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| <i>Tags: Mental Health; Country: Spain; Language: English; Year: 2013; ESN Conference 2013 (Dublin); updated in August 2015</i> | |
| Programme's name | Socio-educational Group in Primary Health Care (GRUSE) |
| <u>Organisation/ Country:</u> | Regional Ministry of Health Mental Health Programme Public Health Service, Regional Ministry of Health from the Government of Andalusia / Spain |
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| <u>Summary:</u> | <p>The regional context of Andalusia in Spain</p> <ul style="list-style-type: none"> • Population: 8,449,985 inhabitants as of 2012 • 19.5 percent of the population is younger than 18 and 15.4 percent is older than 64. • Size: 87,597 square kilometers • Life expectancy at birth: 82.1 years • Men: 78.0 years • Women: 83.6 years <p>International and European frameworks A number of crucial documents contribute to the conceptual framework of the regional mental health plan.</p> <ul style="list-style-type: none"> • WHO Mental Health Declaration for Europe (2005) • WHO Mental Health Action Plan for Europe (2005) • European Commission Green paper: Improving the mental health of the population (2005) • European Pact for Mental Health and Well-being (2008) • WHO European Mental Health Action Plan (2013) <p><u>Spanish frameworks at national and regional level:</u> In addition to the international and European frameworks, national and regional frameworks contribute to the framework as well.</p> <ul style="list-style-type: none"> • Mental Health Strategy 2009-2013 within the National Health System • Second Comprehensive Mental Health Plan for Andalusia 2008-2012 • Public Health Law for Andalusia (2011) • Fourth Andalusian Health Plan (2013) |

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| | <p>Theoretical framework</p> <p>Out of a process of conceptual reflection of the different resources, a theoretical framework has been created</p> <ul style="list-style-type: none"> • The concept of mental health promotion is associated with positive mental health, understood as a state of wellbeing 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 (<i>oriented along WHO definition</i>). • <i>Salutogenic Model, Assets Health Model & Asset Based Community Development</i>: focused on factors that promote health and wellbeing, rather than looking at risk factors linked to illness. • Working from a gender perspective allows to analyse the situation of the female participants, taking into account their living conditions, their roles and their own subjectivity. In this sense, it makes visible and delegitimises "mandates of gender" which is a fundamental task of these groups. From here the group work moves on to developing new resources and potentialities. <p>GRUSE definition</p> <ul style="list-style-type: none"> • GRUSE is a mental health promotion and prevention programme. It is a socio-educational group initiative for: <ul style="list-style-type: none"> ▪ the improvement of healthy strategies to cope with difficulties of everyday life; and ▪ the provision of protective factors for general health, and specifically, for mental health (health assets) • The groups are led by social workers in primary care, targeting, in this first phase, women who access health centres with unspecific complaints and needs for support to face their everyday lives with greater opportunities for success, and could benefit from a strategy that increases their emotional abilities. <p>Background data</p> <ul style="list-style-type: none"> • It is estimated that between 30 percent and 60 percent of all users of primary health centres are due to symptoms without a medical cause. Between 73 percent and 80 percent of these patients are women. • These demands for unspecific complaints that are manifested through different symptoms, usually do not |
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| | <p>respond to drug treatment, since their origin is rarely physical but psychosocial.</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Women between 30 and 65 years old, without specific mental health pathology, with low family and/or social support, who attend health centres due to non-specific complaints or somatizations which generate suffering. Include women with: <ul style="list-style-type: none"> ▪ Social and/or personal complications that are 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. <p>Characteristics and accessibility</p> <ul style="list-style-type: none"> • Groups of 8 to 15 women, who meet in weekly sessions of an hour and a half, with a total of 8 sessions. • Developed in primary health centres and led by social workers, with the support of managers, public health colleagues and mental health professionals, if needed. • All clinical management units and directors of primary health districts are committed to support this initiative. • Admission pathways of women into groups <ul style="list-style-type: none"> ▪ Women can access the groups via referrals made by primary health professionals, but also through referrals from mental health and social services. However, they can also access through self-initiative. ▪ After that, social workers interview the candidates, make assessments and decide which women may join the group. <p>Implementation process</p> <ul style="list-style-type: none"> • 2010: <ul style="list-style-type: none"> ▪ Elaboration of materials in collaboration with Málaga and Jerez-Costa Primary Health Districts and the Andalusian Public Health School (EASP). • 2011: <ul style="list-style-type: none"> ▪ Broadcasting sessions to public health professionals and territorial delegation of health and social welfare staffs. |
