



# SOCIO-EDUCATIONAL GROUP IN PRIMARY CARE

Subdirección de Promoción de la Salud y Participación  
**CONSEJERÍA DE SALUD**

Subdirección de Gestión y Evaluación de Resultados en Salud  
**SERVICIO ANDALUZ DE SALUD**



# What is GRUSE strategy?

- GRUSE is a **mental health promotion** and prevention strategy
- It is a **socio-educational group** initiative for:
  - Healthy coping with difficulties of everyday life
  - Provision of protective factors for health in general and specifically for mental health (health assets)

# 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 health determinants.

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

## 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.



## Previous experiences

- GRUSE strategy is based on a previous experience developed in the primary health district of Malaga, in collaboration with a community mental health team belong to the Regional Hospital of Malaga.
- Developed since 2003, in the process of care quality improvement for anxiety & depression.
- In order to offer a psychosocial intervention, as an alternative to traditional treatment, to people that came to primary health centers with nonspecific discomfort, not directly related to health problems (mostly women)

# Characteristics

- Groups of 8 - 15 women, who meet in weekly sessions of 1:30 – 2:00 hours, with a total of 8 sessions (average).
- 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.
- Target population:
  - In a 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 personal & community health assets.

# Inclusion criteria

- Women between 30 and 65 years old, with low family and/or social support, who attend health centers due to non-specific complaints. Include women with:
  - Social and/or personal complications that act as risk factors for mental health problems.
  - Presence of stressful life events that set clear risk factors for vulnerable people.
  - Complaints related to problematic situations that generate demand for help.

## Accessibility

- How can women become group members?
  - 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.
  - Afterwards, social workers interviews the candidates, make assessments and decide which women can join the group.

# New target population

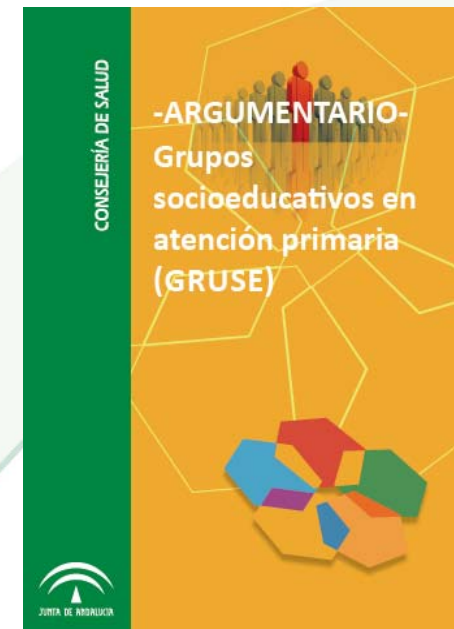
- At present, **men with psychosocial distress** that experience difficulties to deal with daily adverse situations. Using a gender perspective and a positive approach, with this new program we intend to motivate and support men to analyze the physical and emotional symptoms and the prototypical risk behaviors, that they experience to face daily life problems.
- In the future:
  - o **older people** (in cooperation with social services)
  - o **specific groups at risk or experiencing exclusion** (in cooperation with other agencies)

# Organisational issues

- STAFF:
  - Primary Health Social Workers
  - Director of Clinical Management Units -UGC-
  - Public Health Staff from Primary Health Districts - DSAP-
  - Director of Primary Health Districts
  - Mental health professionals (support)
- INFORMATION SYSTEM:
  - Information System for the Management of Primary Care (SIGAP)

