the clients followed these professionals to their new place of work..

Group: Regarding Financial Data, we need a comprehensive document containing financial data for each unit.

Pedro: As explained, we do not have financial data by unit apart from a pretty accurate revenue from clinical practice. We can make some rough estimates and allocations of overheads if necessary. It is something we could look to improve with a new accounting system of our accounting service provider. Regarding a comprehensive document we do have our audited accounts (available on the website) but we can discuss what exactly you require.

Group: We require more detailed information about the organization's history, especially its evolution from initially being focused on children.

Pedro: Not sure what you want. We are still +70% sub 18 year olds. The evolution from just children is a natural one as many of our original children are now adults (we started 20 years ago) and many of the issues they have are not “cured” but an affliction for life. They are just taught to manage their condition better.

Group: Can you provide data for each unit, such as client capacity, the number of clients the afternoon, and other pertinent information? Can you provide the past month's schedule of consultations / treatments and any service made inside your facilities?

Pedro: (see attached document)

Group: We are interested in understanding if the organization has explored the elderly segment. If yes, why didn't it work, and is it feasible?

Pedro: Yes we did try in 2021/22 but was a rather weak attempt as not backed up by significant promotion of a new service. Possibly the Geriatric psychiatrist was also not the right one for a “startup”. Possibly we should have looked at one that could have brought his own clients/ funnel to CADIn instead of one that waited for CADIn to attract clients.

Group: Is the issue related to marketing or other factors?

Pedro: I would say yes. CADIn started as a “child “institution and gained a name for itself with children and young adults. We are not know for the elderly segment and would need a significant change management approach to market/target this segment.

Group: Could you provide more information about the revenues generated from training services?

Pedro: Already referred to above. Very irrelevant, about 4K-8k per year. Variable cost structure.

Group: We would like to understand why the psychology service at the Setubal unit, especially among teenagers, is stronger compared to other units.

Pedro: We believe it has to do with the socio-economic breakdown of the population (as compared to Cascais for example) that has a higher proportion of lower economic and more difficult social environments. Normally we find more “hard core” mental health cases in Setúbal.

Group: Please share the Setubal unit's experience with online sessions and any factors contributing to its success (when it started, how many people are still in this format, from what age group)

Pedro: I am not sure why Setubal is being pointed out for online as it is by far the unit with less online ? I think this must come from some misinterpretation of information from our previous call. On line sessions are available in all units . The limiting or impacting factor is the type of medical or therapeutical session. It is easy to understand you can´t have cadir sessions (gym based) online, or that significantly autistic or very young children where movement and interaction is required are not suitable for online.

Group: What do you feel about the online format? What would be your receptivity in adding more services to this format?

Pedro: No issue. We started online training and online consultations/sessions in 2020/2021. If there is the possibility for more (I would expect so) we have no issue exploring this. Online consultations were proportionately higher in Lisbon as it was the unit with less rooms available. Nevertheless, online has decreased from pandemic era 2020/21 (when we started online), to 2022 and again decreased for 2023.

Group: What is the typical frequency of treatment for clients, and what are the associated prices?

Pedro: There is no typical : There are evaluations which are once off ranging from 3 to 12 hours, there are many single event medical consultation and then there are the “protocols” which are the regular repetitive sessions . These protocols can vary significantly depending on the clinical recommendations and be three to one per week , twice monthly etc. . The majority of clinical acts will be the ones with protocols. Protocols are normally tied to the school year, September year x to July year x+1. They can start at any time of course but typically end in July . A new protocol can be started for the same client again in September

All these are available on the website price list (I also attach here a copy)

Group: Is there a monthly subscription option available?

Pedro: Yes. See above. In fact tri weekly, bi weekly, weekly , bi monthly depending on clinical recommendation.

Group: We kindly request input from a medical professional within the organization on the following: Which conditions could benefit from online sessions?