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| | <ul style="list-style-type: none"> ▪ Train the trainers course for 33 social workers in collaboration with the EASP. • 2012: <ul style="list-style-type: none"> ▪ 8 provincial training courses, in collaboration with the EASP, involving 197 primary health social workers. ▪ During 2012, 79 percent of the primary health social workers were trained. ▪ A number of 187 group programmes were developed. ▪ Participants: 1,489 women. ▪ The initiative appeared in regional and local mass media (TV, Radio and Newspaper). ▪ The Spanish Ministry of Health, Social Services and Equality recognised GRUSE-Women as best practice in the prevention of gender-based violence. • 2013: <ul style="list-style-type: none"> ▪ A number of 393 group programmes were developed. ▪ Participants: 3,027 women. ▪ An additional objective was included in clinical agreements for primary health care that at least 60 percent of primary health centres must implement GRUSE for women. ▪ Meeting/workshop with all professionals involved in May 2013. ▪ Information system updated. ▪ Website for professionals and participants. ▪ Broadcasting video • 2014: <ul style="list-style-type: none"> ▪ A number of 416 group programmes were developed. ▪ Participants: 3,273 women ▪ Virtual training courses (group dynamics and group problem solving) for social workers. ▪ Creation of a research group in collaboration with the University Pablo Olavide in order to develop an evaluation project. ▪ Development of a qualitative research in the province of Seville ▪ One day meeting/workshop with participants and professionals in different Primary Health Districts, with the assistance of 531 women. • 2015: |
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| | <ul style="list-style-type: none"> Continuation of the group programmes for women. Beginning of the evaluation study. Adaptation of GRUSE to groups of women who live in socially excluded areas. Development of materials and planning of a new GRUSE programme for men with psychosocial discomfort and/or risk of exclusion, in order to mitigate, using a gender approach, the emotional impact of the current socio-economic crisis, mainly unemployment or precarious employment. |
| <u>Issues:</u> | <ul style="list-style-type: none"> The inclusion of new target groups is a challenge for this health promotion strategy. The inequalities perspective involves a comprehensive approach with the participation of different sectors. In addition, the incorporation of men made it necessary to address the gender-orientation that undermine the ability of this group to deal with their everyday problems in a healthy way. |
| <u>Resources:</u> | <ul style="list-style-type: none"> From the beginning, this strategy has been using existing resources in primary health care centers, as well as those of other levels of the health system. |
| <u>Objectives:</u> | <ul style="list-style-type: none"> Promoting health and emotional wellbeing Encouraging the identification and use of personal and community health assets Facilitating healthy strategies to cope with difficulties of everyday life Addressing gender inequalities Preventing mental health problems Improving accessibility and user pathways into and within the health system. |
| <u>Outcomes:</u> | To be determined as first results of project's evaluation are expected (state September 2015). |
| <u>Evaluation:</u> | <p>Evidence base</p> <ul style="list-style-type: none"> This type of group-based intervention has proven its effectiveness to prevent social isolation. Women's groups have shown its effectiveness in increasing 'empowerment', since it develops personal skills, which raise self-esteem, a sense of security and positively the determinants of health. |

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| | <ul style="list-style-type: none"> • The different elements of the interventions with proven effectiveness have been incorporated across a range of different interventions and into the group dynamics. • Teamwork has been identified as a key component for good outcomes. <p>The qualitative feedback from women and professionals was very positive:</p> <ul style="list-style-type: none"> • Participant: <i>“Today I can say that I have opened the zipper of my heart, relying on a new life that I still have to live. But I am very scared...”</i> • Participant: <i>“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...”</i> • Staff: <i>“The groups are a successful tool for relieving women’s social pain.”</i> • Staff: <i>“This strategy dignifies the social work in the health field and is a link between workers, a mean of coordination with other professionals, a bridge to the teamwork...”</i> |
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