CONSEJERÍA DE SALUD Y BIENESTAR SOCIAL

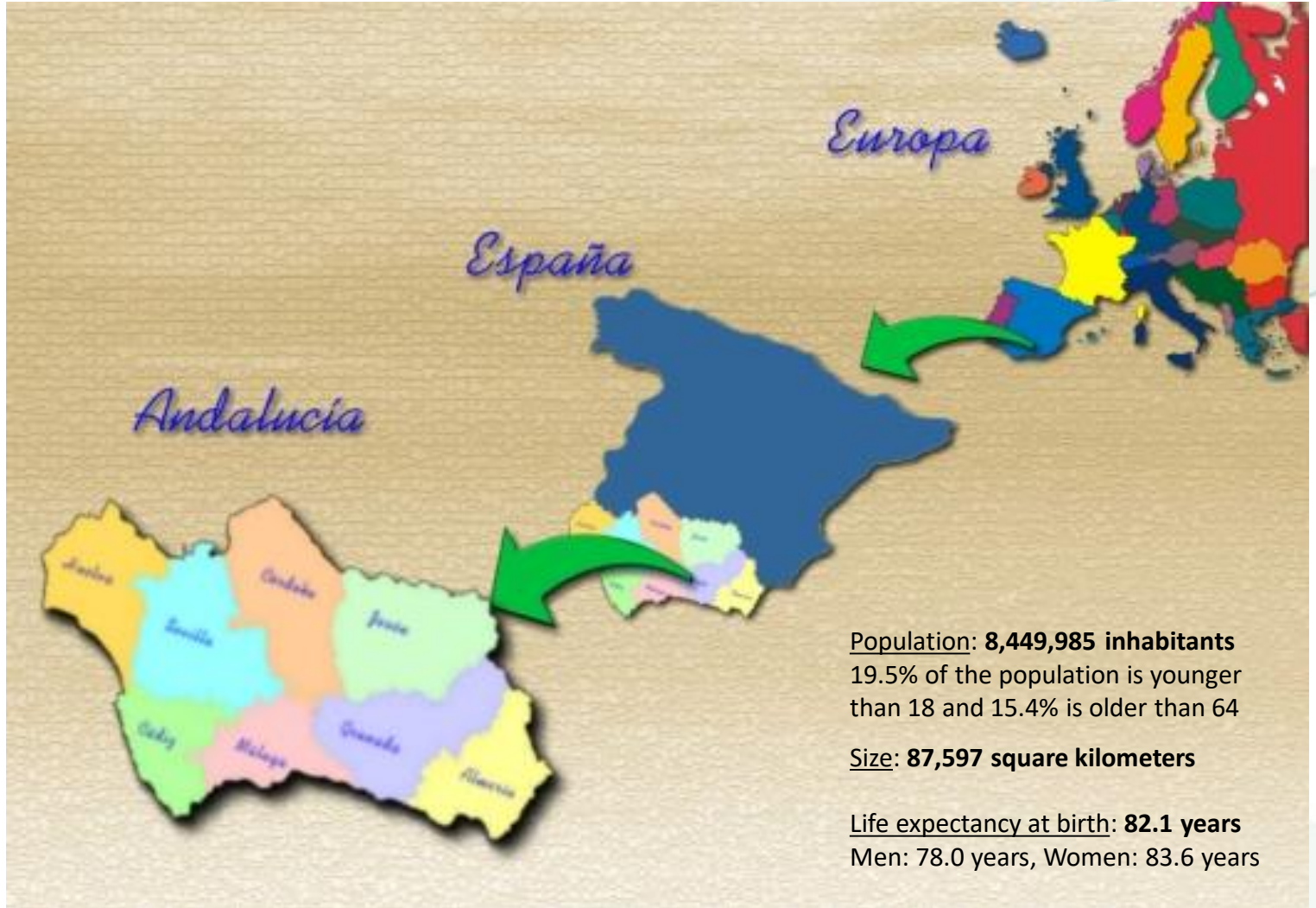# SOCIO-EDUCATIONAL GROUP IN PRIMARY CARE

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Andalusia (Spain)

JUNTA DE ANDALUCIA

Andalusia (Spain)

Population: **8,449,985 inhabitants**
19.5% of the population is younger than 18 and 15.4% is older than 64

Size: **87,597 square kilometers**

Life expectancy at birth: **82.1 years**
Men: 78.0 years, Women: 83.6 years

- GRUSE is a mental health promotion and prevention strategy

- It is a socio-educational group initiative for:

  - o Healthy coping with difficulties of everyday life

  - o Provision of protective factors for health in general and specifically for mental health (health assets)

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EUROPEAN FRAMEWORK

- WHO Mental Health Declaration for Europe (2005)

- WHO Mental Health Action Plan for Europe (2005)

- EC Green paper. Improving the mental health of the population (2005)

- European Pact for Mental Health and Well-being (2008)

SPANISH FRAMEWORK

- Strategy in Mental Health of the National Health System 2006-2009

- II Comprehensive Mental Health Plan for Andalusia 2008-2012

THEORETICAL FRAMEWORK

- The concept of **mental health promotion** is associated with positive mental health, understood as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

- **Salutogenic Model, Assets Health Model & Asset Based Community Development**: focused on factors that promote health and wellbeing, rather than looking at risk factors linked to illness.

