

English summary version (June 2013)

MANUAL para el diseño e implementación de grupos socioeducativos en atención primaria (GRUSE) / redacción, Inmaculada Mateo Rodríguez (coord.), Pablo García-Cubillana de la Cruz, Paz Conde Gil de Montes ; grupo de trabajo, María del Consuelo Beato Sánchez ... [et al.]. -- [Sevilla] : Consejería de Salud, 2011 3 v. : tablas ; 21 cm Contiene: Argumentario: grupos socioeducativos en atención primaria (GRUSE) -- Anexos del manual para el diseño e implementación de grupos socioeducativos en atención primaria (GRUSE) 1. Atención primaria de salud 2. Planes y

programas de salud 3. Procesos de grupo 4. Educación en salud 5. Salud mental 6. Andalucía I. Mateo Rodríguez, Inmaculada II. García-Cubillana de la Cruz, Pablo III. Conde Gil de Montes, Paz IV. Beato Sánchez, María del Consuelo V. Andalucía. Consejería de Salud WA 590

REDACCIÓN:

Inmaculada Mateo Rodríguez Profesora. Escuela Andaluza de Salud Pública. (Coordinación del Grupo de Trabajo)	Paz Conde Gil de Montes Asesora Técnica. Programa de Salud Mental SAS.
Pablo García-Cubillana de la Cruz Asesor Técnico. Programa de Salud Mental SAS.	

GRUPO DE TRABAJO:

María del Consuelo Beato Sánchez	José María García Herrera Pérez Bryan
Trabajadora Social. CAP Delicias (Jerez).	Psiquiatra. USMC Málaga-Centro (El Limonar).
Mª Luz Burgos Varo	Patricia García Roldán
Trabajadora Social. UGC El Palo (DSAP Málaga).	Asesora Técnica. Servicio de Coordinación Sanitaria y Social SAS.
Jacobo Cambil Martín Profesor. Facultad de Ciencias de la Salud. Universidad de Granada.	Margarita Gil Romero Psicóloga Clínica. USMC Camas (Sevilla).
Carmen Campuzano González	Antonio Gutiérrez Nieto
Trabajadora Social. USMC Jerez	Trabajador Social. CAP Loreto-Puntales y Puerta Tierra (Cádiz).
Isabel Escalona Labella Jefa de Servicio. Servicio de Promoción de Salud y Partici- pación. CS.	Mariano Hernán García Profesor. Escuela Andaluza de Salud Pública
Emilia Fernández Fernández Trabajadora Social. UGC El Cónsul (DSAP Málaga).	Alicia Maldonado Ramos Técnica de Salud. Unidad de Atención Sociosanitaria (DSAP Málaga).
Mª Carmen Gámez Lomeña Trabajadora Social. UGC Victoria (DSAP Málaga).	

Agradecimientos para todas aquellas personas que han aportado mejoras a este documento.

000

Esta obra está bajo una licencia Creative Commons Reconocimiento-NoComercial-Sin obras derivadas 3.0 España

EDITA: Junta de Andalucía. Consejería de Salud MAQUETACIÓN: OBEMEDIA SC

What is GRUSE strategy?

GRUSE is a health promotion activity to encourage mental health assets of general population and vulnerable groups. Throughout a socio-educational group strategy, it is intended to develop and promote in target groups talents and personal skills (and community resources) to cope healthy with everyday life difficulties. In addition, GRUSE address the socio-cultural and psychosocial determinants that, frequently, are linked to symptoms of discomfort.

GRUSE project is part of the mental health promotion and prevention strategy of the II Comprehensive Mental Health Plan for Andalusia.

What are these groups?

It consists of a group activity carried out in primary care, organized in editions of a minimum of 8 sessions. For each edition, a group of 15 people attend an initial session, followed by 6 sessions with content related to enhancing mental health assets and one last closure session.

Why GRUSE is developed within the framework of the Mental Health Plan?

The Mental Health Plan does not deal exclusively with care issues as it incorporates a public health perspective. This second Comprehensive Plan strongly advocates awareness, promotion and prevention strategies, emphasizing collaboration among the different levels of care and sectors involved. In addition, the community mental health care model developed in Andalusia already incorporated these principles since its beginning, enriched in recent years with positive mental health, recovery and empowerment approaches.

What is the evidence as a health promotion strategy?

Such interventions have shown its effectiveness for developing tools to prevent social isolation. Women's groups have shown its effectiveness in empowering women, since it develops adaptation and overcoming personal skills, which raise self-esteem and security, essential elements to modify behaviour that can influence on health determinants (health promotion efficiency).

The implementation manual collects the evidence that exists about group strategies for mental health promotion from the primary health care level. The revised interventions that have proved most effectiveness have been incorporated to the sessions and group dynamics.

Who is the target population?

In general, GRUSE strategy is aimed at anyone who can benefit from an approach based on increasing health assets.

As first experience to develop the GRUSE, the specific profile of the Andalusian population chosen are adult women who come to consultation in primary care health

centres and need support to face everyday life with greater opportunities for success. Women who participate in these groups would benefit from an environment that increase their emotional abilities and allows addressing the gender determinants associated with the discomfort felt.

These groups include women who have non-specific symptoms of physical or emotional discomfort without apparent physiological explanation, along with a perception of inability to handle or deal with adverse situations, arising from:

- 1. Social and personal difficulties that act as risk factors for mental illness if the person don't have skills or resources to deal with them properly.
- 2. Presence of vital events that configure a risk factor for vulnerable people
- 3. Problematic situations that do not appear as a risk factor but that arouse demand for help or consultation.