Pedro: Not that any specific conditions would benefit from online. It is seen the other way round, which conditions can you address with on-line that wouldn't actually lose a significant therapeutical value. It's not necessarily a plus. Of course than you have the pluses that are not medical related but geographical, time saving and convenience. We can have clients from further afield (we've seen this with the online courses where we have people from other regions of Portugal and occasionally even different country that would otherwise not attend the courses or consultations), clients where the parent can't easily bring them to CADIn (for example a mother that needs to stay home with another child).

Group: Which conditions need presential treatments? We would like to know which treatments can be done online, per condition, as there might be conditions where some treatments can be done online and some need to be done presential.

Pedro: This is a very detail explanation that would be better discussed in a call with a medical staff which we can organize with you. But bottom line is the online is the exception as with young kids, or generally autism, attention deficit , hyper activity, lots of speech therapy, all gym sessions cannot be on-line.

Group: We value your expertise and would appreciate any insights into what could be improved within the organization.

Pedro: Lots can be improved if we start to push towards the "running of a clinic" in a similar way to private for-profit clinics, However that has not been the objective of the board and main funders. Management reporting systems (including financial) , CRMs , etc. could all be significantly better, but that doesn't happen without more investment. Backoffice and management structure's capacity to implement changes, new plans. Thinking outside the box.

Group: Do you have any advice or recommendations for our consulting team?

Pedro: Understand the environment we operate in. Read what is available on the site and the official reports on the site. Challenge the status quo but also be aware of what is possible. Always good if there are examples from other institutions in or outside Portugal. I'm sure you know that one of the strong basis of consultancy is the pool of knowledge from similar situations so that we can evolve without always having to reinvent the wheel and there are past fact based success stories to replicate with the right level of adaption.

Appendix H2: *Interview Sandra Pinho (Clinical Psychologist and Coordinator of Cascais unit, in-person)*

Disclaimer: This interview took place on 10.11.2023 at the Cascais unit. For better reading flow, the consulting team summarized the main information.

In the interview, Sandra Pinho, a clinical psychologist at CADIn, emphasized the efficacy and scope of online consultations. She said, "I am actually one of the few people who works most online because I work with adults, and it's very important. It works better with adults than with children".

Sandra also discussed the clinic's global reach by providing services to adults abroad, including "I'm even working, I'm doing video consultations with a gentleman who's in New York, for example". Regarding the limitations of online consultations, Sandra mentions, "There are some people where you can feel the difference, it's a bit uncomfortable, like when the person starts crying and we're there with that limitation, but you can do it with adults, I'd say"

She also refers cases where teleconsultations are not suitable "So, I would say, my demographic is from the age of 20. For almost all the disorders, it's perfectly possible to work online; it's the assessments that aren't, because the assessments involve handling materials and that's not possible, but, for example, when we work with neurodevelopmental disorders, even in the case of adults, we ask to interview the parents, I always try to do that online".

Sandra mentions that CADIn Professionals almost don't do teleconsultations "I am the only one doing it. I think that my colleagues aren't doing it. I think people have kind of forgotten about it after the pandemic."

Regarding operational changes and client adaptation to online services, Sandra states "It's really case by case", indicating that while some clients may prefer online sessions, others might resist the change, even opting to skip a session over an online transition during adverse weather conditions.

Addressing the introduction of services for the elderly population Sandra notes, "We tried... we had a psychiatrist specialized in the elderly and dementia, but it was not the right Doctor, that was the problem", pointing out the need for specific specialists in this field and the limitations of the potential expansion in this demographic.

The innovative idea of 'Play days' for young children and their mothers was also discussed as a potential new service, aiming to create a support network and monitor for postpartum depression.

Sandra explains the main reason why some CADIn professionals leave: "We've had a lot of departures, generally they are more adventurous people who have learnt from this model and then they open their own centres, with the same model and then they start to pick up our professionals that they used to work with. (...) We had a well-known neuropediatrician as a clinical director, Dr Lobo Antunes...He left in 2012, founded PIN".

Finally, Sandra considered the potential market of Portuguese emigrants for online therapy services, acknowledging that "It would be much cheaper for them, living in more expensive countries" compared to local services in other countries. This presents an opportunity for CADIn to extend its reach and fill appointment slots, especially in the mornings.