THEORETICAL FRAMEWORK

- Work with a **gender perspective** allows to analyze the specific situation of the female participants, taking into account their living conditions, their roles and their own subjectivity.

  In this sense, make visible and delegitimize "mandates of gender" which can be a way to behave, feel or be in their world is a fundamental task of this groups. From here the group work move on developing new resources and potentialities.

EVIDENCE BASED

- This type of intervention has shown its effectiveness to develop, in a group strategy, tools to prevent social isolation.

- Women's groups have shown its effectiveness in increasing 'empowerment', since it develops personal overcoming skills, that raise self-esteem and security, essential elements to modify behaviors that have an effect on the determinants in health.

- The components of the interventions that have proved effectiveness have been incorporated to the sessions and group dynamics.

GRUSE DEFINITION

- It is a group activity for mental health promotion and prevention, developed by social workers in primary care, targeting, in this first phase, women who attend health centers and need support to face everyday life with greater opportunities for success, and could benefit from a strategy that increases their emotional abilities.

SUPPORTED DATA

- It is estimated that between 30% and 60% of all attendance to primary health centers are due to symptoms without medical cause.

- Between 73% and 80% of these patients are women.

- These demands for unspecific complaints that are manifest through different symptoms, usually do not respond to drug treatment, since their origin is almost not physical but psychosocial.

INCLUSION CRITERIA

- Women between 30 and 65 years old, without specific mental health pathology, with low family and/or social support, who attend health centers due to non-specific complaints or somatizations which generate suffering. Include women with:

  o Social and/or personal complications that act as risk factors for mental health problems.

  o Presence of stressful life events that set clear risk factors for vulnerable people.

  o Complaints related to problematic situations that generate demand for help.

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CARACTERISTICS AND ACCESIBILITY

- Groups of 8 - 15 women, who meet in weekly sessions of an hour and a half, with a total of 8 sessions.

- Developed in primary health centers and led by Social Workers

- All clinical management units and directors of primary health districts are committed to support this initiative.

- How can women become group members?

    o They can access through referrals made by primary health professionals, but also from mental health and social services. Also they can access by self initiative.

    o Social Workers interviews the candidates, make assessments and decide which women can join the group.

ORGANIZATIONAL ISSUES

- STAFF:
    - o Primary Health Social Workers
    - o Director of Clinical Management Units -UGC-
    - o Public Health Staff from Primary Health Districts -DSAP-
    - o Director of Primary Health Districts
    - o Mental health professionals (support)

- INFORMATION SYSTEM:
    - o Information System for the Management of Primary Care (SIGAP)

ORGANIZATIONAL ISSUES

Support recourses:
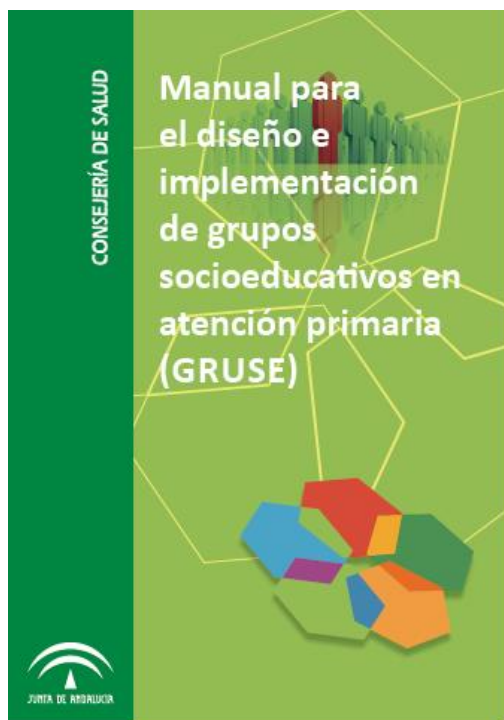
www.juntadeandalucia.es/servicioandaluzdesalud/saludmental

Support resources:

www.juntadeandalucia.es/servicioandaluzdesalud/saludmental

IMPLEMENTING PROCESS

- 2010:
  - Elaboration of materials in collaboration with Malaga DSAP, Jerez Costa DSAP and the Andalusian Public Health School (EASP).

- 2011:
  - Broadcasting sessions to DSAP public health and territorial delegation of health and social welfare staffs.
  - Train the trainers course for 33 social workers in collaboration with the EASP.