How do woman access to these groups?

Although there are several ways, the majority of women access through referrals from Primary Health Centre professionals, which belong to Primary Care Clinical Management Unit (UGC)¹.

Any primary care professional that assumes direct care to patients, offer the program to women that they consider could benefit from this activity. They will facilitate the registration data to the person responsible for the development of the activity in the context of their UGC.

Direct contact between the professional who refers and the professional responsible of the group is important in order to learn about the development and the forecast of future editions of GRUSE in the UGC, thus avoiding waiting or unnecessary overloads.

Which professional will develop these groups?

The persons designated to develop the GRUSE in the UGC are male and female primary care social workers, given their competences in the development of personal capabilities to resolve individual and collective social problems, promoting autonomy, adaptation and personal development.

Which professional will coordinate the project within the Primary Health District?

As an activity of health promotion, the GRUSE will be coordinated by the person who has the responsibility for health promotion in the Primary Health District. Specific duties include implementation planning, dissemination, training, evaluation and registration.

¹ Primary Care Clinical Management Units (UGC) are functional units of the Andalusian Health Service, composed by professionals of one or several Health Centres, that work with common objectives, annually agreed with the Director of Primary Health District (governing body with functional and organisational competence over certain UGC)

What are the roles of Primary Care UGC?

The Director of Primary Care UGC is responsible for the project in its UGC. They have to provide time to develop the groups, as well as space for meetings, technical and material resources, etc.

What are the roles of Mental Health professionals?

Mental Health professionals have to support this project, in the context of the collaborating model between both levels of care. This collaboration can result in advice, training and/or participation in sessions when needed.

What are the roles of Territorial Department of Health and Social Welfare ²?

- Support the Primary Health District in the process of implementing this strategy
- Address suggestions and improvements
- Disseminate the good practices developed in the province.

Which roles have community resources (community social services, neighbourhood organizations, NGOs...) in this project?

Collaborative partnerships must be established with the various community resources in order to detect needs and to search for alternatives for this population.

Where is this activity registered?

The activity is recorded in the Information System for the Management of Primary Care (SIGAP).

Which are the previous experiences in Andalusia?

Group work has followed a progressive development in primary care. Looking at the socio-educational group approach posed by this strategy, the pioneering initiatives of social workers of the Health Areas of Málaga and Jerez must be mentioned. Also in the health areas of Úbeda, Sevilla, La Axarquia and Almeria there have been some initiatives trying to attend different demands and necessities of the population. The GRUSE strategy has been developed in order to consolidate these initiatives in the area of general population health promotion.

² The Territorial Department of Health and Social Welfare, one per Andalusian province, belong to the Regional Ministry of Health and Social welfare and is responsible for the performance of public health in the context of their territory.

Is there any GRUSE implementing indicator in the Andalusian Health Service management agreement?

At least 60% of the UGC must implement socio-educational groups in primary care for women.

Has there been any previous assessment? Has it shown any health impact?

The GRUSE strategy has been developed on the basis of women groups carried out by social workers from the Health District of Malaga since 2007. The evaluation of this experience shows:

- High loyalty of group members (72% of the women who begin the activity finish it, attending at least 80% of sessions)
- High perception of daily life usefulness
- Perception of mood improvement immediately after finishing the activity
- Score reduction on the Goldberg Anxiety and Depression Scale in more than 2 points on average (5.89 before and 3.6 later) and almost 2 points in the depression test (4.68 before and 3.06 later)
- Frequency reduction of General Practitioner consultation (5.97 visits 6 months before against 4.15 six months later)
- The qualitative evaluation shows a reinforcement of women assets.

The protocol designed for the extension of this experience incorporates various instruments for assessing health and quality of life of participants before and after group attendance.

At present there has not been a health impact assessment of this activity. The Mental Health Plan is developing a research protocol to obtain data from the effectiveness of such interventions in the field of primary health care in Andalusia.

Which supporting materials have been developed?

The manual elaborated by the working group that was set up for the development of this project, includes the conceptual framework and rationale of the strategy, objectives, population target, the organizational aspects and the supporting material for the development of the sessions (contents, group dynamics, PowerPoint presentations, record sheets, questionnaires...).

How has been the implementation process?

- 2010: Building materials in collaboration with professionals from Malaga and Jerez and the Andalusian School of Public Health (EASP).
- 2011: Broadcasting sessions to health promotion professionals at primary care and staff from the Territorial Department of Health and Social Welfare. "Train the trainers" course, in collaboration with EASP, for 33 social workers.

- 2012: 8 provincial training courses, in collaboration with EASP, involving 197 primary care social workers (79%)

Which activity has been developed in 2012?

187 group programs, with the participation of 1,489 women, developed in 194 Primary Care UGC (46%).

On the other hand, this strategy has been recognized by the Ministry of Health, Social Services and Equality of Spain as a good practice on community work regarding prevention of domestic violence.

Which supporting activities have been carried out in 2013?

- Virtual platform: interactive Web to facilitate communication, sharing of knowledge and local good practices.
- 8 minutes informative video, featured by professionals of Andalusian Health Service and the women who assist to GRUSE.
- Adequacy of the information system (SIGAP 2013)
- New training activity (3 courses) for social workers who couldn't be trained in 2012
- First Regional GRUSE Meeting held in the Andalusian School of Public Health (Granada) last 21st of May, with the participation of more than 140 social workers and health promotion professionals.