Appendix H3: *Interview Pedro Boffe (Director Finance and Administration; in-person via Teams)*

Disclaimer: This interview took place on 7.12.2023 via Teams. For better reading flow, the consulting team summarized the main information.

In the follow-up interview, Pedro clarified some technical doubts regarding some calculations for the 2024 projections and budget.

Moreover, he mentioned one particularly important detail. When questioned regarding the results obtained in the gap assessment, he said “Saturdays have very little utilization, as parents prefer the weekdays”, thus indicating there is little demand that day (knowing that the parents ones who bring the main clients of CADIn, the children).

He expressed concerns about staffing medical professionals on weekends, stating, “we always have difficulty getting the therapists to work on this schedule”, although he highlighted the exceptional case of a doctor working only on Saturdays in Cascais, but reinforcing that "It's not the rule; it's the exception.". This way, its clear there are difficulties in getting supply for the weekends, so to accommodate Saturday operations, they've hired people with specific availability just for this day.

Lastly, Pedro suggested excluding Saturdays from the occupancy rate calculations, explaining, "It distorts a little. I think it is the real occupancy capacity", so to avoid distorting results. All in all, the conversation underscored the unique challenges of offering medical services on Saturdays in Cascais which helped the team readjust their analysis.

Appendix H4: *Interviewee 4 (Segment: Pregnant women/recent mothers, in-person)*

Q: Can you tell us a little about yourself, your family, and your current living situation? (like age, where do you live, gender, pregnant or new mother, how many kids and their ages, etc)

A: So, I'm 30 years old, the daughter of divorced parents. I lived abroad for some time, working in non-governmental organizations around the world in the field of marketing. I traveled a lot and met my husband, and when we decided to have children, since I really wanted to be a mother, it was my goal to return to Portugal. Today, I have a daughter who is 2 years old.

Q: How has your journey been as a pregnant woman or a new mother? What are some of the most significant experiences you've had during this time? (if this is not too personal for you)

A: It has been relatively easy because I have support from my mother and husband, who help me a lot with the baby. So, when I can't, for some reason, I always have someone to help me.

Q: Do you have friends and acquaintances who also have children?

A: Yes, yes. Older friends and now all my other friends are starting to have children.

Q: What have been some of the biggest challenges for you during pregnancy or motherhood (sleep deprivation, some mental health issues, or others)?

A: Without a doubt, breastfeeding. Otherwise, everything was relatively easy.

Q: What kind of support have you received? (good support system, main figures that helped you) and what kind of support did you wish you had?

A: Yes, from specialized doctors and my pediatrician. But in terms of psychological support, no, I relied a lot on my support network, such as my husband, mother, aunts, and friends. And, of course, always accompanied by pediatricians for the baby. And realized that if it wasn't working for me there were other options that were great like formula.

Q: How has your emotional well-being been affected during pregnancy or after becoming a mother?

A: I always felt very happy. I didn't have any problems. I didn't feel alone. No, I didn't feel abandoned. No anxiety (except for health concerns while pregnant, checking if all fingers were there, etc. haha), but breastfeeding, for example, did affect me, of course. Not so severely that I needed a psychologist or anything like that. I managed to overcome it.

Q: How aware were you of the mental health challenges associated with pregnancy and motherhood before experiencing them? (feeling lonely, isolated, experiencing pregnancy or postpartum depression) Has your perception changed now?

A: I was not very aware because I didn't go through anything traumatic or difficult, neither before nor during, so I didn't think about it. Only the normal questions. But I feel that I had a lot of help from those around me.

Q: What kind of services or support do you feel would be most beneficial for pregnant women or new mothers?

A: Obviously, having psychological support services for mothers is great, in addition to their normal support system. For me, something to help with breastfeeding, for example. Especially in the beginning when you feel a bit lost.

Q: Do you look for these services online? Or do you rely on opinions from your network (doctors, family, friends, neighbors)

A: No, I always relied on the opinions of my doctors first, and also family or friends. In other words, by reference. But of course, I probably search for them online.

Q: How do you perceive the idea of individual therapy sessions?