# Organisational issues

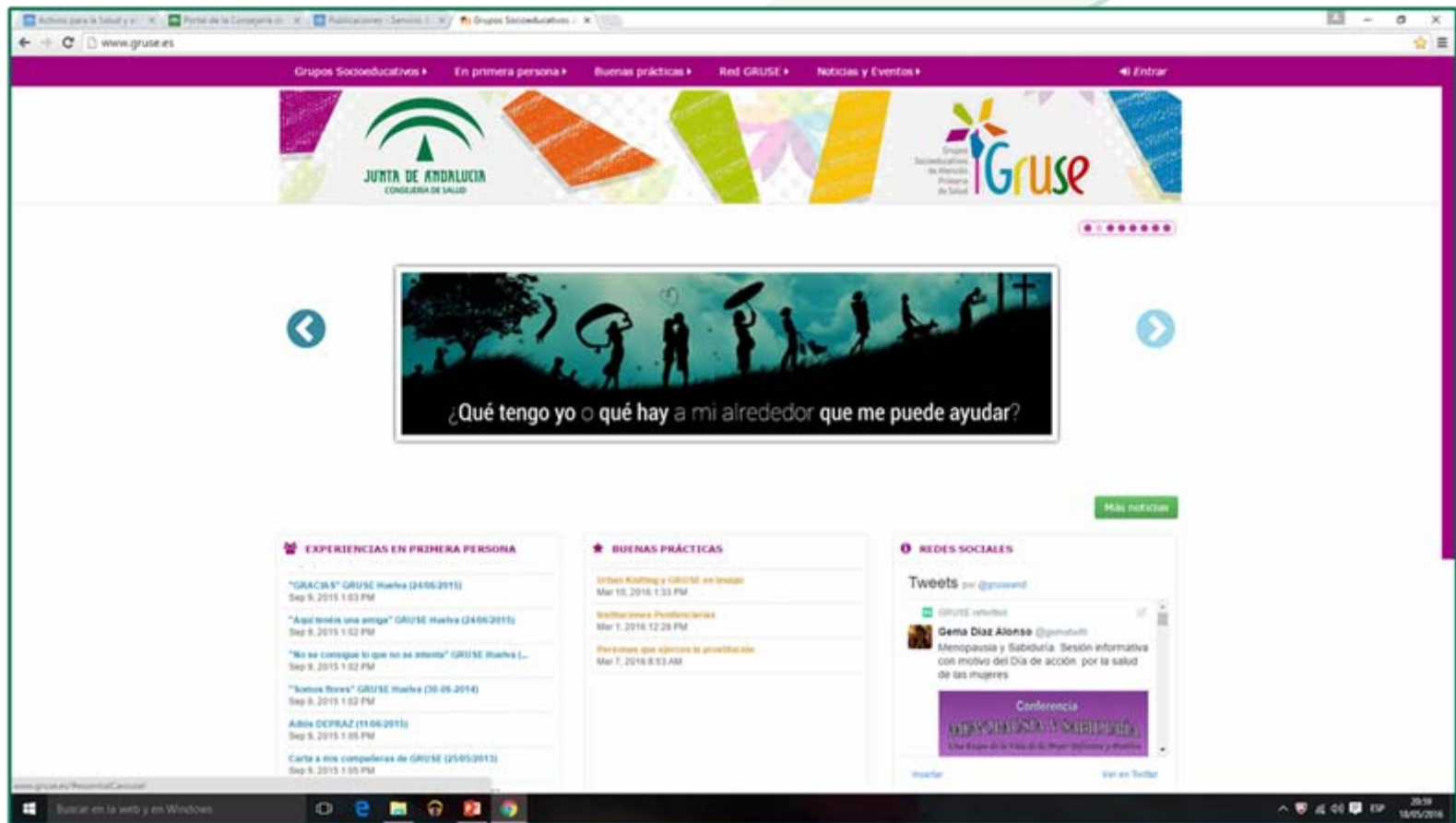
## Support resources



<http://www.juntadeandalucia.es/servicioandaluzdesalud/publicaciones/listadodetalle.asp?idp=484>