- 2012:
  - 8 provincial training courses, in collaboration with the EASP, involving 197 primary health social workers.

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2012 ACTIVITIES

• During 2012, 79% of the primary health social workers have been trained.

2012 ACTIVITIES

- 45 news have been published on the Andalusian Health Service and Regional Department of Health Websites, between April and December 2012.

- The initiative has appeared in regional and local mass media (TV, Radio and Newspaper).

2012 ACTIVITIES

- The Spanish Ministry of Health, Social Services and Equality recognized GRUSE-M as an example of Best Practice in the prevention of gender-based violence.

2012 ACTIVITIES

- 1,781 initial participants, of which end 1,489 (84% of loyalty)

Distribution according to referral source

Pie chart:
- Other referals 20%
- Self-iniative 18%
- Primary Health 62%

SIGAP December 2012
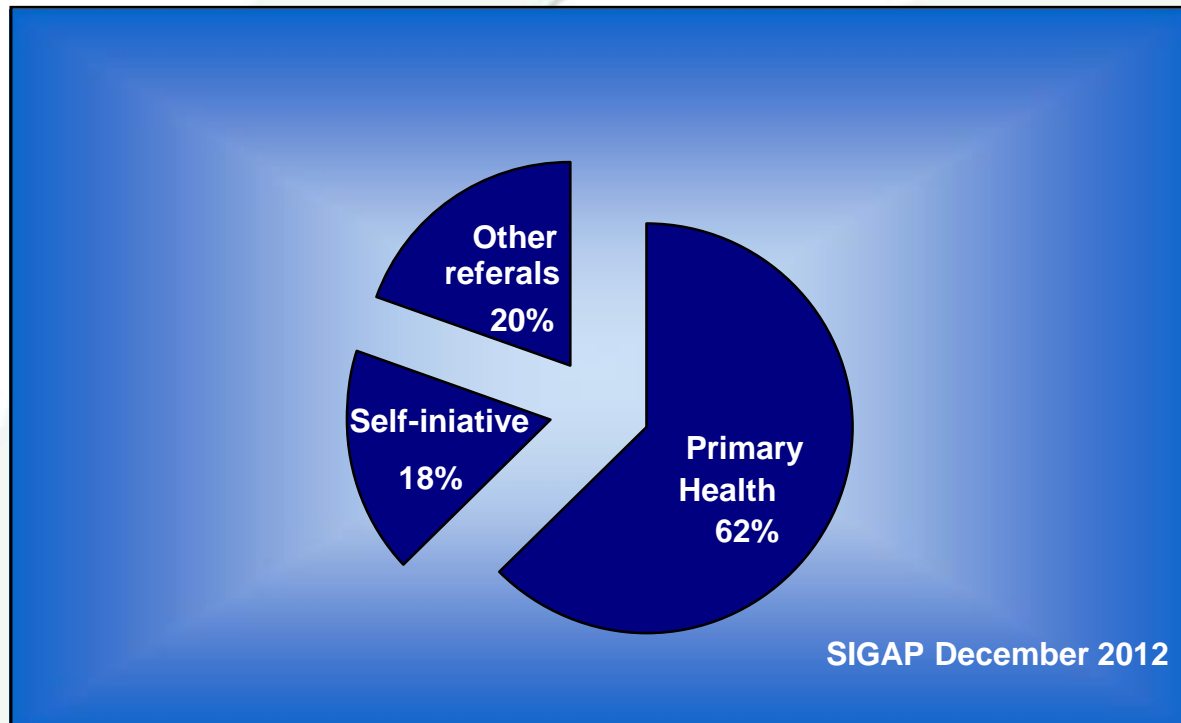
2013 PERSPECTIVES

- **2013 Program Agreement:**

  o At least 60% of the UGC must implement socio-educational groups in primary care for women (GRUSE-M)

2013 PERSPECTIVES

- 21st May: Meeting/Workshop with all professionals involved.

- New groups for new profiles.

- Information system updated.

- Website for professionals and participants.

- Broadcasting Video

New Website:

VIEWS AND THOUGHS

What is most impressive is the enthusiasm aroused by women and professionals.

WOMEN

•"Today I can say that I have opened the zipper of my armor, relying on a new life that I still have to live. But I am very scared…"

•"You have given me a hand to catch the "train of life". I have opened the eyes of hope and I have learned that after falling I have to get up and continue…"

VIEWS AND THOUGHS

PROFESSIONALS

- "The groups are a successful tool for the social pain of women souls"

- "This strategy dignify the social work and is a link between workers, a means of coordination with other professionals, a bridge to the teamwork..."

- "It is the result of the hard work of each and everyone of the creative colleague of this beautiful project"

Teamwork is essential because:

THANK YOU

Team work gives good results