A: I think it's very beneficial, it's always good. Nowadays, I value it even more. At that time, I didn't think much about it. But I would say it is very important for a mother, especially for the first child.

Q: What about your opinion regarding a platform to share experiences with mothers of kids around the same age (e.g., WhatsApp group)?

A: Yes, I think I would like to share experiences. I already did it organically. It doesn't mean I would be very active because I wouldn't talk much, but I think there are benefits to having that support. There were also many things I already knew from the experience of having nephews before, if I didn't have that contact, I would certainly love it.

Q: And group activities like 'Baby Days' (casual meetings that serve to connect mothers and provide a space and place for babies to be in contact doing several activities) ?

A: Yes, I think it would have been beneficial for me and the baby. Especially when they start moving more and standing up. It stimulates a lot of contact with other babies

Q: Or even participating in workshops covering topics such as sleep cycles, first aid assistance, pre natal care, newborn care, breastfeeding tips, prepare for the birth, introducing solid food, or/and others?

A: Yes! I would love it, I think it's always useful. I did one for preparing for childbirth, but I would have loved to have had one about breastfeeding. In Portugal I feel like I couldn't find these services or maybe people around me feel like it's weird so I never considered it.

Q: Are there any barriers that would prevent you from accessing these services? (e.g., time, cost, stigma)

A: I didn't know where to look, and I became a mother during the time of Covid. So there wasn't much ease in face-to-face things. Also, in financial terms, there is always some resistance

Q: What times and days are most convenient for you to access these services? Do you have any preferences regarding online vs. in-person sessions?

A: In-person, mostly. Some perhaps online, especially at the beginning when routines are not yet well defined. The ideal would even be at home. And in terms of schedule, it depended on the rhythm I had at the time with the baby. I can't say for sure.

Q: How important is the location and ease of transportation in deciding to attend these services?

A: Very important. Even better if the support is at home. I think it would be good because in the beginning, it's difficult, and you almost become afraid to leave the house.

Q:Based on your experience, what suggestions do you have for CADIn to make their services more tailored and effective for pregnant women and new mothers?

A:Consider the mother's context in these circumstances. Sometimes it's difficult; we think we're not capable of taking care of them. Yes, if we're alone at home, if we have someone with us, it's better. Or if the services come to us, even in the sense of being online, for example. Especially in the initial impact.

Q:Do you want to share anything else that we haven't covered which could be helpful?

A:I don't think there's anything else. Thank you.

Thank you for your help!

Appendix H5: *Interviewee 5 (Segment: Pregnant women/recent mothers, in-person)*

Q: Can you tell us a little about yourself, your family, and your current living situation? (like age, where do you live, gender, pregnant or new mother, how many kids and their ages, etc)

A: So, I am 34 years old, married, with 2 children, one is 5 years old and the other is 1 year old. I work as a high school teacher and I live in Almada.

Q: How has your journey been as a pregnant woman or a new mother? What are some of the most significant experiences you've had during this time? (if this is not too personal for you)

A: I had 2 very calm pregnancies without any health problems and no stress, so I never had any scares. The babies were always healthy, I was always healthy, and I worked until the end. It was very, very calm. Did I enjoy being pregnant? Not particularly! I didn't like being pregnant, not for any particular reason, but I didn't find it amusing. I think despite everything it is a bit stressful not knowing if the baby is going to be born healthy or not, and indeed having a large and heavy belly wasn't particularly interesting.

Q: What have been some of the biggest challenges for you during pregnancy or motherhood (sleep deprivation, some mental health issues, or others)?

A: During pregnancy, I didn't face any big challenges because everything was very calm and the babies grew well; I also didn't have problems, I slept well, and I didn't have health issues. After the babies were born, the first child was calm because the baby slept very well, so I also slept through the night and she was healthy. The first pregnancy was calm. During the second pregnancy, the baby was also calm and he sleeps well, the problem is that he wakes up every 3 hours to eat, and then the tiredness accumulates. The main problem was that the older one is jealous and it's very complicated to manage the situation of the two children. Therefore, the jealousy of the older one and taking care of the little baby, in fact, caused me a lot of anxiety. It was not easy.