# Organisational issues

## Website



<http://www.gruse.es>



# Implementing process

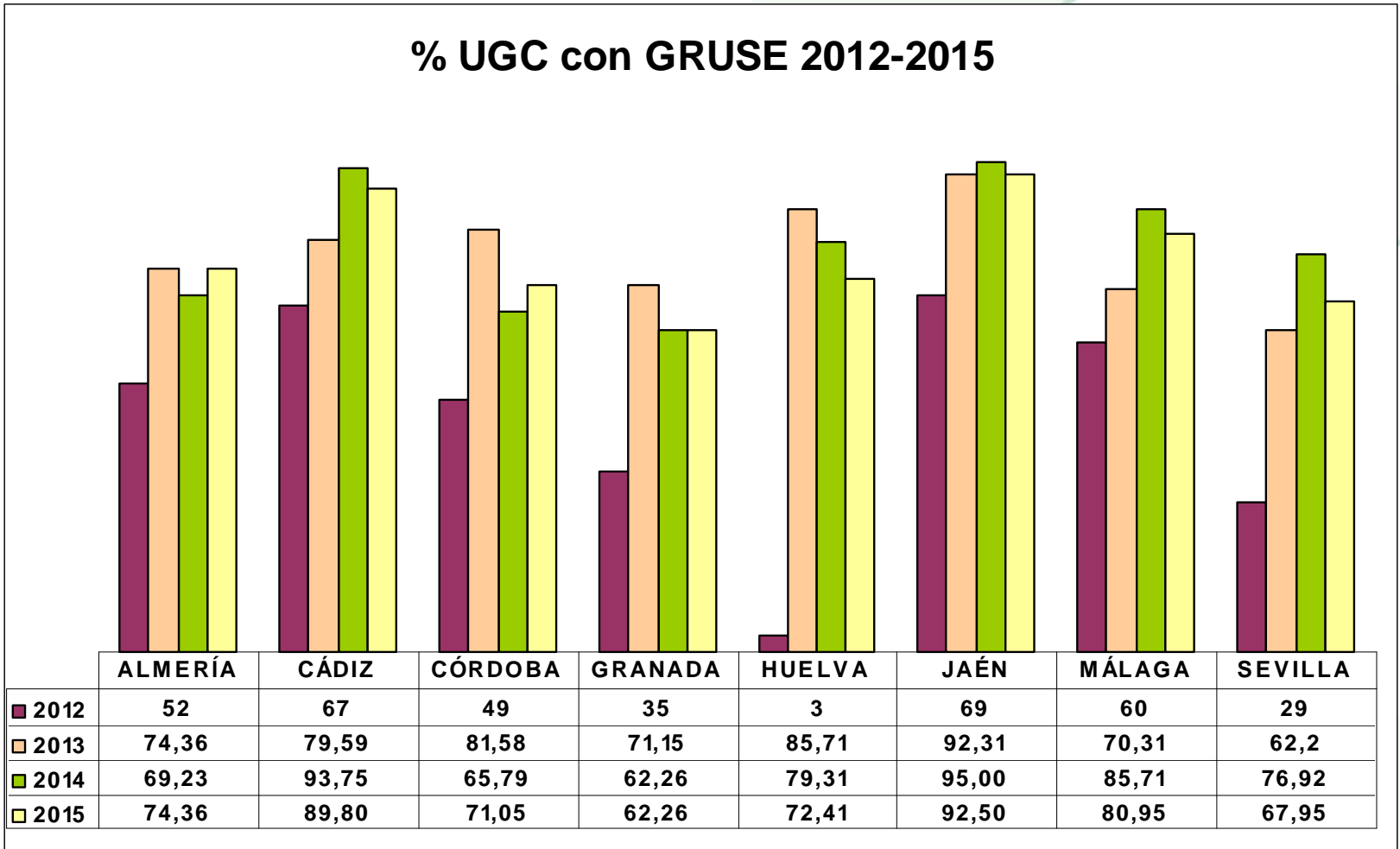
- **2010-2011:** Update contents and materials (gender perspective and health assets model).
- **2011-2012:** training of trainers program and regional implementation.
- **2013:** inclusion in health management agreements.
- **2014:** qualitative study and local meetings
- **2015:** research project and incorporation of men's groups
- **2016:** new goal in health management agreements to increase referral from family doctors.

## Implementing data

- Since 2011, more than **11,000 women** have participated in GRUSE.
- 2015 data:
  - o 3,952 women started GRUSE and 2.991 ended (loyalty rate 75.7 %)
  - o 372 groups were performed in 295 clinical management units (75.8 %)
- Pilot project (**GRUSE - Men**): 11 groups

# Implementing data

**% UGC con GRUSE 2012-2015**



## Qualitative study

- 19 open interviews (professionals and users of different areas) were developed in June 2014 in the province of Seville. The analysis was focused on the impact and implementation of the strategy.
- MAIN results (impact):
  - Reduction of drugs consumption
  - Reduction of attendance to health centers
  - Improvement of health self control: less medication, better management of emotions, less loneliness, and other direct effects on everyday dimensions of life.

# Research project

2015-2017

- Sample: **261 women.**
- Number of groups: **15 GRUSE + 15 control group**
- Questionnaires: **PRE > GRUSE > 1 month > 6 months:**
  - o Socio-demographic data, community health assets, social capital, use of daily time, quality of life, emotional regulation, anxiety and depression, self-esteem, coping with adversity, assertiveness...
- Services use: appointments, diagnostic requirements and drugs prescriptions (measures obtained from digital clinical record: **12 months PRE** and **12 months POST**)
- Focus groups



# Thank you

[www.gruse.es](http://www.gruse.es)

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