Q: What kind of support have you received? (good support system, main figures that helped you) and what kind of support did you wish you had?

A: When my older daughter was born, I didn't have support from parents or in-laws, so it was just me and my husband, and we did everything. Now, with the birth of the second child, I have the support of my parents, which is very important. Anyway, I don't really like leaving my children with other people, so I like to be in control of the situation. Anyway, it's important to know that we have support.

Q: How has your emotional well-being been affected during pregnancy or after becoming a mother?

A: My emotional state during pregnancy was always very calm; I never felt depressed or even minimally affected. Now, it has been complicated with the birth of the second child. It is complicated, especially with two children, the age difference is not so big, and the older one is extremely demanding because she is dealing very badly with the presence of the brother. My husband has terrible schedules, he comes home very late, so it's me with the two children, working, being at home, taking care of the baths, taking care of dinner, managing the jealousy of the older one, giving attention to the little one. It's very, very complicated. This is when I'm alone doing all these things, it's very difficult, sometimes I feel emotionally very fragile and really want to cry.

It's good when I'm at work, but when I get home, sometimes it's dramatic. I need someone here to help me.

Q: What strategies or support systems do you use to cope with stress, anxiety, or other emotional challenges? (like for example support from friends who are pregnant at the same time if applicable?)

A: To deal with the stress, there are no big strategies, I just come home and try to face the problems. Sometimes things go better, other times not so much, but I try when I am out of the house to unwind and not think too much about the problems that affect me. Now, there are indeed no big strategies, sometimes going out a little bit with friends is good, doing some exercise is also good although I don't have time, or walking in the street or going shopping alone is also very good, but the lack of time prevents, let's say, the use of that kind of strategies, so it's trying to survive.

Q: How aware were you of the mental health challenges associated with pregnancy and motherhood before experiencing them? (feeling lonely, isolated, experiencing pregnancy or postpartum depression) Has your perception changed now?

A: So, in fact, I was not aware. I had read a lot about problems mainly associated with pregnancy and motherhood, mental health problems associated with pregnancy I had never been aware of, but motherhood yes, haha, it's true I had read about it. But then when we feel it, it's very complicated. We feel very alone and isolated. I don't know if it's depression or not, but it's indeed very complicated, a constant desire to cry, sometimes even a feeling of despair. And what's complicated is that only people going through the same situation understand us because, for example, husbands think that this is just a mother's or woman's whim, but it's very complicated. I wasn't very conscious of it, it's necessary to live through it.

Q: What kind of services or support do you feel would be most beneficial for pregnant women or new mothers?

A: It would be great to have psychological support services for mothers. I know they exist, but the problem is accessibility. It's not always easy to get through. It could be through teleconsultations or at the health center. Either way, it's also necessary to pay attention to the prices they charge.

Q: Do you look for these services online? Or do you rely on opinions from your network (doctors, family, friends, neighbors)

A: I don't look for these kinds of services on the Internet, but I will probably search for them. Anyway, my first contact is always my family doctor, but she doesn't help much because there are no services at the health center. But if the situation worsens, I will indeed need some support, and then I may search the Internet.

Q: How do you perceive the idea of individual therapy sessions?

A: Regarding individual therapy sessions, I think it's an excellent idea because it's very gratifying to share our problems with people who are going through the same situation, knowing that there is someone there to take care of our children because that is important. We need to create support there, I think that's spectacular. Twice a week would be ideal. It's also necessary to pay attention to the prices because not all women have access to these types of services due to economic issues.

Q: What about your opinion regarding a platform to share experiences with mothers of kids around the same age (e.g., WhatsApp group)?

A: Regarding WhatsApp groups, very honestly, I don't think we have the patience to be writing here about what's going on. I don't see myself sharing experiences by WhatsApp. I don't think it's interesting.

Q: And group activities like 'Baby Days' (casual meetings that serve to connect mothers and provide a space and place for babies to be in contact doing several activities) ?

A: The 'Baby Day' activity is very interesting. The question is how do we have access to that, where does it exist, and how does the information reach us easily, or else, as new mothers with busy lives, we don't have access to it. So I need feedback on where it happens, on which days, testimonials from other mothers on how it works. So maybe it would be good to get in touch, I don't know, with health centers and ask for contacts from mothers and reach us by email because otherwise, I don't know how to search for this type of information. There has to be indeed good advertising.

Q: Or even participating in workshops covering topics such as sleep cycles, first aid assistance, pre natal care, newborn care, breastfeeding tips, prepare for the birth, introducing solid food, or/and others?

A: Preparation for childbirth, I find extremely important. And also first aid, I think it's important to actually have these workshops that help us take care of the baby. Tips for breastfeeding, I think this is innate, and when we and the child are born, we learn to do this. I think it's not necessary, the nurses provide this type of tips in the maternity. And then also the rest, regarding feeding, the pediatrician gives all this type of information. Overall, the most important seems to be preparation for childbirth, then finding a good pediatrician and help.

Q: Are there any barriers that would prevent you from accessing these services? (e.g., time, cost, stigma)

A: What would make the service appealing is if they were free, obviously, because I cannot afford to spend 120 EUR twice a week for therapy consultations. Nor can most of the Portuguese population, so it's a matter of price.

Q: What times and days are most convenient for you to access these services? Do you have any preferences regarding online vs. in-person sessions?

A: The hours could be in the morning when I'm taking one to school and feeding the other. So, the youngest would have to come with me, still during maternity leave. So it could be in the morning. Right now, when both are in school, lunchtime seems convenient because at the end of the day, no, at the end of the day it doesn't seem interesting because I'm tired, and it's necessary to pick them up from school. So, at the moment, lunchtime.

Q: How important is the location and ease of transportation in deciding to attend these services?

A: Location is extremely important. Therefore, it would be ideal if this type of service is located near our workplace. I travel by car, but I have an hour and a half for lunch. This service has to be very close to my workplace. During maternity leave, it has to be close to the residence because the baby has to eat, and I cannot be absent for a long time.

Q: Based on your experience, what suggestions do you have for CADIn to make their services more tailored and effective for pregnant women and new mothers?

A: Suggestions would be online consultations, which would be very important because it's easy for us to access without having to move. Then group consultations are also interesting because it at least reduces costs. But honestly, my suggestion would be to lower the price. The cheaper it is, the better it will be for mothers.

Q: Do you want to share anything else that we haven't covered which could be helpful?

A: No, that is all, thank you.

Appendix H6: *Interviewee 6 (Segment: Pregnant women/recent mothers, in-person)*

Q: Can you tell us a little about yourself, your family, and your current living situation? (like age, where do you live, gender, pregnant or new mother, how many kids and their ages, etc)

A: I am a 42-year-old woman, living in Sintra, recently becoming a mother to a 3-year-old daughter.

Q: How has your journey been as a pregnant woman or a new mother?

A: Pregnancy was very calm; nothing serious happened, and I went through it well. As for the experience of being a mother, it has been very challenging, and without family support, it has become quite exhausting.

Q: What are some of the most significant experiences you've had during this time?

A: Realizing that my daughter depends "100%" on me. I have to be well both psychologically and physically for my daughter to be well too.

Q: What have been some of the biggest challenges for you during pregnancy or motherhood?

A: Right after my daughter was born, I had to accept and manage her disability (Down syndrome), which we only found out after she was born, despite all the tests. Subsequently, there was significant sleep deprivation and hormonal imbalances.

Q: What kind of support have you received? (good support system, main figures that helped you) AND what kind of support did you wished you had?

A: I received psychological support in the first month by my own choice and initiative. I refused to take medication. From the medical team that handled my delivery, there was no follow-up, which marked me very negatively. Since we only learned about the trisomy after her birth, I believe the hospital should have systems to support parents with such impactful experiences.

Q: How has your emotional well-being been affected during pregnancy or after becoming a mother?

A: During pregnancy, everything was great, but after childbirth, it was a whirlwind of emotions.

Q: What strategies or support systems do you use to cope with stress, anxiety, or other emotional challenges?

A: I had psychological counseling, relied heavily on friends and family, in other words, my limited emotional support network.

Q: How aware were you of the mental health challenges associated with pregnancy and motherhood before experiencing them? (feeling lonely, isolated, experiencing pregnancy or postpartum depression) Has your perception changed now?

A: I had no idea. Today, I talk to friends before their babies are born. Above all, I tell them that being a mother is very good but at the same time very tough. I think everything is romanticized, and no one really explains some of the more challenging aspects.

Q: What kind of services or support do you feel would be most beneficial for pregnant women or new mothers?

A: Psychological counseling of all kinds are without a doubt, essential.

Q: Do you look for these services online? Or do you rely on opinions from your network (doctors, family, friends, neighbors)

A: I may check online, but the reality is that I listen to several people who are important to me. The weight of their opinions helps me decide, whether from their experience as doctors or as mothers.

Q: How do you perceive the idea of individual therapy sessions?

A: I think everyone should have the opportunity to do it. It helps a lot, especially for those who are raising another person.

Q: What about your opinion regarding a platform to share experiences with mothers of kids around the same age (e.g.: WhastApp group)?

A: I'm not sure if I would join; I prefer to talk to close friends. In groups, I feel that I wouldn't be active and wouldn't feel comfortable.

Q: And group activities like 'Baby Days' (casual meetings that serve to connect mothers and provide a space and place for babies to be in contact doing several activities)?

A: Yes, maybe it would be nice, but only if it were with friends. I have some difficulty exposing my private life to others. Regarding babies, it can be very good for them to interact. I feel that my daughter benefits and evolves a lot in contact with other babies.

Q: Or even participating in workshops covering topics such as sleep cycles, first aid assistance, pre natal care, newborn care, breastfeeding tips, prepare for the birth, introducing solid food, or/and others?

A: In my view, workshops are less in-depth on the topic and more punctual. Training makes more sense to me. Something more continuous and structured.

Q: What would make these services appealing to you?

A: If they address practical day-to-day issues or problems that are more difficult to share.

Q: Are there any barriers that would prevent you from accessing these services? (e.g., time, cost, stigma)

A: Cost primarily. It's very difficult to have these additional costs on top of everything else. Between therapies and doctors, the costs are already high.

Q: What times and days are most convenient for you to access these services? Do you have any preferences regarding online vs. in-person sessions?

A: I can always, as long as it doesn't interfere with the times I need to be with my daughter. As for online, it doesn't make much difference to me. Both are okay.

Q: How important is the location and ease of transportation in deciding to attend these services?

A: Not applicable because I could do them online if possible.

Q: Based on your experience, what suggestions do you have for CADIn to make their services more tailored and effective for pregnant women and new mothers?

A: In my case, directing children with special needs to multidisciplinary teams and providing information on state support for children with disabilities.

Thank you for your time.

Appendix H7: *Interviewee 7 (Segment: Elderly, in-person)*

Q: Can you describe a typical day in your life? How do you usually spend your mornings?

A: I start my mornings with a breakfast and then sometimes do a walk in my neighborhood park. I enjoy tending to my small garden and often engage in social activities at the local community center. I also read a lot, and meet with my friends and family.

Q: What are some health or wellness challenges you face as you age?

A: I face common age-related health challenges like hypertension and arthritis. I am also mindful of my mental health, but I know that anxiety and depression are also important among people that I know and that are at my age, but many of them do not talk about it.

Q: How important do you think mental health is in your stage of life?

A: Mental health is critically important to me. I believe it plays a key role in active aging and maintaining a good quality of life. However, I think that mental health for younger people is sometimes a bit too overplaced.

Q: Have you ever sought psychological or psychiatric services? If yes, what was your experience like?

A: I have not looked for counseling services in the past, but I think it could have been helpful in coping with my loss when my husband passed away. Also I see that my daughter is going to psychological services and it helps her.

Q: How do you feel about the availability of specialized mental health services for the elderly, like those focusing on age-related conditions such as depression, anxiety, or sleep disorders?

A: I feel that specialized mental health services for the elderly, particularly for age-related conditions, are not as widely available as they should be. I believe more educational and clinical training programs are needed for specialists in geriatric mental health in Portugal. And also easier access and small costs.

Q: If your local doctor recommends CADIn to you, would you consider going to a service? Family/Friends....

A: If recommended by my doctor, I would consider going to CADIn services. I value the opinions of my family and friends, but ultimately I make my health decisions based on professional advice.

Q: Would you prefer in-person consultations or teleconsultations? What factors influence this preference?

A: I prefer in-person consultations as I value the personal interaction and find it more reassuring than teleconsultations. I'm warming up to the idea of teleconsultations. My grandchildren have been teaching me how to use various apps.

Q: What would you expect from a geriatric psychology service? Are there specific aspects of service that are particularly important to you?

A: I expect these services to be compassionate, client, and understanding of the unique challenges faced by our age. I believe in the importance of holistic care, addressing both physical and mental health needs

Q: Do you want to share anything else that we haven't covered which could be helpful?

A: I wish there were more community-based programs that help social interactions among the elderly to combat loneliness for some people and promote mental well-being.

Thank you for your time.

Appendix H8: *Interviewee 8 (Segment: Elderly, in-person)*

Q: Can you tell us a little about yourself, your family, and your current living situation?

A: I am a woman of 79 years old. It's quite a lot. I am married and have two children and four grandchildren, and I live in Sintra.

Q: Can you describe a typical day in your life? How do you usually spend your mornings?

A: Well, the days are all very similar. I crochet and sew. I watch a bit of television and read for a while. Sometimes, I take a stroll, but always something very light..

Q: And do you usually walk alone?

A: No, no, I'm too old for that. I always go with my husband. We're always together. Sometimes we go to the beach, we go see the sea. Anyway, always like that.

Q: How important do you think mental health is in your stage of life?

A: Well, it's fundamental, isn't it? In fact, I have been trying to keep well as much as possible because I think it's very important. But I have faced some challenges. I am very forgetful now, also take many pills, and then I don't have much energy. Also, I'm almost 80.

Q: Do you feel mentally less capable, or is it also a physical issue?

A: It's very physical, yes, but also psychological. Of course, both have an influence because I also tremble a lot, I think it's also related to the fact that I have lost a lot of weight.

Q: Have you ever sought psychological or psychiatric services? If yes, what was your experience like?

A: Yes, well, I don't know now, but it has been a long time. Many years. And I initially went because I didn't feel well, always feeling more or less down, empty-headed. So, I started going to the psychologist.

Q: Would you say that you've been through any depression or something similar?

A: Yes, yes, also anxiety.

Q: How do you feel about the availability of specialized mental health services for the elderly, like those focusing on age-related conditions such as depression, anxiety, or sleep disorders?

A: They are not very easy to find or much talked about. My doctors are not necessarily geriatricians; my family doctor recommended that I go to a psychologist, but I don't think it's only for the elderly.

Q: These types of psychologist services, any mental health assistance makes sense to you, and you turn to them without any problem, without stigma, but on your doctor's recommendation?

A: Yes, exactly. But my family, obviously, also supported a lot, and that's it.

Q: If your local doctor recommends CADIn to you, would you consider going to a service?

A: I'm not sure. I only know the institution because of my granddaughter, who is attended to in a similar center, so I would only go if my doctor specifically recommends CADIn.

Q: Would you prefer in-person consultations or teleconsultations? What factors influence this preference?

A: Always in-person. For me, online, I don't think it would be an option. I don't understand well how it works. I don't know if I would be comfortable.

Q: What would you expect from a geriatric psychology service? Are there specific aspects of service that are particularly important to you?

A: No, I think being comfortable and it being something that makes me feel good is enough for me. I feel that these activities help me, and I am always open to that.

Q: Out of curiosity, do you think your husband has the same perspective regarding mental health?

A: I think so. Although he never feels any of these things. But if he did, I think he would be open to it.

Thank you for your time!